



Exploring influences on pharmacists' and students' ethical reasoning in a changing practice landscape in Australia

Tin Fei Sim¹ · Bruce Sunderland¹ · H. Laetitia Hattingh^{1,2}

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Abstract

Background Practising pharmacists continuously develop their ethical reasoning skills, which evolve with practice experience and exposure to challenging scenarios. Considering the recent expansion of the roles of pharmacists and the paradigm shift in pharmacy practice, it is timely to explore community pharmacists' attitudes regarding the importance of ethics and their ethical reasoning. **Objective** To explore underlying factors influencing community pharmacists' and pharmacy students' ethical reasoning and attitudes towards pharmacy ethics, ethical reasoning processes and perceived current dilemmas. **Setting** Practising registered community pharmacists, pharmacists with provisional registration (interns) and final year pharmacy students in Australia. **Method** Two focus group discussions and two interviews were conducted with 16 Western Australian community pharmacists, interns and students. Participants were purposively selected for gender, background, practice setting, and practice experience. **Main outcome measure** Emerging themes embracing important influences on community pharmacists', interns' and students' ethical reasoning and perceived current ethical dilemmas and challenges. **Results** Two major themes embraced participants' ethical reasoning processes and conduct: (1) fundamental underpinning, from personal values and practice exposure, and (2) paradigm influenced, such as the changing healthcare landscape, expansion of roles, management of dilemmas, and competence. Increased frequency and complexity of ethical dilemmas related to role expansion. Rural pharmacists experienced unique ethical dilemmas in relation to practice isolation, privacy and confidentiality. **Conclusion** Changes in the community pharmacy practice environment has increasingly exposed pharmacists to more complex ethical dilemmas. Pharmacists practising in rural communities experience unique challenges. Structured and sound ethical reasoning skills are essential as pharmacists are faced with contemporary challenges.

Keywords Australia · Ethical dilemma · Ethical reasoning · Ethics · Pharmacist · Pharmacy practice

Impacts on practice

- Pharmacists' ethical reasoning skills are developed from personal values, practice environment exposure and experience.
- Pharmacists practising in rural communities experience unique ethical dilemmas, specifically in relation to privacy, owing to practising in small community environments.

- Pharmacists are required to apply structured and sound ethical reasoning processes when faced with challenges of increased complexity owing to the expansion of the roles of pharmacists.

Introduction

Community pharmacists are often confronted with ethical dilemmas [1]. The integrity and standing of the pharmacy profession is based upon a sound foundation of ethical principles and reasoning to facilitate the provision of quality patient care. In 2014, the International Pharmaceutical Federation (FIP) released a *Statement of Professional Standards: Code of Ethics for Pharmacists* [2] which applies to all pharmacists despite their practice settings. The statement highlights the obligations of pharmacists to practise

✉ Tin Fei Sim
T.Sim@curtin.edu.au

¹ School of Pharmacy and Biomedical Sciences, Faculty of Health Sciences, Curtin University, Perth, WA, Australia

² School of Pharmacy and Pharmacology, Faculty of Health, Griffith University, Gold Coast, QLD, Australia

to an expected ethical standard and states: “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” [2].

In Australia, the Pharmaceutical Society of Australia’s (PSA) *Code of Ethics for Pharmacists* provides the framework for pharmacists’ behaviours and attitudes [3]. The Code underpins the professional values of pharmacists and has been endorsed by the Pharmacy Board of Australia. The Code states that ethical values “reflect the commitment of pharmacists to act in the interests of the patient (beneficence), do no harm or prevent harm from occurring (non-maleficence), respect self-determination (autonomy) and ensure fair and equitable allocation of resources (justice)” [3]. Pharmacists also have a professional obligation to comply with a code of conduct which provides ethical guidance and standards for acceptable behaviours of all health practitioners registered through the National Registration and Accreditation Scheme [4].

Community pharmacy practice has expanded from a dispensing focus, to embrace clinical and patient-centred healthcare relationships with patients/consumers, as well as other health professionals, as part of multidisciplinary care [5–9]. To reflect contemporary practice, a revised *Code of Ethics for Pharmacists* was released in 2017 [3], alongside the recently released *2016 National Competency Standards Framework for Pharmacists in Australia* [10] and *2017 Professional Practice Standards* [11]. In addition to clinical knowledge, it is recognised that the ability to apply ethical principles and reasoning is a critical factor which affects pharmacists’ clinical decision making when providing professional services [4, 12]. However, studies have shown that pharmacists may find it challenging to apply ethical reasoning skills [13, 14].

Whilst the foundation of ethical reasoning is established during university studies and student experiential placements [15–18], this skill needs to be continuously practised and developed [12, 19]. It is established that professionalism, or perceptions of professionalism, are closely linked to attitudes, behaviours and conduct [20–25]. A study conducted by Eukel et al. [20] which involved a longitudinal evaluation of pharmacy students’ professionalism showed improvement in their self-assessment of professionalism as they navigated through the course and developed their professionalism as they applied taught skills. Considering the recent expansion of the roles of pharmacists and the rapid paradigm shift in pharmacy practice in Australia, little is known regarding current community pharmacists’, interns’ and pharmacy students’ attitudes towards pharmacy ethics and their ethical reasoning skills [26]. There is also a lack of

research specifically about intern pharmacists (also known as pharmacists with provisional registration in Australia) and their ethical reasoning when transitioning between university and full registration.

Aim of the study

This study aimed to explore the important factors influencing ethical reasoning of community pharmacists, interns and pharmacy students, and their attitudes towards pharmacy ethics, ethical reasoning processes as well as the perceived current dilemmas and challenges they experience, in the context of evolving Australian community pharmacy practices.

Ethics approval

This study was approved by the Curtin University Human Research Ethics Committee (RDHS-154-16).

Method

This exploratory study was conducted through two face-to-face focus group (FG) discussions (96.6 and 87.3 min) in Perth, facilitated by an independent facilitator, and two separate face-to-face interviews (IT, 52.9 and 55.3 min) with pharmacists practising in rural areas between July and November 2016. The focus groups were held in a School of Pharmacy building in the early evening, to facilitate attendance. Considering the size of the state and the geographical distribution of country towns in Western Australia (WA), to facilitate participation, pharmacists practising in rural areas were interviewed separately at times when they were in Perth, due to travel distances.

Western Australian participants were purposively selected based on their gender, background, practice setting, and practice experience. The sampling allowed maximum diversity and variation to facilitate in-depth, but broad, discussion of ethics-related issues encountered. To avoid leading the participants, none of the participants was provided with information about the categories they represented or the reasons for selection. The research team brainstormed potential participants, informed by a list of pharmacy proprietors from the Pharmacy Registration Board of Western Australia [27] and past graduates, until consensus was reached and a list of potential participants produced. Potential participants were sent an email invitation along with a participant information sheet, outlining the purpose of the study, the method of data collection, confidentiality and contact details of the research team and the ethics committee, as per the ethics approval requirement.

Participants included two representatives from each of the following categories (note some were classified under two categories):

- Pharmacy proprietor,
- Pharmacist specialising in the provision of professional services and/or medication reviews,
- Pharmacist specialising in complex compounding services,
- Pharmacist practising in a discount pharmacy,
- Pharmacist practising in a pharmacy with extended operating hours,
- Rural pharmacist,
- Locum pharmacist,
- Pharmacist with provisional registration (intern), and
- Final year pharmacy student.

Data collection

A focus group discussion/interview guide that consisted of a list of 10 open-ended questions was developed, informed by a literature review and the expertise of the researchers. The guide was validated by two academic pharmacists for content and face validation. The focus group discussions were chaired by an independent facilitator, who was a pharmacist with a pharmacy academic and practice background, as well as extensive experience in facilitating focus group discussions in pharmacy-related research studies. The facilitator allowed digression from the tool to facilitate in-depth discussion on specific topics as appropriate. Where necessary, the trained facilitator acted as a moderator and steered the conversation back to the purpose of the study. Using the validated tool as a guide, the facilitator explored participants' views and where necessary, explored consensus amongst the group whilst not coercing consensus to be reached. The first two questions in the guide were designed to set the scene for the discussion and to allow each participant to express their views and opinion about pharmacy ethics:

1. *How important do you consider ethics is in pharmacy practice? And why?*
2. *Where and how did you develop your views and standards of ethical practice? What were the most influential experiences?*

Two of the research team members (TFS and LH) attended, but did not participate in, the focus group discussions and took extensive field notes. The interviews with rural pharmacists were conducted using the same interview guide but performed by one of the authors' (TFS) who is a trained interviewer. The focus groups and interview sessions were audio-recorded then transcribed verbatim.

Data analysis

Data were analysed following a thematic analysis method, with an inductive approach. NVivo 11 (QSR International Pty Ltd.) was used to assist with data organisation, which facilitated a two-phase data coding of the transcripts [28]. To ensure reliability, emerged ideas were initially coded and cross-checked by two researchers with extensive qualitative research experience (LH and TFS). The initial codes were then compared with field notes. LH and TFS then undertook focused coding whereby codes were combined, subdivided or eliminated, to form categories of 'ideas' (labelled as sub-themes). These subthemes were then carefully reviewed to identify connections which formed the major themes. All authors checked and agreed to the emerged subthemes and themes.

Results

Sixteen participants (seven males and nine females), including pharmacists with provisional registration (interns) and final year pharmacy students, participated in the study. Demographic characteristics of the participants are summarised in Table 1. The diverse characteristics of participants in the focus groups enabled in-depth, detailed and rigorous discussion regarding their attitudes towards pharmacy ethics.

Responses from the individual participants to the first two questions in the tool were documented and consensus was reached where participants showed an awareness of their ethical obligations towards patients and consumers and the need to uphold public trust and reputation of the profession. Below is a quotation from three of the participants to demonstrate this commitment:

...very extraordinarily important to uphold the health of the patient, the individual, to also uphold the profession... a highly respected profession, they come to us for advice. They trust our advice and therefore practising in an ethical manner will maintain that and ensure that pharmacists continue to be strongly regarded by the public and other healthcare professionals. (FG 1; P 2)

...need to put myself on the issue and also think of it like if that's actually my family members, if I'm not going to do that, then I wouldn't do that to the patient... and also make sure it's the best medication for them, whatever the best option is... (FG 1; P 6)

I just think it's literally in every single decision that you make. Every single day that you're in the pharmacy you'll have an ethical decision to make and it's

Table 1 Demographic characteristics of participants

	Age (years)	Gender	Practice experience as a pharmacist (years)	Practice setting	Role/position in pharmacy
FG 1; P 1	36	Male	18	Metropolitan, extended operating hours	Pharmacist employee, consultant pharmacist performing medication reviews
FG 1; P 2	32	Female	11	Metropolitan, professional services-driven	Pharmacist employee, naturopath
FG 1; P 3	60	Male	39	Metropolitan, specialised compounding services	Proprietor, consultant pharmacist
FG 1; P 4	28	Male	8	Multiple metropolitan pharmacies, mixed professional services-driven/retail-focused	Locum pharmacist
FG 1; P 5	24	Female	0.5 (provisional)	Metropolitan, mixed professional services-driven/retail-focused	Intern pharmacist
FG 1; P 6	23	Male	N/A	N/A	Final year student pharmacist (undergraduate)
FG 2; P 1	31	Male	8	Metropolitan, discount chain/retail-focused	Proprietor, pharmacist
FG 2; P 2	54	Male	32	Metropolitan, extended operating hours	Pharmacist employee
FG 2; P 3	31	Female	8	Metropolitan, professional services-driven	Proprietor, professional services pharmacist
FG 2; P 4	38	Male	16	Metropolitan, specialised compounding services	Proprietor, pharmacist
FG 2; P 5	36	Female	14	Multiple metropolitan pharmacies, mixed professional services-driven/retail-focused, patients' home	Locum pharmacist, consultant pharmacist performing medication reviews
FG 2; P 6	39	Female	17	Metropolitan, health clinic, patients' home	Pharmacist, diabetes educator, consultant pharmacist performing medication reviews
FG 2; P 7	32	Female	0.5 (provisional)	Metropolitan, specialised compounding services	Intern pharmacist
FG 2; P 8	24	Female	N/A	N/A	Final year student pharmacist (graduate entry)
IT 1	34	Female	11	Rural	Aboriginal Health Services pharmacist
IT 2	49	Female	26	Rural	Proprietor

the kind of thing that you don't think of consciously but you should be feeling confident enough and trained enough that you can make those decisions to the best of your ability. (FG 2; P 8)

Of interest was that there was no standard perception of the scope and extent of ethical dilemmas amongst the participants. Despite participants' awareness and commitment of adherence to the expected professional values, they had varying opinions as to what defined a dilemma. This is evident from participants' responses and the discussion around Question 4 of the guide, where participants were asked to comment on an estimation of the frequency of ethical issues arising when practising in community pharmacy. The responses ranged from 'once a week' to as many as 'hourly' or '20 times per day'. When participants were asked to elaborate by providing examples of ethical dilemma encounters, it became evident that some

considered a first encounter to be an 'ethical dilemma' but not subsequent encounters because a 'solution' would have been established to manage the situation. On the other hand, some believed that the concept of an ethical dilemma was associated with the types of encounters, rather than whether an approach to dealing with a particular scenario has been previously established.

...it's more evident to ourselves consciously if you have a morning after pill or a codeine sale, something that has more of a red flag attached to it. (FG 1; P 5)

I've been in that situation where you have to call the police as well from refusing codeine. (FG 2; P 8)

Below is an exemplary quotation from a participant who disagreed with another participant who commented that every supply of codeine-containing analgesics required an element of ethical consideration:

...codeine, again, the dilemma is more to do with what approach is the pharmacist going to take? ...

...It's always been a process that you can work your way through with the health of the patient [as the] primary [concern]. There are many ethical dilemmas that different pharmacists see in different lights. I see things differently. (FG 2; P 2)

Table 2 summarises examples of professional encounters considered to raise ethical dilemmas in the current practice environment. This lists the range of ethical issues and dilemmas raised. Several of these arise from an expansion of pharmacists' roles. Pharmacists practising in rural communities reported unique ethical dilemmas, specifically owing to challenges involving privacy and confidentiality, as well as practice isolation, as shown below:

...confidentiality is the highest consideration in a country town... a pharmacist learns very quickly, living in a country town, as to gaining that confidence and respect from a customer and then being able to walk past them in the aisle in the super market and feel very comfortable with that... morning after pills [emergency contraception]... (IT 2)

...a really high-stress role when you're a sole practitioner... It's like being in a bubble and you don't have a lot of outside world stuff and you kind of start to go a bit mad... the isolation of the work and the pressure of working so independently makes people really quite lose their minds. (IT 1)

Underlying influences on ethical conduct

Two major overarching themes emerged from the data exploring participants' perceptions about the underlying factors influencing their ethical reasoning skills and conduct, summarised below and presented in Fig. 1 (with exemplary quotations):

(1) *Paradigm influenced: the changing landscape that impacts on pharmacists' ethical exposure and dilemmas*

It was evident that participants were of the opinion that the change and expansion of pharmacists' roles resulted in new responsibilities, some leading to more complex ethical dilemmas. The paradigm shift in pharmacy practice including the provision of a range of cognitive professional services was seen to contribute towards an increased level of complexity in relation to pharmacy ethics. Nevertheless, participants agreed that structured ethical reasoning and processes should be followed despite the changing practice

Table 2 Examples of professional encounters considered to raise ethical dilemmas in the current practice environment

Examples of current ethics-related dilemmas	
Business and administration	Unpaid accounts and debts versus continued supply of medicines and provision of services* Enforcing sales targets and companion sales policies Equitable access to medicines and services* Rostering and staffing issues Staffing arrangements*
Prescription-related	Conflicts between prescribers' recommendations and the available evidence# Emergency supply of <i>Prescription Only Medicines</i> # Opioid substitution therapy# Promoting generic substitution
Non-prescription related	Supply of emergency contraception# Sale of non-evidence based products, including complementary medicines
Patient privacy and confidentiality	Electronic health records (e.g. My Health Record†)# Disclosure of patients' health and safety-related information to other health professionals# Recording of over-the-counter codeine sales Relationships with patient/consumer and privacy*
Pharmacist safety	Opioid substitution therapy and harm minimisation# Refusing sales due to suspected misuse
Medication review-related	Patient/consumer autonomy and wishes versus health and safety# (e.g. disclosing health and safety-related information to other health professionals)

*Strong rural influence

#Reflect an expanded pharmacy practice environment

†My Health Record is an Australian Government initiative to offer an electronic online platform to record individual's health information—<https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/content/home>

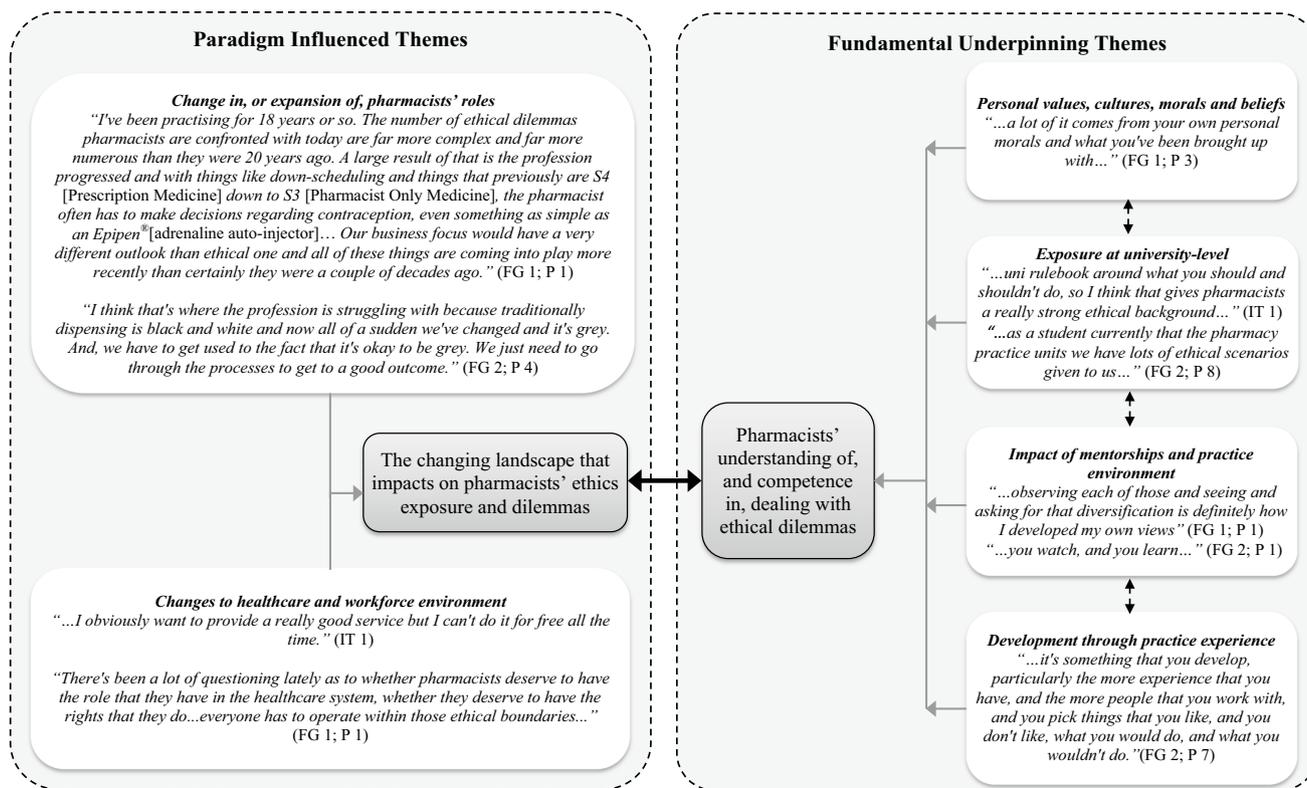


Fig. 1 Schematic diagram summarising the two themes having underlying influences on pharmacists' ethical reasoning processes and conduct

landscape. The provision of emergency contraception was raised as an example of a cognitive professional service provided which often involved an element of ethical consideration that added to increased complexity. Participants commented:

We have had a pharmacist subpoenaed to court because it was a [alleged] rape and they were the first point of contact post-rape. The girl did not disclose this, of course, on her form... ..she was terrified actually at the time. (FG 1; P 2)

...in practice I think you might have two 16-year-olds coming in, or two mothers coming into ask for emergency contraception for their daughters and you're going to treat them quite differently, or the outcome might be quite different. And I think that's where the profession is struggling with because traditionally dispensing is black and white and now it's all of a sudden we've changed and it's grey. And we have to get used to the fact that it's okay to be grey. We just need to go through the processes to get to a good outcome. (FG 2; P 4)

the more the service that we provide, the more complex [it gets]... (FG 1; P 6)

Changes to the healthcare and workforce environments were also identified as impacting on pharmacists' ethical responsibilities and reasoning. This includes challenges with funding and remuneration, as well as role delineation between health professionals.

(2) *Fundamental underpinning: pharmacists' understanding of, and competence in, dealing with ethical dilemmas*

Many intertwined factors that influenced pharmacists' ethical reasoning, behaviour and conduct were identified, including personal values, culture, morals and beliefs and their exposure to ethics throughout university. University exposure included clinical placements where students were sometimes negatively influenced by suboptimal practices. Mentorships and practice environments were stated as important factors. It was also identified that ethical reasoning skills were influenced by, and can be subsequently developed through practice experience. Collectively, these factors played a role in pharmacists' understanding of, and competence in, dealing with ethical dilemmas. Exemplary quotations are presented in Fig. 1.

Discussion

The underlying influences on pharmacists' ethical reasoning processes and conduct were thematically classified under those that are fundamentally underpinning and factors that are influenced by paradigm shift. Pharmacists' understanding of, and competence in, dealing with ethical dilemmas were shaped by underlying personal values, moral and cultural beliefs, educational experiences at university level, mentorship, practice environment and experience. In addition to the changing practice environment, including expansion of roles, their understanding of dilemmas, and competence were also identified as factors influencing their ethical reasoning skills.

This study has explored participants' underlying ethical perspectives as a specific topic. The researchers were confident that data saturation was reached after two focus groups and two interviews as no new themes emerged. The number of focus groups conducted for this study was consistent with the findings from a study conducted by Guest et al. [29], which provided foundational evidence through an evaluation of the number of focus group required for data saturation.

Despite showing awareness and commitment to their ethical obligations which reflects participants' professional values, there appeared to be no standard perceptions of the definition, scope, frequency and complexity of ethical dilemmas. Wilson et al. [14] conducted a systematic analysis of the literature between 1998 and 2009 and found that there was a lack of consensus around the definition of professionalism in pharmacy. Findings from the present study in Australia combined with those reported by Wilson et al. a decade ago, which offered an international perspective, not only has highlighted the multiplicity of perceptions of pharmacy ethics and professionalism, but also demonstrated the need for further investigation to better define and address this gap.

Similar to previous studies, the participants agreed that ethical reasoning skills developed during university studies and continuously advanced through exposure to scenarios and structured ethical reasoning processes in practice [12, 16–18, 30]. In a study conducted by Cooper et al. [13], ethical passivity was identified as a challenge and the study raised questions around effective teaching of ethics and values, further highlighting the importance of ethics education at university, with subsequent continuing professional development [13, 31]. This is consistent with a recent Malaysian study which demonstrated the positive impact of ethical decision-making training for community pharmacists [32]. An interesting observation was the importance that placements had in influencing students' understanding, of not only good practices but also practices that were not ideal. This finding in itself is of interest

as it highlights a need for further studies to explore if there are any particular types of practices or behaviours of pharmacists that would be more vulnerable to constraints or challenges to ethical behaviour. It also underlines the need for preceptor credentialing to ensure a minimum level of competence. As further practice exposure shapes ethical reasoning there is a need for ongoing support, trusted role models, and mentors to facilitate this process.

The more experienced pharmacists indicated that, over recent years, there has been an increase in both the number, frequency and complexity of dilemmas. This highlighted the importance of access to practice resources that provide support, including discussion of benchmark dilemmas relevant to newer roles. Additionally, participants mentioned tensions that arise when ethical values, which were informed by their professional and/or personal values, clashed with increased pressures to reach financial targets. Such dichotomy between professional and financial factors is not new, although unique challenges, particularly for employee pharmacists, were raised. Resnik et al. [33] discussed the conflict between pharmacy ethics and community pharmacy business and suggested that moral education and persuasion play a bigger role compared to legal mandates, when it comes to encouraging high standard patient counselling practices by pharmacists. With the recent changes in the practice landscape both internationally and in Australia, the dichotomy between pharmacists' desire to provide high quality professional services, which are often unremunerated, and financial or business sustainability issues becomes more apparent [33–37]. The sale of non-evidence based products, including some complementary medicines, were also raised as an example of an ethical dilemma. This is consistent with previous studies which highlighted the lack of documented efficacy and safety profiles for some non-prescription medicines, including complementary medicines, and how this has created a dilemma for pharmacists [38, 39].

Kruijtbosch et al. [35] recently conducted a thematic overview of Dutch community pharmacists' moral dilemmas and reported that a more diverse trend was observed in contemporary practice compared to earlier years. The aforementioned study identified that the main dilemmas were related to relationships and contacts with patients and other health professionals. In the United Kingdom, Benson et al. [40] found competing obligations to various parties, conflicting values and demands to be the stem of common ethical dilemmas. In comparison, the present study identified a range of contemporary ethical dilemmas and scenarios, many of which related to, and were influenced by, the expanded pharmacy practice environment.

Although management of privacy in community pharmacies is not a newly identified challenge [41, 42], this study suggests that pharmacists practising in rural communities

may experience unique privacy dilemmas, owing to regular contact with consumers outside of their practice environment. It was also identified that practice isolation and the lack of professional and peer support were unique rural challenges that impacted on ethical reasoning skills. This highlighted the need for increasing awareness and application of pharmacy ethics in the rural context, and future developmental work to address these ethics-related challenges faced by rural pharmacists and their staff.

Since a small number of pharmacists were purposively selected, these findings may not represent the experiences of all Australian community pharmacists. The experience of the two rural pharmacists may not be representative of all pharmacists practising in rural communities. It is also acknowledged that as there were only one pharmacy student in each focus group, the dynamics of the group may have had an impact on their level of participation. Nevertheless, the independent facilitator ensured that all members of the focus group were given equal opportunity to partake in the discussion. The design of this exploratory qualitative study provided insights into a range of contemporary factors influencing community pharmacists' ethical reasoning, including those practising in rural communities, in the context of a changing pharmacy practice landscape. The findings of this study will serve as a foundation for the development and design of further studies evaluating pharmacists' ethical reasoning skills and conduct.

Conclusion

This study has identified a range of underlying influences on pharmacists' ethical reasoning processes and conduct. Ethical practice is integral to community pharmacists' practice; influenced by their professional values and underlying personal values, cultures, morals and beliefs. University teaching, student placements and mentors strongly influence ethical reasoning and behaviour. An expanded community pharmacy practice environment increasingly exposes pharmacists to more complex ethical dilemmas that require an application of structured ethical reasoning skills. This study has identified contemporary ethical issues faced by community pharmacists which require further exploration in practice settings to strengthen ethical reasoning in the profession.

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