IBN HALDUN UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF MANAGEMENT

MASTER THESIS

PROFESSIONALISM IN PHARMACY PROFESSION: COMPARISON BETWEEN TÜRKİYE AND SAUDI ARABIA

RÜFEYDE TALEB

THESIS SUPERVISOR
PROF. MAHMUT ARSLAN

ISTANBUL, 2023

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by
RÜFEYDE TALEB

A thesis submitted to the School of Graduate Studies in partial fulfillment of the requirements for the degree of Master of Arts in Management

THESIS SUPERVISOR
PROF. MAHMUT ARSLAN

ISTANBUL, 2023

APPROVAL PAGE

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Business Administration

Thesis Jury Members

Title - Name Surname	Opinion	Signature
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This is to confirm that this thesis complies with all the standards set by the School of Graduate Studies of Ibn Haldun University.

Date of Submission Seal/Signature

ACADEMIC HONESTY ATTESTATION

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name Surname:

Signature:

ÖZ

ECZACILIK MESLEĞİNDE PROFESYONELLİK: TÜRKİYE İLE SUUDİ ARABİSTAN KARŞILAŞTIRMASI

Taleb, Rüfeyde
İşletme Yüksek Lisans Programı
Öğrenci Numarası: 204040001
Open Researcher and Contributor ID (ORC-ID): 0000-0001-9291-5774
Ulusal Tez Merkezi Referans Numarası: 10582395

Tez/Proje Danışmanı: Prof. Dr. Mahmut Arslan
Ağustos 2023, 82 Sayfa

Eczacılık felsefesi son otuz yılda ürün odaklılıktan hasta odaklılığa doğru değişti. Tıp alanının evrimi ve eczacılık mesleği de dahil olmak üzere sağlık sistemindeki köklü değişiklikler nedeniyle, meslek etiğini belirleyen ve destekleyen bir sistem inşa ederek etiğe değer verme ihtiyacı bir zorunluluk haline gelmeye başladı; bu nedenle eczacılar daha yetkin olmaya ve etik kurallara daha uyumlu olma sürecine girdiler. Bu noktaya, etik kuralların sürekli güncellenmesi, eczacıların profesyonelliğinin değerlendirilmesi, zorunlu konuların ölçülüp eczacılık okullarının müfredatına dahil edilmesiyle ulaşılabilir. Bu yüksek lisans tezinin temel amacı, profesyonelliğin boyutlarını tartışarak eczacıların profesyonelliğini değerlendirecek bir araç bularak profesyonelliğe ışık tutmak ve birçok ülkeyi eczacılarının profesyonelliği açısından karşılaştırmaktır. Profesyonelliği beş ana boyut üzerinden değerlendiren 33 maddelik bir öz değerlendirme aracı olan profesyonellik değerlendirme aracı PAT kullanılmıştır. Katılımcı eczacılar on dört ülkedendi ancak her iki ülke de gerekli örneklem büyüklüğüne ulaştığı için sonuçlar ve tartışmalara yalnızca Türkiye ve Suudi Arabistan katılımcıları dahil edildi. Tez için kesitsel veri toplama yöntemi kullanıldı ve 440 eczacının çalışmaya katılmayı kabul etmesiyle çalışma sonuçlandırıldı. Katılımcılardan yalnızca %38,18'i değerlendirmeyi sonuna kadar tamamlayarak veri analizine dahil edilmiştir. Pek çok hukuki ve kültürel farklılığa rağmen, eczacıların profesyonelliği konusunda Türkiye ile Suudi Arabistan arasında herhangi bir fark olmadığını ortaya koymak amacıyla; Bağımsız T-Testi ve Çok Değişkenli varyans

analizi MANOVA testi uygulanmıştır. Tezin sonunda; Türkiye eczacılık camiasındaki mesleki olmayan gözlemlere değinilmiş ve tartışma bölümünde yazar tarafından tartışılmıştır. Tartışma bölümünün son bölümünde eczacılık camiasına, eczacılık okullarına ve alandaki araştırmacılara yönelik öneriler ve yorumlara değinilmiştir.

Anahtar Kelimeler: Etik, Eczacı, Eczacılık, Profesyonellik, Suudi Arabistan, Türkiye.

ABSTRACT

PROFESSIONALISM IN PHARMACY PROFESSION: COMPARISON BETWEEN TÜRKİYE AND SAUDI ARABIA

Taleb, Rüfeyde
MA in Management
Student ID: 204040001
Open Researcher and Contributor ID (ORC-ID): 0000-0001-9291-5774
National Thesis Center Reference Number: 10582395

Thesis/Project Supervisor: Prof. Mahmut Arslan
August 2023, 82 Pages

The pharmacy philosophy has changed from product-oriented to patient-oriented in the last three decades. And due to the evolution of the medical field and the profound changes in the health system, including the pharmacy profession, the need to value ethics is becoming a necessity through building a system that determines and supports professional ethics; thus, pharmacists become more proficient and aligned with code of ethics. This aim can be achieved by continuously updating the ethical codes, evaluating pharmacists' professionalism, and measuring and incorporating mandatory subjects in the curriculum of pharmacy schools. The main objective of this master's thesis is to shed light on professionalism by discussing its dimensions and finding a tool to evaluate pharmacists' professionalism and compare multiple countries regarding their pharmacists' professionalism. The professionalism assessment tool PAT is used, a 33-item self-evaluation tool that evaluates professionalism through five main dimensions. The participating pharmacists were from fourteen countries, but only Türkiye and Saudi Arabia participants were incorporated for the results and discussion because both countries achieved the required sample size. A cross-sectional data collection method was used, which resulted in 440 pharmacists have accepted to participate in the study; only 38.18% of them completed the evaluation to the end, thus being included in the data analysis. Despite a lot of legal and cultural differences, the Independent T-Test and Multivariate analysis of variance MANOVA test have been carried out to reveal no difference between Türkiye's and Saudi Arabia's regarding the

pharmacists' professionalism. At the end of the thesis, unprofessional observations in the pharmacy community in Türkiye were mentioned and discussed by the author in the discussion chapter. Recommendations and commentary for the pharmacy community, pharmacy schools, and researchers in the field have been pointed out in the last section of the discussion chapter.

Key Words: Ethics, Professionalism, Pharmacist, Pharmacy, Saudi Arabia Türkiye.

DEDICATION

I dedicate this thesis to my parents and my brothers.

For your constant love and support.

ACKNOWLEDGEMENT

I would like to express my most profound appreciation to my supervisor Prof. Dr. Mahmut Arslan, for his invaluable patience, feedback and generously provided knowledge and expertise.

I would like to express my deepest gratitude to Dr. Katherine Kelley, Associate Dean and Professor of Clinical Pharmacy at The Ohio State University. This endeavor would not have been possible without her permission to use the Professionalism Assessment Tool to collect data for this study.

Thanks, should also go to my colleagues MD.Duaa Madoun, PharmD Asma Aman, Bahar and Nouha who inspired me.

Lastly, I would be remiss in not to mention my family, especially my parents and brothers. Their belief in me has kept my spirits and motivation high during this writing journey.

Rüfeyde Taleb

Istanbul, 2023

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LIST OF SYMBOLS AND ABBREVIATIONS

AACP	American Association of Colleges of Pharmacy
ABIM	American Board of Internal Medicine
ACCP	American College of Clinical Pharmacy
ACPE	American Council on Pharmaceutical Education
APhA	American Pharmaceutical Association
ASHP	American Society of Health-System Pharmacists
FIP	International Pharmaceutical Federation
GPhC	General Pharmaceutical Council
MANOVA	Multivariate Analysis of Variance
OTC	Over the Counter
PAT	Professionalism Assessment Tool

CHAPTER I

THEORETICAL BACKGROUND AND THESIS AIMS

1.1. Theoretical Background and Literature Review

1.1.1. Introduction

Health fields are one of the fastest-changing sciences during the last three decades; therefore, health professionals are to be updated during their professional journey. Recently, different new degrees in the health system have emerged, like internship, residency, and fellowship programs. The core reason behind it is to improve professionalism while increasing complexity in the contemporary health system. This brings us to the main question: what if the reality of health professionals is different than what we expect from them? Are there internationally accepted professional standards and rules to organize and determine who is aligned with them? To answer all those significant questions, we must dive into the professionalism history, concepts, and definitions, current situation, evaluations of the values and behaviors under professionalism, and discuss the ethical codes that keep us on the right road for a qualified health care system.

Before the historical overview of professionalism in general and specifically in the medical world, we need to take an overview of the meaning behalf the following terminologies as defined in the cited references, and because those terminologies are elusive, multidimensional, and complex to determine the variables that consist of them, taking many different definitions is considered.

A profession is an occupation whose workers all exhibit the following descriptions (Freidson, 1988):

- Long-term specialized education in abstract knowledge and a service-oriented mindset.

- A conviction based on the original faith professed by members and ethics that tie the practitioners.
- A knowledge exclusive to its members and a set of qualities that make up the profession's approach.
- A guild of individuals who are licensed to work in the field.
- Authority is given in the form of licensure.
- The place in which the job is practiced is recognized.

A professional is a person who belongs to a profession and exhibits the ten qualities as defined in the AACP task force (Hill, 2000): Professional knowledge and skills, Continuous dedication to develop knowledge and skills, Service orientation, Professional pride, Covenantal connection with the patient, Innovation and creativity, Integrity and conscience, Responsibility for their work-making morally sound decisions and Leadership skills.

Professionalism is actively presenting a professional's qualities (Hill, 2000).

Also defined as the foundation of medicine's social contract. It calls for putting the interests of patients ahead of those of the doctor, establishing and upholding norms of competence and honesty, and giving society competent counsel on health-related issues ("Medical Professionalism in the New Millennium," 2002)

Professional socialization/ Professionalization is the practice of teaching a professional the attitudes, values, and behaviors associated with their profession. The development of professionalism, as described by the ten characteristics of professional traits listed above, is the aim of professional socialization (Hill, 2000).

A professional code is "a set of standards governing the conduct of members of a certain occupation" (Werhane & Freeman, 1998).

Finding a comprehensive definition of professionalism with broad acceptance is challenging because definitions and measures of professionalism in the pharmacy profession have been hotly debated in literature. Current definitions are based on lists

of detailed job descriptions regardless of an agreed definition (Dubbai, Adelstein, Taylor, & Shulruf, 2019).

1.1.2. Professionalism Historical Overview

In the middle of the nineteenth century, when laws governing authorization allowed a monopoly over performance, modern professions were established with the understanding that they would be ethical and altruistic and address societal problems. (R. L. Cruess, Cruess, & Johnston, 2000). A huge step toward organizing and determining the policies of different professions occurred during the previous century. As Andrew Abbott mentioned in his article about professional ethics, the professions' obligations become more apparent and more analyzable. In this article, the traditional properties of professional ethics codes, such as enforcement dependent on visibility, universal distribution, and correlation with intra-professional status, individualism, and emphasis on colleague obligations have been discussed and the new property has been added. Thus, by analyzing the integrity of one's motivations (one's profession toward society) professional ethics aid in determining extra- and intra-professional status. It describes the profession's relationship to society as being significant without the expectation of excessive reward. It also describes the relationship between a person and a profession as one of commitment and cooperation. The author discusses how individualism has a lot of consequences in the field of health (Abbott, 1983). After a decade, In-depth discussions of the practical issues are provided by Daryl Koehn in her book titled The Ground of Professional Ethics, including topics like the quality of care that clients should reasonably anticipate from professionals, the conditions under which a client's service may be discontinued, and the breaking of client trust and confidence. She claims that although clients may rightfully anticipate experts will advance their interests, professionals are not morally obligated to comply with a client's wishes. She makes the case for a new sort of professional-client relation in which the practitioner is not restricted by the client's desires but instead is obligated to serve the specific good of health, salvation, or social justice, which both parties must wish to achieve. Only by assuming this position can professionals maintain their personal integrity and legitimacy to align with the ethics that professionals believe in (Koehn, 1994).

What about professionalism history in the medical field? Dr. Richard Cruess, surgery professor at McGill University's Centre for Medical Education in Canada, said that "The essence of professionalism is a bargain between society and medicine" (S. R. Cruess & Cruess, 2004), which means that the medical practitioner seeks the ethics that agreed from the society to be professional. Hundreds of years ago, the medical practitioner (healer) role was one of the most valuable roles in society (Collier, 2012). Moreover, the healers were gaining respect, dependency, and prestigious social and financial reward usually. However, this status costs the healer a lot because society always expects them as much as they trust them. Society always expects the healer to be competent, accessible, and accountable. The need for structure and organization has become more necessary once medicine becomes more complicated; at that time, the concept of profession becomes popular.

The profession is any role that needs specified knowledge and intense study for an extended period. As knowledge was not accessible for laypeople, the professionals got their prestigious position in the society, and their autonomy was apparent then. During the previous century, the interest in professions in general increased. During the 1930s, sociologists were more interested in studying and discussing medical professions issues.

During the 1960s and 1970s, medicine became increasingly complicated due to new specialties and technologies, society was in a deconstruction period due to the confusion about the situation at that time, and the respect for medical professions was in the deepest due to the increased medical costs and the attitude of professionals become selfish and not patient-oriented anymore and their professionalism and authority questioned. During that era, the discontent from society grew, on the other hand, professionalism started to be a cornerstone for medical degrees, and some practitioners believed that professionalism was something owed by a grateful society.

During the early 1980s, billions poured into the pharmaceutical industry and medical device manufacturing; thus medicine became a big business and a significant part of the economy. Through this corporate era, medical professionals started to make more money, and the concern of profit over professionalism nock the door, especially when the medical authority became shared with the operators that started to overlook the

medical professionals as Michael Yeo, a philosophy professor at Laurentian University in Canada Sayed “Their relationships with patients became filled with this third party looking over the doctors’ shoulders.” A new professionalism movement emerged to counteract the effect of managed care corporations. Physicians were able to establish regulations regarding what they could and could not be forced to perform by emphasizing that they were professionals, not business owners or employees. This reignited debate about professionalism, which has lasted for three decades and is still going strong, changed many aspects of healthcare. Professionalism is currently taught to students at most healthcare universities. Practitioners and academics keep publishing papers on the subject. The moral contract has existed between society and healthcare for years but was codified during the previous three decades to overcome the debate and try to reach a consensus about professionalism traits and ethical codes in addition to solving the question of what it means to be a good healthcare provider.

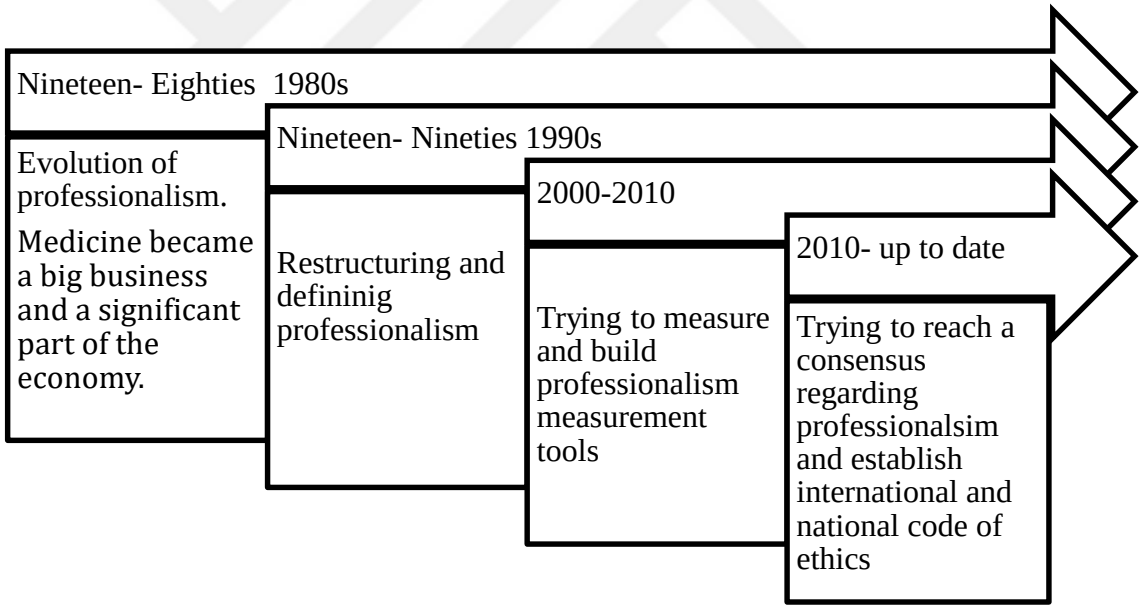

Figure 1.1. Historical Overview of Professionalism (Created by the Author)

After this professionalism history overview, a couple of concerns floated to the surface:

- What about the situation of healthcare professionals in the pharmacy community? Are they aligned with current professionalism standards? How

can we improve professionalism? Is there a connection between new degrees of Pharm D, residency, fellowship, and professionalism?

- Can professionalism be taught? Can we measure it? And how?

To answer all the above mentioned concerns, an overview of the last three decades of pharmacy professionalism, challenges, vision, and development is needed.

1.1.3. Pharmacy Community Situation

Professionalism was a highly debated subject in both the medical and pharmacy communities. The actual or perceived deterioration of modern medical professional status in the US during the 70s and 90s caused other professions to reevaluate their status, encouraging interest in the topic. The amount of literature that has been written on the subject reflects this. Most medical articles published in the 1990s and the beginning of the 21st decade came from the US. The limitation of research in this domain outside of the US may be somewhat explained by differences in legal systems, healthcare systems, institutions, and social identity (Rutter & Duncan, 2010).

According to research on trust, morals, and integrity, society has long held pharmacists in high regard. They should unquestionably be held to high standards of practice when caring for patients because they are healthcare professionals. The necessity for this level of professionalism is growing as healthcare and societal needs are evolving (D. Hammer, 2006).

In 1990, George Miller, an American psychologist, in his paper titled "The Assessment of clinical skills/ Competence/ Performance" (Miller, 1990), proposed the clinical competence pyramid to assess the clinical skills of health professionals. The Pyramid's bottom is Knowledge, which means the graduate novice student who knows without any experience up to Action on the top of the pyramid, which is the position of experts. While beginning students should be able to recollect information, as their comprehension grows, they should be able to interpret, apply, and perform necessary knowledge, abilities, and attitudes in practical clinical scenarios. "Graduates must also know how to use the knowledge they have accumulated, for otherwise they may be

little more than idiot savants, they must develop, among other things, the skill of acquiring information from various human and laboratory sources" Miller said.

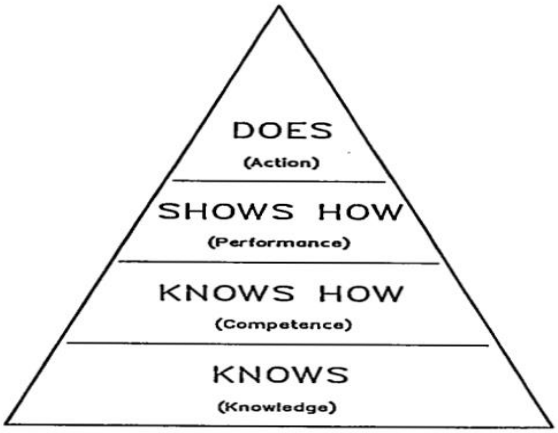

Figure 1.2. Clinical Competency by Miller (Miller, 1990)

Most pharmacy practitioners and educators accept that professionalism should be evident in their day-to-day operations, but many are confused about professionalism. Although they cannot specify its precise components, they can detect whether it is present. They may be conscious that their professionalism needs improvement, but they may not be certain where they should proceed and what to do.

In 1993, The American Pharmaceutical Association APhA with the American Association of Colleges of Pharmacy AACP organized a joint Task Force (APhA-AACP) to handle this critical challenge. The Task Force has held numerous meetings to explore professionalism and how to improve it in pharmacy practice and education. The Task Force's main objective is to educate professionals, academics, and students on the value of professionalism and how their activities might raise or lower their professional level. Five years after establishing the APhA-AACP task force published a white paper on pharmacy student professionalism ("White Paper on Pharmacy Student Professionalism. American Pharmaceutical Association Academy of Students of Pharmacy--American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism," 2000). The authors of this white paper revealed that this paper was written for the entire pharmacy profession because the fast-changing situation of pharmaceutical care and health care in general for the 80s and 90s twentieth century led to a loss of pharmacy professional positions.

As a result of this dramatic situation, the pharmacy professional community embraced a mindset of Pharmaceutical Care, which means that the responsibilities of the pharmacist changed to adapt to the evolution in the health care system; therefore, the pharmacist rules have been restructured and the pharmacist's become responsible for the optimal therapeutic outcomes of their patients, during the 90s the patient-centered term become popular in the health care system which resulted in some roles substitution between the members of the medical team. The task force confirmed that as the healthcare system during the 90s expected pharmacists to enhance their clinical knowledge and abilities, it also demands the continued development of the attributes that distinguish pharmacy as a profession rather than an occupation. In this regard, the growth of authentic professionalism is one of the most significant and crucial concepts to transfer to the pharmaceutical community, and this is the primary motivator behind the task force and its continuously released papers, as the authors stated.

The task force paper published in 2000, in this paper, discussed the pressure on the pharmacist regarding their professionality vs. being profit-oriented and confirmed the importance of Guideline 1.4 that The American Council on Pharmaceutical Education (ACPE) published in 1997 stated the importance of professionalization in education and practice and confirmed about the importance of involving it in the curriculum of pharmacy school. To overcome professionalization issues and improve professionalism in education and practice, the task force published recommendations for students, educators, and practitioners respectively; the task force finished the paper with the oath of pharmacist and its commentary; also the code of ethics, see Figure 1.3 that included the eight codes for the pharmacists to be professional (ASHP, 2017), see American Society of Health-System Pharmacists ASHP Codes of Ethics for Pharmacists 1982−2022 which added in the Appendix D of our thesis.

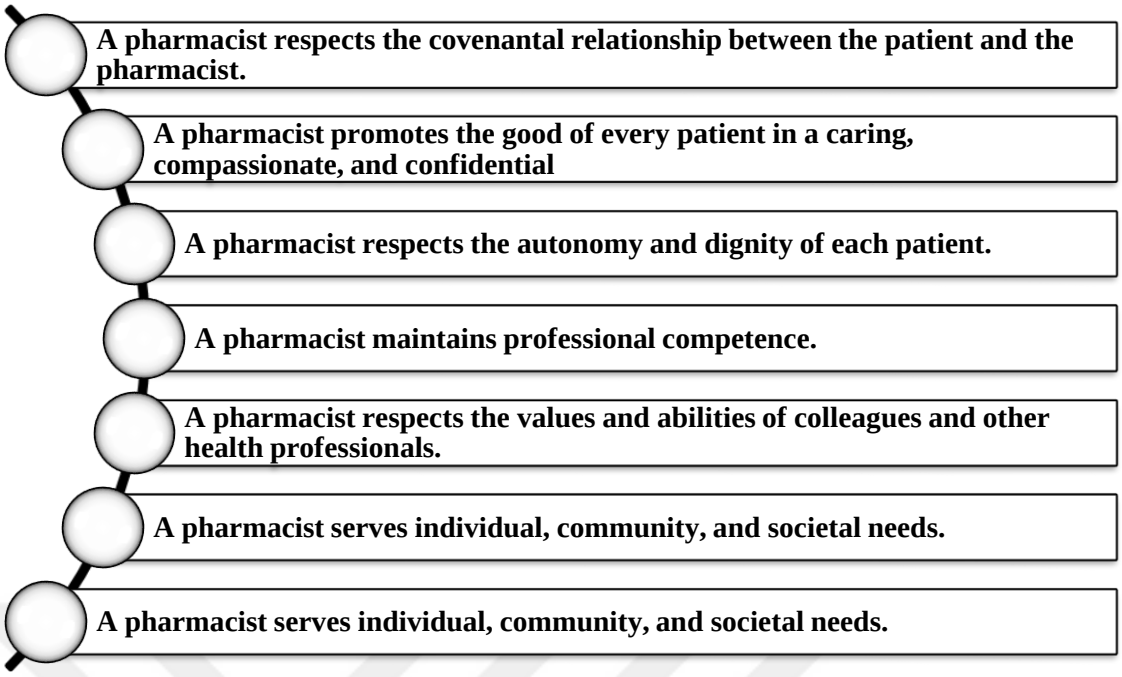

Figure 1.3. American Society of Health-System Pharmacists ASHP Codes of Ethics for Pharmacists 1982−2022 (Created by the Author)

Because the 80s and 90s were an evolution in the medical community in general and the pharmacy community in particular, many white papers and sociological and commentary papers were published in 2000. After Task Force (APhA-AACP) recommendations have been published, a strong American College of Clinical Pharmacy ACCP white paper about A Vision of Pharmacy's Future Roles, Responsibilities, and Manpower Needs (Manasse & Zellmer, 2001) with a mission of "Toward a Unified Philosophy of Practice." This paper was such a transformation and restructuring for essential concepts in the pharmacy profession practice since it discussed Future leadership and management requirements, factors impacting the growth of professional roles and duties, and the changing practice ideology of pharmacy that must be inculcated in all the pharmacy profession segments with a straightforward approach to engage it.

This paper was a cornerstone for professional practice change till today; through the paper, the topics about the new philosophy of practice, issues influencing change, pharmacists' future roles and responsibilities, how to prepare the professional environment for such changes, pharmacy student socialization, the importance of

management, leadership, and innovation skills. Then the paper stated a vision for the future and recommendations for all pharmacy professionals. This paper clearly and heavily explained the roles and qualifications for pre- and Post-Licensure Credentialing. Therefore, it would be a good reference and guideline for any pharmacy profession institute.

As AACP has been significantly engaged in professionalism issues, the task force called for a meeting in the USA, Chicago, in February 2011; the meetings' report was written by a group of professors from around the USA and published in the American Journal of Pharmaceutical Education. This report discusses the newly adopted Doctor of Pharmacy degree. "These programs require an increased duration of pre-pharmacy work to prepare graduates for a more patient-centered role in healthcare," the authors mentioned (Popovich et al., 2011). The task force's work included but was not limited to current barriers and challenges discussions like the lack of adequate instruments to measure pharmacists' and students' professionalism, some faculty members that fail to model, the lack of career development opportunities, and the reason behind anti-professionalism culture. The report discussed the traits of professionalism mentioned in the 1999 report. Finally, 16 AACP recommendations for AACP members, students, faculty members, and practitioners are put out at the end of the paper.

Patient-centered rolling in the pharmacy field started in 2015 in the UK and spread worldwide and still in debate today, To start a global conversation regarding what it implies to be a pharmacy practitioner in the twenty-first century and also what patients and the wider public expect from pharmacists today, the General Pharmaceutical Council GPhC in the UK issued a discussion paper on patient-centered professionalism in pharmacy on 24 April 2015 ("GPhC Launches National Conversation on Patient-Centred Professionalism | General Pharmaceutical Council,".) In this paper, the council discussed what are the characteristics needed to be patient-centered and professional while practicing and what are the barriers to achieving them in pharmacy culture; the council called the pharmacy organizations to participate in this discussion. Thirty-five organizations have responded to this paper; one of them is the Pharmacists Defense Association PDA ("Patient-Centred Professionalism – GPhC Consultation,"), which also discussed how to be patient-oriented and professional in the workplace and what are the barriers and enablers.

The concern about patient-centered professionalism was not limited to pharmacy organizations and associations, but also academicians were involved in this new side of professionalism; thus, research articles have been published in pharmacy literature.

Rebecca Elvey and colleagues at the University Of Manchester, UK, explored patient-centered professional values and behaviors through qualitative approach/ focus group interviews and the critical incident technique. The writers mentioned that they chose this topic due to the scarcity in the literature; their investigation led us to conceptualize patient-centered professionalism as consisting of three primary constructs: competencies, values, and communication. The article's findings, in particular the finding that in pharmacy, the emphasis is on giving patients information and solving problems, contrasts with understandings from other health professions which emphasize working in partnership with patients, give substantive meaning to the idea of patient-centered professionalism, so the need to improve the patient-centered professionalism is must, "Being patient-centered in pharmacy does not mean fulfilling every patient demand for a medicine; sometimes pharmacists need to refuse to supply medicines, when it is not safe or legal to do so, but doing this in the right way can be hard, especially when faced with patients who are ill, demanding or distressed" authors stated.

1.1.4. Professionalism Schooling

Can professionalism be taught? In basketball, they say you cannot teach height! Numerous characteristics, like cleverness, competitiveness, and curiosity, would benefit people in life but cannot be taught. In the previous 20 years, the medical community wondered if professional traits like altruism and empathy could be taught in the classrooms. It is challenging to teach the practitioner to be a good professional, like teaching an individual to be a good person. Even though it is hard but it is not impossible; this is the reason behind the new degrees in the medical field like internship, residency, and fellowship programs that launched in the year 2000 until today, and due to the current students are the future practitioners and because the development of professional attitudes and behaviors is just as important as acquiring knowledge and skill as a pharmacy practitioner throughout pharmacy school, the guideline makers and authorities started to incorporate such subjects in the curriculum

in the pharmacy schools, and the researchers started to study and analyze this topic deeper.

Dana Purkerson Hammer, Ph.D. A Pharmacist at Washington University published a paper about (As) attitudes and (Bs) behaviors (D. P. Hammer, 2000); she explained, discussed, and expanded the manuscript submitted in the 2000 AACP Teachers' Seminar on Developing Professional Attitudes and Behaviors and adopted the six professionalism tenets that mentioned in the ABIM project professionalism (Blackall et al., 2007).

She agreed that professional attitudes and behaviors are essential to maintaining and developing professions and professionals, but they can be just as challenging to define and assess. This paper tried to define and describe these professionalism traits, pinpoint the elements most responsible for their development, offer suggestions on how to assess them and explore potential challenges. She closed her writing by stating that if we keep making progress in encouraging our students to acquire professional attitudes and behaviors, we will help improve the academic system's professionalism and the professionalism of pharmaceutical care practitioners will improve.

In Figure 4 below are examples of professional attitudes and corresponding behaviors for pharmacy students submitted by participants in the 2000 AACP Teachers' Seminar on Developing Professional Attitudes and Behaviors.

ATTITUDE	BEHAVIOR
Accountability	•Takes responsibility for actions
Caring	•Volunteering •Acts of service
Desire for self-improvement	•Continued learning •Self-instruction
Diversity	•Fair treatment of all people regardless of demographic characteristics
Honesty	•Behaviors that demonstrate honesty and trustworthiness
Open-minded	•Increased receptiveness to new ideas
Respect	•Dresses appropriately, Punctual, Maintains confidentiality
Responsibility to learn	•Comes to class prepared , Actively participates in class activities, such as engages in discussion
Team player	•Engages in constructive peer assessment •Accepts and applies constructive critique
Values new experiences	•Desire to seek out and take on new challenges

Figure 1.4. Examples of Professional Attitudes and Corresponding Behaviors for Pharmacy Students (Blackall et al., 2007)

Two years after the student As and Bs paper, the same author Dana Purkerson Hammer wrote a special paper with her colleagues in 2003 about “Student Professionalism” (D. Hammer, Berger, Beardsley, & Easton, 2003) that comprehensively reviewed the professionalism concept, its significance in pharmacy practice, its development

obstacles, the cofactors for it and finally this paper provided recommendations to enhance professionalism in practice and education. In this paper, the authors conceptualize an umbrella paradigm, see Figure 1.5, for the professionalism traits that pharmacy students develop during their education and early practice to be pharmacy professionals in the 21st century, this umbrella represents the goal of pharmacy curriculum and training. The student is the central shaft of the umbrella, while instructions, guidance, school culture, mentoring, and modeling are the factors that participate in structuring and shaping the student's professionalism. Elements such as communication skills, empathy and competence, personal values, and knowledge are represented by the ribs extending from the center shaft, those main attributes that form professional behavior as the authors mentioned. As a representation of how pharmacists behave to maintain patients' safety and uphold the standards of pharmaceutical practice, the umbrella model of professionalism is used.

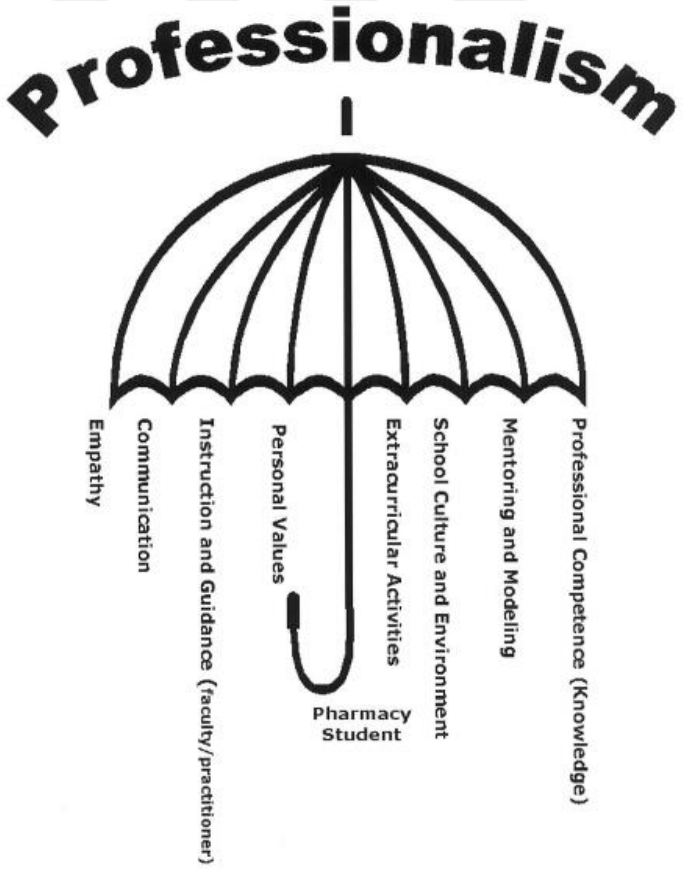

Figure 1.5. Umbrella Model for Student Professionalism

(D. Hammer, Berger, Beardsley, & Easton, 2003)

Another paradigm provided by this paper is the bicycle wheel, see Figure 1.6, in which the spokes of the wheel are actions taken by an individual, such as respect, responsibility, empathy, and sympathy. The tire, which connects all aspects of professionalism, consists of dressing professionally, arriving on time, acting courteously, and other professional conduct. The hub of the wheel is a core set of values that include altruism or service, caring, honor, integrity, and duty.

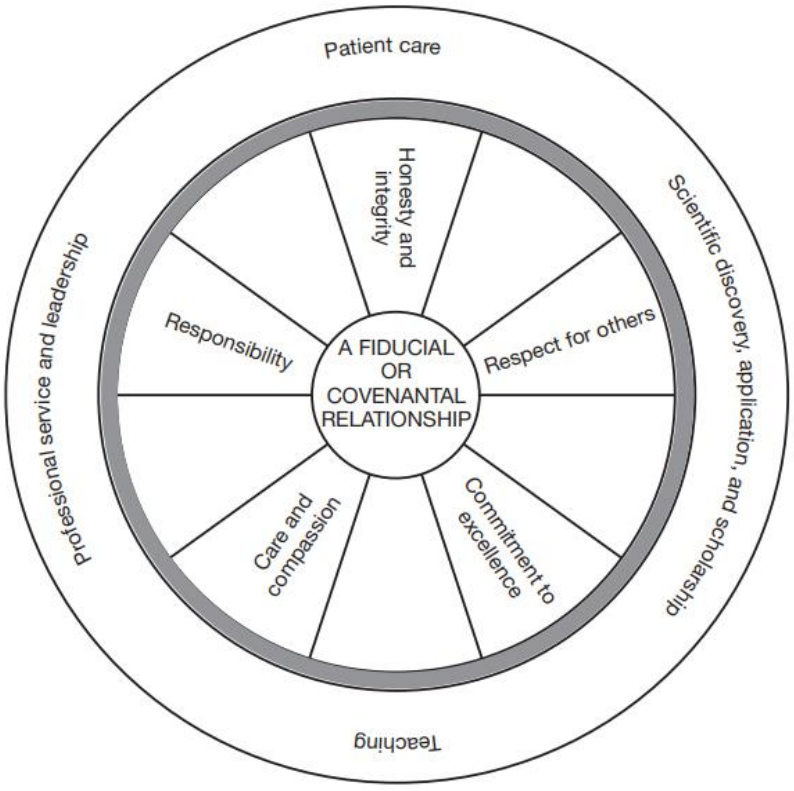

Figure 1.6. Bicycle Wheel to Conceptualize Professionalism
(D. Hammer, Berger, Beardsley, & Easton, 2003)

Depending on the previous paper on student professionalism, the College of Pharmacy at the University of Georgia wanted to discover the student agreement with the professionalism curricular competency statement of the university in 2005. Lori J. Duke with colleagues randomly selected 60 students from each curricular year to participate in the 42-item cross-sectional survey. Students agreed that the goals of the recently approved professionalism curricular competency were compatible with what

it means to be a pharmacy professional, and the results were discussed with the advisory council to identify if there are new measures or curricular modifications (Duke et al., 2005).

Again Dana P. Hammer provides a tool to assist preceptors in their evaluation of students' professionalism during their experiential learning (D. Hammer, 2006). She discussed professionalism in pharmacy practice, then she explained the situation of pharmacy students regarding professionalism. Finally, she wrote about the guide to improve professionalism during the experiential learning process which is mainly: 1. State Explicit Expectations, 2. Set High Standards for Students, 3. Treat Students Respectfully, 4. Frequent, Timely, Specific Feedback to Students, 5. Evaluation of Students' Professional Behavior, 6. Student Feedback to Site and Preceptors, the last and the most important step is 7. Role Modeling. Due to the difficulty of student evaluation in an objective way, Dana suggested using the "Behavioral Professionalism Assessment form" that she with her colleagues created in 2000 (D. Hammer, Mason, Chalmers, Popovich, & Rupp, 2000) thus this tool can be used as self-assessment or preceptor-assessment for students' behavioral professionalism.

After this evolution of the professionalism concept and importance in health care and the recommendations stream from prestigious organizations regarding students' professionalization criticalness, many pharmacy schools responded to this call by incorporating professional learning and training in pharmacy programs' curriculums.

Since 2001 in the USA, Maryland University has systemically implemented the professionalism evaluation to set expectations and to hold students accountable. This implementation came after the APhA-AACP task force toolkit. Pharmacy school's faculty members, administrators, and students have tried to incorporate them in the academic program through civility training, developing standards of conduct, enhancing communication, and developing a range of expectations. This research published in 2007, focused on the challenges experienced by the faculty in addressing professionalism competency across its experiential learning program (Boyle, Beardsley, Morgan, & Rodriguez de Bittner, 2007). Experiential Learning Program (ELP) consists of introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences APPEs, the duration of which ranges from 1 day to 3

months depending on the definite course and designated rotation goals and a total of 1600 hours at that time. After completing ELP, the preceptors asked to face to face evaluate 4 primary students' professional behaviors: communication, appearance, commitment, and initiative, accordingly, a student could fail in the rotation upon unsatisfactory evaluation even if he/she passed other course objectives.

In 2009, the American College of Clinical Pharmacy ACCP published a commentary paper to complement previous studies about student professionalism. In this paper, the central tenets that the community and patients expect from pharmacy students, students should start to build lifelong professional behaviors and attitudes that have been defined and described by the authors in this paper which are:

- Altruism: Make an unselfish commitment to serving the patient's best interests above your own…
- Integrity and Honesty: Practice integrity and honesty in all your practices.
- Treat others with respect, just as you would like to be received.
- Professional Stewardship: Engage actively in academics, organizations, and other meaningful activities related to pharmacy.
- Commitment to Excellence: Pursue excellence and take charge of your education and professional growth.
- Professional presence: Establish confidence by being present in an appropriate manner.

(American College of Clinical Pharmacy, Holt, et al., 2009).

Furthermore, in 2009, the American College of Clinical Pharmacy ACCP published a white paper on how to develop student's professionalism by improving their understanding of it and confirming the covenantal relationship significance that is the core of professionalism, as the paper stated (American College of Clinical Pharmacy, Roth, & Zlatic, 2009). 2nd main objective of this white paper is to explain professionalism traits to students and connect them with the fiducial relationship, in addition, to enhancing discussions about the traits between the students, faculty members, and practitioners through many questions at the end of the paper. The authors expanded the **bicycle wheel** paradigm, see Figure 5, which was created before in the student professionalism article (D. Hammer et al., 2003). The writers merged

and connected it with the fiducial relationship between the patients and pharmacists as the professionalism core in pharmacy education and practice.

Due to the elusiveness of student professionalism, lack of one agreed definition for professionalism in the pharmacy community, and lack of comprehensive tools to measure and assess it, Daniel Brown et al, PharmD at Atlantic University, tried to reframe the Academic Pursuit of Professional Development, at their paper titled "The Taxonomy of Professionalism" (Brown & Ferrill, 2009). The authors in this article analyze a new definition of professionalism based on Bloom's Taxonomy of Educational Objectives. They outline five behavioral components within each of the three dominions of professionalism: competence, connection, and character, and incorporate the broad idea of patient care advocacy as the foundational concept for a modern pharmacy practice approach. Every element in each domain has been defined and discussed in the article, see Figure 1.7 and Figure 1.8.

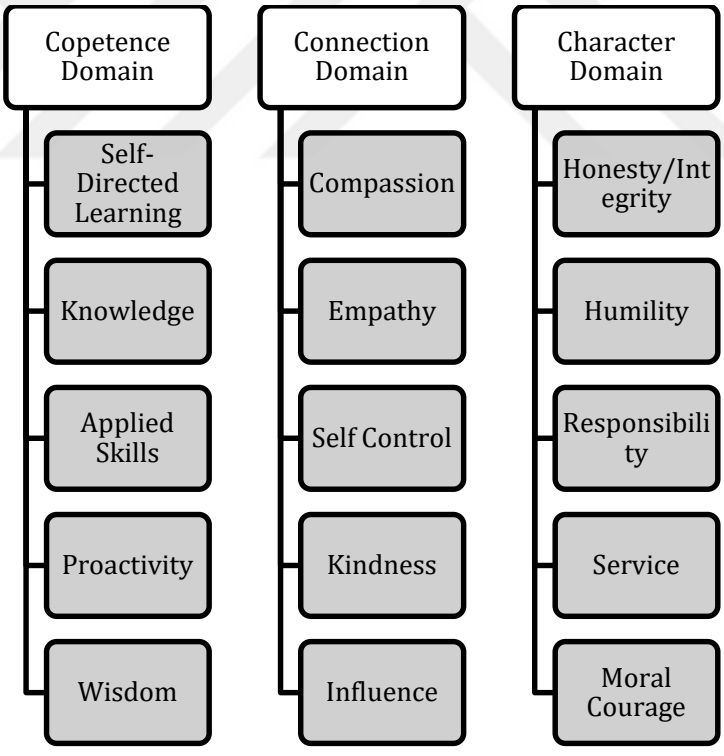

Figure 1.7. The Taxonomy of Professionalism Reveals the Five Elements of Professionalism Found Within Each Domain (Brown & Ferrill, 2009)

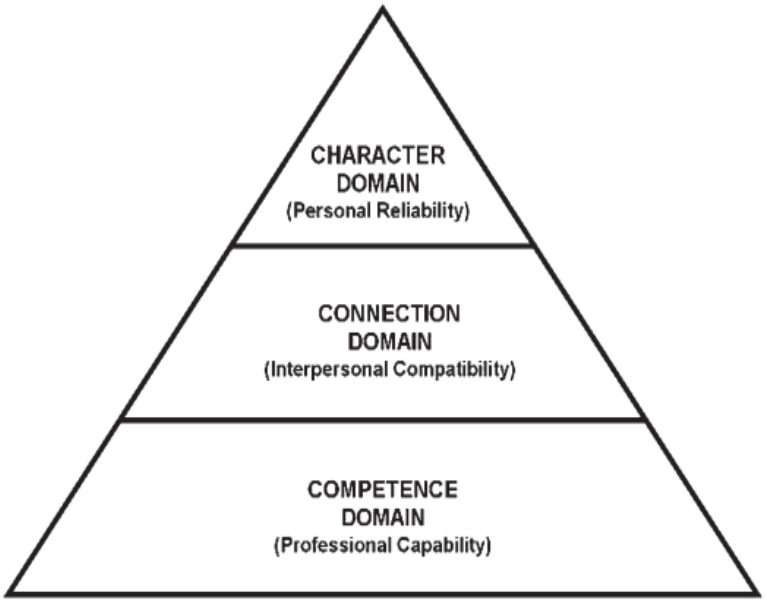

Figure 1.8. Hierarchical Relationship between the Three Domains (Brown & Ferrill, 2009)

Since 2012 up to date, many researchers still trying to conceptualize professionalism, trying to incorporate it into the curriculum, and still working to reach an agreed definition worldwide, thus can evaluate students' professionalism throughout the curriculum. Three pharmacy schools in the UK have been involved in Dr. Ellen Schafheutle et al research that was written to clarify how professionalism was learned and how it is cultivated in pharmacy education (Schafheutle, Hassell, Ashcroft, Hall, & Harrison, 2012). This paper comes out with findings confirming the need to improve professional learning and be grounded and longitudinal throughout the curriculum. Those results were reached after the analysis of course materials plus interviewing teaching staff and final-year students in pharmacy schools. They concluded the paper by mentioning the importance of role models and practical learning for professionalization in pharmacy schools.

Due to the global call to improve the professionalization in pharmacy colleges, PharmD Megan G. Smith and Pharm D Melissa M. Dinkins (Smith & Dinkins, 2015), statistically studied the effect of Early Introduction to Professional and Ethical Dilemmas in a Pharmaceutical Care Laboratory PCL Course for PharmD students which is a new professional learning program was created to give students a regular,

scheduled activity to get them using pharmacy standards of practice as early in the process even before graduation, an optional survey was distributed before and after the training, resulting in more confident students while applying the oath of pharmacist. They have a clearer vision on how to deal with professional dilemmas that may face in practice as simulated-based education (SBE) is being used more frequently to help students in health education with their communication and practice abilities. Jasmina FEJZIC and Michelle BARKER, at the School of Pharmacy in Australia, studied the effect of simulated learning modules SLMs and the effect of it on Pharmacy students' Practice skills and Professionalism were assessed by Self-report, which revealed, according to students' responses, that professional skills and commitment to professional ethics positively improved significantly after the simulated learning (Fejzic & Barker, 2015).

In England also designed Professional Development Course Series applied by PharmD Beth Welch and colleagues at Western New England University (Welch, Spooner, Tanzer, & Dintzner, 2017) and the paper resulted in the incorporation of the course series in the PharmD curriculum in the university.

1.1.5. Professionalism Measurement

Despite that, the professionalism construct is elusive and hard to define or measure, and a good scale needs years to develop; a lot of academicians were aware of the importance of assessing it for the health care future quality and integrity. No study before 2000 tried to measure professionalism (Rutter & Duncan, 2010); afterwards, some research papers about professionalism measurement have been written, and the established test validity is still in debate.

Jon Veloski, a director of medical education research at the Center for Research in Medical Education and Health Care, Jefferson Medical College, Philadelphia, Pennsylvania, and his colleagues wrote a systematic review paper about the evaluation properties of medical students' professionalism instrument between 1982-2002 (Veloski, Fields, Boex, & Blank, 2005). "The complexity of the construct of professionalism in medicine and the complexity of the English language invites different interpretations that may imply additional keywords in future searches,"

writers confirmed after the conclusion that there are a few studies that measure individual professionalism in students and residents thus developing an instrument that measures and evaluate professionalism in formative or summative measurement is a need in medical fields.

At the AACP 99th and 100th Annual Meetings, Snowmass1998 and Boston1999, and the APhA 99th Annual Meeting, San Antonio 1999, a review paper has presented as a poster about "Development and Testing of an Instrument to Assess Behavioral Professionalism of Pharmacy Students" (D. Hammer et al., 2000). In the summer of 2000, the American Journal of Pharmaceutical Education published this paper after 2 years of hard work from the authors' side. This long-term study aimed to develop an instrument that can evaluate the professionalism aspect; thus, it is a hypothesis-generating study with multiple objectives as mentioned in the paper. The method was a mixture of multiple stages performed through the years, starting with instrument development, expert review, pilot study and second revision of the instrument, and finally large-scale administration and third revision of the developed instrument. Through those four stages, the instrument reduced from a 38-item scale to a 25-item scale representing four dimensions: responsibility, communication skills, and appearance, with accepted validity and reliability of the scale. The authors agreed that they faced some limitations, specifically during the last stage of the study "There is always a limitation when creating a new instrument that some prior literary references or similar projects were missed, or the items are chosen to represent this concept may not have truly represented its entire domain of dimensions," and they stated "Future testing with the instrument will help to determine if these limitations were truly detrimental to the development of the instrument" and mentioned that there is no published study about measuring the professional development and validation in pharmacy students and graduates. The authors confirmed that this study represents a solid platform to develop and build new scales that measure professionalism and multiple opportunities for research with this instrument in the field of professionalism.

From west to east, depending on the adopted six tenets of professionalism are altruism, accountability, excellence, duty, honor and integrity, and respect for others as defined and discussed in the Hammer's study about student professionalism (D. Hammer et al., 2003), see Figure 1.9 , Marie A. Chisholm, PharmD with her colleagues in

University of Georgia developed an 18-item instrument, called the Pharmacy Professionalism Instrument PPI, which measures the six tenets mentioned above and exhibited satisfactory reliability measures.

The authors spent a lot of effort building, testing, and reducing it from a 50-item to an 18-item instrument; thus, this instrument is considered the first step to developing a tool that can measure professionalism as a self-administered survey. The writers mentioned one of the limitations of PPI is that 3 out of 6 factors are represented with two items for each; this could be problematic to explain a factor depending on two items, and here the authors recommend that future researchers add items for 4th, fifth and sixth factors (Chisholm, Cobb, Duke, McDuffie, & Kennedy, 2006). This scale has been used in different pharmacy schools to evaluate their students' professionalism in many experiential and longitudinal types of research like Therese I. Poirier et al in the USA (Poirier & Gupchup, 2010).

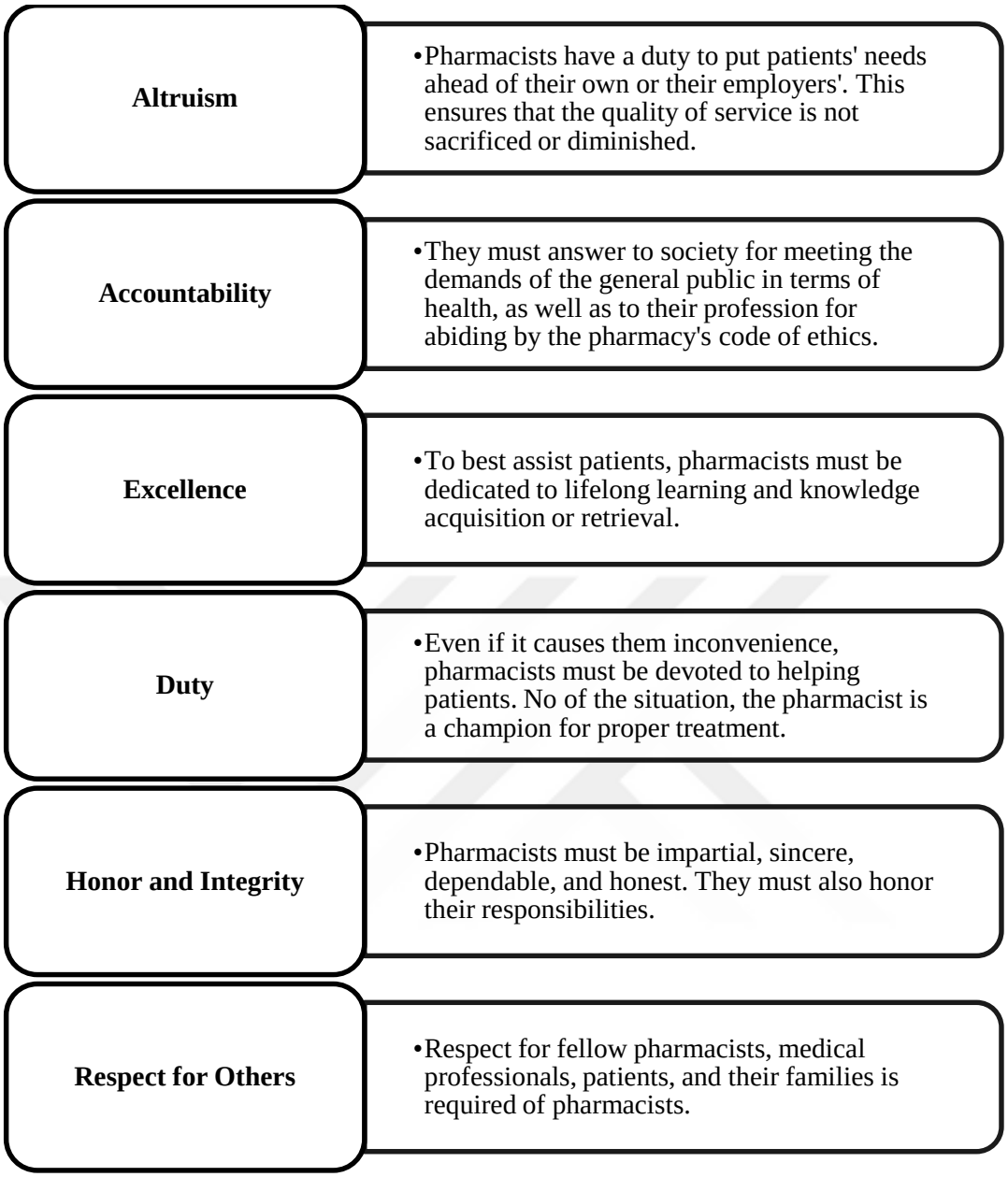

Figure 1.9. Six Tenets for Professionalism in Pharmacy Adapted by Hammer and Chisholm from Tenets of Professionalism Established by the American Board of Internal Medicine (D. Hammer et al., 2003).

Again, in the United States and depending on the same six factors that have been adopted from ABIM for the pharmacy profession, Michael J Peeters and Gregory E Stone developed a 15 items self-report instrument to measure pharmacist professionalism, and they did a pilot study by distributing the survey through the emails. The Rasch Measurement Model was used for data analysis. Because this instrument reveals excellent reliability, the authors confirmed that the usefulness of

this evaluation tool for evaluating the professionalism of pharmacists and pharmacy students has to be further explored (Peeters & Stone, 2009).

After almost ten years in the professionalism evolution in all professions in general and in the health world specifically, a blueprint to assess professionalism has been developed by medical education experts in the United Kingdom and New Zealand (Wilkinson, Wade, & Knock, 2009) which aimed to spot gaps where current assessment techniques do not adequately fulfil identifiable professionalism aspects and to link assessment methods to definable professionalism factors. Blueprint word in the English language is defined as "a complete plan that explains how to do or develop something" ("Blueprint,"), which means that this systematic review made a plan and explained a new approach to assessing professionalism in medical fields and this concept was clear while reviewing this paper. The philosophical explanation behind this research is the multidimensional feature of professionalism thus it requires a combination of assessment tools to address.

After clustering, the currently available definitions and relevant assessment tools, the **"blueprint"** created by the authors which includes clusters of professionalism, and nine clusters of assessment tools were recognized as a result of the clustering method in this literature review: Five professional clusters emerged: reliability, commitment to autonomous maintenance/improvement of competence in oneself, others, and systems, adherence to ethical practice principles, effective interactions with patients and with people who are important to those patients, effective interactions with people working within the health system. Figure 1.10, shows the nine groups of assessment tools that were discovered: self-administered rating scales, critical incident reports, observed clinical encounters, compiled opinions of coworkers, records of instances of impropriety, simulations, and paper-based tests (Wilkinson et al., 2009).

Theme and subthemes	Assessment of an observed clinical encounter	Collated views of coworkers	Record of incidents of unprofessionalism	Simulation	Paper-based test	Patient opinion	Self-administered rating scale
Adherence to ethical practice principles	•	•	•	•	•	•	
• Honesty/integrity		•	•			•	
• Confidentiality	•	•	•	•		•	
• Moral reasoning				•	•		
• Respect privileges and codes of conduct	•	•	•	•		•	•
Effective interactions with patients and with people who are important to those patients	•	•	•	•		•	•
• Respect for diversity / uniqueness	•	•				•	•
• Politeness / courtesy / patience						•	
• Empathy / caring / compassion / caring / rapport	•					•	
• Manner / demeanor			•			•	
• Involve patients in decision making	•	•		•		•	
• Maintain professional boundaries	•						
• Balance availability to others with care for oneself							
Effective interactions with other people working within the health system	•	•	•				•
• Teamwork		•	•	•			
• Respect for diversity / uniqueness	•	•	•				•
• Politeness / courtesy / patience		•	•				
• Manner / demeanor	•	•	•				
• Maintain professional boundaries	•		•				
• Balance availability to others with care for oneself							
Reliability	•	•	•			•	
• Accountability / complete tasks	•	•	•				•
• Punctuality / time management / organization	•	•					
• Take responsibility		•	•			•	•
Commitment to autonomous maintenance and continuous improvement of competence in:							
• Self	•	•	•				•
Reflectiveness, personal awareness, and self-assessment			•				•
Seek and respond to feedback. Respond to error. Recognize limits.	•	•	•				•
Lifelong learning							
Deal with uncertainty							
• Others		•					
Provide feedback / teaching		•					
People management		•					
Leadership		•					
• Systems							
Advocacy							
Seek and respond to results of audit							
Advance knowledge							

Figure 1.10. Professionalism Assessment Blueprint to Show the Match of the Elements of Professionalism with the Relevant Assessment Tool (Wilkinson et al., 2009).

The authors argue that no one tool can measure professionalism from different dimensions, and combined tools are needed. For every single tool, a face of professionalism will be missed, for example in self-administered rating scale as Pharmacy Professionalism Instrument PPI (Chisholm et al., 2006) they cannot measure what a person is doing, so it has limited summative assessment and so on for other measurement clusters. The writers stated that "The strength of the blueprint that we developed is the multifaceted approach taken to this problem, by drawing together the varying definitions and measures of professionalism".

In 2010, once almost 20 years of debating and searching behind professionalism and many researchers and organizations started to build scales to measure it, Paul M. RUTTER and Gregory DUNCAN were asking the big question: Can professionalism be measured? and provided evidence from the health care literature through their systematic review paper published in Pharmacy Practice Journal, "The need to ensure the future pharmacy workforce demonstrates professionalism has become important to both pharmacy educators and professional bodies" authors confirmed (Rutter & Duncan, 2010). Rutter et al mentioned that, although professionalism is a complex composite of structural, attitudinal, and behavioral attributes and is therefore obviously difficult to measure, as is reflected in the insufficiency of studies that have attempted to do so, survey tools have been developed to try and measure some, if not all, dimensions of professionalism. The writers also stated that there are quite few pharmacy institutions that seem to formally teach it, much less evaluate how well students have learned professionalism. The writers concluded the paper by recommending the pharmacy community reach a "universally agreed definition" that will be the cornerstone to set learning strategies thus the creation of an assessment tool to measure professionalism objectively and accurately to improve and evaluate the students and therefore the pharmacy practice policies and guidelines.

In the same year in response to the debate, another systematic review of 58 articles in contemporary literature between 1998 and 2009 about pharmacy professionalism resulted with that there was no consensus about the definition of professionalism at the time it was published, 55 different components of professionalism have determined in the article (Wilson, Tordoff, & Beckett, 2010).

Depending on previously suggested instruments Hammer et al (D. Hammer et al., 2000), Chisholm (Chisholm et al., 2006), and APhA-AACP task force paper ("White Paper on Pharmacy Student Professionalism. American Pharmaceutical Association Academy of Students of Pharmacy--American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism," 2000) To measure professionalism, "Professionalism Assessment Tool PAT" was created by Ph.D. Katherine A. Kelley with colleagues when different scales merged, adopting some items and addition of some items to the scale to result in a 33-item assessment tool that included five domains of professionalism, see Figure 11 bellow (Kelley, Stanke, Rabi, Kuba, & Janke, 2011).

Figure 1.11. Professionalism Domains Included in the Professionalism Assessment Tool (Kelley, Stanke, Rabi, Kuba, & Janke, 2011).

A revised version of Miller's Taxonomy's five degrees of capability was utilized to rate each item (Knows, Knows How, Shows, Shows How and Teaches how). The reliability of this scale was excellent and showed evidence of internal validity and the ceiling effect was minimized.

Through the last decade, especially after 2015, the previously built tools and instruments used in many schools and medical intuitions to evaluate professionalism, some of the studies measured professionalism as longitudinal after an intervention like a course or change in the school curriculum, other studies measured the students or practitioners' professionalism as a cross-sectional survey.

Pharm D Megan G. Smith and Pharm D Melissa M. Dinkins (Smith & Dinkins, 2015) in North Carolina, USA, used Chisholm (Chisholm et al., 2006) instrument to measure pre and post-intervention professionalism for Pharm D students. Jasmina FEJZIC and Michelle BARKER in Australia also used Chisholm et al instrument to measure student professionalism pre and post-simulated learning (Fejzic & Barker, 2015). In England also students are given the Pharmacy Professionalism Instrument (PPI) during new learner orientation and after each academic year to assess professionalism among pharmacy students and recent graduates (Welch et al., 2017).

Due to some limitations of the self-report instrument mentioned in the blueprint article (Wilkinson et al., 2009), some researchers chose preceptor or supervisor evaluation forms, University of South Florida College of Pharmacy used a 25-item Behavioral Professionalism Assessment Form– Experiential (BPAE) to Create a systematic framework to track the professionalization of students, instructors, preceptors, and employees by identifying professionalism criteria of interest (Schwartz et al., 2018).

Some newly published papers also tried to measure inter-professional professionalism, MD at USA, Jody S. Frost, and a multispecialty team worked together to create the inter-professional professionalism assessment IPA (Frost et al., 2019) which revealed good reliability and validity thus its use across several health professions and in many practice, sites is an opportunity to test it and expand the literature in this field.

Measurement of professionalism in practice is necessary given the community pharmacists' expanding scope of practice. Since there is no accepted definition of professionalism and limited research on the subject, it is a difficult concept to evaluate. So rather than measuring the level of professionalism among pharmacists, the tools already available measure it among pharmacy students and newly graduated pharmacists (Dubbai et al., 2019).

Lastly, the map bellow, see Figure 1.12, includes in one place the articles discussed in the previous theoretical background, more details have been expanded in the catalog of the articles, see Appendix E.

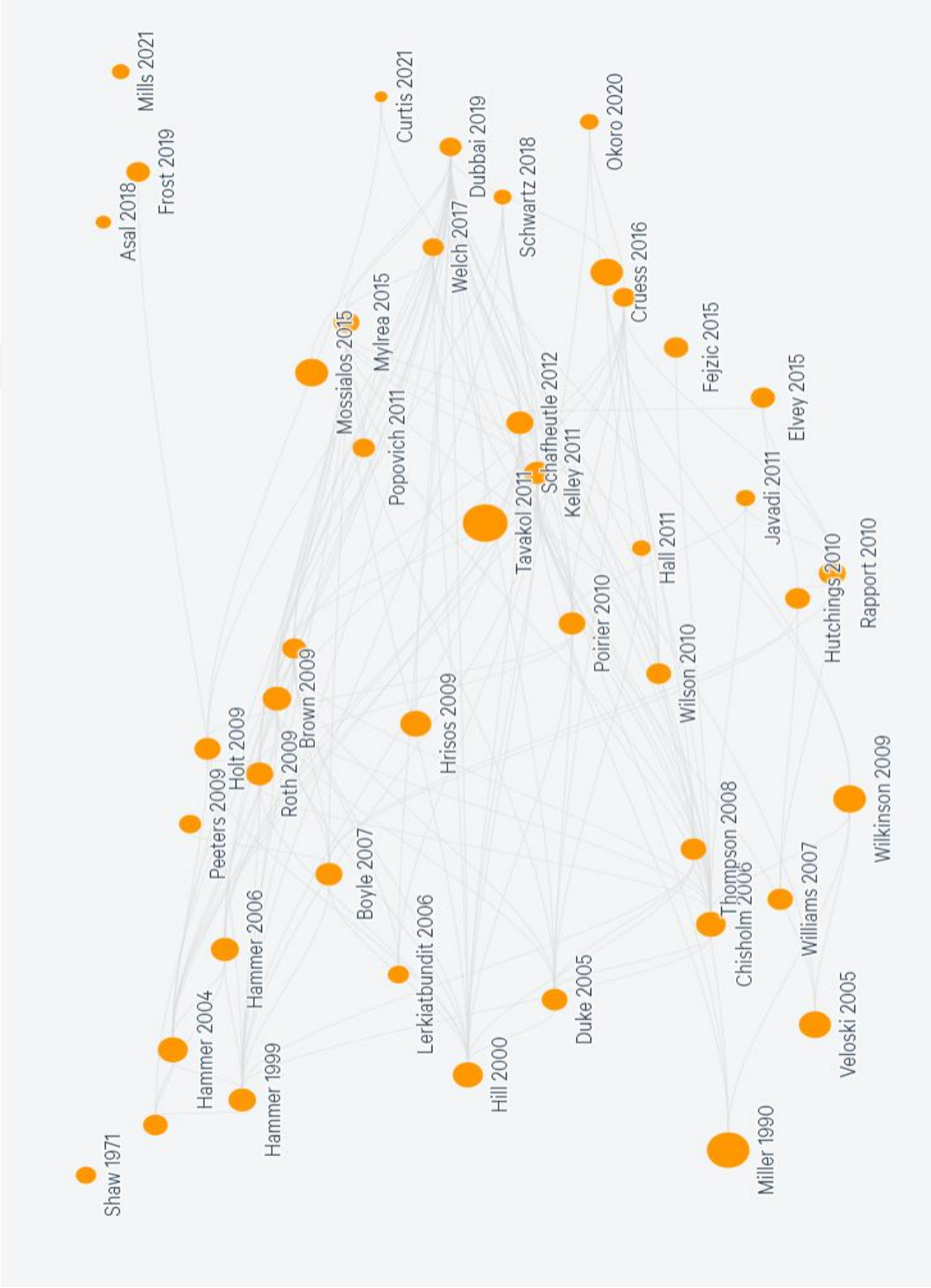

Figure 1.12. Map of the Articles Discussed in the Theoretical Background (Created by the Author)

1.1.6. What About Professionalism Studies in Türkiye and Arab Countries?

Despite the scarcity of studies about professionalism in the Türkiye and Arab Countries, since 2010 some countries started to incorporate new pharmacy programs in health education thus articles about professionalism started to appear in the Türkiye and Arab Countries' health literature.

A group of academicians in Marmara University School of Pharmacy, medicine, and public health worked together in order to evaluate the quality of pharmacy practice in 84 community pharmacists in the Umraniye district of Istanbul in Türkiye by face-to-face interviews and simulated case scenarios. According to the study's findings, 32% of pharmacists were absent from their pharmacies during the simulation trials. The pharmacists filled just 40.5% of the prescriptions. The average educational level of pharmacy staff was only an elementary school diploma for 44% of them. A pharmacy received applications from 50% of patients without a prescription. Although the pharmacists reported 287 seconds in the questionnaires, the average dispensing time for a single medicine was 149 seconds in the simulated situations. The authors end the paper confirming that good pharmacy practice was poorly applied in community pharmacies in Istanbul (Toklu, 2010).

Ph.D. Hale COŞKUN in her doctoral dissertation titled "The Place of Pharmacy Ethics during Pharmacy Education and Training Targets" at Marmara University accepted in 2010, argues about the importance of ethics education in pharmacy schools in Türkiye to avoid pharmaceutical unethical practice and she proposed a program with educational targets ("Ulusal Tez Merkezi".).

In a cross-sectional survey study in Iran measuring pharmacists' professionalism through 26 items self-administered survey created by the authors, the reliability and validity were confirmed by experts as mentioned in the article. Depending on the quantitative statistical analysis and due to significant law results, the authors agreed on the importance of improving pharmacist professionalism and building more comprehensive instruments to measure and evaluate professionalism. The article argues that future pharmacists (students) need to receive an appropriate education during their pharmacy degree (Javadi, Asghari, & Salari, 2011).

The ethics and ethical dilemmas in pharmacy were discussed in Leyla ALACA's thesis on the Place of Pharmacy Ethics in Pharmacy Education in Turkey at Istanbul University in Turkey. The place of ethical education in pharmacy schools in Turkey was investigated, and pharmacy students were surveyed to explore their perceptions of pharmaceutical ethics. Her conclusion is that the lack of pharmaceutical ethics education in Turkey will result in less sensitive pharmacists and numerous ethical issues (Alaca & Aydınlı Kulak, 2019).

Faris El-Dahiyat et al worked to explore the level of pharmacy practice in Jorden and discussed the barriers to high-quality services in community pharmacies by questioning 374 practicing pharmacists. The authors mentioned that this study represents a platform for policymakers in Jorden to improve the pharmaceutical care quality (AbuBlan, Nazer, Jaddoua, & Treish, 2019).

Community pharmacist's knowledge, attitude, roles, and practices towards patient-centered care in Saudi Arabia has been systemically reviewed by Muhammad Kamran Rasheed, Qassim University, Saudi Arabia, and colleagues. They aimed to assess published original studies in Saudi Arabia about community pharmacists' competencies, attitudes, roles, and practices for delivering patient-centered care. The investigated studies found that although Saudi Arabian community pharmacists offer medication counseling and other patient-centered care services, these services require significant improvement. Policymakers, regulators, pharmacy educators, and researchers may find this review helpful in understanding how the work is occurring in the pharmacy environment in Saudi Arabia (Rasheed, Hasan, & Babar, 2019).

The newly developed programs like internships have been studied and evaluated by Rasha S. AbuBlan and colleagues in King Hussein Cancer Center, Amman, Jordan; the study revealed that the hospital-based internship programs improve the trainee knowledge and professional and clinical skills (AbuBlan et al., 2019).

A multi-specialty group of clinical pharmacists, consultant clinical pharmacists, and MDs investigate to which extent clinical pharmacists in Egypt implement ACCP competencies in their practice through self-reported validated questionnaires with 31 items divided into six domains was used in a cross-sectional study to recruit 495

clinical pharmacists from various institutions who were chosen at random. They concluded that a high percentage of ACCP is applied by clinical pharmacists, but the provided services must be improved in Egyptian hospitals (Elmaaty et al., 2020).

Again in Jordan, Semi-structured, face-to-face interviews were used to explore how Jordanian pharmacists handled the ethical dilemmas. This qualitative observational study highlighted the necessity for professional ethics education, which called for professional development courses in addition to pharmaceutical ethics programs to be included in pharmacy undergraduate curricula (Fino, Basheti, & Chaar, 2020).

Fifteen academicians from more than ten pharmaceutical institutions in Saudi Arabia, published “A position statement by the Saudi Society of clinical pharmacy” in the Saudi Pharmaceutical Journal. This article aims to give a set of Saudi Society of Clinical Pharmacy SSCP policy statements that define the term "clinical pharmacy," outline the education and training requirements, and emphasize the range of practice available to clinical pharmacists in Saudi Arabia; this paper considered a call for further investigations to examine the positive impact of clinical pharmacist on individual and population health levels (Korayem et al., 2021).

Also, in Saudi Arabia, a proposed national competency framework to support initial education and professional development has been provided as a research paper by Salihah Alfaif et al at Prince Sattam Bin Abdulaziz University. To meet the nation's needs for pharmaceutical services, the developed framework reflects a consensus on skills for junior pharmacists working in all pharmacy areas. It is eligible for supporting the additional improvement of initial pharmacy education. It also supports excellence in practitioners' efficiency (Alfaifi, Bridges, & Arakawa, 2022).

1.2. Problem Statement and Research Question

During the last three decades, professionalism has become an essential topic in each medical community discussion due to the increased complexity and considerable changes in all professions and the healthcare system in specific. Despite the debate about professionalism characteristics and updates of medical policies continuing internationally, up to date, the scarcity of data in the medical literature unambiguously in pharmacy is clear, specifically in Türkiye and Arab Countries. Subsequently, there is a lack of consensus regarding professionalism definition, the deficiency of comprehensive, validated measurement tools, and the requirement for professionalization protocols and clear processes.

This quantitative cross-sectional research master thesis aims to expand the health literature data regarding professionalism, observe and thus describe the current situation of pharmacists' professionalism in Türkiye and some Arab Countries and compare them. Therefore, the main research questions discussed and evaluated are: **Do pharmacists align/stand with the globally agreed code of ethics? And could the pharmacists' professionalism vary according to the country they are working in?**

Code of ethics that involved in this thesis are: International Pharmaceutical Federation FIP Code of Ethics (FIP Statement of Policy), see Appendix C and Code of Ethics for Pharmacists in the American Society of Health-System Pharmacists ASHP POLICY POSITIONS 1982−2022 (ASHP, 2017), see Appendix D.

Accordingly, this Master of Business Administration thesis will test the primary hypothesis: No difference between Turkey and Arab Countries regarding the practicing pharmacists' professionalism, and the secondary hypothesis of expected professional behaviors from pharmacists toward their patients and communities by evaluating their professionalism through Professionalism Assessment Tool PAT.

CHAPTER II

METHODOLOGY

The professionalism concept becomes more important to discuss and measure for all professions and health professions specifically in the 21st century due to the increased complexity of all sciences and the change of autonomy in the health system. In medical fields, many trials have worked to define and measure professionalism objectively, as in the pharmacy field. Due to the massive transformation in the pharmacist roles in the last 30 years and the new degrees in the pharmacy field, the professionalism measurement becoming more crucial. Because there is still no agreed definition of professionalism in pharmacy, some trials and many international organizations tried to reach a consensus regarding it through qualitative approaches and quantitative scales. Many instruments have been built worldwide, but none is approved internationally, and they still need to be tested in different pharmacy populations because most of them are created in pharmacy schools and tested for students. The difficulties of measuring professionalism are related to the complexity of it as a construct and the international guidelines' differences.

2.1. Research Design and Sampling

The research philosophy adopted in this thesis is positivism to observe reality independently from our opinion. The reason behind choosing this design is that professionalism is a complex construct; thus, measuring it through an instrument will be beneficial in the case of scarcity of quantitative and qualitative studies in the health literature, specifically in Pharmacy literature in Türkiye and Arab countries. The research also is an inductive and exploratory quantitative study that helps generate an expectation regarding professionalism in the pharmacy community. This research strategy is suitable because **our study aims to explore and evaluate professionalism in the pharmacy community without any intervention, and to compare different countries regarding their pharmacists' professionalism as the pharmacists are the sample segment in this study.**

The data collection will be at one time point as a cross-sectional survey that will be distributed mainly online randomly (probability sampling) through a link prepared for the online data collection phase and secondly as offline data collection by visiting some pharmacies randomly. The collection process has continued for two months, from 15 April to 19 June 2023.

2.2. Professionalism Assessment Tool PAT

In pharmacy literature, many instruments have been created and used, such as the Professionalism Assessment Tool (PAT), a cross-validated and reliable instrument for measuring professionalism through the professional behaviors of pharmacists. Dr.Katherine and her colleagues from multiple universities in the USA created this 33-item tool. It measures five domains of professionalism which are, respectively, "1st: Reliability, Responsibility, and Accountability; second: Lifelong Learning and Adaptability; third: Relationships with Others; fourth: Upholding Principles of Integrity and Respect; 5th and last: Citizenship and Professional Engagement" (Kelley, Stanke, Rabi, Kuba, & Janke, 2011).

Each one of the domains consists of 4 to 9 items, see Figure 2.2 , and each item measure a different variable to describe it, which is validated through exploratory factor analysis EFA and used in many pharmacy schools and institutions up-to-date due to its reliability according to Cronbach's alpha is 0.767. PAT tool uses five performance levels, "knows, knows how shows, shows how and teaches how" from (1= know) to (5= teaches how), respectively that is depending on the adapted Miller pyramid, see Figure 2.1, to measure competence. This is why PAT (see Appendix A) was chosen for this study to measure, observe and evaluate the professionalism of practitioners and students in the pharmacy community.

2.3. Grouping Strategy

Measuring professionalism through the PAT scale gives us an estimation of the professionalism level of the pharmacist, and due to the cultural and legal differences between Türkiye and different Arab countries, even between Arab countries themselves, the grouping of the sample will depend on the geographical place you are

working in regardless of the nationality. Experience duration of the pharmacists and their gender and age as demographic data are considered.

2.4. Data Analysis

After Online and Offline data collection, SPSS used for data analysis. Descriptive statistics for demographic data, Reliability of the 33-item Professionalism Assessment Tool PAT, Independent T-test, and MANOVA were applied to the collected data.

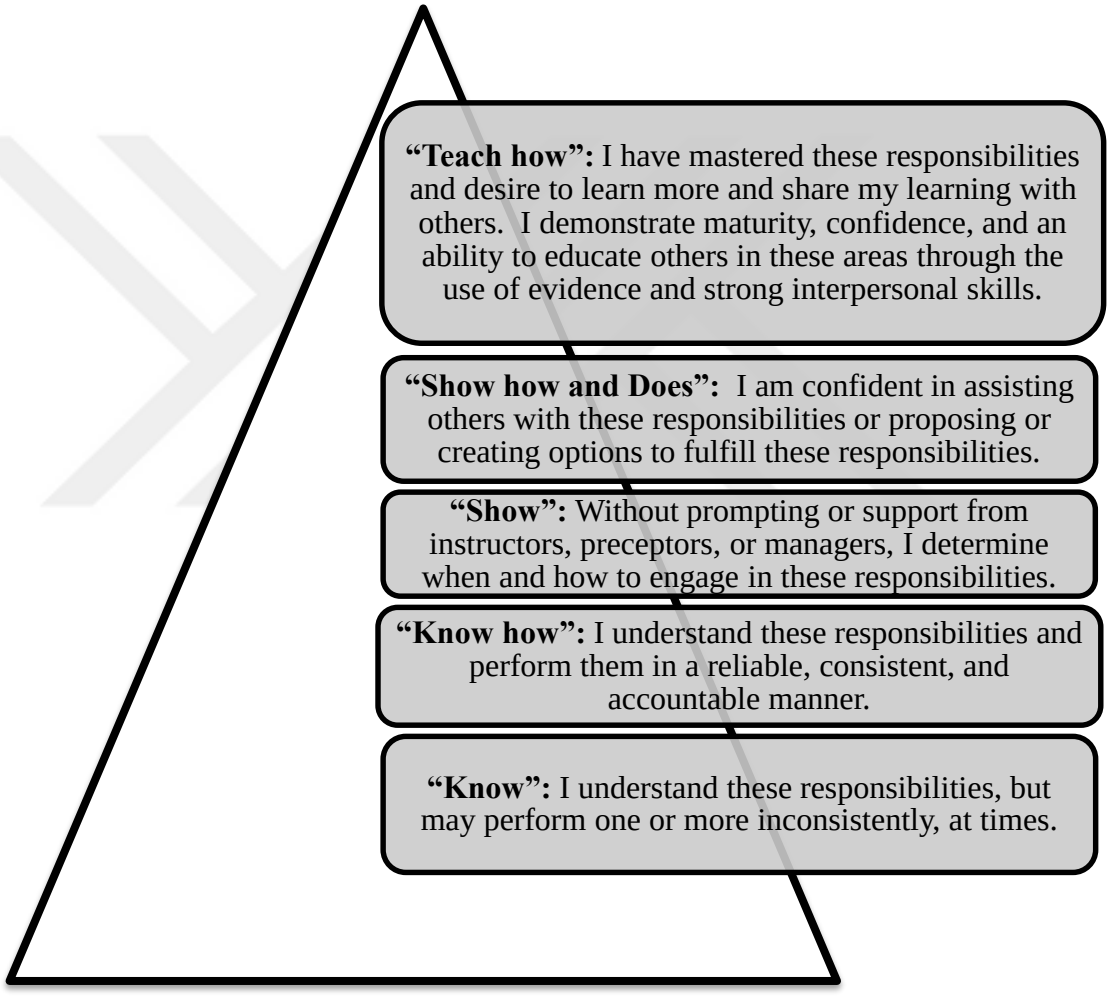

Figure 2.1. Adapted Miller Pyramid (Created by the Author)

Domain 1: Reliability, Responsibility and Accountability	1.1 Fulfilling responsibilities in a quality manner
	1.2 Fulfilling responsibilities in a reliable manner
	1.3 Undertaking activities in a self-directed manner
	1.4 Demonstrating a desire to exceed expectations
	1.5 Demonstrating accountability and accepting responsibility for own actions Domain
Domain 2: Lifelong Learning and Adaptability	2.1a Self-assessing to identify strengths and weaknesses
	2.2 Initiating and implementing personal learning plans
	2.3 Evaluating successfulness of learning and documenting competency
	2.4 Accepting constructive feedback
	2.5 Recognizing limitations and seeking help
	2.6 Incorporating feedback in order to make changes in behavior
	2.7 Adapting to change Domain
Domain 3: Relationships with Others	3.1a Establishing rapport
	3.2 Being sensitive to the needs of patients
	3.3 Being sensitive to the needs of peers
	3.4 Empathizing with the situations of others
	3.5 Establishing and maintaining appropriate boundaries in work and learning situations
	3.6 Relating well to fellow students, staff and faculty in a learning environment
	3.7 Providing effective and constructive feedback
	3.8 Working with a team to effect change and resolve conflict
	3.9 Managing emotions in difficult or stressful situations Domain
Domain 4: Upholding Principles of Integrity and Respect	4.1 Maintaining honesty and integrity in academic and professional contexts
	4.2 Contributing to an atmosphere conducive to learning
	4.3 Respecting the diversity of race, gender, religion, sexual orientation, age, disability
	4.4a Resolving conflicts in a manner that respects the dignity of every person involved
	4.5 Using professional language and being mindful of the environment
	4.6 Protecting patient confidentiality
	4.7 Dressing in a professional manner
	4.8 Being respectful of colleagues and patients Domain
Domain 5. Citizenship and Professional Engagement	5.1a Actively and productively participating in the profession
	5.2 Actively and productively participating in the broader community
	5.3 Serve society by using society using expertise to solve problems
	5.4 Engaging with organizations or communities in a reciprocal learning/teaching situation that applies and generates knowledge for the direct benefit of external audiences

Figure 2.2. Professionalism Assessment Tool's Five Domains and Variables (Created by the Author)

CHAPTER III

RESULTS AND DISCUSSION

3.1. Overview of Participation

The study segment was the pharmacists or pharmacy students in Türkiye and Arab Countries. The survey was distributed through an online link or a QR code while visiting the Pharmacies. Although the link was sent to thousands of pharmacists in targeted countries, only 1198 have opened the link and viewed the survey. Four hundred forty pharmacists accepted to participate in the study by clicking the consent "I am a pharmacist, and I consent to participate in the research project voluntarily."

One hundred sixty-nine completed the survey till the end and answered all five domains of the Assessment Tool. At the same time, 272 dropped out, which means that only 36.72% of the viewers participated in the study and agreed with consent. 14.02% of the viewers were included in the study because they completed the evaluation 38.18% of the participants completed all the questions.

Table 3.1. Overview of Participation

	Participants Frequency	Completed / Started	Completed / Viewed	Started / Viewed
Completed	**169**	**38.18%**	**14.02%**	**36.72%**
Terminates	**0**			
Incompletes	**272**			
Total Responses	**440**			
Viewed	**1198**			

3.2. Demographic Data of the Participants

A hundred sixty-nine pharmacists from 14 different countries were included in the analysis. The primary sample was first from Türkiye and Saudi Arabia, this is why those are the areas involved in statistical analysis.

Table 3.2. Countries That Contributed to the Study

Country	Frequency	Percent
Türkiye	74	44.0
Saudi Arabia	69	41.1
United Arab Emirates	1	0.6
Egypt	9	5.4
Kuwait	1	0.6
Qatar	2	1.2
Yemen	3	1.8
Syria	1	0.6
Lebanon	1	0.6
United States	2	1.2
Germany	3	1.8
India	1	0.6
Malaysia	1	0.6
Total	168	100

In this study, the sample population was 57.7% Female, almost equal to the population percentage of female pharmacists is 56.7% according to ZIPPIA ("What Percentage of Pharmacists Are Female?,") and 62.3% according to GPhC register as of 31 May 2022 - Diversity data. As shown in the diagram below, the age group of 95 participating pharmacists were between 25 and 34 years old.

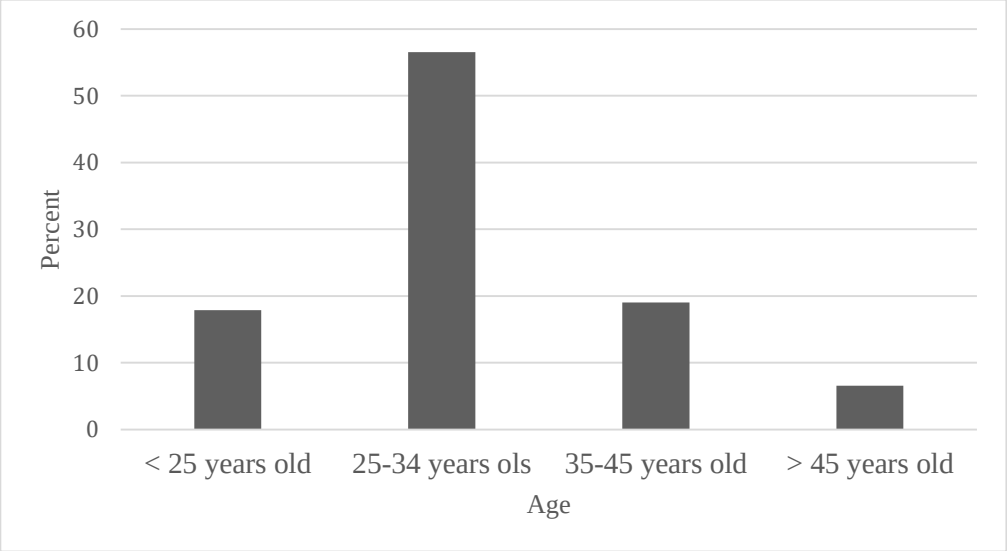

Figure 3.1. Age Group Percentage of Participants

Data analysis revealed that 73.8% of the surveys have been answered in English, which equals 124 surveys. Most participating pharmacists have practiced the profession for less than five years, 48.2%.

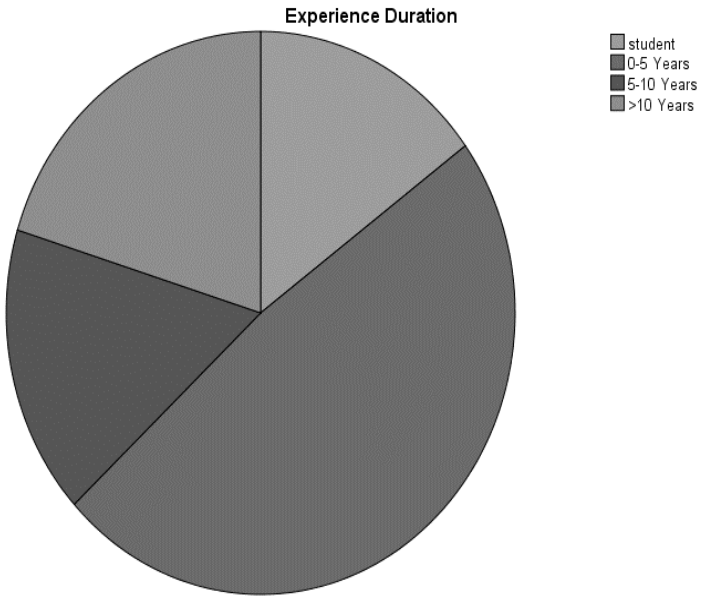

Figure 3.2. Experience Duration of the Pharmacists

3.3. Professionalism Assessment Tool PAT Discussion

As with every tool structured to measure or evaluate a complex construct, such as PROFESSIONALISM, the Professionalism Assessment Tool (PAT) has been used for a long time in many pharmaceutical institutes in the United States. Therefore, I would like to discuss the dimensions and variables that have been measured in this study, as well as their reliability and similarity to internationally accepted professional ethics in the pharmaceutical field.

3.3.1. PAT Items Compared with the International Codes of Ethics

Professionalism Assessment tool PAT was built according to previous studies about ethics and professionalism during the last 30 years. According to the code of ethics appended with this thesis, the following codes are from ASHP POLICY POSITIONS 1982−2022 Code of Ethics for Pharmacists were compared with the tool used in our study.

The following principles have been stated and explained in the American Society of Health-System Pharmacists ASHP Policy Positions, see Appendix D. The principles stated in the code of ethics and have relations with our tool are as follows:

Second principle: “A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner”.

In our instrument, this code is measured through 3.2 Being sensitive to the needs of patients, 4.3 Respecting the diversity of race, gender, religion, sexual orientation, age, disability, or socioeconomic status, 4.6 Protecting patient confidentiality, and 4.8 Respecting colleagues and patients.

Fourth principle: “A pharmacist acts with honesty and integrity in professional relationships”.

This concept has been assessed through the fourth dimension: Upholding Principles of Integrity and Respect, which included eight items to measure the integrity and honesty of the patient.

Fifth principle: “A pharmacist maintains professional competence”.

The competency of the pharmacists is evaluated with the first dimension: 1) Reliability, Responsibility, and Accountability attributes. Mainly through the first item: 1.1, fulfilling responsibilities in a quality manner, and 4th item: 1.4, demonstrating a desire to exceed expectations. And the 4th, sixth, and eighth items of the second dimension are about Lifelong Learning and Adaptability.

Sixth principle: “A pharmacist respects the values and abilities of colleagues and other health professionals”.

This code is expanded, measured, and assessed via nine items under the third dimension of the tool, titled: Relationships with Others which included: 1. Establishing rapport 2 and being sensitive to the needs of patients 3. Being sensitive to the needs of peers 4. Empathizing with the situations of others 5. Establishing and maintaining appropriate boundaries in work and learning situations 6. Relating well to fellow students, staff, and faculty in a learning environment 7, providing effective and constructive feedback 8. Work with a team to effect change and resolve conflict 9. Managing emotions in difficult or stressful situations.

Seventh principle: “A pharmacist serves individual, community, and societal needs”.

The last dimension of the professionalism assessment tool is about Citizenship and Professional Engagement which looks to the pharmacist's participation in the broader

community by asking about participating in the profession, participating in the broader community, Serving society by using expertise to solve problems, and Engaging with organizations or communities in a reciprocal learning/teaching situation that applies and generates knowledge for the direct benefit of an external audience.

3.3.2. Professionalism Assessment Tool PAT Reliability

To improve the accuracy of their assessments and evaluations, medical educators work to develop trustworthy and valid exams and questionnaires. Two essential components in assessing a measuring instrument are validity and reliability. Typical knowledge, skill, or attitude exams, clinical simulations, or survey questionnaires are all examples of instruments. Concepts, mental abilities, and ethical values may all be measured by various tools. The degree to which an instrument measures what it is meant to measure is what is meant by validity. The consistency of a measurement made by an instrument is what reliability is all about (Tavakol & Dennick, 2011). So, a tool's reliability reflects its internal variables' internal consistency. In our paper, the tool's reliability is excellent because **Cronbach's alpha is greater than 0.9**, see Table 3.3, which means the consistency is excellent.

Table 3.3. Reliability Statistics of Professionalism Assessment Tool

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.980	.980	33

3.4. Data Analysis and Implications

3.4.1. Professional Score to Test the Professionality of Our Pharmacists

As we discussed, the PAT instrument measures professionalism through 33 items included under five main dimensions of professionalism. The Likert scale has been used; thus, every pharmacist evaluates his/her competency from 1 to 5 for every trait on the scale. The final score of 100% has been calculated for every pharmacist according to the maximum 165 points (33*5), and the passing score to be professional is 66 points which equals 40%. The75 percent of our pharmacists exceeded this minimum score to be professional according to their self-evaluation on the scale.

3.4.2. Independent T-Test and MANOVA for the Ordinal Likert Scale of 33 Variables

33-item Professionalism Assessment Tool PAT is used to evaluate the professionalism of pharmacists in every targeted country. An Independent T-test has been done to compare Türkiye's sample and Saudi Arabia's sample concerning the scale items one by one, and the result shows that there is no significance, as shown in the table below. As a result, Türkiye and Saudi Arabia are equal, meaning there are no differences between them. The insignificance of the Independent T-test has been confirmed through Multivariate Analysis of Variance MANOVA which reveals that the probability p-value > 0.05 for most of the items, which means that the null hypothesis is accepted, and no difference between Türkiye and Saudi Arabia can be detected.

Table 3.4. Independent T-Test between Türkiye and Saudi Arabia

Professionalism Assessment Tool PAT Measured Variables	Significance (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
				Lower	Upper
1) Reliability, Responsibility, and Accountability attributes - 1. Fulfilling responsibilities in a quality manner	0.445	0.188	0.246	-0.298	0.675
	0.445	0.188	0.246	-0.298	0.675
1) Reliability, Responsibility, and Accountability attributes - 2. Fulfilling responsibilities in a reliable manner	0.811	0.058	0.242	-0.420	0.536
	0.810	0.058	0.241	-0.418	0.534
1) Reliability, Responsibility, and Accountability attributes - 3. Undertaking activities in a self-directed manner	0.790	0.063	0.235	-0.402	0.528
	0.789	0.063	0.234	-0.400	0.526
1) Reliability, Responsibility, and Accountability attributes - 4. Demonstrating a desire to exceed expectations	0.466	0.170	0.233	-0.290	0.630
	0.466	0.170	0.233	-0.290	0.630
1) Reliability, Responsibility, and Accountability attributes - 5. Demonstrating accountability and accepting responsibility for own actions	0.950	-0.015	0.247	-0.504	0.473
	0.950	-0.015	0.246	-0.502	0.471
2) Lifelong Learning and Adaptability - 1. Self-assessing to identify strengths and weaknesses	0.681	0.096	0.232	-0.363	0.555
	0.680	0.096	0.232	-0.362	0.554
2) Lifelong Learning and Adaptability - 2. Initiating and implementing personal learning plans	0.507	0.144	0.217	-0.284	0.573
	0.508	0.144	0.217	-0.285	0.573
2) Lifelong Learning and Adaptability - 3. Evaluating successfulness of learning and documenting competency	0.095	0.366	0.218	-0.064	0.797
	0.094	0.366	0.217	-0.063	0.795
2) Lifelong Learning and Adaptability - 4. Accepting constructive feedback	0.181	0.327	0.243	-0.154	0.809
	0.180	0.327	0.243	-0.153	0.808
2) Lifelong Learning and Adaptability - 5. Recognizing limitations and seeking help	0.037	0.487	0.232	0.029	0.945
	0.037	0.487	0.232	0.029	0.945
2) Lifelong Learning and Adaptability - 6. Incorporating feedback in order to make changes in behavior	0.391	0.198	0.230	-0.257	0.653
	0.391	0.198	0.230	-0.257	0.653

Table 3.4. (cont.)

2) Lifelong Learning and Adaptability - 7. Adapting to change	0.098	0.380	0.228	-0.071	0.830
	0.098	0.380	0.228	-0.071	0.830
3) Relationships with Others - 1. Establishing rapport	0.042	0.495	0.241	0.018	0.972
	0.042	0.495	0.241	0.018	0.971
3) Relationships with Others - 2. Being sensitive to the needs of patients	0.319	0.243	0.243	-0.237	0.724
	0.319	0.243	0.243	-0.237	0.724
3) Relationships with Others - 3. Being sensitive to the needs of peers	0.352	0.221	0.237	-0.247	0.689
	0.350	0.221	0.236	-0.245	0.687
3) Relationships with Others - 4. Empathizing with the situations of others	0.396	0.211	0.247	-0.278	0.699
	0.394	0.211	0.246	-0.277	0.698
3) Relationships with Others - 5. Establishing and maintaining appropriate boundaries in work and learning situations	0.076	0.410	0.230	-0.044	0.865
	0.077	0.410	0.230	-0.044	0.865
3) Relationships with Others - 6. Relating well to fellow students, staff and faculty in a learning environment	0.690	0.095	0.237	-0.373	0.563
	0.689	0.095	0.237	-0.373	0.563
3) Relationships with Others - 7. Providing effective and constructive feedback	0.137	0.344	0.230	-0.110	0.798
	0.135	0.344	0.229	-0.109	0.796
3) Relationships with Others - 8. Work with a team effect change and resolve conflict	0.340	0.241	0.252	-0.257	0.740
	0.340	0.241	0.252	-0.258	0.741
3) Relationships with Others - 9. Managing emotions in difficult or stressful situations	0.033	0.516	0.239	0.043	0.989
	0.033	0.516	0.239	0.043	0.988
4) Upholding Principles of Integrity and Respect - 1. Maintaining honesty and integrity in academic and professional contexts	0.626	0.123	0.252	-0.375	0.621
	0.626	0.123	0.252	-0.375	0.621
4) Upholding Principles of Integrity and Respect - 2. Contributing to an atmosphere conducive to learning	0.375	0.215	0.241	-0.262	0.692
	0.375	0.215	0.241	-0.262	0.692
4) Upholding Principles of Integrity and Respect - 3. Respecting the diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status	0.283	0.285	0.265	-0.238	0.808
	0.284	0.285	0.265	-0.239	0.809

Table 3.4. (cont.)

4) Upholding Principles of Integrity and Respect - 4. Resolving conflicts in a manner that respects the dignity of every person involved	0.389	0.218	0.252	-0.281	0.717
	0.389	0.218	0.252	-0.281	0.717
4) Upholding Principles of Integrity and Respect - 5. Using professional language and being mindful of the environment	0.964	0.011	0.253	-0.489	0.512
	0.964	0.011	0.254	-0.490	0.513
4) Upholding Principles of Integrity and Respect - 6. Protecting patient confidentiality	0.971	0.010	0.262	-0.509	0.528
	0.971	0.010	0.263	-0.510	0.529
4) Upholding Principles of Integrity and Respect - 7. Dressing in professional manner	0.305	-0.263	0.256	-0.769	0.243
	0.306	-0.263	0.256	-0.770	0.243
4) Upholding Principles of Integrity and Respect - 8. Being respectful of colleagues and patients	0.590	0.148	0.274	-0.393	0.689
	0.590	0.148	0.274	-0.394	0.690
5) Citizenship and Professional Engagement - 1. Actively and productively participating in the profession	0.932	-0.019	0.221	-0.456	0.418
	0.931	-0.019	0.220	-0.455	0.417
5) Citizenship and Professional Engagement - 2. Actively and productively participating in the broader community	0.357	0.213	0.230	-0.242	0.667
	0.355	0.213	0.229	-0.240	0.666
5) Citizenship and Professional Engagement - 3. Serving society by using expertise to solve problems	0.330	0.218	0.223	-0.223	0.660
	0.329	0.218	0.223	-0.223	0.659
5) Citizenship and Professional Engagement - 4. Engaging with organizations or communities in a reciprocal learning/teaching situation that applies and generates knowledge for the direct benefit of external audiences	0.706	0.089	0.236	-0.377	0.555
	0.706	0.089	0.235	-0.376	0.554

Table 3.5. Multi Variate Analysis of Variance MANOVA

Multivariate Tests[a]						
Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.589	5.174[b]	33.000	119.000	.000
	Wilks' Lambda	.411	5.174[b]	33.000	119.000	.000
	Hotelling's Trace	1.435	5.174[b]	33.000	119.000	.000
	Roy's Largest Root	1.435	5.174[b]	33.000	119.000	.000
Country	Pillai's Trace	2.200	.884	396.000	1560.000	.934
	Wilks' Lambda	.077	.892	396.000	1385.044	.918
	Hotelling's Trace	3.041	.900	396.000	1406.000	.900
	Roy's Largest Root	.685	2.697[c]	33.000	130.000	.000
a. Design: Intercept + Country						
b. Exact statistic						
c. The statistic is an upper bound on F that yields a lower bound on the significance level.						

3.5. Author's Observations and Commentary on the Pharmacies' Reality in Türkiye

The pharmacy has been a place of trust for hundreds of years. However, it is evident that this is no longer the case due to changes in the healthcare system over the previous century, which have led to patient uncertainty toward pharmacists and the pharmacy healthcare sector in general. This situation has created a significant problem in the community, as the patient is unsure of the information provided by the pharmacist. Consequently, adherence to the treatment plan is suspicious.

These circumstances inspired the development of this thesis, in which the concept of professionalism, which incorporates integrity and other ethical values, serves as the foundation for a trusting and healthy relationship between the pharmacist and the patient. When discussing the concept of professionalism, it is crucial to consider the entire reality, whether by measuring, interviewing, or observing the situation. In this regard, many observations were made while conducting this study, from searching theoretically to interviewing pharmacists and visiting numerous pharmacies.

3.5.1. Uncertified Personnel Dispensing Medications in the Pharmacies

It became apparent that in almost all of Türkiye's pharmacies, people are working legally who are neither pharmacists nor technicians. These individuals dispense medications, over-the-counter drugs, and supplements without being supervised by any pharmacists present in their workplace. This was one of the findings of the investigation. There are some pharmacies where no pharmacist is qualified to answer any of your medical inquiries. While gaining experience in a community pharmacy in Istanbul, I was frequently confronted with the following question: "Are you a pharmacist?" They can rely on what I have to say due to this reason. The reason behalf this phenomenon is the *(Usta-Kalfa-çırak ilişkisi) master-apprentice relationship* which has been an initial system in any profession in Türkiye since the medieval centuries. In the pharmacy profession in Türkiye, the apprentice duties can be listed by kariyer.net as follows (“Eczacı Kalfası Nedir?”):

- ➔ To maintain the devices in the pharmacies or laboratories and to ensure their smooth operation,
- ➔ Checking the expiry dates of all products in the pharmacy.
- ➔ To ensure that drugs and all other products are stored under appropriate conditions.
- ➔ Keeping stock records by monitoring the temperature and humidity of the warehouses.
- ➔ Arranging the products on the shelves appropriately, ensuring order and cleanliness.
- ➔ Entering prescription drug records into the system.
- ➔ Welcoming the customer coming to the pharmacy with a smiling face and informing them about the drug.
- ➔ To fulfill the duties given within the scope of both the financial and administrative processes of the pharmacy.
- ➔ At the same time, follow up on all processes in the pharmacy.

Those above responsibilities are assigned to the *Kahfa* in the pharmacy; however, recent observations have revealed that the *Kalfa* performs the pharmacist's duties, which may lead to numerous medication errors and quality-related issues in the

pharmacy communities. This phenomenon is not observed in other countries because certified pharmacists must have direct patient contact.

In most countries, including Saudi Arabia, pharmacy technicians are working as an assistants in the community pharmacies. However, they are required to gain two years certificate after high school, and still, they cannot decide about any drug-related issue, and their job is limited to technical staff, not related directly to the patient. The pharmacy technicians are not allowed to dispense or interact with patients regarding any medication, supplement, or cosmetic product.

This misuse of the *master-apprentice relationship* mentioned above raised the question of why this practice continuing in Türkiye in the face of the explosion of medical data and with increased requirements such as continuous specialty board certificates, and the continuous updates is required from all healthcare professionals.

3.5.2. The Absence of Pharmacy Professionals in Hospitals and Industries

It is noticeable that the majority of pharmaceutical companies prefer to hire chemical engineers rather than pharmacists for managerial positions, decision-making, or industrial positions, which led to a disparity between the industrial world and the health system due to the lack of patient-related pharmacotherapeutic training and pathological knowledge of the engineers who are working in the field. The hospitals are also trying to avoid increased costs by avoiding hiring clinical pharmacists in the hospitals. Therefore, they prefer not to do this step despite the pharmacist's critical role in the hospitals. As a result, the pharmacists' role was confined to their community pharmacies and sales system in the medical organizations, pushing the pharmacist to stay far away from their primary aim which is the patient care. They continuously couldn't be updated regarding the clinical setting, which may cause a big gap that may be hard to fix and will turn the pharmacist to sales person rather than health care providers.

3.5.3. Current PharmD Situation in Türkiye

Initially, let us discuss the importance of Doctor of Pharmacy **PharmD** in the health system. One of the main objectives of PharmD incorporation in the healthcare system is Professionalism achievement because its role focuses on individualized treatment plans, and the program focuses on the patient rather than the drug itself! Which achieves more precise treatment and qualified service especially for critical diseases like cardiovascular diseases.

Doctor of Pharmacy PharmD's main role in the health system is the patient's benefit, as experts in drug therapy, pharmacists offer drug therapy management services based on collaboration with doctors and other healthcare professionals. The objectives of these services are to help patients identify and address current or potential drug therapy issues, to encourage the safe and effective use of pharmaceuticals, and to make it possible for patients to have successful, targeted therapeutic outcomes. The following are included in the framework for drug management (Kehrer, Eberhart, Wing, & Horon, 2013):

a) Evaluation: The pharmacist evaluates each patient via observation, discussions, and assessment of clinical indicators. The appropriateness, efficacy, and safety of alternative treatments are evaluated to avoid and address medication-related issues.
b) Care Plans: The patient and, when necessary, other healthcare team members collaborate with the pharmacist to develop the care plan. The care plan outlines objectives and procedures for attaining the individual health goals of the patient through the most efficient use of medication. Educating patients and caregivers about chronic diseases is one action: prescribing maintenance care, initiating a new treatment, and implementing disease prevention programs such as immunization and lifestyle modification. In addition, care plans include medication support systems such as compliance packaging and drug reminders.
c) Monitoring compliance and evaluating efficacy: The pharmacist monitors the patient's adherence to and response to pharmacological therapy through routine follow-ups. These allow for the evaluation of development and support and the early identification of adverse effects, drug misuse, or drug addiction.

In 2021 in the United States, the future roles of the pharmacist have been discussed ("The Pharmacist of the Future,"), which include Primary care, Specialty care, Digital Health, and Population health analytics, see Figure 3.3, those roles will make a significant impact on the health system.

Despite all the internationally agreed impact and effect of a Doctor of Pharmacy PharmD degree, it is still new in Türkiye and is still developing through the universities' programs. It is not even incorporated enough into the healthcare system.

3.5.4. Obstacles for Up-To-Dated Pharmacists

Pharmacists must be proficient in the English language, either by speaking or understanding it, because currently, English is the language of choice for international conferences, and most of the most influential medical journals are written in English. We have now entered the period of medical English, which is comparable to the era of medical Latin in that it is the consequence of medical professionals' continued use of a single language for global communication (Wulff, 2004). Simultaneously, the pharmacy profession, like all medical professions, is constantly evolving and vastly expanding, so English is a crucial aspect of every pharmacist's life, whether you choose to stay on the date of your graduation and wait for the new studies to be translated, or you choose to improve your language to guide your continuous learning journey.

If we examine the current state of the pharmacy community in Türkiye, we find that the majority of pharmacists are unable to communicate in English, and universities structure their curricula without English language instruction or practice. This language difficulty became evident during the data collection phase of this study, as it was hard to collect data without a Turkish language edition of the instrument used.

Finally, the need for expansion and diving into each point must improve the ethical professional practices in the pharmacy field to reach the best ideal practices methods of the health system in Türkiye.

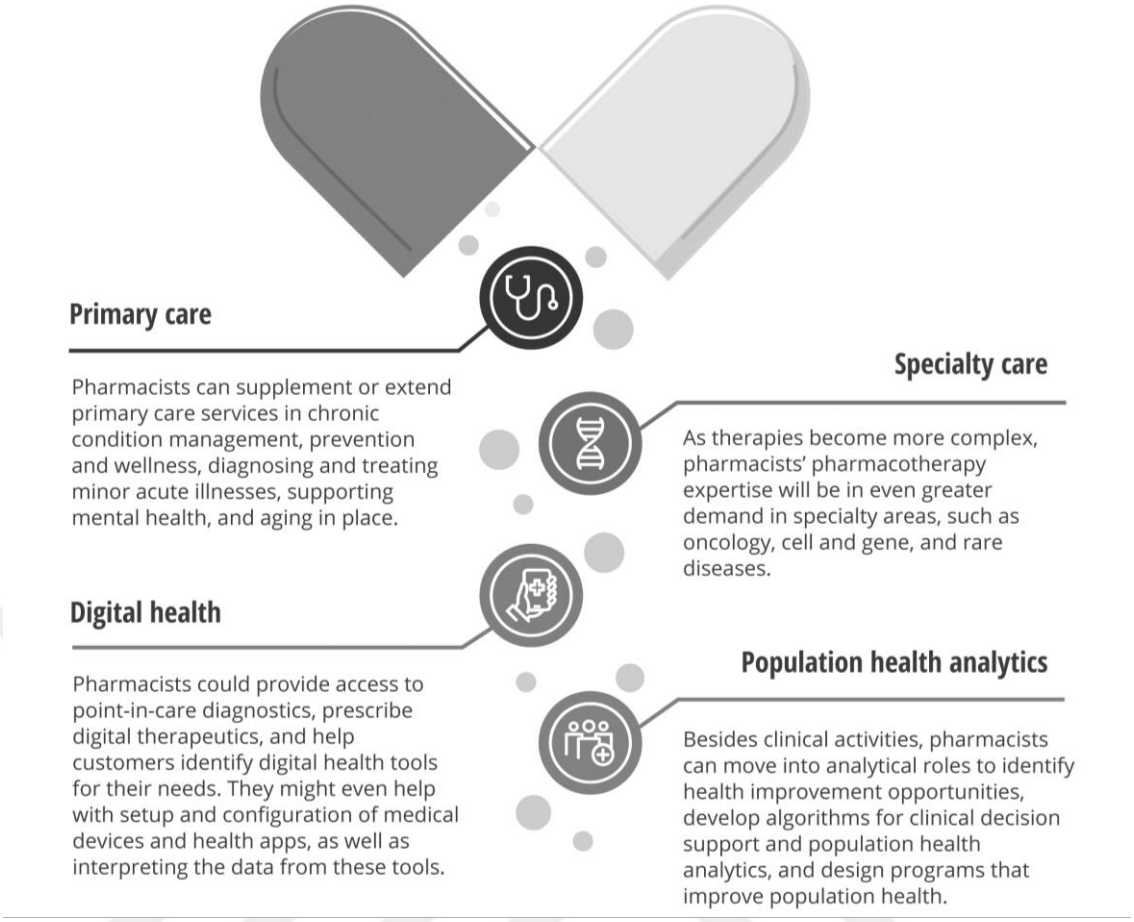

Figure 3.3. Pharmacist of the Future Roles to HealthCare System (Kehrer, Eberhart, Wing, & Horon, 2013)

3.6. Study Limitations

i. Data collection was challenging due to the need to collect data from different countries. Offline sampling is sometimes used, but the collection surveys were mainly distributed online.

ii. Scarcity of professionalism measurement tools in literature, in addition to the contact difficulties with the tools' creators.

iii. Shortage of time; hence cross-sectional is suitable; otherwise, longitudinal and interventional would be favorable in such a study. Also, this limited the sample size in this study.

iv. Limited use of some resources because it was not available in English.

v. PAT measures professionalism from five main domains, which are the most critical dimensions of professionalism according to the international code of

ethics. As a self-evaluation tool, it is necessary to merge this tool with other tools that measure professionalism from different aspects like patient and instructor or even other colleagues at the same workplace; thus, it can be more objective.

vi. Limited reach for countries other than Türkiye and Saudi Arabia due to limited time and fewer connections with pharmacists' networks in these areas.

vii. Despite the average time for doing the survey being 4.5 min, more than 60% of the participants dropped out due to the length of the survey and scientific language.

viii. Small sample size of completed surveys which could be a reason for the insignificance of the analysis of the results.

ix. The tool used in the study is built and structured in the United States, where there are a lot of cultural and legal differences between Türkiye and Arab countries.

x. Small sample size, which is due to the response rate, which is less than 15%, the length of the tool, and the need for language proficiency may be reasons.

3.7. Recommendations

Finally, the author's aim for this study is not only to measure and come up with a result but, most importantly, to seek the attention of medical and professional medical researchers to pay attention to this gap and do more studies in this field. At the end of the thesis, the author summarizes the main recommendations for pharmacy policymakers, pharmacy schools, pharmacy lecturers, and ethics researchers:

Recommendations for Authorities and Policy Makers:

- ✓ The importance of discussing the global and local standards: Are they applied in our countries? Are the professionals aware of them?
- ✓ Giving pharmacists the right to practice their various roles will increase their reliability and, thus, professionality.
- ✓ The low response rate could indicate less responsible pharmacists who should focus more on their lifelong learning and thus can provide a qualified practice.
- ✓ The policymakers should consider the pharmacists' opinions and feedback while structuring the policies and procedures. These investigations could

reveal some problems that can be fixed to encourage them to be more professional. They should discuss: What law changes help pharmacists to be more professional?

- ✓ The researchers can visit the pharmacy to check some professional issues.
- ✓ Every country can build codes of ethics suitable for its culture and specific conditions.
- ✓ Some criticisms came that the tool is long, and the language is complex. In this case, I am wondering about the competency and reliability of our pharmacists!
- ✓ Many pharmacy owners were not in their pharmacies while I was collecting the data. In some, there were no pharmacists. Instead of them, all who were there were unspecialized in medicine or health fields.
- ✓ Self-administered rating scale aids in reflecting the behavior or attitude, but it is limited because it cannot assess what a person does.
- ✓ Application for an international License awarded from an internationally accepted institution that needed to be renewed every two years could be a solution to motivate pharmacists to be more professional.
- ✓ Building a tool internationally accepted and adopted by the Ministry of Health in every country.

Recommendations for Pharmacy Schools and Academicians:

- ✓ Teaching professionalism is doubtable, but some successful experiences are on the scene.
- ✓ Pharmacy schools need to consider the curriculum change to meet the modern need of pharmacists toward their profession, patients, and community.
- ✓ The need to incorporate leadership training and managerial skills in the medical field because it is a critical issue to be up-to-date and initiative professionals currently.

Recommendations for Researchers:

- ✓ The need for a Mixed Professionalism Assessment tool is needed to give an objective reflection of the professionalism reality. Blueprint (Wilkinson et al., 2009) study thoroughly discussed this topic. So, it can be a first step for this tool.

- ✓ Studies on patient trust toward pharmacists and medical doctors can be carried out.
- ✓ Inter professional professionalism and teamwork measurement and development are vital fields to search and study because the modern health system depends on a team for treatment decisions. Thus, the importance of discovering inter professional communication and ethics is becoming very important.
- ✓ Interventional and longitudinal studies, professionalism evaluation, and measurement.
- ✓ Researchers in the field should consider longitudinal and interventional methods to evaluate the improvement of professionalism and discuss the factors that affect it.
- ✓ While the quantitative surveys do not reflect the social reality, the mixed method that includes the qualitative study will provide a clearer picture.

This thesis is just the first step in professional ethics. It must be expanded, duplicated in many countries, and longitudinal and even interventional in some institutes. It is just an alarm to health organizations, ethical policymakers, pharmacists, and managers to look at and continue in this long journey because professional ethics in pharmacy is the switch point that converts our health specialty to a commercial thing.

CHAPTER IV

CONCLUSION

The primary objective of this thesis was to employ a suitable instrument to evaluate professionalism and to compare countries regarding pharmacists' professionalism.

The professionalism of pharmacists has been quantified, thereby confirming the hypothesis that professional behavior is expected from our pharmacists.

Due to the limited number of samples from other countries, only Türkiye and Saudi Arabia were compared. Furthermore, some of our participants, including those from the United States, Germany, India, and Malaysia, were not included in our analysis section of this study. According to the self-evaluation tool, the comparison between the pharmacists was statistically insignificant despite the differences in their environments and conditions, as mentioned in the discussion section.

Therefore, this thesis has opened a new door for developing a mixed measuring instrument and shed light on the professionalism concept and professional ethics of the pharmacy profession in targeted countries. In addition, it opens avenues for further studies and investigations.

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APPENDIXES

APPENDIX A

Professionalism Assessment Tool PAT (English)

Hello Dear colleagues,You are invited to participate in our survey for the MBA thesis at Ibn Haldun University.This survey is about professionalism in the field of pharmacy. Your information will be coded and will remain confidential. If you have questions at any time about the survey, you may contact Dr.Rufaida Taleb at or by email at .Thank you very much for your time and support. Please start with the survey now by clicking on the button below

- ✓ **I am a pharmacist and I consent to participate in the research project voluntarily.**

Your gender:

1. Male
2. Female

Your Age:

1. < 25 years old
2. 25-34 years ols
3. 35-45 years old
4. > 45 years old

Your experience as a pharmacist

1. I am student
2. 0-5 Years
3. 5-10 Years
4. >10 Years

I am practicing/studying pharmacy profession in

1. Türkiye
2. Saudi Arabia
3. United Arab Emirates
4. Egypt
5. Jordan
6. Kuwait
7. Other _____

Each one of the next 5 questions of the survey represents one area of professionalism as well as a list of attributes of that area. You will be asked to describe your current level of performance (Know= 1, basic level to Teach How=5, most advanced level) for each of the attributes:

1. “Know”: I understand these responsibilities, but may perform one or more inconsistently, at times.
2. “Know how”: I understand these responsibilities and perform them in a reliable, consistent, and accountable manner.
3. “Show”: Without prompting or support from instructors, preceptors, or managers, I determine when and how to engage in these responsibilities.
4. “Show how and Does”: I am confident in assisting others with these responsibilities or proposing or creating options to fulfill these responsibilities.
5. “Teach how”: I have mastered these responsibilities and desire to learn more and share my learning with others. I demonstrate maturity, confidence, and an ability to educate others in these areas through the use of evidence and strong interpersonal skills.

1) Reliability, Responsibility, and Accountability attributes

	Know	Know how	Show	Show how and Does	Teach how
1. Fulfilling responsibilities in a quality manner	❑	❑	❑	❑	❑
2. Fulfilling responsibilities in a reliable manner	❑	❑	❑	❑	❑
3. Undertaking activities in a self-directed manner	❑	❑	❑	❑	❑
4. Demonstrating a desire to exceed expectations	❑	❑	❑	❑	❑
5. Demonstrating accountability and accepting responsibility for own actions	❑	❑	❑	❑	❑

2) Lifelong Learning and Adaptability

	Know	Know how	Show	Show how and Does	Teach how
1. Self-assessing to identify strengths and weaknesses	❑	❑	❑	❑	❑
2. Initiating and implementing personal learning plans	❑	❑	❑	❑	❑
3. Evaluating successfulness of learning and documenting competency	❑	❑	❑	❑	❑
4. Accepting constructive feedback	❑	❑	❑	❑	❑
5. Recognizing limitations and seeking help	❑	❑	❑	❑	❑
6. Incorporating feedback in order to make changes in behavior	❑	❑	❑	❑	❑
7. Adapting to change	❑	❑	❑	❑	❑

3) Relationships with Others

	Know	Know how	Show	Show how and Does	Teach how
1. Establishing rapport	❑	❑	❑	❑	❑
2. Being sensitive to the needs of patients	❑	❑	❑	❑	❑
3. Being sensitive to the needs of peers	❑	❑	❑	❑	❑
4. Empathizing with the situations of others	❑	❑	❑	❑	❑
5. Establishing and maintaining appropriate boundaries in work and learning situations	❑	❑	❑	❑	❑
6. Relating well to fellow students, staff and faculty in a learning environment	❑	❑	❑	❑	❑
7. Providing effective and constructive feedback	❑	❑	❑	❑	❑
8. Work with a team effect change and resolve conflict	❑	❑	❑	❑	❑
9. Managing emotions in difficult or stressful situations	❑	❑	❑	❑	❑

4) Upholding Principles of Integrity and Respect

	Know	Know how	Show	Show how and Does	Teach how
1. Maintaining honesty and integrity in academic and professional contexts	❑	❑	❑	❑	❑
2. Contributing to an atmosphere conducive to learning	❑	❑	❑	❑	❑
3. Respecting the diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status	❑	❑	❑	❑	❑
4. Resolving conflicts in a manner that respects the dignity of every person involved	❑	❑	❑	❑	❑
5. Using professional language and being mindful of the environment	❑	❑	❑	❑	❑
6. Protecting patient confidentiality	❑	❑	❑	❑	❑
7. Dressing in professional manner	❑	❑	❑	❑	❑
8. Being respectful of colleagues and patients	❑	❑	❑	❑	❑

5) Citizenship and Professional Engagement

	Know	Know how	Show	Show how and Does	Teach how
1. Actively and productively participating in the profession	❑	❑	❑	❑	❑
2. Actively and productively participating in the broader community	❑	❑	❑	❑	❑
3. Serving society by using expertise to solve problems	❑	❑	❑	❑	❑
4. Engaging with organizations or communities in a reciprocal learning/teaching situation that applies and generates knowledge for the direct benefit of external audiences	❑	❑	❑	❑	❑

6) Of the five domains, which do you believe is your area of professional strength (select one)?

1. Reliability and Accountability
2. Lifelong Learning and Adaptability
3. Relationships with Others
4. Upholding Principles of Integrity and Respect
5. Citizenship and Professional Engagement

7) Of the five domains, which do you believe is an area for improvement (select one)?

1. Reliability and Accountability
2. Lifelong Learning and Adaptability
3. Relationships with Others
4. Upholding Principles of Integrity and Respect
5. Citizenship and Professional Engagement

APPENDIX B

Professionalism Assessment Tool PAT (Turkish)

Merhaba Değerli Meslektaşlarım,İbn Haldun Üniversitesi'nde MBA tezi için yapacağımız ankete katılmaya davetlisiniz.Bu anket eczacılık alanındaki profesyonellik hakkındadır. Bilgileriniz kodlanacak ve gizli kalacaktır. Anketle ilgili herhangi bir sorunuz varsa, EczacI Rüfeyde Taleb ile numaralı telefondan veya adresinden e-posta yoluyla iletişime geçebilirsiniz.Zaman ayırdığınız ve desteğiniz için çok teşekkür ederim.Lütfen aşağıdaki sonraki tıklayarak şimdi ankete başlayın.

- ✓ **Eczacıyım ve araştırma projesine gönüllü olarak katılmayı kabul ediyorum.**

Cinsiyetiniz:

1. Erkek
2. kadın

Yaşınız:

1. < 25
2. 25-34
3. 35-44
4. > 45

Eczacı olarak deneyiminiz/ tecrüben:

1. Ben öğrenciyim
2. 0-5 yıl
3. 5-10 yıl
4. >10 yıl

Eczacılık mesleğini hangi ülkede çalışıyorsunuz?

1. Türkiye
2. Suudi Arabistan
3. Birleşik Arap Emirlikleri
4. Mısır
5. Ürdün
6. Kuveyt
7. Diğer _____

Anketteki her soru, bir profesyonellik alanını ve bu alanın niteliklerinin bir listesini temsil eder. Niteliklerin her biri için mevcut performans düzeyinizi (Bilir= 1, temel düzey - Nasıl Öğretme=5, en ileri düzey) tanımlamanız istenecektir:

1."Biliyorum": Bu sorumlulukları anlıyorum, ancak bazen bir veya daha fazlasını tutarsız bir şekilde yerine getirebilirim.

2.“Nasıl yapılacağını biliyorum”: Bu sorumlulukları anlıyorum ve bunları güvenilir, tutarlı ve sorumlu bir şekilde yerine getiriyorum.
3.“Göster”: Eğitmenlerden veya yöneticilerden yönlendirme veya destek almaksınız, bu sorumlulukları ne zaman ve nasıl yerine getireceğime karar verebilirim.
4.“Nasıl ve Yapılacağını Gösterebilirim”: Bu sorumluluklarda başkalarına yardım etmede veya bu sorumlulukları yerine getirmek için seçenekler önermede veya yaratmada kendime güveniyorum.
5.“Nasıl Yapılacağını öğretebilirim”: Bu sorumlulukların üstesinden geldim ve daha fazlasını öğrenmek ve öğrendiklerimi başkalarıyla paylaşmak istiyorum. Olgunluk, güven ve kanıtların kullanımı ve güçlü kişilerarası beceriler yoluyla bu alanlarda başkalarını eğitme yeteneği sergiliyorum.

1) Güvenilirlik, Sorumluluk ve Hesap Verebilirlik

	Biliyorum	Nasıl yapılacağını biliyorum	Göster	Nasıl ve Yapılacağını Gösterebilirim	Nasıl Yapılacağını öğretebilirim
1. Sorumluluklarını kaliteli bir şekilde yerine getirmek	❑	❑	❑	❑	❑
2. Güvenilir bir şekilde sorumluluklarını yerine getirmek	❑	❑	❑	❑	❑
3. Faaliyetleri kendi kendini yönetecek şekilde üstlenmek	❑	❑	❑	❑	❑
4. Beklentileri aşma arzusu göstermek	❑	❑	❑	❑	❑
5. Hesap verebilir olmak ve kendi eylemleri için sorumluluğu Kabul etmek	❑	❑	❑	❑	❑

2) Hayat Boyu Öğrenme ve Uyum Yeteneği

	Biliyorum	Nasıl yapılacağını biliyorum	Göster	Nasıl ve Yapılacağını Gösterebilirim	Nasıl Yapılacağını öğretebilirim
1. Güçlü ve zayıf yönleri belirlemek için kendi kendini değerlendirme	❑	❑	❑	❑	❑
2. Kişisel öğrenme planlarını başlatmak ve uygulamak	❑	❑	❑	❑	❑
3. Öğrenme başarısının değerlendirilmesi ve yetkinliğini belgelenmek	❑	❑	❑	❑	❑
4. Yapıcı geri bildirimi kabul etmek	❑	❑	❑	❑	❑
5. Sınırlamaları tanıma ve yardım arama	❑	❑	❑	❑	❑
6. Davranışta değişiklik yapmak için geri bildirimi dahil etmek	❑	❑	❑	❑	❑
7. Değişime uyum sağlamak	❑	❑	❑	❑	❑

3) Başkalarıyla İlişkiler

	Biliyorum	Nasıl yapılacağını biliyorum	Göster	Nasıl ve Yapılacağını Gösterebilirim	Nasıl Yapılacağını öğretebilirim
1. ilişki kurmak	❑	❑	❑	❑	❑
2. Hastaların ihtiyaçlarına duyarlı olmak	❑	❑	❑	❑	❑
3. Akranlarının ihtiyaçlarına duyarlı olmak	❑	❑	❑	❑	❑
4. Başkalarının durumlarıyla empati kurmak	❑	❑	❑	❑	❑
5. Çalışma ve öğrenme durumlarında uygun sınırları oluşturmak ve sürdürmek	❑	❑	❑	❑	❑
6. Bir öğrenme ortamında diğer öğrenciler, personel ve öğretim üyeleri ile iyi ilişkiler kurmak	❑	❑	❑	❑	❑
7. Etkili ve yapıcı geri bildirim sağlamak	❑	❑	❑	❑	❑
8. Değişimi gerçekleştirmek ve anlaşmazlığı çözmek için bir ekiple çalışmak	❑	❑	❑	❑	❑
9. Zor veya stresli durumlarda duyguları yönetmek	❑	❑	❑	❑	❑

4) Dürüstlük ve Saygı İlkelerini Korumak

	Biliyorum	Nasıl yapılacağını biliyorum	Göster	Nasıl ve Yapılacağını Gösterebilirim	Nasıl Yapılacağını öğretebilirim
1. Akademik ve profesyonel bağlamlarda dürüstlüğü ve doğruluğu korumak	❑	❑	❑	❑	❑
2. Öğrenmeye elverişli bir atmosfere katkıda bulunmak	❑	❑	❑	❑	❑
3. Irk, cinsiyet, din, cinsel yönelim, yaş, engellilik veya sosyoekonomik durum farklılıklarına saygı duymak	❑	❑	❑	❑	❑
4. Çatışmaları ilgili kişilerin haysiyetlerine saygı duyarak çözmek	❑	❑	❑	❑	❑
5. Profesyonel bir dil kullanmak ve çevreye duyarlı olmak	❑	❑	❑	❑	❑
6. Hasta mahremiyetinin korunmasını sağlamak	❑	❑	❑	❑	❑
7. Profesyonel bir şekilde giyinmek	❑	❑	❑	❑	❑
8. Meslektaşlarına ve hastalarına saygılı olmak	❑	❑	❑	❑	❑

5) Vatandaşlık ve Mesleki Katılım

	Biliyorum	Nasıl yapılacağını biliyorum	Göster	Nasıl ve Yapılacağını Gösterebilirim	Nasıl Yapılacağını öğretebilirim
1. Mesleğe aktif ve üretken bir şekilde katılmak	❑	❑	❑	❑	❑
2. Daha geniş bir topluluğa aktif ve üretken bir şekilde katılmak	❑	❑	❑	❑	❑
3. Sorunları çözmek için uzmanlığı kullanarak topluma hizmet etmek	❑	❑	❑	❑	❑
4. Hastaların doğrudan iyiliği için karşılıklı öğrenme öğretme ilişkisi içinde kurumları ve topluluklarla bilgi paylaşmak ve aktarmak	❑	❑	❑	❑	❑

6) Beş alandan hangisinin profesyonel olarak güçlü olduğunuza inanıyorsunuz (birini seçin)?

1. Güvenilirlik ve Hesap Verebilirlik
2. Hayat Boyu Öğrenme ve Uyum Yeteneği
3. Başkalarıyla İlişkiler
4. Dürüstlük ve Saygı İlkelerini Koruma
5. Vatandaşlık ve Mesleki Katılım

7) Beş alandan hangisinin geliştirilmesi gerektiğini düşünüyorsunuz (birini seçin)?

1. Güvenilirlik ve Hesap Verebilirlik
2. Hayat Boyu Öğrenme ve Uyum Yeteneği
3. Başkalarıyla İlişkiler
4. Dürüstlük ve Saygı İlkelerini Koruma
5. Vatandaşlık ve Mesleki Katılım

APPENDIX C

International Pharmaceutical Federation

FIP STATEMENT OF PROFESSIONAL STANDARDS

Codes of Ethics for Pharmacists

Approved by the FIP Council in August 2014 in Bangkok.

Introduction

A profession is distinguished by the willingness of individual practitioners to comply with ethical and professional standards, which exceed minimum legal requirements. The role of the pharmacist is continuing to develop. The pharmacist is recognised as the expert on medicines.[1] Pharmacists are given the responsibility, within the overall health system, to help people to maintain good health, to avoid ill health and, where medication is appropriate, to promote the responsible use of medicines. They assist patients, their carers,[2] and those to whom they provide professional services to gain maximum therapeutic benefit from their medicines. To practise as a pharmacist means undertaking any role, whether remunerated or not, in which the individual uses his/her professional skills and knowledge. Pharmaceutical practice is not restricted to the provision of direct clinical care, but also includes working in a non-clinical relationship with consumers, patients or carers, in the discovery, development, manufacturing of medicines, in maintaining the supply chain or in procurement, in general management or administration, in education, research, advisory, regulatory, or policy development roles. The code of ethics will therefore apply to pharmacists in all practice settings. At all times, pharmacists should strive to provide the best possible care for consumers, patients and carers, with due regard for the limitations of available resources and the principles of equity and justice. Pharmacists can only fulfil their role if they are afforded the necessary professional autonomy to act in the best interests of patients and carers.

Recognising these circumstances, this statement of professional standards relating to codes of ethics for pharmacists is intended to reaffirm and state publicly the obligations

that form the basis of the roles and responsibilities of pharmacists. These obligations, based on established ethical principles, are provided to enable national associations and regulators of pharmaceutical practitioners, through their individual codes of ethics, to guide pharmacists in their relationships with patients and carers, and with other health professionals and society generally. They should also guide individual pharmacists in their daily practice of the profession.

[1] The term "medicines" is used, as is recommended by the World Health Organization. The terms "medications" or "drugs" may be more common in some settings. [2] The terms "carers" and "caregivers" are considered to be synonymous.

In some settings or jurisdictions, such codes of ethics form the basis for the disciplinary powers of regulators or statutory bodies.

Against this background, and for this purpose, the FIP recommends that:

1. In every country, pharmacists associations produce or support the development by competent authorities of an up-to-date Code of Ethics for pharmacists setting out their professional obligations and take steps to ensure that pharmacists comply with the provisions of that Code.
2. Consideration should also be given to contributing to the development of transdisciplinary Codes of Ethics, where the opportunities exist to do so.
3. In every country, institutions offering pharmaceutical education and continuing professional development should include the Code of Ethics, and its underlying principles of respect for the autonomy of persons, beneficence, nonmaleficence and justice, in their offerings for all students and professionals.
4. The obligations of pharmacists formalised in these codes should at least include:
    - to act with honesty and integrity in their relationships with consumers, patients and carers, and other health professionals, including pharmacy practice colleagues, and not engage in any behavior or activity likely to bring the profession into disrepute or to undermine public confidence in the profession.
    - to ensure that their priorities are the safety, well-being and the best interests of those to whom they provide professional services and that they act at all times as autonomous health professionals, recognizing the challenges

posed by divided loyalties and the potential in many settings for conflicts of interest that need careful management.

- to always act professionally, in accordance with scientific principles and professional standards, including those developed by the International Pharmaceutical Federation.
- to co-operate and collaborate with colleagues, other health professionals, consumers, patients, carers and other actors in the healthcare delivery system to ensure that the best possible quality of healthcare is provided both to individuals and the community at large, while always considering the limitations of available resources and the principles of equity and justice;
- to respect and protect the confidentiality of patient information acquired or accessed in the course of providing professional services and to ensure that such information is only disclosed with the informed consent of that individual or as allowed by applicable legislation and regulation;
- to respect patients' rights and recognise and respect the cultural differences, beliefs and values of patients, carers and other healthcare professionals , particularly in the event of conflict with their own moral or religious beliefs;
- to ensure continuity of care for the patient in the event of conflict with their own moral or religious beliefs, based on respect for patient autonomy;
- to comply with legislation and accepted codes and standards of practice in the provision of all professional services and pharmaceutical products and to ensure the integrity of the supply chain for medicines; and
- to ensure that they maintain competence through continuing professional development.

Other FIP Statements which have relevance for this Statement include:

The Tokyo Declaration (1993) Standards for quality of pharmacy services (FIP Guidelines for Good Pharmacy Practice, September 1993) and revised version FIP/WHO GPP (1997, Vancouver)

FIP Statement of Professional Standards on the Role of the Pharmacist in Encouraging Adherence to Long-Term Treatments (Sydney 2003)

FIP Statement of Professional Standards on Continuing Professional Development (2002, Nice)

FIP Statement of Policy on Counterfeit Medicines (2003, Sydney)

FIP Centennial Declaration (2012, Amsterdam)

Date of Adoption	:	31 August 2014
Proposed by	:	FIP Bureau
This Statement replaces the following previous FIP Statements	:	This Statement replaces that adopted by the Council of FIP in 2004, as well as the FIP Statement of Policy on Confidentiality of Information gained in the course of Pharmacy Practice, adopted in 2004.
This Statement can be quoted by stating:	:	FIP Statement of Professional Standards – Code of ethics for pharmacists. FIP, 2014. Available at: www.fip.org/statements

Interest. FIP, 2014. Available at: www.fip.org/statements

APPENDIX D

American Society of Health-System Pharmacists

ASHP POLICY POSITIONS 1982−2022

Code of Ethics for Pharmacists

Preamble:

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

Principles:

I. A pharmacist respects the covenantal relationship between the patient and the pharmacist.

Interpretation: Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.

Interpretation: A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers the needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

III. A pharmacist respects the autonomy and dignity of each patient.

Interpretation: A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

IV. A pharmacist acts with honesty and integrity in professional relationships.

Interpretation: A pharmacist has a duty, to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment and actions that compromise dedication to the best interests of patients.

V. A pharmacist maintains professional competence.

Interpretation: A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

VI. A pharmacist respects the values and abilities of colleagues and other health professionals.

Interpretation: When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

VII. A pharmacist serves individual, community, and societal needs.

Interpretation: The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

VIII. A pharmacist seeks justice in the distribution of health resources.

Interpretation: When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

The endorsement of this document was reviewed in 2017 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

APPENDIX E

Catalogue for The Articles Included in the Theoretical Background

Table E.1. Theoretical Background Catalogue

TITLE	AUTHORS	JOURNAL	YEAR
Pharmacist Non-Medical Prescribing in Primary Care. A Systematic Review of Views, Opinions, And Attitudes.	Timothy Mills, Nilesh Patel, Kath Ryan	International Journal of Clinical Practice	2021
Professionalism Development Through the Curriculum: Developing A New System for Identifying And Tracking Professional Behavior Lapses.	Stacey D Curtis, Robin Moorman Li, Shannon A Miller	Currents in pharmacy teaching & learning	2021
Investigation Of Final-Year Pharmacy Students' Views on Professionalism and Ethics in Pharmacy Practice: An Interventional Study.	Roland N Okoro	International Journal of Pharmacy Practice	2020
Definition Of Professionalism and Tools for Assessing Professionalism In Pharmacy Practice: A Systematic Review	Huda Dubbai, Barbara-Ann Adelstein, Silas Taylor, Boaz Shulruf	Journal of Educational Evaluation for Health Professions	2019
The Intersection of Professionalism And Interprofessional Care: Development And Initial Testing Of The Interprofessional Professionalism Assessment (IPA)	Jody S. Frost a , Dana P. Hammerb , Loretta M. Nunezc , Jennifer L. Adamsd et al	JOURNAL OF INTERPROFESSIONAL CARE	2019

Table E.1. (cont.)

Incorporation Of Professionalism Expectations and Evaluative Processes Within A College Of Pharmacy	Amy Schwartz, Melissa Ruble, Kevin C. Sellers, Nazach Rodriguez-Snapp, Angela Hill, Srinivas Tipparaju	The American Journal of Pharmaceutical Edcation	2018
Role And Impact of Student Pharmacists and A Pharmacist On An International Interprofessional Medical Brigade.	Nicole J. Asal, Janelle Poyant	Currents in Pharmacy Teaching and Learning	2018
Design And Implementation of a Professional Development Course Series	Beth Welch, Joshua J. Spooner, Kim Tanzer, Matthew R. Dintzner	The American Journal of Pharmaceutical Education	2017
Amending Miller's Pyramid to Include Professional Identity Formation.	Richard L Cruess, Sylvia R Cruess, Yvonne Steinert	Academic Medicine	2016
Patient-Centred Professionalism in Pharmacy: Values and Behaviours	Rebecca Elvey, Karen Hassell, Penny Lewis, Ellen Schafheutle, Sarah Willis, Stephen Harrison	Journal of Health Organisation and Management	2015
From "Retailers" To Health Care Providers: Transforming the Role of Community Pharmacists in Chronic Disease Management.	Elias Mossialos, Emilie Courtin, Huseyin Naci, Shalom Benrimoj, Marcel Bouvy, Karen Farris, Peter Noyce, Ingrid Sketris	Health Policy	2015
Implementing Simulated Learning Modules to Improve Students' Pharmacy Practice Skills and Professionalism.	Jasmina Fejzic, Michelle Barker	Pharmacy Practice (internet)	2015

Table E.1. (cont.)

Professionalization In Pharmacy Education as A Matter of Identity.	Martina F Mylrea, Tarun Sen Gupta, Beverley D Glass	The American Journal of Pharmaceutical Education	2015
Early Introduction to Professional and Ethical Dilemmas in A Pharmaceutical Care Laboratory Course	Megan G. Smith, PharmD,a Melissa M. Dinkins, PharmDb	American Journal of Pharmaceutical Education	2015
How Do Pharmacy Students Learn Professionalism	Ellen I. Schafheutle, et al	International Journal of Pharmacy Practice	2012
Cross-Validation of An Instrument for Measuring Professionalism Behaviors.	Katherine A. Kelley, Luke D. Stanke, Suzanne M. Rabi, Sarah E. Kuba, Kristin K. Janke	The American Journal of Pharmaceutical Education	2011
Making Sense of Cronbach's Alpha	Mohsen Tavakol, Reg Dennick	International Journal of Medical Education	2011
What Characterizes Professionalism in Pharmacy Students? A Nominal Group Study	Jason Hall, Darren Ashcroft	Pharmacy Education	2011
Report Of the Aacp Professionalism Task Force, May 2011	Nicholas G. Popovich, Dana P. Hammer, et al	The American Journal of Pharmaceutical Education	2011
Assessment Of Professionalism in Iranian Pharmacists.	Mohammadreza Javadi, Fariba Asghari, Pooneh Salari	Journal of medical ethics and history of medicine	2011
Pharmacy Professionalism: A Systematic Analysis of Contemporary Literature	Sarah E Wilson, Ann Tordoff, Gordon Becket		2010
Can Professionalism Be Measured? Evidence From The Pharmacy Literature.	Paul M Rutter, Gregory John Duncan	Pharmacy Practice (internet)	2010

Table E.1. (cont.)

Assessment Of Pharmacy Student Professionalism Across a Curriculum	Therese I. Poirier, Gireesh V. Gupchup	The American Journal of Pharmaceutical Education	2010
Obtaining Consensus Regarding Patient-centered Professionalism in Community Pharmacy: Nominal Group Work Activity with Professionals, Stakeholders and Members of The Public.	Hayley A Hutchings, Frances L Rapport, Sarah Wright, Marcus A Doel, Paul Wainwright	International Journal of Pharmacy Practice	2010
Eleven Themes of Patient-Centered Professionalism in Community Pharmacy: Innovative Approaches to Consulting	Frances Rapport, Marcus A. Doel, Hayley A. Hutchings, et al	International Journal of Pharmacy Practice	2010
Are There Valid Proxy Measures of Clinical Behavior? A Systematic Review.	Susan Hrisos, et al	Implementation Science	2009
The Taxonomy of Professionalism: Reframing the Academic Pursuit of Professional Development	Daniel Brown, Mary J. Ferrill	The American Journal of Pharmaceutical Education	2009
Development Of Student Professionalism.	Mary T. Roth, Thomas D. Zlatic	Pharmacotherapy	2009
A Blueprint to Assess Professionalism: Results of A Systematic Review.	Tim J. Wilkinson, Winnie B. Wade, L Doug Knock	Academic Medicine	2009
An Instrument to Objectively Measure Pharmacist Professionalism as An Outcome: A Pilot Study	Michael J Peeters and Gregory E Stone	Can J Hosp Pharm	2009
Tenets Of Professionalism for Pharmacy Students	Shannon L. Holt, et al	Pharmacotherapy	2009

Table E.1. (cont.)

Identifying Perceptions of Professionalism in Pharmacy Using a Four-Frame Leadership Model.	Dennis F. Thompson, et al	The American Journal of Pharmaceutical Education	2008
Re-Examining professionalism In Pharmacy: A South African Perspective	Kevin Frank Williams	Social Science & Medicine	2007
Professionalism: A Determining Factor in Experiential Learning	Cynthia J. Boyle, Et al	American Journal of Pharmaceutical Education	2007
Development Of an Instrument to Measure Professionalism.	Marie A. Chisholm, Henry Cobb, Lori Duke, Charles McDuffie, William K. Kennedy	The American Journal of Pharmaceutical Education	2006
Factor Structure and Cross-Validation of A Professionalism Scale In Pharmacy Students	Sanguan Lerkiatbundit	Journal of Pharmacy Teaching	2006
Improving Student Professionalism During Experiential Learning.	Dana Hammer	The American Journal of Pharmaceutical Education	2006
Measuring Professionalism: A Review of Studies with Instruments Reported In The Literature Between 1982 And 2002.	J. Jon Veloski, Sylvia K. Fields, James R. Boex, Linda L. Blank	Academic Medicine	2005
Student Attitudes, Values, And Beliefs Regarding Professionalism	Lori J. Duke, W. Klugh Kennedy, Charles H. McDuffie, Mindi S. Miller, Melody C. Sheffield, Marie A. Chisholm	The American Journal of Pharmaceutical Education	2005

Table E.1. (cont.)

Professional Attitudes and Behaviors	Dana Purkerson Hammer		2000
White Paper on Pharmacy Student Professionalism: What We as Pharmacists Believe Our Profession to Be Determines What It Is.	Wendell T. Hill	Journal of the American Pharmaceutical Association	2000
Development And Testing of An Instrument to Assess Behavioral Professionalism of Pharmacy Students	Dana Purkerson Hammer, et al	The American Journal of Pharmaceutical Education	1999
Chair Report of The Apha-Asp/Aacp-Cod Task Force on Professionalization: Enhancing Professionalism in Pharmacy Education And Practice	Robert S. Beardsley		1996
The Assessment of Clinical Skills/Competence/Performance	G E Miller	Academic Medicine	1990
Professionalism-A Sociological Evaluation Of Commercialism And Inconsistencies In Pharmacy	Clayton T. Shaw	Journal of the American Pharmaceutical Association	1971

CURRICULUM VITAE

Personal Information:

Rufaidah Taleb

Education:

2012-2017 BA in Doctor of Pharmacy PharmD, Al Maarefa University, Saudi Arabia
2020-2023 MA in Business Administration, Ibn Haldun University, Türkiye

Experience:

2017 – 2018 Clinical Pharmacist and Clinical Researcher Assistant at KKUH, KFMC, KSMC in Riyadh, Saudi Arabia
2019 – 2021 Community Pharmacist at Multiple Pharmacies, Istanbul/Türkiye
2020 – 2021 Freelancer Sale Specialist of Food supplements
2021 – 2022 Chief Operating Officer COO and Founder at Infinity Group, Istanbul/Türkiye

Publications:

Vitamin D deficiency and its impact on depression among al-maarefa university students, Riyadh, Saudi Arabia. Retrieved July 5, 2023, from https://www.researchgate.net/publication/329152230_Vitamin_D_deficiency_and_its_impact_on_depression_among_almaarefa_university_students_Riyadh_Saudi_Arabia