Professional identity formation among non-clinical professionals in the field of continuing medical education

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EXECUTIVE SUMMARY

This study explored professional identity formation among non-clinical professionals in the field of continuing medical education. Specifically, two research questions examined how these professionals both define and perceive the development of their professional identities. The theoretical framework of professional identity formation was used to examine the data. It provided a lens to explore how personal values, beliefs, and experiences might integrate with the norms, values, and expectations of a professional community. A basic qualitative design was chosen, with semi-structured interviews as the primary data collection method. Interviews with 11 non-clinical professionals in continuing medical education generated thick rich data for analysis. Four main themes emerged: (a) professional disorientation (including fear and isolation), (b) imposter syndrome, (c) resilience (with risk-taking as a sub-theme), and (d) empowerment (with mentorship and community of support as sub-themes). Findings revealed that these non-clinical professionals experience professional disorientation due to a combination of unclear career paths, regulatory pressures, and the absence of formal credentials, among many other issues. Participants found it difficult to articulate their professional identities and reported a sense of fear, isolation, imposter syndrome, and professional vertigo that destabilized their sense of identity. However, resilience, mentorship, and community of support emerged as themes that empowered participants to counter these challenges and embrace their authentic selves. These findings suggest that professionals would benefit from targeted support systems such as structured mentorship programs and solid supportive networks to reduce disorientation and affirm professional identity development in those fields lacking defined career paths. The study expands on existing research and provides new perspectives on professional identity formation in multiple contexts.

INTRODUCTION

According to Janke et al. (2021), the process of PIF is unique and designed to be internal and external as an individual works towards adopting the behaviors, characteristics, and mindset of their profession. In this study PIF represents the process through which individuals develop a sense of self in relation to their professional role. It involves the integration of personal values, beliefs, and experiences with the norms, values, and expectations of a professional community. This process is dynamic and continuous, often evolving as individuals gain experience and encounter different professional situations. Non-clinical professionals in Continuing Medical Education (CME) hold a critical and important role as they facilitate continuous learning for healthcare providers. They are not required to have any clinical training, nor is it a prerequisite for employment. Rather, they need traditional credentials typically obtained through conventional higher education. The absence of formal credentials and a prescriptive career path have amplified the lack of defined entry points into the profession (Dadich & Best, 2024). Despite the invaluable contributions these professionals bring to healthcare they often grapple with uncertainty due to unclear job definitions and frequently carry ambiguous titles like "CME professional" or "CME provider". Labels that fail to capture the full depth and breadth of their responsibilities and their work.

Within the healthcare environment, traditional career advancement pathways are available for the clinical workforce in ways that they are not available for their non-clinical counterparts. While the participants in this study could describe their roles, they struggled to connect their identity to a clearly defined profession. Without a clearly defined professional identity these individuals can feel unseen when explaining the importance of their work (Janke et al., 2021). This study provided valuable insights related to professionals who find themselves struggling with feelings of uncertainty, confusion, and frustration as they attempt to articulate their professional identities, responsibilities, and contributions to the field. Formal professional pathways are only one part of the equation and establishing a universally accepted professional identity is the other.

METHODS

The process of PIF provided structure for interpreting the lived experiences of non-clinical professionals in the field of CME. This framework facilitated a comprehensive analysis that led to a deeper understanding of the PIF processes among non-clinical professionals in the field of CME. By examining how non-clinical CME professionals define their professional identity, the first question addresses the specific ways in which individuals conceptualize their roles and the unique characteristics of their field. The second question focuses on the developmental process of how these professionals perceive the evolution of their identity over time and in relation to their experiences. Together, these questions reveal hidden aspects of professional identity within a field that lacks a standardized path. The construct of PIF allows for deeper insights into discovering both the articulation and the growth of professional identity among non-clinical CME professionals.

Given the individualized nature of the profession, qualitative research was well-suited to capture and interpret the rich, detailed experiences of the non-clinical CME professionals who participated. This approach allowed for a deeper understanding of how these professionals construct their identities in an evolving field. A basic qualitative research design was chosen to explore the unique experiences of non-clinical CME professionals in healthcare, and to further understand how they made meaning of their roles. Interviews were conducted with 11 participants, which were then transcribed, coded, and analyzed resulting in the emergence of four main themes and five sub-themes. An inductive approach to data analysis allowed these findings and themes to emerge naturally from the data, without predetermined categories or outcomes. The 11 participants were selected through criterion, convenience, and snowball sampling methods. All participants met the following three criteria: (1) They had been in their current roles longer than five years. (2) They had not had any advanced training in the field of continuing medical education. (3) They had experienced limited professional opportunities for career advancement. Snowball sampling allowed existing participants to refer others who met the study's criteria. This method ensured that the study gathered rich and textured data that provided deep insights into how non-clinical CME professionals define and perceive the development of their professional identities.

Data collection involved in-depth, semi-structured interviews conducted via Zoom. The interviews were complemented by the researcher's journal entries and field notes. An interview protocol was created around the PIF framework and refined after early interviews to ensure a natural flow and to maximize participant comfort. The interviews lasted between 90 and 240 minutes and were transcribed verbatim. Data were analyzed using a three-phase coding process: open coding, constant comparison, and iterative theme development. Coding was conducted both by hand and using NVivo software. The themes were identified through repeated transcript reading and pattern recognition. The process was inductive, but themes were later interpreted through the PIF framework to connect participant narratives with broader conceptual insights, such as the role of self-authorship in identity development, the impact of fear and isolation on professional confidence, and the importance of community support in fields lacking formal recognition.

The data revealed that although the participants struggled to define their professional identity, they did not

struggle to answer questions regarding other aspects related to their identity. They identified their resourcefulness, dedication, determination, and inherent strength related to compliance, accuracy, and truthfulness. To ensure trustworthiness, the study incorporated triangulation across all data sources. Additionally, the researcher maintained a detailed audit trail, and offered thick, rich descriptions of the participants' experiences. Reflective journaling helped to monitor any researcher bias and help ensure transparency.

CONCLUSIONS

The findings revealed four primary themes and five sub-themes that reflected a complex interplay of internal and external influences on identity development. The four primary themes were professional disorientation (with two sub-themes: fear and feelings of isolation), imposter syndrome, resilience (with one sub-theme: risk-taking), and empowerment (with two sub-themes: mentorship and community of support). These themes represent the common experiences and challenges faced by the participants and reveal a consistent pattern across their stories. Within the themes of professional disorientation and imposter syndrome, there was a disconnect between how the participants viewed themselves, the perceptions they believed others had about them, and the way they described their professional identity. They articulated the confusion, frustration, and pain points they experienced, yet they lacked the language to articulate how this disconnect affected their professional growth and development. Janke et al. (2021) asserted that professional identity "involves more than just the tasks and functions associated with one's job" (p. 1130). Similarly, the participants were clear in explaining that they were much more than an amalgamation of tasks and functions. They expressed a longing for a professional identity that accurately represented both the professionals they are and the professionals they aspire to become.

Participants in this study did not define their professional identity through a singular set of characteristics but rather as a constellation of coexisting experiences and evolving roles. Identity construction was deeply rooted in meaning-making, with participants drawing from personal narratives to articulate complex realities that are often overlooked in formal descriptions of the field (Bamberg, 2011). While each participant's lived experience was distinct, their reflections revealed shared emotional undercurrents that aligned with key themes in the study. These themes underscored the emotional and cognitive labor required to construct a professional identity in a field with limited recognition and no standardized role definition. Despite the abundance of research on PIF, this study fills a critical gap by focusing on an underrepresented group, offering insights into how professional identity is shaped not only by tasks and functions, but also by meaning-making, social connection, and a longing for validation. Ultimately, the study contributes to a deeper understanding of identity construction in evolving professional contexts and calls for more inclusive definitions and recognition of non-clinical CME professionals within the healthcare system.

RESEARCHER RECOMMENDATIONS

These findings suggest that professionals would benefit from targeted support systems such as structured mentorship programs and solid supportive networks to reduce disorientation and affirm professional identity development in fields lacking defined career paths. The narrow focus of this study opens the door for many avenues for future research. One recommendation is a longitudinal study that examines the evolving nature of PIF. A deep analysis investigating PIF of non-clinical CME professionals from professional entry to retirement could significantly contribute to the body of knowledge related to PIF. Further research might also consider using a questionnaire to expand the sample size, using open-ended questions that would allow for expanded qualitative data analysis. The highly specialized field is complicated further by the prevalence of regulatory boards and there is room to explore the professional identity formation of those who have gone through an accreditation cycle versus those who have not. These cycles are frequently viewed as monumental tasks within the field and could be another area to investigate. Future research could focus on other professions with undefined paths of

professional entry, a perceived lack of resources or support, and perceived barriers to advancement, such as a "glass ceiling" or "paper ceiling". Additionally, a quantitative study could increase the sample size and provide demographic data that would examine a wider range of variables such as gender, age ranges, geographic region, and experience level. Lastly, the presence of arts-based backgrounds among the participants invites further inquiry into how creativity intersects with professional identity in this population. These directions would strengthen the understanding of identity formation in complex professional spaces and support the development of clearer frameworks for emerging roles.

REFERENCES

Bamberg, M. (2011). Who am I? Narration and its contribution to self and identity. Theory & Psychology, 21(1), 3–24. https://doi.org/10.1177/0959354309355852

Dadich, A., & Best, S. (2024). The mobilisation of professional identity: A scoping and lexical review. PLOS ONE, 19(4), e0298423. https://doi.org/10.1371/journal.pone.0298423

Janke, K. K., Bloom, T. J., Boyce, E. G., Johnson, J. L., Kopacek, K., O'Sullivan, T. A., Petrelli, H. M. W., Steeb, D. R., & Ross, L. J. (2021). A Pathway to Professional Identity Formation: Report of the 2020-2021 AACP Student Affairs Standing Committee. American Journal of Pharmaceutical Education, 85(10), 8714. h

CONTACT INFORMATION

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