

Authors:**Dr Mairghread JH Ellis DPod FHEA**

Podiatry
Queen Margaret University
Edinburgh EH21 6UU. mellis@qmu.ac.uk

Dr Gail Louw

Institute of Postgraduate Medicine
Mayfield House
University of Brighton
Falmer, East Sussex
BN1 9PH. g.louw@brighton.ac.uk

Dr Satinder Kumar

Mayfield House
Brighton and Sussex Medical School
University of Brighton
Brighton BN1 9PH. s.kumar@bsms.ac.uk

Prof. Michael Whiting (Emeritus Professor)

University of Brighton
Faculty of Health and Social Science Office
Room 336, Mayfield House
Falmer, Brighton
East Sussex
BN1 9PH

Redefining professionalism: how research can take you to places you don't expect**Abstract****Background and context**

Podiatry professes to undertake patient centred practice. However little published literature exists to inform the nature of our patient interactions.

Aim of the study

This doctoral research aimed to explore the nature of the patient-podiatrist relationship from the perspective of both experienced private and National Health Service practitioners.

Methodology

A phenomenological approach, with hermeneutic focus enabled construction of meaning and understanding from the data of semi

structured interviews with eight participants. The researcher is situated within the research; reflexivity is demonstrated throughout.

Analysis

Iterative thematic analysis enabled development of meaning and understanding. Initial findings were returned to participants, allowing for further exploration and new data to emerge.

Summary of key findings

Six categories emerged – relationship, engagement, role, image, reward, and personal development; coming together in one overarching theme, Professionalism.

Professionalism is considered through theories of dramaturgy, and the concept of macro- and micro-professionalism. Dramaturgical theory positions both the podiatrist and patient on the healthcare stage, with changing roles as “actor” and “audience”. Whilst macro aspects of professionalism (e.g. conduct) are explicit to practitioners, micro aspects such as relationship, communication and connection are developed through experiential learning and may be tacit in nature. Importantly, these may be unrecognised and unacknowledged as aspects of professionalism.

Conclusions and implications

Personal connection between podiatrist and patient is seen as essential for an effective therapeutic relationship. Whilst previously considered an unprofessional over-involvement, it must now be heralded as an element of professionalism.

Professionalism should be redefined from an explicit and public corporate concept, to its demonstration at an individual level - it is indeed professional to “care”, both for and about the patient. Caring is beneficial to both patient and practitioner, and should be seen as the bedrock of the patient-podiatrist relationship, and of professionalism.

