

Title:

Reframing Participation as Professional Identity Formation in
Health Professions Education: The Professional Becoming
Framework

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Pull-out quotes

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Introduction

Health professions education increasingly incorporates service user involvement, co-production and person-centred approaches, reflecting a growing recognition that healthcare professionals must work with people rather than simply 'conditions' ^[1]. Service users can be understood as individuals who use, have used, or may have a legitimate relationship with health and social care services, including patients, carers and members of the public

^[1,2]. In this paper, the term service user refers specifically to people with experience of health and social care services, rather than users of health professions education.

Within health professions education, however, service users contribute more than their experience as recipients of healthcare. They bring knowledge and understanding derived from lived experiences of illness, disability, healthcare encounters, treatment and relationships with professionals ^[2] that represents a form of expertise that is distinct from, but complementary to professional and academic knowledge. Hence, contemporary health professions education is increasingly recognising that becoming a healthcare professional involves not only acquiring knowledge and skills but also participating in the social and relational experiences that shape professional identity ^[3-5].

Within this paper, participation refers to “an active process characterised by the willingness to be involved with confidence and without fear of not being accepted, within a professional or social context” ^[6 page 678] and encompasses the active involvement of learners, educators and service users in educational encounters through reciprocal engagement, dialogue and the negotiation of meaning. Participation therefore extends beyond attendance or involvement in an activity to encompass the ways in which participants respond to, influence and learn from one another ^[3].

The process is informed by Symbolic Interactionism, which suggests meaning and identity are constructed and continuously shaped through social interaction and individuals' interpretation of those interactions ^[7,8]. Within this context, service users are increasingly positioned as partners in education, and collaborative, interprofessional approaches are promoted ^[1-5,9].

Despite this shift, participation is most often conceptualised as a pedagogical strategy used to enhance empathy, communication, or learner satisfaction rather than as a deeper interactional process shaping professional identity formation ^[1,2]. This matters because health professions education does not simply transmit knowledge; it inducts learners into ways of thinking, acting, and relating within their chosen healthcare profession ^[1-5,9]. Participation may therefore provide a site through which learners encounter and negotiate values, behaviours and relationships associated with professional practice ^[3].

The Problem and the Paradox

Identity formation is understood to be a social and relational process ^[10]. Learners develop a sense of themselves as professionals through interaction with peers, educators, and practice environments ^[3-5,9]. However, the role of participation, particularly with service users and communities, remains under-theorised within this process. At the same time, participatory

approaches are often presented as inherently transformative ^[3-5]. Yet the assumption that participation is inherently transformative is not always borne out in practice. Relational practices can provide contexts in which learners negotiate meanings, roles and understandings of themselves as emerging healthcare professionals when conditions support authenticity, reciprocity, trust and psychological safety ^[3]. However, these conditions are shaped and constrained by structural and contextual factors, including institutional culture, power relations, curriculum design and the extent to which experiential knowledge is recognised as legitimate ^[11]. Such factors are impermanent, ever-changing and interdependent. Participation may be implemented in ways that are procedural or tokenistic, reinforcing rather than challenging existing hierarchies of knowledge and authority ^[8].

This creates a central paradox: participation is widely promoted as essential to contemporary healthcare education, yet its capacity to contribute to professional identity formation is neither automatic nor uniform. Its transformative potential depends upon the relational and structural conditions in which participation occurs. Without a clearer theoretical account of how participation shapes professional identity, there is a risk that it becomes merely tokenistic rather than substantive. The Professional Becoming Framework (PBF) responds to this gap by conceptualising participation as a site of professional becoming (Figure 1).

Participation alone does not constitute professional becoming. Rather, participation becomes identity-forming when interactions enable reciprocal engagement, meaningful dialogue and reflexive interpretation within supportive relational and structural conditions.

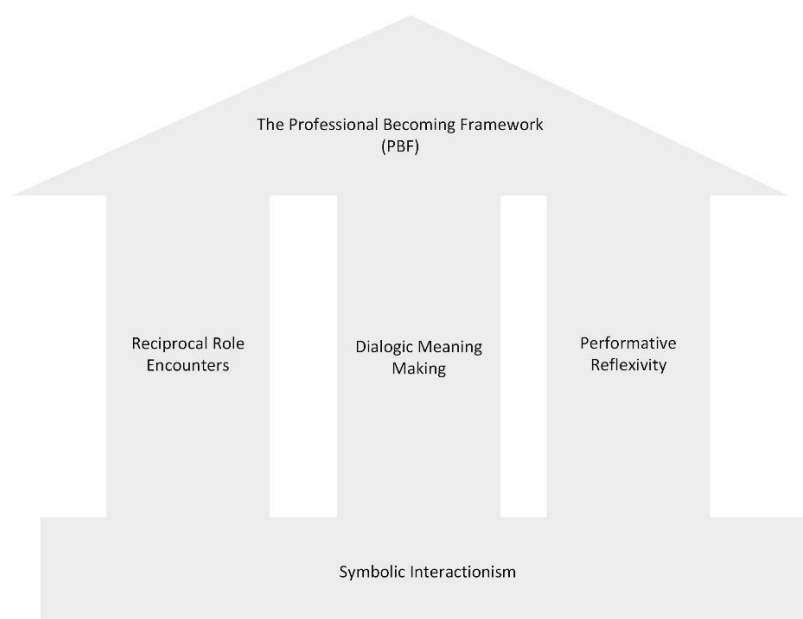


Figure 1. The Professional Becoming Framework (PBF). Source: Authors' own.

The PBF provides a conceptual lens for understanding participation as a site of professional becoming within the broader process of professional identity formation. Developed in response to limited theorisation of participation within the development of professional identity, the framework is grounded in a Symbolic Interactionist perspective ^[7,8]. Rather than conceptualising professional identity as a fixed outcome that is progressively acquired, the PBF reframes professional identity as

continually emerging through interaction, interpretation and experience. Within this process, identity negotiation occurs through three interrelated processes: **role reciprocity**, **dialogic meaning-making**, and **performative reflexivity**. Together, these processes describe how learners encounter, negotiate and reinterpret professional roles and meanings through participation, contributing to professional becoming. The PBF therefore moves beyond conceptualising participation primarily as a pedagogical strategy or contextual factor, positioning it instead as central to the relational and interactional processes through which individuals become healthcare professionals. Although the framework is informed primarily by pre-registration health professions education, its conceptualisation of participation is intended to have relevance across both undergraduate and postgraduate health professions education.

1. Role Reciprocity

Professional identity develops through interaction with others occupying complementary roles ^[10]. The identity of “healthcare professional” is inseparable from relationships with service users, carers, and other healthcare professionals.

Participatory encounters function as relational spaces in which learners test and negotiate these roles. Through interaction, learners encounter expectations about responsibility, authority,

and partnership, and receive feedback that shapes their understanding of what it means to be a healthcare professional ^[3]. Identity formation thus occurs through negotiated reciprocity rather than unilateral role acquisition ^[10].

2. Dialogic Meaning-Making

Participation brings together diverse forms of knowledge, including professional, experiential, and pedagogical perspectives. Through dialogue, these perspectives intersect, creating opportunities for shared meaning-making ^[12].

Professional identity formation is therefore not solely an individual process, but a collective one ^[3-5]. Dialogue enables learners to encounter alternative understandings of care and professionalism, which may affirm or challenge existing assumptions. The quality of dialogue, particularly the presence of trust and openness ^[12], can contribute to psychologically safe environments in which participation becomes meaningful and reciprocal ^[3,13]. Such environments may influence whether participation becomes substantive and identity-forming or remains superficial ^[13].

3. Performative Reflexivity

Professional identity is shaped through performance and reflexive appraisal ^[13,14]. In educational settings, learners enact

professional roles while simultaneously interpreting how they are perceived by others.

Participatory encounters provide feedback that may confirm or disrupt emerging identity claims ^[13]. Learners interpret this feedback, reflect on their performance, and subsequently modify their conduct accordingly ^[14]. The PBF Interactional Cycle (Figure 2) illustrates how professional identities are continually negotiated through iterative processes of enactment, feedback, interpretation, and reflection. From this perspective, professional identity is not acquired but emerges through ongoing participation and interaction with others.

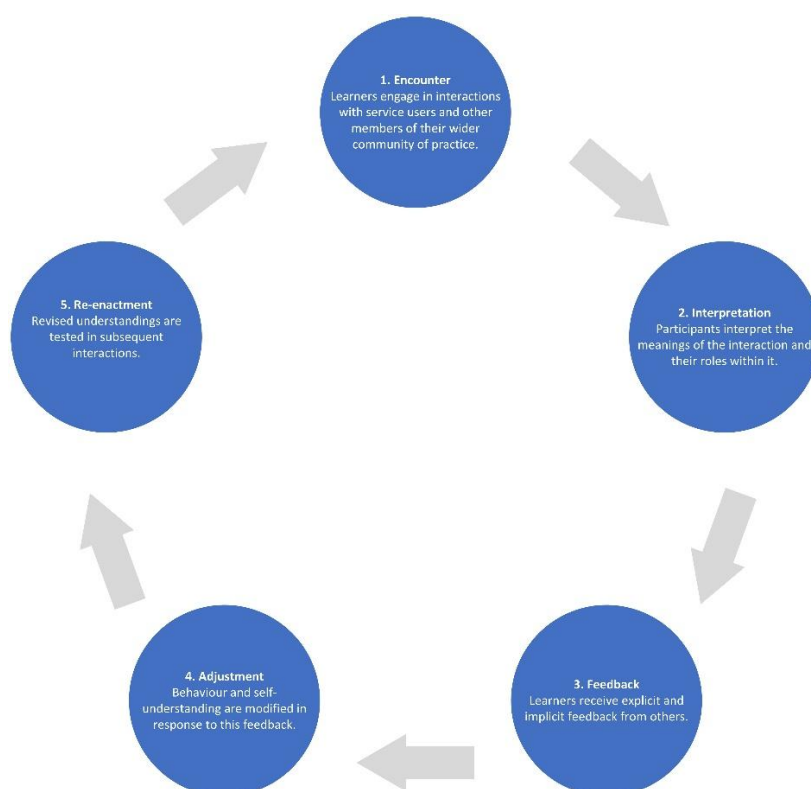


Figure 2. The PBF Interactional Cycle. Source: Authors' own.

Why This Matters for Health Professions Education and Practice.

Reframing participation within the PBF has important implications for health professions education and practice.

First, it shifts attention from participation as an intervention to participation as an ongoing relational process. This emphasises the importance of sustained, meaningful engagement between learners, service users, and professionals across disciplinary boundaries ^[2,9].

Second, it highlights the conditions under which participation becomes transformative. This reframing draws attention to how dialogue ^[12], recognition of different forms of knowledge, and opportunities for reflexive engagement ^[14] shape the conditions under which participation may become identity-forming. Without these conditions, participation may reinforce professional hierarchies rather than challenge them ^[9,11,15].

Third, the PBF positions service users and communities not simply as contributors to education, but as active participants in the development of professional identity ^[3]. This challenges traditional assumptions about expertise and authority within health professions education and aligns with broader commitments to equity, inclusion, and social accountability ^[15].

Implications for Curriculum and Research

Understanding participation as a site of identity negotiation and professional becoming has implications for both curriculum design and research.

From a curricular perspective, participation should be embedded longitudinally across the curriculum rather than implemented as isolated events. The PBF Interactional Cycle suggests the need for repeated opportunities to participate in relational and dialogic encounters through which professional roles, identities, and understandings can be negotiated and refined. To enact the PBF, the focus should shift from one-off, potentially tokenistic inclusion of service users within curricula towards sustained, collaborative learning activities that develop over time and engage the full community of practice ^[16].

This also has implications for interprofessional education (IPE). Service users and communities could participate alongside learners from different health professions in sustained, relational and dialogic activities, creating opportunities for learners to negotiate professional roles, responsibilities and understandings of person-centred practice across disciplinary boundaries ^[9]. From a PBF perspective, such participation may contribute not only to interprofessional learning but also to professional identity

formation through interaction with service users, peers and members of other health professions.

For research, the PBF highlights the need to move beyond outcome-focused evaluations of participation. While measures such as satisfaction and skill acquisition are important, they do not capture the processes through which professional identities are formed. Qualitative and longitudinal approaches are particularly well suited to examining how learners interpret participatory experiences, how identity feedback operates, and how professional self-understandings evolve over time. PBF-informed research might therefore examine how learners interpret participatory encounters, how feedback from service users influences emerging professional identities, and how these processes develop over time and across different educational contexts.

Conclusion

Health professions education is undergoing a shift toward participatory approaches that recognise learning and professional identity formation as socially negotiated processes. However, the theoretical foundations of this shift remain underdeveloped.

This paper has proposed the Professional Becoming Framework (PBF) and PBF Interactional Cycle as a way of understanding

participation as a site of professional identity formation. By conceptualising participation as a relational, dialogic, and reflexive site of identity negotiation and professional becoming, the PBF offers a theoretically grounded but practically oriented lens through which to examine how health professionals come to think, act, and relate within contemporary healthcare systems.

Reframing participation in this way moves the conversation beyond what participation achieves, toward how it shapes who professionals become. In doing so, it provides a foundation for more meaningful and equitable approaches to participation, recognising that its transformative potential depends upon relational and structural conditions in which participation occurs.

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