An interpretative phenomenological analysis exploring the influence of professional identity on medical doctors' perceived wellbeing

ABSTRACT

Aim: This qualitative paper aims to develop an understanding of how professional identity influences doctors' perceived wellbeing. **Material and Method:** A qualitative approach using an Interpretative Phenomenological Analysis (Smith and Osborn, 2015) was implemented to examine the experience of six tenured physicians. Semi-structured interviews with open-ended questions allowed for in-depth investigation of the ways interviewees make sense of their experiences and feelings, and the meaning they assign to the concept of their professional identity. **Results:** Three superordinate theme clusters representing Professional Identity, Personal Identity, and Sensemaking processes were identified from the data. The Professional Identity theme focused on data about doctors' characteristics such as benevolence and a sense of commitment. The Personal Identity theme distinguished different ways participants thought and felt about themselves. The Sensemaking theme however, referred to the experience by the professionals' cognitive processing and cognitive dissonance. Results suggest that professional identity had a substantial influence on physicians' perceived wellbeing. **Conclusion:** This research offers theoretical implications for approaching the study of physicians' professional identity, and practical implications which may imply that the development of professional identity can be of significant value for doctors' positive wellbeing. However, some dimensions of physicians' identity, such as commitment or self-concept, may contribute to a resultant negative affect. These considerations should be taken into account in future medical students' education programmes.

Keywords: doctors, professional identity, wellbeing, qualitative research, interpretative phenomenological analysis

INTRODUCTION

Research efforts have indicated a link between professional identity and an individual's wellbeing across different professions (Motallebzadeh and Kazemi, 2018; Skinner, Leavey and Rothi, 2018). It has been suggested that the development of a strong professional identity protects individuals against burnout and contributes to individual's improved engagement, retention, and adaptation to one's work (Brown, Laughey and Finn, 2020; Ibarra and Barbulescu, 2010). Research also reports that physicians' experience increased rates of mental health problems, stress-related issues, and burnout, far exceeding those reported in a general population (Imo, 2017). The importance of physicians' wellbeing cannot be underestimated, as it has an influence on quality of care delivered and patient safety (Tak, Curlin and Yoon, 2017).

Professional identity is defined as an individual's subjective image of oneself as a professional, usually exemplified through different values, beliefs, experiences, and motives (Slay and Smith, 2011). Cohen-Scali (2003) argues that the construction of professional identity evolves in two dimensions. The first relates to socialising for work from an early age, before the individual confronts the labour market. The second context covers the process of professional integration at work through exposure to a specific working environment. Weick's (1995) sensemaking theory stresses that high arousal emotions, especially those which are negative, are the trigger for an interpretation search and serve as a cue on how to judge similar situations in the future (Rafaeli, Ravid and Cheshin, 2009). The process of sensemaking further involves bridging the demands and expectations of one's professional role with one's internal evaluation and personal interests (Eliot and Turns, 2011).

Tak, Curlin, and Yoon (2017) suggest that some doctors may be intrinsically motivated to show altruism or undertake difficult work in order to contribute positive change. While work satisfaction is often assessed via the lens of work-life balance or income (Jackson and

Fransman, 2018), Tak, Curlin and Yoon (2017) found that physicians' wellbeing and work fulfilment is rather linked to a sense of a mission and found no link with external motivators.

Miyasaki et al. (2016) identified professionalism and excessive workload as primary factors contributing to burnout amongst the US neurologists. It was shown that diminishing doctor's role to systemic care provision and reducing their working autonomy led to devalued sense of professional identity that resulted in feelings of disempowerment and burnout. Silver (2016) assessed that doctor's construction of self-concept is almost entirely absorbed by medicine and their professional identity, making it more challenging for physicians to decide about the transition into retirement.

Not enough of focus has been placed on exploring the experience of mature doctors to address this issue, especially concerning the influence of physicians' professional identity on subjective wellbeing. Exploring the identity of tenured physicians might help detect long term occupational effects on an individual's identity rather than experiences of transient changes. While definitions of professionalism might vary within a single profession, this current work aims only at reflecting some, frequently occurring domains, and their potential wellbeing outcomes. A qualitative approach using an Interpretative Phenomenological Analysis is implemented to address the research question: How does professional identity influence doctors' perceived wellbeing?

MATERIAL AND METHOD

Selected participants were contacted and introduced to the aim and outline of the study. Those with whom an interest of taking part was established were invited to video call interviews. The participants were a sample of 6 doctors, 2 males, and 4 females, selected through opportunity sampling and snowballing, with their name changed for ethical considerations. The participants were aged between 49 and 67, and were working in both public and private health care sectors. All participants had over 20 years of experience working in the profession and were working in Poland or in the United Kingdom (For participants' demographics see Table 1). After obtaining a written consent to take part in the study, semi-structured interviews were conducted, which consisted of 10 open-ended questions informed by reviewed literature, investigating the doctors' identity and their perceived wellbeing, for example, 'What factors might have the biggest impact on your identity as a doctor?'. The interviews lasted between 29 and 46 minutes, with an average duration of 34 minutes. The transcribed data from the interviews was analysed using Interpretative Phenomenological Analysis (Smith and Osborn, 2015). The initial phase of analysis involved making notes about the impression of content which was shared by participants as well as language used. The second stage was focused on transforming previously developed notes to emerging themes formulated to represent more abstract concepts. In the last stage, areas of similarity and overlap between the themes were investigated. Themes were grouped accordingly, forming different clusters which were given representative names.

(Table 1.)

RESULTS

Three superordinate theme clusters were identified and comprised of two subordinate themes for each theme cluster, as per Table 2. The Professional Identity theme focused on data about doctors' characteristics such as benevolence and a sense of commitment. The Personal Identity theme distinguished different ways participants' thought and felt about themselves. The Sensemaking theme however, referred to the experience of the professionals' cognitive processing and cognitive dissonance.

(Table 2.)

Theme One: Professional Identity

Physicians' commitment to the profession and compassion were found to be the most frequently represented components of participants' professional self. As such, the Professional Identity theme is embodied by two subordinate themes with names: 'commitment' and 'benevolence'.

Commitment

All physicians demonstrated strong work ethics and emphasised the value of hard work. Olivia stresses doctors' high levels of professional involvement and self-reflective ability (See Table 2). Commitment was also articulated through a perceived obligation to professional growth. Anna highlights doctors' determination to continue professional development outside the formal training and throughout the career.

"It's a long process of self-development and studies, and you need to learn all your life even when you have plenty years of experience…" (Anna)

When asked about leaving the profession, participants immediately showed a predilection to being highly attached to their medical role. They articulated an aspiration to maintain their group membership regardless of the financial circumstances.

"No, I would never leave my work. I think if I would be financially secure… I would still work as a doctor…" (Daniel)

Benevolence

One of the most common responses given concerning doctor's identity highlighted the virtue of benevolence. Participants described compassion, genuine kindness, and a will to do good as basic components of a 'decent' doctor's professional values. According to Emilia, the desire to help people should form the basis of doctors' motivation, which would subsequently shift the nature of an individual's actions from profit-driven to more altruistic behaviour (see Table 2). Others, like Monica, remained focused on their contact with patients. She shows high levels of understanding and compassion, portraying the empathetic approach required when interacting with suffering patients.

"People come to you… but sometimes pain or one's suffering makes that person unpleasant I would say, and you need to deal with it, don't take it personally, because it is not that person, but that terrible pain speaking through them." (Monica)

Theme Two: Personal Identity

This theme comprises accounts representing participants' sense of personal identities and is built of two subthemes which interact with each other, namely 'self-concept' and 'self-esteem'.

Self-concept

Many participants emphasised similar values and characteristics as they described fundamentals of their self-concept. One of the most common values was honesty. Anna describes honesty in a context of medicine's limitations and stresses its importance in contacts with others, but also with oneself.

> *"…for me, it is essential, to be honest, and fair. You must be honest with others, regardless of the situation. But also, you must be honest with yourself."* (Anna)

Others indicated the importance of mental toughness and assertiveness.

> *"You have to be very strong, have a strong mentality, but also be assertive. Toughness is necessary to do this job, and it is not a place for someone insecure or someone naïve"* (Olivia)

Self-esteem

The Self-esteem subtheme relates to participants' evaluative aspect of self-concept. The participants' self-evaluation was primarily positive, contributing to a sense of achievement and pride. Anna explains that being respected and admired by others is a source of pride that works as a boost for her self-esteem (see Table 2). Another common emotion indicated by participants was satisfaction which often worked as a driving mechanism in their professional work and a factor enhancing professional commitment. Some participants expressed a courage to work as a doctor, even voluntarily in aim to maintain the fulfilment

> *"Working in the rehabilitation unit brigs me joy and satisfaction… when I'm trying to imagine my retirement, I think I would keep working there voluntarily once or twice a week just so it would give me this sense of satisfaction"* (Daniel)

Theme Three: Sensemaking

The Sensemaking theme was built of physicians' accounts of their engagement in mental processes, and perception dissonance when facing internal conflict caused by membership to different social groups placing inconsistent demands on the individual. The participants' engagement in sense-making was summarised by two subordinate themes: 'cognitive processing' and 'cognitive dissonance'.

Cognitive Processing

Participants described engagement in negative cognitive processing as affecting their wellbeing. These processes included persistent worries and rumination which caused difficulties relaxing and sleeping. Olivia indicates that engagement in such processes has a disruptive effect on her wellbeing and personality.

> *"You can't sleep at night sometimes, and you are thinking and rethinking and rethinking... And it is a bit damaging to your personality as well, you cannot enjoy simple things…"* (Olivia)

Daniel presents his first experience of losing a patient very emotionally, highlighting the distress he felt at that time. He further accentuates the emotional difference between experiencing the death of a loved one and a patient. The idea that he is ultimately responsible for the patient's outcome adds significant stress to his concept of requisite professional standards.

> *Before, I have seen my grandfather, grandmother and my mum dying. But in my professional career, it was the first time. So, I have personal experience, but it is very different when it happens at work. I remember the first time. I was just standing and praying"* (Daniel)

Cognitive Dissonance

Participants indicated that most of their career is, or was characterised with, lengthy and intensive working schedules, resulting in a poor work-life balance. They often prioritised work over being involved in activities outside of their professional space and expressed the need to compromise on other commitments and personal hobbies.

> *"Secondly, a lot of things that I am interested in, and that I used to do; like sailing or model-making… I'm not a member of the sailing club anymore. I just don't have time for any of this, because of what I do as a doctor"* (Edward)

However, it was found that the most intense mental strain was associated with the lack of time for family, and the negative impact it has on their role as a parent (see Table 2). These conflicting demands left Edward feeling sad, unfulfilled, and questioning himself as a father.

DISCUSSION

The current study explored different domains of physicians' professional identity and their potential influence on doctors' perceived wellbeing. The collected data indicates a predominance of three superordinate theme clusters representing: Professional Identity, Personal Identity, and Sensemaking. Two subthemes were identified within each theme cluster and are represented as being: Commitment and Benevolence (within Professional Identity), Self-Concept and Self-Esteem (within Personal Identity), and Cognitive Processing and Cognitive Dissonance (within Sensemaking). The relationship between superordinate theme clusters and their respective subthemes can be viewed in Figure 1.

(Figure 1.)

The findings indicate that professional identity may have an impact on physicians' perceived wellbeing. All participants showed a strong sense of commitment to their profession, selflessness, and a desire to help others. Their benevolence seemed to enhance the participants' sense of obligation and the tendency to impose high expectations and self-criticism. The study found that high institutional demands regarding the effectiveness of offered services and excessive working hours, coupled with physicians' high commitment, resulted in fatigue and a sense of unfulfillment. The data indicated that such negative effects were mainly attributed to conflicting demands between professional and family roles, which often left participants feeling frustrated and disempowered.

Participants' professional identity was characterised with a strong sense of commitment and benevolence that contributed to their engagement in negative cognitive processing like anxiety, persistent worrying, and rumination. The data suggests that other important factors leading to negative thinking were related to an emotive work environment. Participants often recalled

facing death of patients very emotionally, emphasising the distress they felt at that time. According to Weick's (1995) sensemaking theory, one's internal evaluation is shaped by an individual's subjective identification with a role one plays in a particular context. As such, the interpretation of a patient's death when recognising oneself as responsible for their care might bring additional distress related to a sense of guilt and failure to meet expectations within one's professional role. Moreover, participants' self-concept is built of values representing honesty, responsibility, and respect. Participants also indicated mental toughness and assertiveness to be a crucial part of their personal identity. Such positive self-concept, together with participants' high self-esteem associated with being a part of a prestigious profession, were found to be protective characteristics against negative affect.

The current study's findings are analogous to Tak, Curlin, and Yoon's (2017) research, supporting the idea that doctors' benevolence is based on an internal desire to help others and is not a profit-driven behaviour. It agrees that devotion to do good is a primary force driving the physicians' commitment and a will to undertake challenging work or self-sacrifice. Also similar to Tak et al.'s (2017) and Miyasaki et al.'s (2016) findings, this study found poor work-life balance to be contributing to participants' negative affect and burnout. In contrast to Miyasaki et al. (2016), this study's participants demonstrated a strong professional identity and did not suggest external factors as devaluing their professionalism.

An ancillary finding was doctors' perception of retirement, where it has been found that physicians showed a predilection to be highly attached to their medical role and emotionally rejecting the possibility of relinquishing this identity, even for retirement. Such an attitude might suggest an individuals' strong identification with their profession, acquired through factors as presented by Silver (2016).

While the use of a small number of participants is not a limitation of the qualitative design, the study findings might be of limited generalisability. The current study collected data from physicians working in Poland and the United Kingdom. Although the participants' values, especially those related to personal identity, are likely to arise from within the person, these are also shaped by the cultural environment. It would therefore be interesting to undertake such a study in countries with a collectivistic, or a more capitalist medical culture.

This study's outcome implies that it is essential to consider the ambiguous influence of professional identity on wellbeing in future medical students' education programmes. It should be acknowledged that some dimensions of physicians' professional identity, like a strong sense of commitment, might result in a perceived negative affect. We hope that this research would facilitate the implementation of measures to promote self-care and self-compassion in medical schools and inform efforts to benefit physicians' long-term wellbeing. Moreover, the current research found that doctors' strong sense of commitment and benevolence might result in fatigue and a sense of unfulfillment when coupled with high institutional demands. Such negative outcomes have been linked to increasing rates of burnout, and in consequence, worsening quality of delivered care (Tak, Curlin and Yoon, 2017). It is therefore suggested to explore the possibility of more flexible working schedules for doctors employed in both public and private health care sectors to promulgate more positive perceived wellbeing.

In conclusion, our study brought important insight into the understanding of different domains of physicians' professional identity and their potential influence on doctors' perceived wellbeing. These findings suggest important areas of research which may present efficacious implications for future medical studies and practice.

CONFLICT OF INTEREST

The authors do not report any financial or personal affiliations to persons or organisations that could negatively affect the content of or claim to have rights to this publication.

REFERENCES

Brown ME, Laughey W, Tiffin PA et al.: Forging a new identity: a qualitative study exploring the experiences of UK-based physician associate students. British Medical Journal 2020. DOI: 10.1136/bmjopen-2019-033450.

Cohen-Scali V: The Influence of Family, Social, and Work Socialization on the Construction of the Professional Identity of Young Adults. Journal of Career Development 2003. DOI:10.1177/089484530302900402.

Eliot M, Turns J: Constructing professional portfolios: Sense-making and professional identity development for engineering undergraduates. Journal of Engineering Education 2011; 100: 630-654.

Gold K: Combating Burnout: Back to Medicine as a Calling. The Annals of Family Medicine 2019; 17: 485-486.

Ibarra H, Barbulescu R: Identity as narrative: Prevalence, effectiveness, and consequences of narrative identity work in macro work role transitions. Academy of management review 2010; 35: 135-154.

Imo U: Burnout and psychiatric morbidity among doctors in the UK: A systematic literature review of prevalence and associated factors. BJPsych Bulletin 2017; 41: 197-204.

Jackson LT, Fransman EI: Flexi work, financial well-being, work-life balance and their effects on subjective experiences of productivity and job satisfaction of females in an institution of higher learning. South African Journal of Economic and Management Sciences 2018; 21: 1-13.

Miyasaki JM, Rheaume C, Gulya L et al.: Qualitative study of burnout, career satisfaction, and well-being among US neurologists in 2016. Neurology 2017; 89: 1730-1738.

Motallebzadeh K, Kazemi B: The relationship between EFL teachers' professional identity and their self-esteem. Cogent Education 2018. DOI: 10.1080/2331186X.2018.1443374.

Rafaeli A, Ravid S, Cheshin A: Sensemaking in virtual teams: The impact of emotions and support tools on team mental models and team performance. International review of industrial and organizational psychology 2009; 24: 151-182.

Silver MP: Critical reflection on physician retirement. Canadian Family Physician 2016; 62: 783-784.

Skinner B, Leavey G, Rothi D: Managerialism and teacher professional identity: impact on well-being among teachers in the UK. Educational Review 2019. DOI: 10.1080/00131911.2018.1556205.

Slay HS, Smith DA: Professional identity construction: Using narrative to understand the negotiation of professional and stigmatized cultural identities. Human relations 2011; 64: 85-107.

Smith JA, Osborn M: Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. British journal of pain 2015; 9: 41-42.

Tak HJ, Curlin FA, Yoon JD: Association of intrinsic motivating factors and markers of physician well-being: a national physician survey. Journal of general internal medicine 2017; 32: 739-746.

Weick KE, Sutcliffe KM, Obstfeld D: Organizing and the process of sensemaking. Organization science 2005; 16: 409-421.

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