

## On professionalism and self identity

Katherine Zmetana, DipDH, DipDT, EdD



Scientific Editor, CJDH

Professional identity captures the essence and value of who we are and what we do; at the same time it embodies and promotes professionalism. But do we all have a common ground of understanding about what professional identity is? Professionalism is one of those concepts that mean different things to different people, and quite possibly something different to the general public than to the professionals involved. Part of the quandary is that the definition has evolved over the years and is currently in a state of fluidity. So just what is meant by professionalism? There exist not only official definitions, but also connotations that people hold.

The *Dental Hygiene Entry-to-practice Competencies* (2010) provides a definition of professionalism as applied to dental hygiene: Professionalism “reflects standards related to responsibility, accountability, knowledge application, continuing competence and relationships that define the practice and profession of dental hygiene” and it goes further to detail characteristics of each of those components.<sup>1</sup> From another perspective, the *Dental Hygiene Code of Ethics*, revised in June 2012, integrates professionalism as an essential component of ethical practice through the delineation of principles and responsibilities.<sup>2</sup> These publications provide a valuable reference. Nevertheless, professionalism has been very much a topic of discussion over recent years, not only in dental hygiene but in virtually all health care professions as well as in vocational fields because more and more occupations are adopting professional standards to their practice. This move has been influenced by government demands for the adoption of evidence based decision making and policy development. Professionalism has been discussed, studied and promoted, and it has been defined to the point of government regulation in several countries.<sup>3</sup>

Historically, the term “professional” was much more strictly defined. In the late 19<sup>th</sup> century, the “professions” were limited to divinity, law, and medicine.<sup>4</sup> Society recognized that these persons “professed knowledge of some areas of science and used that knowledge in the service of others”.<sup>5</sup> [Associations were formed] “to control the behaviour of the members and to adopt high standards of performance”,<sup>5</sup> with restricted entry to those who had undergone the advanced professional training. In return, “the community gave these associations the right of self-regulation and licensing.”<sup>6</sup>

At its roots, professionalism comes from “professor”, one who professes. More specifically, the professor was the keeper of knowledge, the expert who knew and passed on

the knowledge. You could be a professional only if you had apprenticed with a professor.<sup>7</sup> Hence, trades such as plumbing and carpentry would not qualify for such an esteemed title because they lacked this intellectual formation. Professionals formed a strong elite.

According to tradition then, the professional was the one who had the answers and was capable of making important decisions due to his unquestioned abilities to make good judgment. In return, the professional enjoyed a heightened status in society. This form of professionalism was paternalistic; at root was the understanding that “father” knew best. But times have changed with the proliferation of shared research through professional journals, increased literacy and the advancements of technology. Clients are much more involved in taking charge of their own health. The paternalistic model of professionalism is undeniably outdated. Access to advanced learning and knowledge is no longer limited to men or to certain classes of society; Internet access is widespread. Thus the professional is no longer the keeper of information and knowledge; most people would rather not be held hostage in their personal care to a single judgement. Health care is a much more inclusive activity in the 21<sup>st</sup> century. The scope of professional practice has widened to include a variety of recognized health care providers, well beyond the confines of one sole expert.

There seems to be a current trend in the UK, and now North America, of promoting a “new professionalism”<sup>3</sup> which also includes such diverse professions as social workers, teachers and police. This call for a new definition and set of standards of professionalism has come about largely through societal demands for accountability. A better informed public demands a greater accountability<sup>4</sup> particularly when public spending is involved. Cynically, Masella states, “Unfortunately, American society, including higher education, glorifies a market mentality centered on expansion and profit.”<sup>7</sup> Since Canadian society often reflects American mentality, our public may also be suspicious of that attitude and underlying motives among professionals.

A professional has undergone rigorous education and possesses skills that others do not. A professional also “accepts responsibilities and duties not expected of members of society in general, such as confidentiality, compassion, integrity, interprofessional respect and collegiality, public service and self-policing, and a commitment to progress.”<sup>4</sup>

Correspondence to: Dr. Katherine Zmetana, Scientific Editor, CJDH  
ScientificEditor@cdha.ca

Christmas and Millward in *New Medical Professionalism* state, "Typically, [professionalism] is seen as a combination of values, knowledge and skill; integrity; and good judgement in an individual. The growth of evidence-based medicine, and the growing accessibility of that evidence, have both had profound effects on medical professionalism. To the extent that evidence determines the right thing to do, it erodes the scope for individual judgement."<sup>3</sup> Nevertheless, professional judgement is still at the core of professionalism. The person making the decision has not only the education, experience, and possession of skills, but also the self awareness of personal strengths and abilities to determine a rational, well thought out plan of action where health and even life are concerned.

Ethics is integral to professionalism. Ethics is not simply the study of what is right and what is wrong without discernment; it is also the function of taking appropriate action within context. What is right for one person may not be for another. "Professionalism is more than knowing right from wrong. It is having the courage and conviction to make the right choices and do the right thing."<sup>8</sup>

We also live in an era of interprofessionalism—health professionals must often collaborate in the care of clients, to take the whole person into consideration and to reflect on the best interests of the client. But the client must be involved as well. The relationship between health professionals and clients can be summarized as "No decision about me without me."<sup>3</sup> Interprofessionalism includes the client.

Altruism, integrity, caring, community focus, and commitment to excellence are attributes of professionalism. "Its backbone is the obligation of service to people before service to self—a social contract. Moral principles are inherent in professional development and the professional way of life."<sup>7</sup> Professionalism is about "letting go of selfish, short-sighted rewards and promoting the long-term common good."<sup>9</sup>

Being a professional extends to all aspects of life. Why should we be ethical and professional? Because it doesn't just help the client but ultimately helps us: "doing well by doing good."<sup>8</sup>

The most important feature of all is that as dental hygiene professionals we represent dental hygiene to others—to our clients, our colleagues at work, the health care industry and the community at large. Our comportment day to day, our attitude towards others, and our integrity and self awareness are a reflection of dental hygienists everywhere.

Role models are a strong influencing factor of professional values, attitudes and behaviours; professionalism includes being a role model. Dental hygienists are professionals, not so much because we "do" dental hygiene, but because we "are" dental hygiene.

In this month's issue, **Dr. Sharon Compton et al.**, p. 61, describe dental hygiene students' experience in professionalism during a practicum in long term care facility and provide recommendations for increasing the effectiveness of this experience. **Carol-Ann Yakiwchuk**, p. 84, provides an overview of a multistrategy approach to oral hygiene care in a long term care facility that includes interprofessionalism. The contribution by **Dr. Leandro Chambrone et al.**, p. 78, on traumatic gingival recession involves research with colleagues and students. Finally, **Sandy Lawlor**, p. 55, addresses the issue of professional identity in dental hygiene. For follow up and further research on recent publications on ethics and professionalism in health care, you may wish to consult the **Research Corner**, p. 91.

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