Professionalism: the Big Conversation.

How do you define 'unprofessional' behaviour in a changing world?

Does professionalism encompass behaviour outside of work?

(Amended for The Prompt by Bruce Howard Bayley from "Professionalism: have you had the conversation yet?" with the kind permission of Susan Fairbrother, Publications Officer at The Royal College of Speech & Language Therapists)

With the behaviour of health and social care professionals increasingly coming under public scrutiny, the Department of Health's Chief Health Professions officer, Karen Middleton, and the Health and Care Professions Council (HCPC) think it is timely to reflect on what it means to be a professional.

The draft report from the Commission on Improving Dignity in Care for Older People (2012) reflected a growing concern from the public about compassion within the 'caring professions'. One of the Commission's key recommendations is that, 'Hospitals should recruit staff to work with older people who have the compassionate values needed to provide dignified care as well as the clinical and technical skills'. But what does that have to do with Dramatherapists? Surely we are hugely compassionate and empathic in our work and, according to the HCPC figures detailing complaints made against allied health professions (AHPs) and Dramatherapists, specifically, there does not appear to be an issue with Professionalism.

At present, the HCPC has 314,871 registrants of which 3,126 are Arts Therapists. Most of these are Art Therapists - last year we were informed that there were 500 Dramatherapists registered. For the year 2011-12, complaints affected 0.42% of the total number registered. In terms of Arts Therapists, only 0.04% (4) of all Arts Therapists registered had complaints made against them (HPC, 2012) of which only 0.13% were subject to practise concerns. The complaints where the HPC decided there was a case to answer included attending work under the influence of alcohol, engaging in sexual relationships with service users and failing to provide adequate care. If such complaints are upheld, few would argue that such conduct would be viewed as 'unprofessional'.

Less clear cut is the small stuff that happens every day, those tricky grey areas where it may not be entirely clear what the 'professional' way may be – and where different people may hold very different views on what is appropriate. Take this situation as an example.

A Dramatherapist is assessing a patient on a ward. His/her mobile phone bleeps and she/he stops to see what the text says. It is from a friend. He/she stops to reply to the text. This happens several times during the assessment. Is this misconduct? Is it rudeness? Or is it taking a more relaxed approach in a multimedia world?

Start the conversation

Although even just one complaint is one too many, from the HCPC statistics, it does not seem that there is a widespread problem with professionalism within the AHPs. However, in the wake of the first Francis inquiry into the failings at Mid-Staffordshire NHS Trust between 2005 and 2008 (Mid Staffordshire NHS Foundation Trust Inquiry, 2010), and reports of neglect and abuse, most notably last year's BBC Panorama programme about Winterbourne View hospital (which ultimately led to the closure of the hospital and arrests of staff) (BBC News, 2011), Chief Health Professions Officer Karen Middleton felt the time was right for AHPs to have a discussion about what it means to be a 'professional'. In the first move, a working group was set up to focus on professionalism among AHPs. Group members include representatives from the AHP professional bodies, the Council of Deans, frontline clinical staff and patients.

An uncomfortable question

While AHPs have not been directly implicated in the Mid-Staff s or Winterbourne situations there would have been AHPs working alongside some of the staff on the hospital wards, and perhaps carrying out visits to the care home. An uncomfortable question to ask is, why did the incidents go unchallenged and unreported for so long? It may be that low levels of professionalism become 'the norm' in some situations – and that a gradual lowering in the levels of professionalism and compassion can come about almost imperceptibly. Many small instances might add up to one big problem. Karen Middleton says that AHPs have an opportunity to take the initiative. "We need to be proactive rather than wait for something truly awful to happen," she says. "I must stress, it is not something that has come up as an issue... But is it a bad thing to raise it? We mustn't be complacent; every single example of unprofessional behaviour has an impact."

At the same time, a separate working group on Nursing, Midwifery and Allied Health Professions in Scotland published its draft report on Professionalism (http://tinyurl.com/7xe673d). It concludes that professionalism is not just an issue for nurses and AHPs – it goes across the entire healthcare workforce. The report also states that

professionalism is multi-faceted and can often be described in terms of things that have gone wrong, rather than things that have gone right. The report says that although healthcare professionals and support staff "perceive behaving in a professional way as a central facet of their role, they may find it difficult to articulate exactly what professionalism means and what it looks like in everyday practice."

Canvassing AHP opinion

But I wouldn't do that...

Karen Middleton says, "We're all capable of unprofessional behaviour – but we all need someone to say, 'That wasn't professional.'... We want to create a culture whereby professional behaviour is as discussed as clinical competence and expertise. This includes language, your appearance and so on."

The working group felt there are already clear standards of conduct, performance and ethics (HPC, 2008) as well as guidance from professional bodies. "We don't want to add to the plethora of guidelines," says Karen – but what she does want is for AHPs to, "get talking about the subject."

As the effects of austerity become apparent, and services try to do more with less, it may be that 'the small stuff ' gets overlooked. Starting the conversation on professionalism and keeping that conversation going through the tough times ahead could be the key to providing the best possible care to service users.

Points for discussion in the Big Conversation

Here are some small scenarios that may or may not affect you as Dramatherapists at work. There are no given answers to these points, or even a steer – but it would be interesting to know your thoughts after you discuss them with your colleagues.

Social networking: You are Facebook friends with some of your colleagues. You see a colleague has posted about her work day, referring to a conversation she had with a patient.

Workplace environment: You overhear a senior colleague being rude and impatient with a service user's relative on the phone.

Written communication: You come into a colleague's office. She has briefly left her desk unattended. From where you are standing, a patient's personal details are clearly visible on your colleague's computer screen.

Mobile phones: You run into another therapist who is on a hospital ward assessing a stroke patient. She tells you she isn't sure of a diagnosis and consults her phone three times to check this on Wikipedia.

HCPC Chair Anna van der Gaag's view:

As clinicians become more involved in the commissioning process and the personalisation agenda gathers momentum, nurturing high standards of professionalism across all the professions is crucial. The issues which have been a cause for concern – treating patients and service users with respect, communicating clearly, involving people in decisions about their own care, keeping accurate records of treatments and interventions – these are all fundamental to good professional practice, and they are clearly articulated in the HPC standards.

What has emerged from our research was that 'professionalism' was seen not so much as a discrete competency but a situational judgement, a set of behaviours influenced by context, rather than a fixed, defined characteristic. These behaviours were strongly influenced by the particular care group, peer group, and knowledge and skills of an individual. How peers behaved, for example, could strongly influence how an individual viewed 'professional' behaviour, and what was appropriate in one context might not be in another.

The use of humour, calling a patient by their first name, and dress, were all examples of behaviours which needed to be adapted depending on the context, and the skill of professionalism was in knowing when to do what. Standards and codes were seen by some in the study as an important, if more remote, influence on behaviour, a baseline level of professionalism that should not be breached.

There has been a great deal of research on professionalism, but most of it in relation to doctors and nurses. I hope the HPC report will provoke further thinking about the centrality of ethics and conduct for AHPs in delivering good care. For example, is it more acceptable for colleagues to discuss issues of competence than conduct? I am not suggesting therapists need to make

substantive changes in their practice, but more that there may be a collective element here, which is worth exploring further. We need more, not less, talk about professionalism and values in the 21st century, and therapists may well be the ones to take a lead in these debates.

References & resources

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