# **ORIGINAL ARTICLE**

# Formation of Professional Identity in Pediatric Residents Working in Military Hospitals

ARSHAD KHUSHDIL<sup>1</sup>, SHAHZAD HUSSAIN WAQAR<sup>2</sup>

<sup>1</sup>Consultant Pediatrician and Neonatologist, Department of Pediatrics, CMH Quetta

<sup>2</sup>Consultant General and Laparoscopic Surgeon, Department of Surgery, Pakistan Institute of Medical Sciences (PIMS), Islamabad Correspondence to Dr. Arshad Khushdil, Email: drarshad104589@yahoo.com

## ABSTRACT

**Background:** Professionalism is one of the basic attributes of a doctor patient relationship. During development of professional identity, doctors interact with their community which provides opportunity for mutual negotiation of identity and they keep improving their abilities. The development of this professional identity is a difficult skill indoctors working in Military hospitals. **Aim:** To explore development of Professional Identity in doctors working in pediatrics department of military hospital.

Study design: Qualitative study based on phenomenological design.

Place and duration: The study was conducted in Combined Military Hospital Quetta from Jan 2022 to June 2022.

**Methodology:** All doctors serving in uniform in paediatrics department were included. In depth interviews were taken, recorded, transcribed and anonymized. Data interpreted manually, common themes originating from interviews were analysed and results formulated.

**Results:** Six themes were found from transcript. Participants discussed about their professional life during service in military and road to gain professional excellence.

**Conclusion:** Military residents working in paediatrics department have dual roles of serving the nation during peace as well as war and natural disasters.

Keywords: Professionalism, Professional Identity, Paediatrics, Military.

### INTRODUCTION

In medical world, the professional identity is defined as the perception of being a good doctor and how to behave to be called a good doctor<sup>1</sup>. In a more formal way, the professional identity formation is defined as the process through which an individual passes through while being transformed from a novice to a well-trained doctor<sup>2</sup>. This whole process of professional identity formation is influenced by a number of factors such as social, cultural, familial, academic, moral and religious factors as well as the environment in which an individual works or performs duties. This process inculcates certain moral values, core principles and self-awareness in the personality<sup>3</sup>. With time, the future doctor assumes certain roles which are gradually incorporated into his or her personality as professional identity and being reinforced through constant interaction with patients and colleagues<sup>4</sup>.

Military doctors work in a very different and bit complex environment. They have a dual identity of being a true medical professional as well as governed by tough military rules and regulations. The environment in which they work is complex because they have to abide by military regulations, face tough war like conditions and treat and face soldiers and their grieved families coming to their departments<sup>5</sup>. Developing professional identity under military rules and regulation law is a difficult task and has not been studied and reported in literature so far. Multiple identities can co-exist in an individual and organization but those individuals who working in military organization are more likely to engage in cooperative attitude and behavior in support of goals laid by organization across their system as a whole<sup>6</sup>.

Our research will involve residents working in paediatrics departmentand their professional identity formation including the difficulties they face in achieving standards of medical profession along with coping up with military laws. How these residents feel about their professional identity compared to their civil counterparts and where they stand with them in professional standards. They will be asked how they feel when working in war zones as they are frequently employed in operation areas. This study will help to highlight professional identity formation of paediatric residents when working under military laws and regulations and important aspects will be covered which are deficient in literature.

\_\_\_\_\_

Received on 03-08-2022

## Accepted on 13-12-2022 METHODOLOGY

This was a qualitative study based on phenomenological design. The study was conducted in Combined Military Hospital Quetta from Jan 2022 to June 2022 after taking permission from institution review board (IRB). All military residents of both genders working in Paediatrics department were included in the study. A total of 6 residents were included in the study through Purposeful sampling technique. Data was collected by semi structured in depth interviews with participants. Researcher (me) conducted all interviews and recorded on 'I-Phone 11 Pro- max' inbuilt voice recorder. All interviews were transcribed and sent back to respondents for re-evaluation.

Semi structured in depth interviews helped to investigate deeply to extract ideas and new clues to generate new dimensions. Open ended questions helped the participant to speak freely to give verbal expressions to their experience in military life. Questions were developed after thorough review of literature on professional identity formation in military doctors under protocol presented in "AMEE guide 87: developing questionnaire"<sup>8</sup> as shown in table 1.

Individual in depth interviews were conducted by researcher himself, time was decided with mutual consent of researcher and participant. On average 30 to 40 mins taken to complete interview of one individual and audio recorded as mentioned above.

After the interviews from all participants, data was transcribed and read again and again to cover pause, comma and generating details. Content analysis was done by using explanatory, exploratory and interpretative approaches, this helped to explore emerging themes and relevant concepts. Consolidated information was gathered from data to develop emergent patterns later leading to fit all concerned data to fit in certain pattern - analogous pattern. This is called initial coding. In this, emerging data was studied and it helped to segregate data in categories and reveal process. Initial coding was kept open ended and formed in vivo codes. These in vivo codes helped to preserve participants views and fluidity of experience. Next is Focussed coding which is also called selective or conceptual coding. It helped sorting large amount of data into new categories to narrow down research.

NVIVO version 12 was used for analysis. The transcribed data was imported to NVIVO 12 software. Nodes were generated and initial open codes helped to get raw identification of themes.

Themes generated were coded open followed by axial and selective coding. Interlinked themes were generated by coding comparison queries.

Table 1: Summary Interview Questions

Sequence of Questions	Questions
Engagement Questions	1.Introduce
Exploration Questions	<ul> <li>2.How being in military affects your professional life as doctor</li> <li>3.How you compare yourself to your counterparts working in civil</li> <li>4.What difficulties you experienced in developing PIF</li> <li>5. Stronger areas in PIF in military as compare to civil</li> <li>6.Opinion of civil doctors about your PIF</li> <li>7.Mange conflict of identities</li> </ul>
Exit Questions	8.Suggestions to improve PIF in military doctors

# RESULTS

Total of 6 participants were included who were at different stages of their training. 5 were males and one was female. Three residents were between 28 to 30 years of age, two were 31 to 32 years old and one resident was more than 32 years old. We found six themes from transcript. Participants discussed in detail, about their professional life during service in military and road to gain professional excellence. The themes which we identified during our study are shown in Table 2.

Table 2: Themes
Career Progression
Motivational Drive
Services to Society
Self-Efficacy
Performance Boosters
Apprehensions & Challenges

**Career Progression:** Career progression of military doctors occurs only when they achieve certain milestones during their career. Participants stressed upon this aspect and its effects on their professional development. All the participants knew and expressed their opinions that entering into pediatric training is based on professional marks in my career which are based on my performance in previous years as well as the number of attempts for clearing FCPS part 1 exam. Once they will complete training, they will get chance to work independently as consultant pediatricians in various military hospitals. Also based on this training they will get chance to get selected for international courses to gain exposure and to polish their skills.

Table	3:	Career	Prog	gression

Code	Quote
Work religiously	"To maintain good scores, I have to work professionally
	to achieve milestones in order to excel"
Timely clear exams	"I know, I have to clear my exams timely otherwise I may lose chance to become consultant paediatrician as well as selection for international courses"

**Motivational Drive:** The second finding driving professional identity formation in military doctors was motivational drive. It was the desire to improve their knowledge and skills with time so as to remain professionally sound and cope up with the constantly changing medical knowledge. Motivational factors are both intrinsic and extrinsic and discussed by the participants as shown below:

Code	Quote
Desire to be	"Consultant Dealing with various problems of kids"
Consultant	
Intrinsic Factors	"Selected my speciality based on my interest and
	lifestyle accommodating that speciality"
Extrinsic Factors	"I want to improve my skills in order to compete

Services to Society: Military pediatriciansprovide health careservices to families of soldiers as well as local population of area. To support this, military doctors must develop special interest and motivation with best morale and empathy to serve community as shown below:

Code	Quote
Emergency Services	"We are always prepared for any emergency /disaster situation where we have to support our nation with best possible medical care in their area"
Field Medical Services	"Providing medical care in fields is not an easy job, with limited resources, it needs training to work, out of hospital in these unconventional atmospheres for medical relief"

**Self-Efficacy:** Pakistan Army provides a robust system to excel in your profession and people who are self-efficient and adopt well to military culture perform at best to attain professional excellency under strict military rules. Factors affecting self-efficacy of military doctors are discussed below:

Code	Quote
Confidence	"I feel pride to serve the nation while being in military".
Skills	"I was interested inpaediatrics and for this I worked hard to learn maximum to qualify entrance exam and fulfil criteria laid by military".
Knowledge	"Being knowledgeable is the key to survival in medical profession and stand true for military doctors as well".
Competence	"Gaining certain skills allow me to teach PALS and neonatal resuscitation in my hospital to paramedics and doctors, contributing towards as a teacher and mentor".

**Performance Boosters:** Military organizations all over the world are considered to be the most disciplined institutions having best SOPs which their individuals enhance their professional skills and get the best results. During our study, we found followingfactors helping the individuals in boosting their performances.

Code	Quote
Self-	"Feel so proud while working for the poor population in
Satisfaction	the community esp during natural disasters"
Personal	"My loyalty towards my profession and the duty saw a
Factors	tremendous boost when the institute looked after my
	sick parents"

**Apprehensions and Challenges:** In every institute there are certain apprehensions and this was seen in our research as well. Military doctors have to see many challenges while developing their professional identity. Some of these are mentioned below:

Codes	Quote
Clash of Identities	"looking after patients putting on military uniform and ranks may affect the attitude of patients towards their doctor making it difficult for the doctors to understand their patients problems in detail."
Patient doctor relationship	"Sometimes we have to disclose the patient identity to higher authorities to get things done in a smoother fashion. This at times breach the confidentiality of our patients"
Personal Development	"One has to seek permission from higher authorities before going on some courses abroad. This hampers personal and professional growth".
Disturbed Family Life	"We have to keep our service obligation ahead of everything including our families. And this at times leads to disturbance in family matters."

# DISCUSSION

Career progression in medical profession is only achieved when one achieves the required qualification in a timely manner. In our study the residents mentioned about their struggle while serving in army, in order to achieve their qualifications timely and be at par with their counterparts outside military profession. This career progression through peer assisted learning, mentorship, career counselling, and role of training is also highlighted in other studies<sup>9</sup>. In our study participants talked about these aspects which helped then in career progression while serving in armed forces. They also mentioned that the strict rules of following merit-based selection for different courses was another important aspect helping individuals in their career progression.

Without motivation, career progression is not possible. Motivational drives help individuals complete their tasks and duties in a timely and smooth fashion. They are important triggering factors allowing one to keep moving with their profession. This role of motivational factors was heighted by our study participants as well as in other studies<sup>10,11,12</sup>.

Motivational factors can be both internal as well as external factors. Our study participants pointed out to evolving interests and desire to be competent as the two most important internal motivational factors. Other researchers also found these two factors as the main internal motivational factors<sup>13</sup>. There are many extrinsic factors as well which play an important role in professional identity formation. However, these play superficially leading to with short-term results<sup>14</sup>.

Doctors in uniform have the dual responsibility of not only serving the nation in war but also during peace whenever there is any emergency situation like earthquakes etc. A major factor for handling any such emergency is the preparedness and timely response<sup>15</sup>. One of the main elements for any emergency handling in these situations is preparedness and timely response. In our study, participants mentioned this by saying "We are always prepared for any emergency /disaster situation where we have to support our nation with best possible medical care in their area".

Self-efficacy of an individual is another important aspect which affects the professional identity formation<sup>16</sup>. Self-efficacy is basically what a person decides to do and how much efforts he puts in to perform the role at utmost desirable way without any problems or hindrances<sup>17</sup>.

Doctors in uniform have to sacrifice their energy and social and family life so as to fulfil their professional obligations. Job satisfaction and job performance always go side by side and in turn benefits goes to patient<sup>18</sup>.

Professional identity is developed overtime but during this process, the individuals do face many challenges which hamper this developmental process leading to negative impact on PIF, if not addressed in a timely manner. Doctors in uniform have to perform dual role of being a military officer as well as a medical professional. This, at times, may result in a moral dilemma if not properly handled<sup>19</sup>. Various studies have found various challenges faced by military doctors during their professional identity formation and so did our study identify few of the challenges. 20. One of the challenges military doctors face is bonding with patient as soldiers reporting sick. As the patients may not be able to express their point of view in front of the doctor sitting in uniform wearing ranks. This needs repo development by doctor to clear this obstacle and proving a relax environment for soldier with care and compassion, giving due respect to human values and providing best patient care. Few other concerns pointed out by physician in our study were the development of professional identity at their own will. Similarly, the clash of being a doctor and a soldier always go side by side throughout the lives of the military doctors<sup>21</sup>.

#### CONCLUSION

Doctors in uniform have enjoyed having dual identities and they successfully carry on these two identities. They compete with their civilian counterparts at all levels in delivery of professional skills, and at the same time, they have unique role of stance of serving the nation at times of natural disasters.

Limitations of Study & Future Directions: My study findings are based on military doctors available at hospital which is

comparatively a small hospital and all were junior residents and senior faculty was not included in this study.

**Recommendation:** PIF in military doctors has never been an easy task. The challenges they face, should be overcome timely for early

Conflict of Interest: None Funding: None

#### REFERENCES

- Matsui T, Sato M, Kato Y, Nishigori H. Professional identity formation of female doctors in Japan–gap between the married and unmarried. BMC Med Educ. 2019;19(1):55
- Lewin LO, McManamon A, Stein MT, Chen DT. Minding the form that transforms: using Kegan's model of adult development to understand personal and professional identity formation in medicine. Academic medicine. 2019 Sep 1;94(9):1299-304.
- Iserson KV. Talking about profession-alism through the lens of profession-al identity. AEM Educ Train. 2019; 3(1):105-112.
- Cruess SR, Cruess RL, Steinert Y. Sup-porting the development of a profes-sional identity: General principles. Med Teach. 2019; 41(6):641-9
- Cole R, Rudinsky S, Conley SP, Vojta L, Wook Kwon S, Garrigan AG, Prosek EA, Goolsby C. The impact of medical school on military physicians' readiness for their first deployment. Military Medicine. 2022 Mar 8.
- West JC, Morganstein JC, Meyer EG, Wynn GH. Real stress reactions in simulation: vignettes from extended mass-casualty simulations. Academic Psychiatry. 2018 Feb;42(1):164-7.
- Neubauer BE, Witkop CT, Varpio L. How phenomenology can help us learn from the experiences of others. Perspectives on medical education. 2019 Apr;8(2):90-7.
- Artino Jr AR, La Rochelle JS, Dezee KJ, Gehlbach H. Developing questionnaires for educational research: AMEE Guide No. 87. Medical teacher. 2014 Jun 1;36(6):463-74.
- Sherrer KJ, Prelip ML. A multifaceted approach to public health career and professional development training. Health promotion practice. 2019 Nov;20(6):932-40.
- Schumann M, Maaz A, Peters H. Doctors on the move: a qualitative study on the driving factors in a group of Egyptian physicians migrating to Germany. Globalization and health. 2019 Dec;15(1):1-9.
- Barry ES, Dong T, Durning SJ, Schreiber-Gregory D, Torre D, Grunberg NE. Medical student leader performance in an applied medical field practicum. Military Medicine. 2019 Nov;184(11-12):653-60.
- Barron J, Randall VF, Villareal C, Ramirez V, Vojta L. Medical Student Experiences in Operation Bushmaster 2019:"I Now See Myself as Equal Parts Physician and Leader.". Military Medicine. 2021 Nov;186(11-12):e1066-70.
- Lee W, Lee MJ, Bong M. Testing interest and self-efficacy as predictors of academic self-regulation and achievement. Contemporary educational psychology. 2014 Apr 1;39(2):86-99.
- Walker CO, Greene BA, Mansell RA. Identification with academics, intrinsic/extrinsic motivation, and self-efficacy as predictors of cognitive engagement. Learning and individual differences. 2006 Jan 1;16(1):1-2
- Hurd WW, Montminy RJ, De Lorenzo RA, Burd LT, Goldman BS, Loftus TJ. Physician roles in aeromedical evacuation: current practices in USAF operations. Aviation, space, and environmental medicine. 2006 Jun 1;77(6):631-8.
- Choi M, Kim J. Relationships between clinical decision-making patterns and self-efficacy and nursing professionalism in Korean pediatric nurses. Journal of pediatric nursing. 2015 Nov 1;30(6):e81-8.
- Kaufman DM. Applying educational theory in practice. Bmj. 2003 Jan 25;326(7382):213-6.
- Platis C, Reklitis P, Zimeras S. Relation between job satisfaction and job performance in healthcare services. PROCEDIA-Social and behavioral sciences. 2015 Feb 12;175:480-7.
- Cole R, Peters SA, Garrigan AG, Tilley L, Conley SP, Schwartz J, Vojta L, Rudinsky SL. Medical Students' Professional Identity Formation During Operation Bushmaster. Military Medicine. 2022 May 24.
- 20. Rochon C. Dilemmas in military medical ethics: a call for conceptual clarity. BioéthiqueOnline. 2015;4.
- Kharod CU, Shackelford BM, Mabry RL, O'Connor FG, Schoomaker EB, Smith DC. Fundamentals of Military Medicine. The Borden Institute, Fort Sam Houston. 2019 Jul:603-20.

# **ORIGINAL ARTICLE**