Title: "It's Too Painful to Explain My Role": Factors Affecting Professional Identity

Formation among Health Professions Educationist

Authors: Hajra Talat, Muhammad Zafar Iqbal, Kinza Aslam

Submitted Date: 16-06-2024

Accepted Date: 05-05-2025

"It's Too Painful to Explain My Role": Factors Affecting Professional Identity Formation among Health Professions Educationists

Hajra Talat[1], Muhammad Zafar Iqbal[1,2], Kinza Aslam[1]

[1]Medical Education Department, University College of Medicine and Dentistry, University of Lahore, Lahore, Pakistan

[2]Research Department, Acuity Insights, Toronto, Ontario, Canada

ABSTRACT

The idea of professional identity formation is not new; yet it remains highly relevant, especially in the evolving field of health professions education (HPE). The diverse backgrounds of professionals pursuing careers in HPE add further complexities to the field and make it increasingly difficult for professionals to identify and nurture their identities in Pakistan. This study aims to explore the multifaceted factors that influence the professional identities of health professions educationists in Pakistan. In this qualitative exploratory study, health professions educationists with more than three years of experience in medical/dental education were interviewed using purposive sampling. Data were audio-recorded and transcribed verbatim. We performed thematic analysis using an inductive coding technique that resulted in code generation and identification of subthemes and themes. A total of 15 health professions educationists participated in our study; three were males and twelve were females. We identified three overarching themes: promoters of professional identity formation, barriers to professional identity formation, and opportunities to foster professional identity formation. This study revealed that the journey of professional identity formation among Pakistani health professional educationists is complex and characterized by various challenges as well as support structures. Despite facing resource constraints and contextual challenges, educationists remain deeply committed to their roles in shaping the healthcare professionals of the future.

Keywords: professional identity, health professions educationists, identity formation.

CORRESPONDING AUTHOR

Hajra Talat, Medical Education Department, University College of Medicine and Dentistry, University of Lahore, Lahore, Pakistan

Email: hajratalat5@gmail.com

INTRODUCTION

Health professions education (HPE) has experienced remarkable growth in the 21st century and is now established as an independent discipline across all health professions (1,2). This is evidenced by a substantial increase in publications, specialized journals, professional associations, national and international conferences, academies for medical educators, master's and doctoral programs, and the establishment of independent HPE units. Indeed, HPE is a multidimensional field, which is why its workforce – health professions educationists – frequently struggle between different professional identities as they have to perform multiple roles such as clinicians, administrators, researchers, policymakers, program designers, and curriculum and assessment reformers (3). While this diversity can be seen as a strength, it may also lead to certain challenges linked to their professional identity formation. For instance, they may face problems in aligning their own values and beliefs with the institutional goals and standards, resulting in confusion around their exact roles and responsibilities. This lack of clarity may lead to role conflict, job dissatisfaction and identity crisis.

Professional identity is defined as a set of characteristics or a description that distinguishes a person (4) and professional identity formation is an adaptive developmental process that happens simultaneously at both individual and collective levels (5). Professional identity formation is a dynamic and multifactorial developmental process that is shaped by sociocultural, familial, academic, moral, religious and gender-based roles, values, beliefs, and obligations (6). Hafferty (2016) suggested that professional development requires a strong grounding in 'who one is' (identity) rather than 'what one does' (behavior) (7). Identity makes a difference because it strongly affects educational roles and responsibilities, professional careers and opportunities for professional growth, and to achieve excellence, health professions educationists must embrace their identity (8). Jarvis-Selinger et al. described the process of identity formation as an adaptive, developmental process that happens simultaneously at the individual and collective levels. Furthermore, identity formation involves psychological development and socialization of the person into appropriate roles and forms of participation in their community's work (4). When deciding how and where to spend our time at work, we directly or indirectly consider our understanding of who we are and who we want to be, which is directly linked to our professional identity. We manage others' perceptions of us when we conform our sense of identity with particular professional groups. This is done in view of our understanding of who we are or would like to be, and as a result, we negotiate a professional identity for ourselves.

According to the social identity theory (SIT), it is essential for individuals to belong to a group that offers them a sense of identity (9). SIT posits that individuals derive part of their identity from the groups to which they belong. Identification with a profession strengthens professional identity, whereas a lack of a clear role hinders and weakens it. Having a strong professional identity serves as a foundation for career success, personal fulfillment, and positive contributions to the profession. It provides individuals with the clarity, confidence, and motivation needed to excel in their chosen field. Professionals who have a strong sense of their identity are also more likely to invest in their professional development (10). A strong, adaptable professional identity enhances individuals' awareness and the significance of their work and education. This understanding allows them to value their struggles and accept challenges more positively (11). Contrarily, the lack of a robust professional identity hinders career success, personal fulfillment, and positive contributions to the profession and overall healthcare system. Identity, however, is not something one has but develops during an individual's whole life (12). As professional identity is an acquired entity, it is important that we have a clear understanding of the factors affecting identity formation so that educational leaders, policymakers, and program designers can pay attention to these factors while designing training programs for current and future health professions educationists. Despite its significance, there is a lack of clarity regarding the factors that contribute to the professional identity formation of health professions educationists, which we aimed to explore in this study. Lessons learned from this exploration

might inform how health professions educationists approach their roles, adapt to change, and actively shape and refine their professional identities over time.

METHODOLOGY

Study Design

This qualitative exploratory study was conducted in Pakistan in 2023. Qualitative exploratory study designs are well-suited to address open-ended research questions that do not require a hypothesis (13). The primary factor influencing the study design and methodology of a study is the research question itself, underscoring its importance in determining the approach taken.

Participants

The targeted population in this study were health professions educationists possessing the following three characteristics: 1) possessing a minimum of a master's degree in HPE in addition to their medical or dental qualification(s); 2) working full-time in the medical or dental education departments across Pakistan; and 3) possessing a minimum of three years of field experience. Using a non-probability purposive sampling technique (14), we reached out to 28 health professions educationists from our professional network and also used the snowball technique to recruit more participants. We were able to recruit fifteen health professions educationists working in public and private institutes. After receiving confirmation of their intent to participate in the study, we contacted participants via email to provide them with a brief overview of the study and its objectives and to obtain their written informed consent.

Data Collection

We conducted one-on-one semi-structured interviews via Zoom video conferencing software (Zoom Communications, San Jose, CA). Semi-structured interviews are often the most efficient approach for data collection when conducting qualitative research that aims to explore experiences or inform public understanding (15). Interviews started with an introduction, followed by rapport-building, restating the study purpose, and obtaining consent for interview recording. We also recorded field notes that captured crucial expressions, tones and researcher reflections alongside audio recordings. We used a pre-validated interview guide developed by Wahid et al. (2021), but modified it slightly by changing the targeted audience from teachers to health professions educationists (8). The interview guide used in this study is given in Appendix 1. The interviewer also used follow-up questions to further probe participants' thoughts and perceptions when the shared viewpoint was either incomplete or unclear.

Data Analysis

Interviews were transcribed verbatim, which were then shared with the participants for member checking. Data was analyzed using the Atlas.ti software (Lumivero LLC, Berlin, Germany) (16). Using Braun and Clark's (2006) six-step analysis approach, a descriptive qualitative thematic analysis was conducted (17). The research process started with familiarization with raw data through extensive reading and re-reading, allowing us to develop an in-depth grasp of the data content. Using the inductive coding technique, codes were assigned to those segments that represented key concepts, ideas, or patterns within the data. Once coding was completed, we grouped similar codes to create preliminary categories or subthemes. This step served to effectively organize the data and reveal potential connections. Then, we identifiedinterrelated recurring patterns, concepts, or ideas that surfaced across various sections of the data which led us to group

similar codes into themes and subthemes. We conducted a thorough review and refinement of the identified themes and subthemes through an iterative process to ensure that they accurately encapsulated the essence of the data.

Ethical Implications

To protect participant anonymity, each interviewee was assigned a code, and no personal information or names were included in the study. When referring to other individuals, their names were also coded, and any identifying details were either omitted or replaced with codes. The ethical approval for this research was provided by the Ethical Review Board of the University College of Medicine and Dentistry, The University of Lahore (reference #: ERC/04/23/01).

RESULTS

A total of 28 health professions educationists were approached, of which 15 volunteered to participate in our study; three were males and twelve were females. Concerning their designation, two were senior registrars, 11 were assistant professors and two were associate professors.

We found three overarching themes: (1) facilitators of professional identity formation, (2) barriers to professional identity formation, and (3) opportunities to foster professional identity formation.

Theme 1: Facilitators of Professional Identity Formation

Facilitators of professional identity formation refer to the key factors and influences that support the development of an individual's sense of self within their professional role. These facilitators play a crucial role in shaping how professionals perceive their responsibilities, values, and competencies, ultimately guiding their career trajectory and personal growth. This comprises twelve subthemes. The participants reported that formal training had a great impact on their self-confidence and professional competence. Participants reported that formal training, career milestones, and a sense of accomplishment boosted their self-confidence and professional competence. They valued autonomy and authority in their roles, which allowed them to collaborate and design educational strategies. Recognition from peers, leadership, and institutions further fueled motivation. Supportive leadership, role models, mentors, and a strong community of practice played crucial roles in their identity formation. Participants also highlighted the importance of external exposure, professional development, and personal well-being, noting that these factors contributed to their growth, satisfaction, and desire to create positive change in the education system.

Theme 2: Barriers to Professional Identity Formation

Although many facilitating factors were highlighted by participants, some issues were also reported which can be a barrier to professional identity formation. Barriers to professional identity formation refer to the challenges and obstacles that hinder the development of a strong sense of self within a professional context. This theme comprises five subthemes. Participants revealed that, depending on the context, they had to assume various professional identities that led to social identity crisis. They encountered challenges while explaining their roles, especially to those unfamiliar with the HPE field. Furthermore, the lack of recognition of HPE as a field and the lack of acceptability of educationists, both within their institutions and in the broader context of healthcare, increase the struggle of explaining their roles. Participants expressed that they faced challenges in dealing with senior faculty who resisted change and failed to acknowledge the importance of their roles. Senior faculty members often rejected the authority and ideas

of younger health professions educationists. This resistance, coupled with institutional ambiguity around the roles of health professions educationists and toxic workplace culture, further impacted their motivation and performance, exacerbating the difficulties in advancing the field.

Theme 3: Opportunities to foster professional identity formation

This theme explained that participants sought opportunities to foster professional identity formation. This theme is also comprised of four subthemes. Participants emphasized the importance of continuous learning and staying engaged in the field as key motivators. They valued opportunities for self-improvement and reputation-building while aspiring to engage in interprofessional collaboration to bridge gaps across healthcare professions. For junior educationists, participants' advice included exploring the field and finding a niche that aligns with their interests and career goals. Developing a skillset in a specific domain was seen as essential for success. Key skills for excelling in HPE included persistence, creativity, confidence, effective communication, and assertiveness. These attributes were viewed as vital for advancing in the profession and can be developed through continuous professional development, seeking mentorship, engaging in practical experiences, and actively reflecting on one's strengths and areas for improvement.

Table 1: Themes, subthemes and their representative quotes

Theme	Sub-theme	Representative Quote
Theme 1: Facilitators of professional identity formation	Formal training	*"I feel more confident in my abilities as an educationist and have a deeper understanding of the principles of health education. My training & experience have helped me to be a more effective educationist and to better serve my students and the faculty" -P12*
	A sense of accomplishment	*"So from the point of view of a medical educationist, the real accomplishment I guess is the training of the students or the faculty members. So yes, when I do a training activity of faculty members, positive feedback gives me motivation and sense of accomplishment that I have done something good" -P6*
	Career milestones	*"Once I secured my MHPE with a gold medal as well I've been confident that it's my hard work wherever I go, it will be paid, that moment after receiving the gold medal from Dr XXX was itself a very motivational moment for me when I secured my gold medal with my 3 years old daughter sorry two years old daughter so that was itself an achievement" -P15*
	Intrinsic motivation	*"My best motivation comes from within. I mean if I have made a PowerPoint for a lecture and I have put a lot of effort in it and I am satisfied then I will be at peace. I will have a good night sleep. But if I just doing the run of a mill kind, I am not self-satisfied. It*

		doesn't matter whether somebody else said something to me or not" -P2
	Autonomy and authority in the workplace	*"Having total autonomy in which we collaborate with our different departments and we designed what is best for the institution and what we suggest should be conducted for our students so this matters a lot this definitely matters a lot" -P2*
	Acknowledgement and recognition	*"In my tenure of working, I have noticed that now clinicians and senior faculty members, they have started to respect this department just like any other department and they do think that this is an essential part of a medical college" -P10*
	Institutional leadership support	"*The institute has a great role in shaping your professional identity if you get acknowledgment and appreciation at your institute and you get support regarding your field from the institute then it does not only give strength to your own professional identity but for the institute as well and your subject as well institute has a great role" -P7*
	Presence of role models and mentors	*"The kind of role models where you can see that these people came from a background that's similar to yours and you can see what steps they have taken to get to where they are. It gives you an idea of how to plan your own professional journey. And it's good to have multiple options because then it gives you the flexibility of not copying someone" -P1*
	Role of the community of practice	*"Communities of practice do impact a lot; it encourages me to do something positive in the same career line as compared to those would not impact me" -P8*
	Leading professional development activities	*"I love workshops. I love every aspect of workshops and it's a place where I can highlight what I'm good at in front of all the faculty and students. They really get to see my capabilities. The documentation work or any of the work that I do, it's usually behind closed doors which they don't get to see. So workshops are a place where you can truly show everyone what you're good at" -P10*

	External exposure	*"The way we interact with external facilitators we learn a lot and we learn a lot by interacting with people apart from our organization so these kinds of things always motivate me." -P4*
Theme 2: Barriers to professional identity formation	Social identity crisis	*"When I am in a setting of non-medical people they just think I am a dentist and I am working as a lecturer in a medical college because it's too much pain to explain what I exactly do and even my husband who is a maxillofacial surgeon even he doesn't understand what I do" -P9*
	Resistance to change	*"People with older age or older designation completely disown your entire field and they say this is just something that you guys created because you wanted attention. So they don't think of it as an actual field" – P1*
	Lack of recognition of HPE as a field	*"The main problem with medical education is acceptability so you need to be very mindful of the social environment and acceptability of your profile" - P15*
	Institutional ambiguity around the roles of a health professions educationist	*"My department ends up being the depository for everything other people don't want to do and having to navigate around that people trying to tell people its not your job and that's their job and they need to do it takes a lot of energy and time out of you" -P1*
	Toxic workplace culture	*"The work environment is very very important so the people you are working with usually make it very difficult because sometimes they don't uderstand, you can't work in a toxic or non-conducive environment you can't perform well because you get upset and that is mostly everywhere in medical education" -P3*
Theme 3: Opportunities to foster professional identity formation	Learning opportunities	*"At this stage when I have invested so many years into it I really want to keep exploring and excelling at it. It makes me feel like myself and I enjoy bringing the change" -P14*
	Interprofessional collaboration	*"I want to work more and I would love to work at an interprofessional level where I should carry your makeup project which involves people from other professions as well so that they realize the importance of health profession education we can act as a bridge between the other professions and medical professions"-P11*

	Exploring the field and finding your niche	*"I would advise them to stay focused and pick up a specific field because there are a lot of domains in medical education rather than jumping ummm jumping from one domain to the other. It is better if they select a specific domain and develop their expertise in that" -P13*
	Developing skillset to excel in the field	*"If you really have these attributes which I would like to mention. So if you really want to succeed in medical education the number one is persistence, then you should be really hard-working, you should be creative, confident and you should have very good communication skills and you should be assertive as well. If these qualities are with you then you will become a better educationist and will also thrive in this field" -P11*

DISCUSSION

The purpose of the study was to delve into the multifaceted factors that play a role in shaping the professional identities of health professions educationists and how these factors impact their overall sense of professional self. The participants explained that they were attracted to this field because they wanted to bring about positive change in the educational system. Similar enthusiasm and positivity were reported by Naz (18) who shared that health professions educationists have consistently strived to create integrated curricula to enhance learning and instructional methods. This study dives into what facilitates, hinders, and opens doors for shaping professional identity formation. The factor that not only support but accelerate identity formation, and was discussed by the majority of the participants, was being part of a supportive community. Colleagues foster a sense of belonging and provide opportunities for mentorship and guidance, which are integral to shaping one's professional identity. As highlighted by Steinert (19), community support plays a crucial role in this journey because being part of a community offers validation and credibility, along with essential mentorship opportunities that support professional and career development. Also, institutional leadership and a conducive work environment are equally vital aspects of professional identity development. Supportive leadership that promotes a culture of learning and growth, as emphasized by Mat Nor (20), can inspire and motivate educationists to invest in their roles, thereby strengthening their professional identity. Supplementary factors such as exposure, interaction, authority, recognition, appreciation, and trust, further contribute to the cultivation of one's professional identity. Exposure to diverse educational settings, interaction with peers and learners, and recognition and appreciation for one's contributions, shape how educationists perceive themselves within the HPE community.

Some barriers impede professional identity formation. Autonomy is a key aspect that influences their professional identity (21); many educationists feel that they find themselves constrained by institutional regulations and standardized curricula, limiting their ability to innovate and tailor their teaching methods to their unique expertise. Resource limitations pose another significant challenge for educationists as proper infrastructure and adequate resources are vital for educationists to thrive (22). Moreover, lack of acceptance of the field can be an obstacle, especially when senior faculty and their indifference toward the field is found to be damaging. The negative mindset of the faculty and their resistance to change has also been

discussed in the literature (23) where faculty members displayed a notable reluctance to embrace the change and viewed themselves as superior. The institutional ambiguity around the roles of health professions educationists also leads to poor boundaries at work, resulting in an overwhelming amount of duties that reduce their time with students (24). Additionally, a toxic workplace culture decreases commitment, motivation, and job satisfaction, leading to an overall decline in performance (25). There is a strong fear that the field of HPE may continue to lack the recognition and respect it deserves, which can lead to feelings of marginalization among educationists. Overcoming these challenges requires educationists to invest substantial energy and effort into advocating for their field, innovating within constraints, and actively shaping their evolving professional identities.

Amidst the challenges, there are significant opportunities that can foster and enrich professional identity formation. Educationists in the medical field play a pivotal role in shaping healthcare education. They define their roles by not only imparting knowledge but also by fostering critical thinking, empathy, and ethical responsibility among future healthcare professionals. This multifaceted role is often marked by their capabilities to innovate in teaching, curricular design and faculty development programs (FDP) (26). The journey of health professions educationists is a rewarding one, marked by notable accomplishments and achievements. Their unwavering commitment to the field of healthcare education is evident in their continuous pursuit of excellence. As pointed out by Poole (27), these professionals drive transformative change by advocating for evidence-based practices, incorporating technology in education, and advocating for the highest standards of teaching and assessment. Support systems are pivotal for educationists in the medical field, with a special focus on the vital role played by mentors and the guidance they provide to their junior peers. Senior educationists often serve as role models, sharing their experiences and knowledge, which not only facilitates the growth of junior educationists but also aids in their professional identity formation. Mentorship, as a component of socialization, is essential for the development of an individual's professional identity (28,29).

Limitations

This study has a few limitations. Since this study was conducted in Pakistan, it does not encompass the perspectives of international health professions educationists and therefore, remains a gap for future research. Moreover, the sample size was small, which is why the findings of this study cannot be generalized. Nevertheless, the broader conclusions may still remain applicable within the local context. Although the sample size was limited, the data offered valuable insights into the professional identity formation of health professions educationists. Future research with a larger sample could further validate these findings. All interviews were conducted by the principal investigator (HT), who was also responsible for the analysis as part of her master's thesis. While this could have introduced potential biases, efforts were made to minimize these biases throughout the study. First, all interviews were conducted by one researcher (HT), which might have caused researcher bias. However, efforts have been made to mitigate this bias through piloting the interview strategy with the researcher's supervisor (MZI) and member checking. In addition to engaging in continuous reflexivity and peer debriefing, HT worked closely with her supervisor (MZI) throughout the data analysis process. Multiple asynchronous reviews and consensus-building meetings were held to ensure that the themes and codes accurately reflected the data. Despite these efforts, the potential for confirmation bias remains a limitation, as the researcher's perspective could have influenced data interpretation. It is important to recognize these potential limitations to maintain transparency and ensure the validity of the research outcomes.

Practical Implications and Future Research

Lessons learned from this study highlight the need for more effective mentorship and support programs for novice health professions educationists in order to prepare them for the challenges associated with this profession. Educational institutions can use the findings to tailor their continuing professional development opportunities to meet the evolving needs of educationists, offering workshops, seminars, and reflective practices that address identity formation and can also create an environment that supports identity formation. More importantly, there is a need to revisit the institutional policies that determine the expectations from a health professions educationist and identify which policies serve as a barrier to professional identity formation. As this study caters to the Pakistani context only, future researchers could consider exploring the professional identity formation of health professions educationists from different countries to understand the cultural and contextual factors that shape identity. Additionally, the effectiveness of specific interventions or programs designed to support and promote identity formation among educationists can also be investigated.

CONCLUSION

Our findings revealed several key insights into the process of professional identity formation among health professional educationists. It is evident that educationists play multifaceted roles, encompassing not only the transmission of knowledge but also the cultivation of critical thinking, empathy, and ethical responsibility among future healthcare professionals. However, the journey toward professional identity formation is not without its challenges. Resistance to accepting change, difficulty in dealing with established norms, and less recognition of HPE as an independent field remain prominent challenges affecting professional identity formation. Furthermore, our research underscored the pivotal role of support systems in the identity formation process, particularly the significance of role models and mentors who provide guidance and insights. Additional skills such as the ability to identify mentors, seek help, focus on specific domains, and cultivate patience, contribute to the gradual process of change and identity formation over time.

ACKNOWLEDGEMENTS

REFERENCES

1.   Simpson DE, Bland CJ. Stephen Abrahamson, PhD, ScD, educationist: A stranger in a kind of paradise. Adv Heal Sci Educ. 2002;7(3):223–34. https://link.springer.com/article/10.1023/A:1021152200943

2.   Khan RA. Role of medical educationists, educators, and teachers in health professions education. Heal Prof Educ J. 2019;2(2):9.

3.   O'Sullivan PS, Steinert Y, Irby DM. A faculty development workshop to support educator identity formation. Med Teach. 2021;43(8):916–7. https://doi.org/10.1080/0142159X.2021.1921135

4.   Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. Reframing medical education to support professional identity formation. Acad Med. 2014;89(11):1446–51. https://doi.org/10.1097/ACM.0000000000000427

5.   Jarvis-Selinger S, Pratt DD, Regehr G. Competency is not enough: Integrating identity formation into the medical education discourse. Acad Med. 2012;87(9):1185–90. https://doi.org/10.1097/ACM.0b013e3182604968

6.   Sarraf-Yazdi S, Teo YN, How AEH, Teo YH, Goh S, Kow CS, et al. A scoping review of professional identity formation in undergraduate medical education. J Gen Intern Med. 2021;36(11):3511–21. https://doi.org/10.1007/s11606-021-07024-9

7.   Hafferty FW. Socialization, professionalism, and professional identity formation. In: Cruess RL, Cruess SR, Steinert Y, editors. Teaching Medical Professionalism: Supporting the Development of a Professional Identity. Cambridge: Cambridge University Press; 2016. p. 54–67.

8.   Wahid MH, Findyartini A, Soemantri D, Mustika R, Felaza E, Steinert Y, et al. Professional identity formation of medical teachers in a non-Western setting. Med Teach. 2021;43(8):868–73. https://doi.org/10.1080/0142159X.2021.1922657

9.   ten Cate O. Health professions education scholarship: The emergence, current status, and future of a discipline in its own right. FASEB BioAdvances. 2021;3(7):510–22.

10. van Lankveld T, Thampy H, Cantillon P, Horsburgh J, Kluijtmans M. Supporting a teacher identity in health professions education: AMEE Guide No. 132. Med Teach. 2021;43(2):124–36. https://doi.org/10.1080/0142159X.2020.1838463

11. Toubassi D, Schenker C, Roberts M, Forte M. Professional identity formation: linking meaning to well-being. Adv Heal Sci Educ. 2022;(0123456789). https://doi.org/10.1007/s10459-022-10146-2

12. Beijaard D, Meijer PC, Verloop N. Reconsidering research on teachers' professional identity. Teach Teach Educ. 2004;20(2):107–28. https://doi.org/10.1016/j.tate.2003.07.001

13. Ramani S, Mann K. Introducing medical educators to qualitative study design: Twelve tips from inception to completion. Med Teach. 2015;38(5):456–63. https://doi.org/10.3109/0142159X.2015.1035244

14. Stratton SJ. Population Sampling: probability and non-probability techniques. Prehosp Disaster Med. 2023;38(2):147–8. https://doi.org/10.1017/S1049023X23000304

15. Carter S, Henderson L: Approaches to Qualitative Data Collection in Social Science. In Handbook of Health Research Methods: Investigation, Measurement and Analysis. Edited by Bowling A, Ebrahim S. Maidenhead: Open University Press; 2005:215–29.

16. Soratto J, de Pires DEP, Friese S. Thematic content analysis using ATLAS.ti software: Potentialities for researchs in health. Rev Bras Enferm. 2020;73(3):3–7. https://doi.org/10.1590/0034-7167-2019-0250

17. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101.

https://doi.org/10.1191/1478088706qp063oa

18. Naz AS, Rehman R, Katpar SJ, Hussain M. Intellectual wellness awareness: a neglected area in medical universities of Pakistan. JPMA. 2014;64(9):993-7.

19. Steinert Y, O'Sullivan PS, Irby DM. Strengthening Teachers' Professional Identities Through Faculty Development. Acad Med. 2019;94(7):963–8. https://doi.org/10.1097/ACM.0000000000002695

20. Mat Nor MZ, Yusoff MSB. SWOT analysis of the Universiti Sains Malaysia medical educationists' preparations to make a regional medical education hub: a qualitative study. Educ Med J. 2021;13(3):65–75. https://doi.org/10.21315/eimj2021.13.3.7

21. Sawatsky AP, Santivasi WL, Nordhues HC, Vaa BE, Ratelle JT, Beckman TJ, et al. Autonomy and professional identity formation in residency training: A qualitative study. Med Educ. 2020;54(7):616–27. https://doi.org/ 10.1111/medu.14073

22. Hassan B, Jamil B, Waheed N, Sarwar N, Abid S, Daud F. Challenges faced by medical educators at their workplace: A qualitative study. Int J Pathol. 2019;17(2):89–95.

23. Fatima F, Khan RA. Experiences faced by MHPE graduates after their first year of post-graduation in Pakistan. Rawal Med J. 2022;47(4):1013–6.

24. Blake MK. Other duties as assigned: The ambiguous role of the high school counselor. Sociol Educ. 2020;93(4):315–30. https://doi.org/10.1177/0038040720932563

25. Başkan B. Toxic leadership in education: A systematic review. International Journal of Educational Administration, Management, and Leadership. 2020;1(2), 97-104. https://doi.org/10.51629/ijeamal.v1i2.11

26. Shrivastava SR, Shrivastava PS. Fulfillment of the expected roles of a medical teacher: Role of the medical education department. South-East Asian J Med Educ. 2020;14(2):156–8.

27. Poole C, Patterson A. Fostering the development of professional identity within healthcare education-interdisciplinary innovation. J Med imaging Radiat Sci. 2021;52(4S):S45–50. https://doi.org/10.1016/j.jmir.2021.08.012

28. Toh RQE, Koh KK, Lua JK, Wong RSM, Quah ELY, Panda A, et al. The role of mentoring, supervision, coaching, teaching and instruction on professional identity formation: a systematic scoping review. BMC Med Educ. 2022;22(1):1–14. https://doi.org/10.1186/s12909-022-03589-z

29. Bettin KA. The role of mentoring in the professional identity formation of medical students. Orthop Clin North Am. 2021;52(1):61–8. https://doi.org/10.1016/j.ocl.2020.08.007