

Producing one's own medicine: identity tensions and the daily identity work of pharmacists

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ABSTRACT

The objective of this paper is to investigate how professionals cope with identity tensions inherent to their profession on a daily basis. We address this issue by studying identity tensions and identity work of well-established professionals in a stable profession. Using interview data gathered from 42 pharmacists in France, we found that professional identity encompassed different facets, and that being a professional involved a routine identity work of ‘fitting’ the different facets together. We showed that this routine work occurred in parallel to – and in association with - a more reactive appraisal of professional identity, as environment-generated identity tensions led pharmacists to reappraise who they were as pharmacists. We also revealed that professionals can exert their agency and invent their own way of ‘being’ a professional through crafting their own practices. Thus the multiplicity of identity facets, although a source of ambiguity and tensions, also constitutes a space for agency. Theoretical contributions are twofold. First, we shed new light on the bricolage of identity work by professionals. Second, we reveal the role of agency in this ongoing bricolage and untangle the links between identity and practice.

KEYWORDS

Identity work – professional identity – identity facets - pharmacists

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INTRODUCTION

Physicians, pharmacists, lawyers or accountants, have in common the exercise of “occupations based on advanced, or complex, or esoteric, or arcane knowledge”, that is, the exercise of a ‘profession’ (Macdonald, 1995: 1). The sense of belonging to a community of similar peers, reinforced by membership of professional bodies, and general public’s recognition of their value, leads professionals to see in their profession a source of self-esteem and worth (H. Vough, 2012). Professional identity constitutes a social identity, in the sense that it provides individuals with a positively valued distinctiveness for their in-group of professionals compared to outgroups of non-professionals (Tajfel, 1974, 1979). More than other occupations, “professionalism merges work and self” (Fine, 1996: 100), because a profession tends to enhance the life of individuals who exercise it.

As professionals strongly identify with their profession, discrepancies between who they think they are as professionals and who others expect them to be are common sources of identity tensions (Kosmala & Herrbach, 2006; Reid, 2015). Literature on professional identity has investigated these discrepancies during periods of transition, when professionals take on new roles in their organization (Ibarra, 1999), and when new expectations arise about what professionals should do or who they should be (Chreim, Williams, & Hinings, 2007). When such work-related disruptions occur, it is shown that professionals engage in identity work (Alvesson & Willmott, 2002) as they exert their agency to adjust their self-image and work orientations in order to adapt to their changing work environment.

But identity tensions may arise even in the absence of dramatic changes in expectations. Although professional identity is generally described as self-enhancing and positive, most professions encompass different aspects, some of which are far from valorizing. For example, doctors may have to do administrative tasks for their practice, accountants may become salespeople to clinch a contract with a new client, and researchers may episodically turn into fundraisers to obtain research grants. This diversity impacts on professional identities, because less valorizing aspects of the work may create recurrent identity tensions.

By focusing on changes and transitions imposed on professionals, the existing literature on professional identity has overlooked the multifaceted nature of professions and the identity tensions that originate from these multiple facets. The objective of this paper is therefore to shed new light on what being a professional entails, beyond expertise and superior knowledge. More precisely, it proposes to investigate how professionals cope with identity tensions inherent to their profession on a daily basis. This will enable us to offer new insights on the complex nature of professional identities and the recurrent identity work that ‘being a professional’ implies.

This paper addresses these issues by studying identity tensions and identity work of pharmacists. This profession is highly emblematic as pharmacists have a duty of delivering prescription medicines and providing health advices, while also running their pharmacy as a business. Our results show that pharmacists carry out recurrent identity work to reconcile the different facets of their profession, and exert their agency to invent who they want to be as pharmacists.

1. PROFESSIONALS AND IDENTITY TENSIONS

Professionals are highly prone to identity tensions. As Alvesson put it, “the centrality of work and thus work-related identities to these workers, means that much is at stake and there is a strong sensitivity to lack of confirmation of the valued identity” (2001: 877). Tensions originate from discrepancies between external perceptions or external standards and professionals’ self-perception (Dutton, Roberts, & Bednar, 2010). A major source of perception-related tensions is the client with whom professionals, as service providers, interact regularly. During interactions, “clients serve as evaluators of professions and professionals themselves” (H. C. Vough, Teresa Cardador, Bednar, Dane, & Pratt, 2013: 1054), which may reveal discrepancies between public perception and professionals’ self-view. Tensions also originate from conflicting organizational or institutional standards, as shown in the case of the Atlanta Symphony Orchestra management team promoting a finance-driven standard and musicians’ identity of musical excellence (Glynn, 2000). These discrepant perceptions and conflicting organizational demands put a strain on the valued identity of professionals who may struggle to accommodate their self-view to their work environment (Alvesson, 2010; H. C. Vough, et al., 2013).

The literature has focused on identity tensions arising during periods of change, when a professional’s activities evolve. The period of formation constitutes a deeply unsettling time

for professionals-to-be, as their ideals about who they are as professionals may not match the reality of the work they do (Pratt, Rockmann, & Kaufmann, 2006). Once installed in a career, they may experience other identity-threatening changes. For example, processes of moving into new work roles, such as promotions to more managerial jobs, can lead to a sense of loss of group membership and a necessity to reinvent oneself at work (Croft, Currie, & Lockett, 2015; Ibarra, 1999). Changes of work templates constitute another dynamics leading to identity tensions. Templates acquired through education, socialization and experience may conflict with alternative templates, as it was shown in the case of physicians requested to work in team and abandon their traditional focus on autonomous service provision (Chreim, et al., 2007). These different types of changes have in common that they all impact on the concrete activities professionals do. When activities change, professional identity comes under tension because “professionals ... are often defined by what they do” (Pratt, et al., 2006: 236). Activities and identity, in the case of professionals, can thus hardly be dissociated.

The literature shows how, when subjected to identity tensions, professionals engage into identity work to reconcile their view of who they are with the diverging views emanating from their environment. This engagement in “forming, repairing, maintaining, strengthening or revising the constructions that are productive of a precarious sense of coherence and distinctiveness” (Alvesson & Willmott, 2002: 626), or identity work, involves cognition and action. Some studies, by focusing on identity narratives and interpretations, emphasize the cognitive dimension of identity work (Alvesson & Willmott, 2002; Brown & Coupland, 2015; Brown & Humphreys, 2006, among others). Other studies more explicitly combine cognition and action as two inseparable dimensions of identity work. According to these studies, professionals exert their agency by redefining the link between ideas of who they are and the concreteness of what they do. For example, customizing narratives of the self to match expected practices (Pratt, et al., 2006), or straying from practice expectations to remain true to the idea of self (Reid, 2015), constitute expressions of agency in reaction to identity tensions. The literature tends thus to consider that professional identity constitutes a bounded, coherent sense of self in relation to a distinct craft that delineates a profession from other professions and from non-professionals. The coherent self-definition comes episodically under threat because of external changes. However, by assuming that professions provide individuals with a sense of coherence and uniqueness, the existing literature tends to oversimplify what ‘being a professional’ generally implies. Besides, by assuming that identity threats arise mainly in

periods of change, the literature has overlooked the recurrent identity tensions that professionals have to cope with. In this paper we propose that professional identity may not be as bounded as generally assumed in the existing literature, and that tensions, rather than originating merely from the ‘outside’, may also originate from the ‘inside’ of a profession. We now further establish this argument.

2. THE MULTIFACETED NATURE OF PROFESSIONAL IDENTITY

The literature on identity at work has approached the question of pluralism mainly by seeing the organization as the main originator of contradictory identity regulations and pressures (Alvesson & Willmott, 2002; Glynn, 2000; Glynn, Barr, & Dacin, 2000). Any job involves a set of tasks, and the realization of these different tasks leads individuals to develop different identity facets in relation to the roles they are expected to perform (Ashforth, 2000; Järventie-Thesleff & Tienari, 2016). For example, managers often have to fulfil different roles for their organizations, which provides multiple sources of (dis)identification as they “cannot avoid being located in work situations implying different, indeed contradictory, notions of self” (Sveningsson & Alvesson, 2003: 1187). Besides, organizations tend to develop pluralistic discourses and expectations, leading employees to develop a repertoire of identities at work and switch between them depending on the situation (Glynn, et al., 2000; Leavitt, Reynolds, Barnes, Schlipzand, & Hannah, 2012).

In the case of professional identity, though, the complexity does not merely derive from contradictory organizational injunctions. Contradictions arise internally, from the professions themselves, and from the interactions with different groups of stakeholders. Although the task of professions can be broadly described as “human problems amenable to expert service” (Abbott, 1988: 35), being a professional involves a set of different tasks, some of which are more valorizing or more related to expertise than others. Because of the diversity of what professionals do, professionals may struggle to build a stable and coherent sense of self. Given the salience of work in professionals’ self-esteem (Abbott, 1988), ongoing identity tensions may negatively impact their sense of worth and satisfaction at work.

Besides, “the meanings and value associated with an identity are shaped by social interactions and relationships” (Petriglieri, 2011: 649). Any occupation implies obligations towards different, relationally dependent, beneficiaries (Leavitt, et al., 2012). The desire of individuals to build a positive sense of self drives them to develop different self-narratives, depending on

the audience they address (Ibarra & Barbulescu, 2010), particularly if they don't have the possibility to change their social environment at work (Wrzesniewski & Dutton, 2001). For example, a study has shown how cooks relied on a self-narrative of expert professionals, creative artists, rigorous businesspeople, or competent workers, depending on the situation and the audience (Fine, 1996). Professional identity, like other occupational identities, is negotiated through exchanges between the different audiences, who provide feedbacks, and the individual who responds to these (Swann, Johnson, & Bosson, 2009).

Building on these streams of literature, our starting point in this research is that professional identity is multifaceted, and that professions may trigger identity tensions. Tensions arise because of the diversity of tasks and multiple relationships that being a professional involves. In this sense, we elaborate upon the argument developed by Ashcraft, that "in professionalization... the occupational identity project (what is it that we do?) merges with occupational image (what do we want them to think that we do?) and often entails a corresponding overhaul of individual practitioner identity (who am I?)" (2013: 14), but we propose that the plurality of what professionals do and the multiplicity of images impact on their building of a professional identity.

3. RESEARCH CONTEXT AND METHODOLOGY

3.1. THE PROFESSION OF PHARMACISTS IN FRANCE

The empirical setting we have chosen is the pharmacist in France. Pharmacists constitute a recognized profession, based on a health-related expertise. In France, pharmacy students acquire this expertise during a 6 years university training, in subjects such as pharmacology, bacteriology, human biology or biochemistry. Once they have successfully defended their final year thesis, they receive their State-certified diploma of 'Doctor in Pharmacy', which gives them the official title of 'pharmacists'.

Pharmacists are generally granted a special status, between a regulated activity of delivering prescription medicines and a liberal activity of selling a range of products more or less related to healthcare. France makes no exception. In particular, pharmacies must be registered in the Trade register, which gives pharmacists a commercial status. But the 'three inseparable pillars' of the profession show that France tends to regulate the profession more closely than some other countries. These 'pillars' consist in: local monopoly, geographic distribution, and exclusive ownership of the capital. The first two restrict the dispensation of medicines to the pharmaceutical profession, and regulate the number of pharmacies based on demographic

criteria. This '*numerus clausus*' aims to shelter pharmacists from market competition and to provide every citizen, even the most isolated ones, with a local pharmacy. The third 'pillar' guarantees pharmacists' independence, as only pharmacists can own pharmacies' capital. All tenured pharmacists in France are owner-managers of their pharmacy. Apart from these 'pillars', other rules concern, for example, advertising (pharmacists are not allowed to advertise their pharmacy) or allowed products (a list is regularly set by decree). France constitutes a highly emblematic context for studying how pharmacists cope with identity tensions inherent to their profession, as they find themselves at the intersection of a commercial activity and a heavily regulated healthcare role. Besides, in some other countries pharmacists are employees of pharmacies, and their identity can be influenced by the organization they belong to. French pharmacists, because they are free from organizational injunctions and hierarchical pressures, provide an ideal-typical case of professional identity, controlled for organizational influences.

3.2. RESEARCH PROCEDURE AND DATA SOURCES

3.2.1. Sampling

The pharmacists we interviewed were all owner-managers of their pharmacy. We deliberately excluded assistant pharmacists who may work under the supervision of the tenured pharmacist, as they generally do not have the same experience and degree of commitment to the pharmacy as the owner. We selected them with an objective of diversity in age, tenure, pharmacy size and geographical situation. The sample includes pharmacists in highly populated areas (Paris, city centers) and more remote areas (city outskirts, rural areas), with short (less than 5 years) to long (over 20 years) ownership tenure of their pharmacy, and who run relatively small (below m€1.5 turnover) to big (over m€ 2.5 turnover) pharmacies.

3.2.2. Interviews

We carried out interviews with 42 pharmacists, all face-to-face. Each interview lasted up to 1 hour and 10 minutes, which amounted to 18 hours of interviews in total. We followed a semi-structured interview protocol that focused on our informants' view of their profession and the tensions they experienced in their daily practice. We asked open-ended questions about their initial motivation, their definition of the profession, the sources of satisfaction and dissatisfaction at work, their relationships with stakeholders and the image of themselves these relationships conveyed. We also asked them to elaborate on how they accommodated their different roles on a daily basis, the organization of their work, and to react to other, more liberal models of pharmacies.

All interviews were recorded and transcribed in full. During data collection, we encouraged our informants to provide justifications and examples, by following up when an answer was unclear or too short. This approach allowed us to obtain rich accounts of how they perceived their profession and themselves.

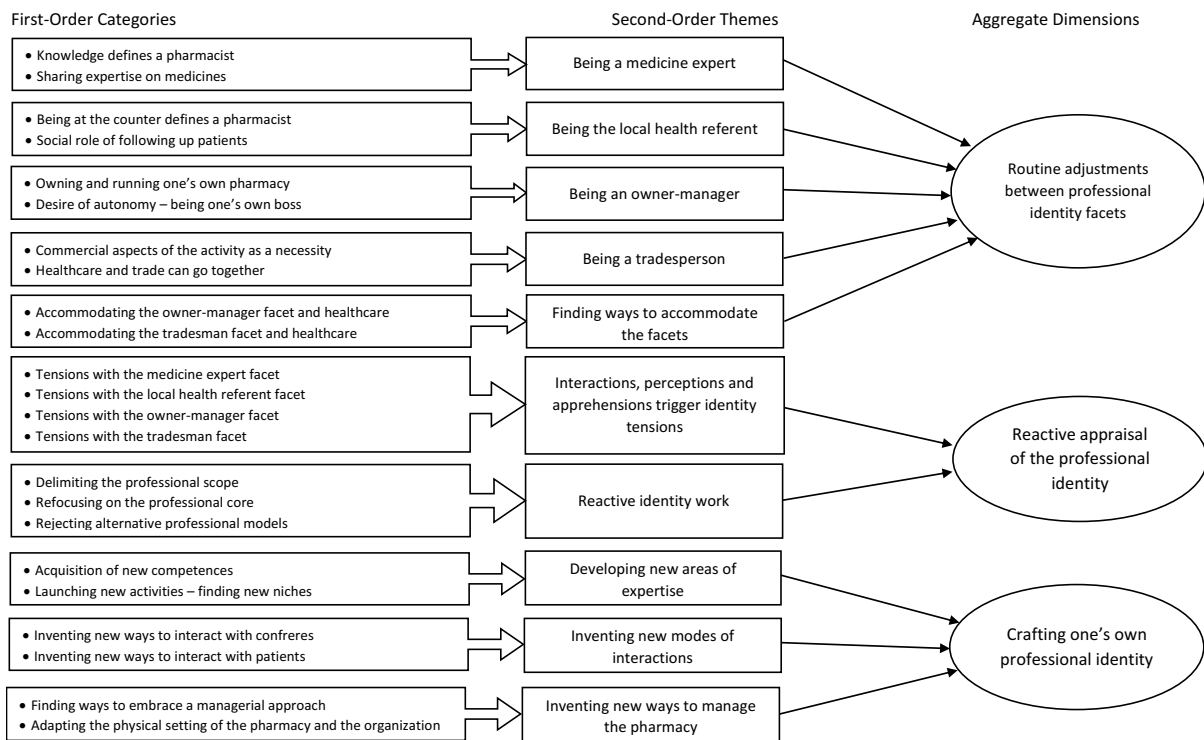
3.2.3. Data Analysis

Data analysis followed three steps. We started with open coding (Glaser & Strauss, 1999; Strauss & Corbin, 1998) of all 42 interviews. Our main purpose was to immerse ourselves in the interviews by coding each of them extensively. As the coding process progressed, we gained more precise insights into conceptual categories and emerging theoretical arguments, which were recorded in a series of memos (Strauss & Corbin, 1998). The two authors who conducted the interviews carried out together the work of coding. Coding in team instead of single-handedly facilitated a shared appreciation of interviewees' answers to the questions, and enabled discussions about the most appropriate codes for each interview fragment. This was a way to ensure reliability of the coding, as both raters had to agree on each coding, which minimized the risk of miscoding. This also ensured consistency, as new codes were systematically discussed to avoid duplicates and confusion. At the end of the coding process, the two raters reviewed each code. In particular, codes with comparatively high and low number of references were assessed to avoid, respectively, too generic and too specific labels. When major differences among references within the same code were identified, this code was split into two more specific codes. When codes with a very low number of references (often only one) weren't significantly different from other codes, they were merged together.

During the second stage, we cycled between further data analysis and consultation with the relevant literature. At that stage, we identified the four facets of the pharmacists' identity as the main source of tensions and driver of identity work, and we used literature as a guide for theme development. As we discerned codes that were similar, we collated them into first-order categories (see Gioia & Chittipeddi, 1991; Nag & Gioia, 2012 among others). Concurrently with the development of the first-order categories, we started grouping categories by topic through axial coding (Strauss & Corbin, 1998). Our objective here was to organize the data around broader conceptual categories in order to identify regularities and develop links between the richness of the case and the theoretical objectives (Eisenhardt & Graebner, 2007). This intermediate-level coding provided second-order themes, defined as "theoretically distinctive, researcher-induced concepts, formulated at a more abstract level, albeit with an

attempt to apply informant labels if those labels [represent] theoretical concepts” (Nag & Gioia, 2012: 427).

Figure 1 – Structure of data coding



The third and final stage consisted in assembling the second-order themes into aggregate dimensions (Gioia, Corley, & Hamilton, 2013), which enabled us to inductively develop a conceptual framework that linked the various concepts emerging from the data (Eisenhardt, 1989).

Figure 1 describes the data structure. The emergent theoretical model comprises three core dimensions. First, pharmacists develop routines to adjust between four identity facets, namely medicine expert, local health referent, owner-manager and tradespeople. Second, interactions with their environment, perceptions and apprehensions trigger ongoing tensions which lead to regular appraisals of their professional identity. Third, pharmacists exert their agency and craft their own professional identity on a daily basis. In what follows, we explicate the three main dimensions that constitute the core of the overall model.

4. ROUTINE ADJUSTMENTS BETWEEN PROFESSIONAL IDENTITY FACETS

The interviews revealed that the professional identity of pharmacists encompassed four facets. Each of these facets is associated with identity characteristics. Pharmacists' primary expertise

lies in their knowledge about medicines. During their formation at the university, future pharmacists receive in-depth training in the uses, effects and modes of action of drugs. When asked to explain what “being a pharmacist” meant, interviewees generally evoked “providing medicines, and explaining the prescription”, or “being the reference for medicines” as their main roles (see table A for additional quotes from the interviews). This expertise constitutes a source of satisfaction and pride, linked to the feeling of “bringing the solution” to the patients’ problems and to play a broader role in the national health safety. The following quote illustrates the satisfaction and self-esteem associated with being an expert in medicines:

First and foremost, we’re here to provide prescription medicines, medicines prescribed by GPs. That’s the first line... Our priority has always been prescription medicines, providing complex treatment for serious, heavy illnesses. That’s what I was interested in during my studies. This is what I like the most. (CHV)

The second facet – being the local health referent - is related to the first one. This facet appeared when interviewees explained that they “had the feeling to be a pharmacist the first couple of times [they were] behind a counter”, as they had to “think with patients” to give the most appropriate advices. Being a local health referent was described as a source of satisfaction, as pharmacists felt valorized by patients’ “coming back to say that [their] advices had been useful”, or seriously ill patients leaving the pharmacy “with a smile on their face”. The following quote illustrates this facet of the professional identity of pharmacists:

The pharmacist is the inevitable local actor. We’re always open, people can pop in, no appointment required. We’re always here to listen to the patients, about their daily health issues, and also about everything else because we’re a local actor. (RSSL)

The third facet is linked to a specificity of the French health system, that is, pharmacists must own their pharmacy. Besides the responsibility of delivering medicines and providing health advices to patients, they also have a responsibility as owner-managers, as the following quote demonstrates:

I see myself more and more as a business owner, caught in the same turmoil as other business owners.

Pharmacists used to be sheltered from all this. But today we’re right at the center of the spiral. (MTSP)

This role, considered sometimes as “first and foremost”, is experienced by some as a chore – in particular regarding staff management – but it is regarded by most as the guarantee of their independence. As a pharmacist put it, “there’s a satisfaction of being self-employed, because we’re our own pilots”. Most interviewees can’t see themselves as employees and cherish the autonomy of their work, as the following quote illustrates:

To have your small firm running well, and managing it from A to Z is very satisfying. We're a micro-business – there are five and a half staff here, so it's very small, like all pharmacies. So it's good to be independent, it's great to decide of everything. (GUIL)

The fourth facet, being a tradesman, is the most problematic for the pharmacists. Although they generally accept that their activity involves commercial aspects, their relationships with the facet vary. A minority of our interviewees openly embraced being tradespeople as well as healthcare experts, asserting that there was “no shame with that” or even finding “fun” such activities as “implementing promotional operations and organizing commercial events”. A large majority, however, talked about this facet as a necessity (“whether you like it or not, you must boost your sales”) because, as one of the pharmacists said, patients’ feedback and “thank you” are “like the cherry on the cake but [don't] earn you a thing”. The following quote shows the ambiguity associated with being a tradesman:

Very rapidly, the commercial side take precedence over the scientific core of our profession. It's a pity but when we have our own pharmacy, we don't have choice. We have to go into this commercial side. We're tradespeople, and if you don't want to be so, don't be a pharmacist, very clearly. It's not worth it. Without the commercial aspects, your pharmacy will hardly survive. (CHAM)

Pharmacists have to accommodate these four facets on a daily basis, and in particular they need to conciliate the healthcare side of their profession with their role as owner-managers and tradespeople. Pharmacists find ways to accommodate the owner-manager facet of the job by considering it as complementary with the healthcare-related activities, as a way to “see how [the pharmacy] works, from the inside” and to take distance from “all these dramas at the counter”. All interviewees stressed the importance to keep in touch with the patients despite the fact that “the ‘managing a business’ side puts a strain on [their] job”. Accommodation tactics varied among pharmacists. The following quote synthesizes pharmacists’ efforts to conciliate the owner-manager and the healthcare professional, the former providing economic support to the former:

I think our priority is to satisfy the needs of the population and, at the same time, to make sure that we stay afloat economically, to be able to always do what we're expected to do and to have the capacity to always have this little bit of extra money, to be able to invest and to move forward. (CHTL)

Pharmacists also find ways to accommodate the commercial aspects of the job, generally by separating it from the medicines and healthcare related sides, which they consider as their primary duty. Pharmacists have generally organized their pharmacy with a “sales space” where clients can freely choose products. Those who are not interested in the commercial side may decide to delegate this part to dedicated staff, as the following quote illustrates:

Each employee is autonomous. There's one who deals with selling over-the-counter drugs, another one deals with personal hygiene products, and they're responsible for their orders as well. But I'm not doing sales. I only do medicines. Because the commercial side doesn't appeal to me really. (POIR)

Even if some interviewees stressed that selling other products than medicines brought variety and change into an otherwise strictly regulated work, commercial aspects generally raised identity concerns. The following quote captures a pharmacist's continuous reflection about his professional identity, torn between economic constraints ("survive as a commerce"), clients expectations (in particular to what extent they associate a pharmacy to "a corner shop") and his own view of the profession ("to keep our identity"):

It's a question of professional identity. What do people expect? If we start selling bread, it can be complicated. Is the notion of corner shop associated with the notion of pharmacy, like in the US and the UK? And more broadly, what should we do to survive as a commerce and at the same time to keep our identity? When people come here, they must have the impression of getting the right thing, not the sickening feeling of getting towers of irrelevant products up to the ceiling. (ALES)

Being a pharmacist involves a routine identity work of 'fitting' the different facets together. This adjustment is continuous: from the newly-installed to the soon-retired pharmacist, all our interviewees raised questions and reflections about the conciliation between medicines and healthcare on the one side, and management and commerce on the other. Routine identity work occurs in parallel – and in association with - a more reactive appraisal of professional identity, which is now described in details.

5. REACTIVE APPRAISAL OF THE PROFESSIONAL IDENTITY

5.1. INTERACTIONS, PERCEPTIONS AND APPREHENSIONS TRIGGER IDENTITY TENSIONS

Pharmacists' professional identity is not built in isolation. Their environment conveys all sorts of images about their profession. These images arise from interactions with clients at the counter on a daily basis, doctors and their peers. They also arise from shared assumptions about how 'others' perceive them, and even from apprehensions about possible evolutions of the profession in an indistinct future. These images of themselves trigger identity tensions when they minimize pharmacists' expertise and their role as health referent, question their independence as owner-manager, and emphasize the commercial nature of their activity.

About the identity facets of drug experts and local health referents, the clients are the main source of tensions. Interviews revealed that pharmacists' expertise was regularly brought into question by their clients, which was seen as a disturbing occurrence. The following quote

shows both the destabilization (“why aren’t we more self-confident”) and the appraisal of professional identity (“doctor”, “expert in medicines”) in a situation where a client expressed a hierarchy of worth between GPs and pharmacists:

We’re ‘doctors’, even if nobody calls me that way. I wonder why we didn’t manage to get us called ‘doctors’. Why aren’t we more self-confident? What are we afraid of? Why aren’t we more assertive, and don’t say who we are, what our worth is? When a client comes and says “my GP told me this, so give me this”, why don’t I say “who’s the expert in medicines here?” (TEMP)

The other facet of pharmacists’ professional identity that comes under pressure is the owner-manager facet. Pharmacists revealed the paradox of situations where public authorities were both the guarantors of revenues derived from prescribed medication, which sometimes represented more than 80% of a pharmacist’s turnover, and an obstacle to their independence as owner-managers. Some pharmacists even talked of themselves as the “salaried workforce” or “agents” of the national health system, showing the ambiguity of a system that protects them from commercial pressures but prevents them from running their business in complete autonomy. The following quote illustrates the tensions between being self-employed and being dependent on public authorities:

We’re too dependent on health policies. We’re self-employed, but our independence disappears, and the job is becoming very constrained, in terms of earnings. I mean, our earnings depend on health policies too much. (RSSL)

Tensions on the owner-manager facets also come from the lack of predictability of governmental decisions and frequent changes in public policies. The fact that “the rules of the game change during the game” was seen as a disturbance, as pharmacists decided to start their business and to contract a debt when rules were different. Instability was also described as detrimental to the normal work of “a business owner” to “build a long term vision”, as this quote shows:

We can’t plan our activity more than a year ahead, and still it’s difficult because there’s uncertainty, always, about whether the rules of the game won’t be modified, how they’ll be modified. We’d certainly invest more if there was long term coherence (...) I find it difficult to build a long term vision, as any business owner should do, because of this uncertainty. (REP)

About the last identity facet – the tradesperson – tensions arise because the environment, like a distorting mirror, emphasizes the commercial aspect of the profession and underplays the other, more valorizing, aspects. Interactions with clients sometimes send pharmacists a commerce-focused image of themselves, particularly when clients “look around to compare prices”, or “come for an advice and buy the product elsewhere”, which was described in an

interview as a source of “disappointment”. Interactions with doctors were also described as sometimes downgrading. Pharmacists pointed to the doctors’ recurrent lack of consideration for their profession, and the tensions arising from being considered “grocers”, “bag fillers” or “tablet sellers” by the prescribers. More surprisingly, most pharmacists pointed their peers, called simultaneously “confreres” and “competitors”, as conveying a commerce-focused image of the profession. They denounced the high level of individualism among themselves, the lack of “collective consciousness” and pre-eminence of competitive relationships, particularly when “confreres” were located in the same market area. The following quote shows how competition among confreres impacted a pharmacist’s esteem for his profession:

I don’t regard my profession highly, because when I see the cut-throat competition which reigns – even if we’re a free-market country – and what some confreres and competitors are ready to do, it’s depressing.
(BNR)

Interviews revealed that besides concrete interactions with clients, doctors and peers, the diffuse belief of being seen as shopkeepers and not health experts was a major source of identity tension. During interviews, pharmacists reflected on their own perception of how people in general perceived them. The perceived image of their profession was often demeaning, a persistence of times gone by when pharmacists were prominent, filthy-rich figures in their villages. By evoking images of “cash-register guys”, “wealthy people” or “shopkeepers”, pharmacists expressed their feeling of being assimilated to money-makers and not health experts, as the following quote points out:

I think that people don’t realize that behind a pharmacist there are years of study, and that we’re worth something. For many people, we’re just tablets sellers. They think “they just give what they’re asked for”.
(STLZ)

Similarly, a range of real or supposed phenomenon affecting the pharmacy sector triggered apprehension that the commercial aspects of their activity would take precedence over the health-related aspects. Phenomenon varied from ‘low cost pharmacies’, which appeared more than 20 years ago, to the possibility that pharmacies become more like in the USA or the UK, and included supermarket chains’ lobbying the government to open pharmacies in their stores. During the interviews, pharmacists associated identity-related fears to these supposed future changes. For example, a pharmacist claimed how he didn’t “want to become a discounter”, as he was “a true pharmacist”, “not a tradesman”. The following quote relates another pharmacist’s fears that the UK model of chains of pharmacies may become possible in France:

I'd wear a white coat but be a mere seller. It's nothing more than a drug supermarket. For me, this would downgrade our profession. It'd trivialize medicines. If it's just about selling tablets, and there's no advice with every tablet we sell, we don't need a diploma. (CHAM)

The environment destabilizes the fragile adjustment that pharmacists routinely achieve between the different facets of their professional identity. Environment-generated tensions trigger another layer of identity work, which is now described in details.

5.2. REACTIVE IDENTITY WORK: PHARMACISTS' APPRAISAL OF THEIR PROFESSIONAL IDENTITY

Pharmacists reacted to environment-originated identity tensions by appraising their professional identity. This appraisal consisted in delimiting the scope of their profession, refocusing on the professional core, and rejecting alternative professional models. They delimited their professional scope by distinguishing between the activities belonging to, and those irrelevant to, their profession. In particular, governmental measures to extend the range of pharmacists' activities triggered a reflection on the differences between pharmacists, nurses and doctors. For example, doing the vaccines or organizing appointments with patients was considered as activities lying outside the limits of a pharmacist's work. They explained that they had "six years of education but giving jabs [was] not in the curriculum", and if they "wanted to give jabs, [they] would have been a doctor". The trend towards selling an increased diversity of products in pharmacies led to similar reflections. Pharmacists showed efforts to set the boundaries between "irrelevant" products which "have nothing to do with [their] profession" and the relevant ones. In the following quote, a pharmacist explains where he would set the boundaries:

We could sell other products, like optical products or hearing aids. But if we were authorized to sell, say, washing powder or food, it would be shocking. I think this must remain within the area of healthcare. And the activity of delivering prescription drugs should be clearly distinguished from the rest. (GRDO)

Another reaction among pharmacists consisted in refocusing on their professional core and avoiding activities that would distract them from this core. The definition of the professional core revolved around being "an expert in medicines", "expert in illnesses", with a "high level of study", and delivering advices "at the counter". For example, some pharmacists reacted to free access to products for clients, merchandizing of pharmaceutical goods, or clients' comparing prices between pharmacies, by advocating to "remain professional", "focus on patients", remove "all marketing elements from the pharmacy", "refocus [their] profession on

the most valorizing aspects” or “move towards medicines even more”. In the following quote, a pharmacist explained how she refocused on the core of the profession:

I had the impression that the job was becoming less and less valorizing, with suppliers telling us “you should sell more”, and merchandising, and all these sorts of shameful words. I think that this commercial race is shameful. We’re pharmacists, we’re experts in illnesses. We should reinforce the professional side, the core of our job: to be a real pharmacist. (ENTR)

The third reaction concerned mainly the risk of becoming an employee in a chain of pharmacies, or of external actors investing in the capital of their pharmacy. Most pharmacists reacted by rejecting these options on the basis that they would entail a loss of their independence. Pharmacists explained that being independent was “the reason why [they]’ve done this work”, and that “with six years of study being them”, it was difficult to stand being “imposed everything, from the clothes to wear and how to talk to clients, and including how to display the products”. This independence was also described as a way to keep professionals (themselves) “in control” of the activity, as also shown in the following quote:

My dream is to keep my independence. I don’t see myself as an employed pharmacist. Not at all. It’s not the ambition I had when I started. I prefer to be an entrepreneur. I’m not interested in being an employee. I’ll fight for my independence. To be the owners of our pharmacies, that’s important for me. (SRGN)

Environment-generated identity tensions led pharmacists to reappraise who they were as pharmacists. The three types of appraisal identified in the interviews consisted in making a distinction between the elements essential to their professional identity and those extraneous to their professional identity (by delimiting the scope of their profession), peripheral to this identity (by refocusing on the professional core), or detrimental to their professional identity (by rejecting alternative professional models). This work of appraisal resulted in a hierarchy of worth between the identity facets, the medicines expert coming first, followed by the local health referent, and the owner-manager. The salesperson facet seemed to be an element of their profession from which pharmacists sought to dis-identify.

6. CRAFTING ONE’S OWN PROFESSIONAL IDENTITY

6.1. DEVELOPING NEW AREAS OF EXPERTISE

As they face recurrent questioning of their expertise and recurrent pressure towards more commerce, some pharmacists have decided to reconcile both aspects by developing new areas of expertise. These new areas are considered as new business opportunities consistent with their core identity of health referents and experts. For example, a pharmacist said she attended

a specialist course program on nutrition, in relation to her conviction that pharmacist would have “a more and more important role” in health education and “prevention against obesity” in the future; and another one told us about her choice to specialize in the growing sector of “long-term care for elderly people”, which was described as a way to “be clever and evolve positively” by developing “new services”. Pharmacists who had employees explained that they sent them to specialist course programs, such as veterinary pharmacy, cosmetics or herbal medicine, to increase the scope of specialized services the pharmacy was able to offer to clients. New areas of expertise enabled pharmacists to reinvent their professional identity around niches, as the following quote shows:

I have five employees, and each of them has done specialized courses. It’s a non-negotiable condition to stay in my team. For example, my assistants will soon go to a degree course in aromatherapy... In my pharmacy, you can find all usual products, and other specialized services, such as homeopathy. (LEVY)

6.2. INVENTING NEW WAYS TO INTERACT WITH FELLOW PHARMACISTS

Another way pharmacists crafted their professional identity in the face of tensions was by reinventing their relationships with confreres. Instead of limiting these relationships to competitive interactions, some of them decided to create spaces for “interesting exchanges”, “mutual support” and “synergies”. These spaces generally took the form of associations, called “groupements” (groups), through which pharmacists of the group would meet on a regular basis, exchange “up-to-date information about [their] profession”, “think about [their] problems together”, and “federate” themselves around shared projects and visions. Another valuable aspect of these groups lies in the possibility to mutualize efforts pertaining to commerce and management. For example, pharmacists explained how they were able to “delegate the annoying aspect of negotiating with suppliers to the group”, to rely on a group’s brought-in “expertise” in “management, stocks and merchandising”, or let the group coordinate “commercial operations”. By receiving support on more peripheral aspects of their activity, pharmacists felt “more relaxed in [their] pharmacy” and more able to focus on their patients. The following quote depicts how these groups alleviated the feeling of isolation and fostered a sense of professional upgrade:

The group enables me to be accompanied all the time. I’m a member of a group precisely because of this. I want support. I don’t want to be on my own. It’s good to know that we think about our problems together. We see which solutions are possible to implement, which specificities we could develop to upgrade our profession, to propose something new to our clients. (PROV)

6.3. INVENTING NEW WAYS TO INTERACT WITH PATIENTS

Confronted to more and more informed and demanding patients, pharmacists endeavor to invent new forms of interaction with them. Interviews reveal that there are two main ways pharmacists adapt vis-à-vis their clients. First, most pharmacists have oriented their activity towards over-the-counter, hygiene and cosmetic items. However, all pharmacists in our sample downplayed this commercial aspect. While they admitted that “clients [were] important” to their activity, that it was “part of [their] job to... stimulate clients and their willingness to buy”, they also stressed that they didn’t “manipulate them as supermarket chains [commonly did]”, that they were “shocked” to “hear people talking about merchandising”. The following quote illustrates pharmacists’ orientation towards, and the simultaneous reluctance from, being more commerce-oriented:

The client has an influence on our activity. Clients influence the way I organize my pharmacy. But I won’t say it’s a shop because for me, it’s not first and foremost a commercial activity. For me, it’s first and foremost a pharmacy – I don’t have any other term than this. But clients are important... I need to develop and adapt my activity to clients’ expectations. (BERT)

Second, pharmacists described how they reacted to clients’ behaviors by emphasizing their role as experts and health referents. For example, a pharmacist explained that clients who exposed information gleaned online were generally put in their place by being told that she had “a degree in pharmacy, not a degree in Internet”, which was a way to reassert her expertise. In reaction to their clients’ inclination to see pharmacies as shops, pharmacists “fight hard” to associate each sale with knowledgeable advices. Through these efforts, they asserted that they, not the clients, ultimately decided which medicine was appropriate. They also felt that giving more advices constituted a way to enhance the quality of their work, induce clients “to have respect for [them] and come again”, and “move away from the mere role of tablet sellers”. The following quote shows these efforts to reassert expertise towards the clients:

As soon as we make a sale, we try to give as much advice as possible. Even when they come for paracetamol, I wouldn’t just sell the box. I’d try to explain what it is and how to take it. We try to show that when they come in my pharmacy to buy paracetamol, there’s more than tablets. (VLTR)

6.4. INVENTING NEW WAYS TO MANAGE THE PHARMACY

The pharmacy is the locus of a pharmacist’s professional identity, a place where medicine expertise, health-related advices, sales and management come together. Thus, identity tensions impact the way pharmacists manage their pharmacy. Two main aspects were identified in the interviews. First, some pharmacists admitted that they had to embrace their role of owner-

manager more comprehensively. For example, they expressed their willingness to increase employees' motivation, to improve quality by implementing ISO standards, to provide clearer job description for staff, or to raise efficiency through explicit procedures and processes. This managerial orientation was generally associated with a greater reliance on technology, as a way to improve productivity and facilitate work. The use of stock management software, applications for electronic prescriptions, or automated storage and retrieval systems constituted common examples of technologies. Better management and technologies led to "more time at the counter or in training". The following quote shows the link between better management and enhanced professionalism:

I think the way I've organized the pharmacy so far has reached its maximum efficiency. If we don't change the organization, we'll be in trouble and decline. We need to standardize and change everything... Being a professional means having methods and procedures in place. (MTSP)

Second, pharmacists explained how they adapted the design of their pharmacy to accommodate the increasing scope of their activity. On the one hand, the need to develop new areas of expertise, to reinforce their role of health-referent or simply to propose a larger range of items required space. On the other hand, the protection of their core identity as health expert required clear separation between commercial and expertise-related areas. Pharmacists who were able to increase their pharmacies' size also built panels and separations, as if translating the boundaries between the different facets of their identity within the physical space of their pharmacy. Pharmacists explained how with a bigger space, they had to develop "clearer marking", to "departmentalize their offer more precisely", or to build rooms "to preserve the privacy of patients who need[ed] to talk in private". By reorganizing their pharmacy, pharmacists were able to diversify into new areas, such as dermatology or orthopedics, while preserving their core activity of selling prescription medicines and providing health advices to patients. The following quote shows how a bigger size and segmentation of a pharmacy led to attract new types of clients:

We've increased the surface threefold. We've modernized, we've increased the offer, and we've attracted new clients. In particular, in the past there was no area for baby items. And mums didn't come here. Now we have all these young mums as clients, because we have an area dedicated to baby products (VAL)

Besides a general appraisal of their professional identity, pharmacists reacted to identity tensions by inventing their own way to 'be' a pharmacist. Compared to reactive appraisal, which consisted in generic considerations about the profession, these crafting efforts concerned concrete practices at an individual level. The multiplicity of identity facets, although source of

ambiguity and tensions, also constituted a space for agency. The autonomous decision to develop new areas of expertise, to become a member of a ‘groupe ment’, to develop an image of expertise towards their clients, or to redesign their pharmacy reflected their personal view on the profession in reaction to identity tensions.

7. DISCUSSION

7.1. THEORETICAL CONTRIBUTIONS

The purpose of this article was to investigate how professionals coped with identity tensions inherent to their profession on a daily basis. More broadly, we were interested in gaining a better understanding of the complex nature of professional identities and the recurrent identity work that ‘being a professional’ implied. Our contributions are twofold. First, we shed new light on the bricolage of identity work by professionals. Second, we reveal the role of agency in this ongoing bricolage and untangle the links between identity and practice.

7.1.1. Identity work as recurrent bricolage

In a study of rhetorical strategies associated with multidimensional occupations, Fine (1996) has shown how cooks borrowed from a range of different discourses to build a positive sense of self. The capacity to choose a rhetoric depending on the situation at stake was regarded as “the bricolage of identity work” (Fine, 1996: 112). Bricolage refers to the ability to make do with a finite and heterogeneous set of material and intellectual resources in a continuous process of adjustment between the resources and a purpose that may never be completed (Lévi-Strauss, 1966). In our research, we further develop this notion of identity bricolage applied to professionals by revealing its recurrence and identifying its drivers and resources.

The literature on identity work tends to focus on periods of passage, when individuals are subjected to major identity threats and follow a process of identity transformation or (re)construction (Croft, et al., 2015; Ibarra, 1999; Pratt, et al., 2006). Our research, by focusing on established professionals in a relatively stable context, reveals that identity work is not confined to the rare transformative periods in the life of individuals, but that identity tensions arise continuously and may trigger recurring identity work. When there is no sudden and dramatic change, tensions come from the identity structure of the profession, as the various facets of identity may generate internal conflicts which may never be resolved (Dutton, et al., 2010). These internal conflicts are nurtured by daily interactions with stakeholders, perceptions

and apprehensions. Instead of a linear, transformative process, identity work in this case consists in daily adjustments, reactive appraisal and creative identity crafting.

The multifaceted nature of professional identity constitutes both the trigger and the resource of the identity bricolage. Our findings show that professionals use the role set associated with their profession to negotiate who they are as professionals with themselves and others. Because each role corresponds to a series of activities and positioning vis-à-vis other parties (Ashforth, 2000; Järventie-Thesleff & Tienari, 2016), and because roles may conflict with one another or be more or less stigmatized (Ashforth, 2000; Kreiner, Ashforth, & Sluss, 2006), the multifaceted nature of professions leads to identity tensions. On the other hand, the role set is a pool of resources for professionals to do their identity bricolage. In our case, pharmacists used the four facets as resources to build a precarious sense of who they were. For most pharmacists, three of these facets (medicine expert, local health referent and owner-manager) were used to build a positive sense of self, while the fourth facet (the tradesperson) was used to set boundaries to the profession, possibly through dis-identification. Our findings show that beyond rhetorics and typifications (Fine, 1996), the various activities associated with a profession are used as strategic resources to provide and renew a sense of self-worth.

With this paper, we propose to focus on the recurrent nature of identity work, as the maintenance and revision of a precarious sense of self. The notions of recurrence and precariousness are at the center of the concept as defined by Alvesson and Willmott (2002), but have been neglected in the existing literature for the more tangible notions of formation and repair, which enabled scholar to develop a linear view of identity work, as a bounded process leading individuals from an identity state A to another state B. Our findings show that identity work comprises, or is associated with, a more disordered course of ‘muddling through’, a form of identity bricolage through which professionals maintain and revise their precarious sense of self. This may generate a permanent state of nonfulfillment as a compromise may never be achieved.

7.1.2. Professional identity: the role of agency and practice

When professionals experience discrepancies between their activities (what they do) and their identity (who they are), they customize who they are to match what they do, particularly in transitory periods (Pratt, et al., 2006). According to this view, identity work is the process of alignment of how professionals see themselves with what they actually do. Our findings build

on this argument by showing how professionals, under normal, non-transitory circumstances, exert their agency to align who they are and what they do.

Transitory periods are characterized by changes in practices imposed by technological changes (Nelson & Irwin, 2014), new institutional logics (Reay & Hinings, 2009), a new role within the organization (Croft, et al., 2015; Ibarra, 1999), or professional training (Pratt, et al., 2006). During these transitory periods, individuals have very little discretion over what they do, which explains why in most of these cases identity work occurs through a change in professional narratives. Our findings show that when professionals are established and no transition is imposed upon them, they can exert some discretionary power over their practices. In the case of pharmacists, practices are not the fixed point of reference with which professional identity aligns: they are the tools that professionals use to maintain and revise their professional self. In their recurrent identity work, professionals not only adjust the sense of who they are to existing activities, they also change their practices to align them with who they want to be.

An agentic view of identity construction has been developed in previous studies, in particular around the notion of job crafting (Wrzesniewski & Dutton, 2001) and balancing between individual and occupational self (Kreiner, Hollensbe, & Sheep, 2006). According to the notion of job crafting, employees may be “agentic architects of their own jobs” and “enable transformations of work identity” (Wrzesniewski & Dutton, 2001: 194). Our findings follow up this argument by showing that job crafting is one particular type of identity work that professionals carry out, alongside routine identity adjustments and reactive identity appraisal. Besides, we propose that the process of job crafting does not lead to a change of professional identities, but more modestly to a maintenance or revision of the identity, within the set of identity facets. For example, pharmacists chose to develop new areas of expertise not because they wanted to change their professional self, but because they were inclined to stress the specific identity facet of medicine experts over other facets. The agency of professionals is both facilitated and limited by the set of roles, and associated practices, which defines the profession.

The alignment between the individual and the occupational self has been described as finding a way to be oneself despite the overwhelming pressure of an occupation (Kreiner, Hollensbe, et al., 2006). Tactics that individuals develop to protect their sense of self are mostly cognitive, and consist in either separating oneself from the occupational self, or blending the individual self within the role (Kreiner, Hollensbe, et al., 2006). Our findings reveal that in some

professions, individuals can change the content of the profession to some extent, and align the profession with the individual self rather than the opposite. Although any generalization from one profession to another should be carried out with caution, one can assume that there exist some other professions than pharmacists where individuals can craft their own professional identity by exerting their agency over what they do at work.

Our findings invite to consider the creative aspects of identity work, whereby individuals can produce a sense of coherence and distinctiveness by inventing, to some extent, who they are. Despite the normative pressure that professions exert on individuals, through training, peer control and norms, professionals have some degree of autonomy for making the work their own, rather than conforming and ‘fitting the mold’.

7.2. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Our research has some limitations which offer important directions for future research. A limitation concerns the fact that we focused on pharmacists only, and that no data was collected from the other actors who interacted with them. As we have shown, pharmacists exerted their agency within a network of interactions. As owners and managers of small organizations, they had to deal with clients, employees, partners and higher-order governmental actors. In this research, we have not studied the interactions per se, nor have we studied the perception of the profession by external actors. Thus, we cannot assess whether the pharmacists’ view of how others perceive them was grounded on factual elements or was fantasized. Differently from a more interactionist approach of professional identity (for example Ashcraft, 2013; Nelson & Irwin, 2014; Swann, et al., 2009), our research has not investigated how individuals negotiate their identity at work, nor how external actors perceive them. In the case of our pharmacists, assertions about who they were could be confirmed or nuanced by clients or employees.

Our case constitutes a near ideal-type of independent professionals who, as owner-managers of their pharmacy, are immune to organizational pressures. A direction for future research would be to study a similar profession in a more organized context. For example, most pharmacists in Northern Europe, the UK and the USA exert their profession as employees of big chains of pharmacy. One can assume that identity tensions are more acute in such environments where brand identity, strategic decisions and profit-driven orientations are set from above and imposed upon those who exert their profession within the organization. By investigating how professionals in profit-driven organizations cope with identity tensions on a daily basis, future

research would shed a new light on the structure-agency debate and contribute to a better understanding of how to be a professional in profit-driven organizational structures.

8. CONCLUSION

While most research on identity work has focused on periods of transition, formation or change (Chreim, et al., 2007, among others; Ibarra, 1999; Pratt, et al., 2006), we have chosen a case of established professionals in a relatively stable profession. Despite this stability, identity tensions arise as a result of the profession itself. Professions require that individuals who exercise them embrace different identity facets corresponding to different practices, which are potentially difficult to conciliate. In this context, identity work is not a process with a beginning and an end: it is a recurrent, never-ending work that professionals do on a daily basis. As part of their daily routine, professionals invent themselves as individual professionals, through creativity and bricolage.

Being a professional nowadays cannot be taken for granted. With the emergence of social networks, the rise of consumerism and public service management, professional knowledge can be challenged, contested and devalued. Many professions, including general practitioners, notaries, university teachers and solicitors must conciliate divergent facets of their professions and prove to the general public and to themselves their professional worth.

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APPENDIX

Table A – Representative quotes underlying the aggregate dimensions

Second order themes	Selection of quotes
ROUTINE ADJUSTMENTS BETWEEN PROFESSIONAL IDENTITY FACETS	
Being a medicine expert	- Being a pharmacist means, I'd put it as number one, providing medicines, and explaining the prescription. (BERT) - What I like the most is to play my role of drugs professional. We must be the reference for medicines, and this is great. (HSM)
Being a local health referent	- I had the feeling to be a pharmacist the first couple of times I was behind a counter, and I gave advices I thought were appropriate, and people were coming back to say that my advices had been useful... In these moments, we feel like we become a pharmacist. (REP) - On a daily basis, the positive sides of my work, you know, are the feedback from patients, when we follow them well, when we advise them. (RSSL)
Being an owner-manager	- First and foremost, there's a role which is very important, and which we're not prepared enough in my opinion: the role of owner-manager. We have balance sheets, income statements... That's the first role: running a business and manage people. (BRN) - There's a satisfaction of being self-employed. It's not bad, because we're our own pilots. We benefit from a certain autonomy in our capacity to plan the future of our pharmacy. That's very pleasant. (CARN)
Being a tradesman	- We all want to take our distance with the commercial aspect. The objective remains, you know, to have a "thank you for your advice" kind of feedback. It's like the cherry on the cake, but it doesn't earn you a thing. (RSSL) - Maybe some fellow pharmacists have a more conservative view but for me, the aspects of implementing promotional operations, organizing commercial events, I find it fun. I find this facet of our job quite appealing. (FRGM)
Finding ways to accommodate the facets	- Managing your business enables you to see how it works, from the inside. And it's also a way for me to do something else, to think about something else. There are moments I like to stay away from the counter, you know, all these dramas at the counter, these clients. (SRGN) - There's this dual role of advising people and all the commercial aspects. That's why in the pharmacy we have a sales space where we do a certain number of other things, like over-the counter drugs, personal hygiene products, dietetics, etc. So we have these two facets in the work. (FRGM)
REACTIVE APPRAISAL OF THE PROFESSIONAL IDENTITY	
Interactions, perceptions and apprehensions trigger identity tensions	- For our patients, the GP comes first, and we come second. Sometimes we spend time with patients to deliver the most thorough advices possible, and they say "I'll ask my GP what he thinks". It's nothing serious but it's destabilizing. (BERT) - The profession is evolving towards paid pharmaceutical acts. They want us to have appointments with patients. I think these people are totally out of touch and don't understand our daily problems of managing our pharmacies. (LEVY) - The problem is when they change the rules. If the rules of the game change during the game, it's very disturbing. When you decided to play with certain rules, you don't want rules to change all the time. (CHTL) - For doctors, we've always been a matter of jealousy and mockery. For us, we've always been bag fillers, tablets sellers. (SRGN) - Keeping our prices low is a necessity. But I don't want to become a discounter. That's how I keep my philosophy. I'm not a shopkeeper. I'm a true pharmacist, a healthcare specialist. Not a tradesman. (GLR)
Reactive identity work	- We have 6 years of training, but giving jabs is not in the curriculum. You wouldn't ask a butcher to sell French beans. And if I do vaccines, the nurse next door will pull a long face. Everyone should stick to what they know. (CHTA) - There are aspects in our job where we must be able to remain a little bit retro. For example, I've never wanted ads in my pharmacy, billboards. I try to remove shelves as much as possible, to really remove all marketing elements from the pharmacy. (CHV) - I think the right evolution is to move towards medicines, even more. We should refocus on this, and stop selling widgets. That's where the future lies. We need to detach from this commercial image. (STEL)
CRAFTING ONE'S OWN PROFESSIONAL IDENTITY	
Developing new areas of expertise	- There's a need to develop new services specific to my pharmacy. I've chosen to go into everything that concerns long-term care for elderly people. I think it's a good area, because nursing homes need more and more to secure their delivery of medicines. (CMRY) - I'm pushing hard aromatherapy and homeopathy products. I think, honestly, that the way one approaches healthcare will change in the next 30 years. And I want to evolve towards more natural medicines. (ENTR)
Inventing new modes of interaction	- I've decided to join a group, to have more freedom, and delegate the annoying aspects of my job. Belonging to a group is a way to have interesting exchange with others. This helps move forward, it gives me a direction. (BERT) - We try to be the most serious possible, the most quality-oriented possible. Good advices make a difference. People come here because we're good. We have a good team, and people know it. (PROV)
Inventing new ways to manage the pharmacy	- I've optimized things. Everything that can be done with a computer, I do with a computer. Stock management for example. And it gives me more time to be at the counter. (ENTR) - We've built a room to preserve the privacy of patients who need to talk in private. This new space is useful for the orthopedic products I've developed, because you can close the door and do the measures with the patient. It's increased the quality of what we do. (TEMP)

