Professional Identity and Professionals' Workplace Learning: A Theoretical Proposal

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When organizations employ professionals it is critical to comprehend the nature of professional identity as it relates to learning in the workplace. These findings indicate ways that professional identity influences workplace learning behavior in doctors of veterinary medicine. Using grounded theory, ethnographic investigation and analysis resulted in a theoretical model that may help HRD professionals to anticipate the interaction of professional identity and workplace expectations on learning behaviors.

Keywords: Workplace Learning, Professional Employees, Professional Identity

Of all environments where adult learning occurs, the workplace is among the most important. Organizations have discovered that training and education are essential to the pursuit of common objectives and improving performance (Merriam & Caffarella, 1999). While education is not the primary mission of most workplaces, (Hodkinson et al., 2004), there is broad recognition that workplace learning can be a means to a desired end.

Each year U.S. corporations spend more on training and education than the combined budgets of every public school system in the country (O'Connor, Bronner, & Delaney, 1996). Some organizations have developed Corporate Universities offering a wide variety of education and training tailored to the specific objectives and tasks demanded by their work. Between 1988 and 2002 the number of American Corporate Universities quadrupled (Antonacopolou, 2002). Despite the investment of billions of dollars annually on training and educating the workforce, concerns about effectiveness remain. Some researchers estimate that the amount of training that actually transfers into behavioral change on the job is as little as ten percent (Kupritz, 2002; Montesino, 2002).

This presents a particular challenge to organizations whose livelihood depends on their ability to attract, develop and retain qualified knowledge workers. This qualitative study examines the workplace learning of doctors of veterinary medicine (DVM) in the context of a single corporate practice with multiple locations across the United States. Veterinarians, like other professionals, are influenced not only by the context of the organization that employs them, but by the professional identity formed as they become qualified and practiced their profession in the context of their professional peers and mentors. Such an *occupational community* is defined as a "group of people who consider themselves to be engaged in the same sort of work; whose identity is drawn from the work" (Van Maanen & Barley, 1984). Community members share common values, norms and perspectives relative to work and also extending to personal matters, often blurring the boundaries between social relationships, work and leisure.

Using the qualitative approach of grounded theory (Gay & Arasian, 2003; Glaser & Strauss, 1967), this study employed ethnographic research techniques. By gaining an understanding of professionals' learning behavior, the result was a theoretical model that may help employers and professionals alike to better understand the interaction of professional identity and learning in a workplace setting.

The study was conducted at the corporate headquarters of a veterinary hospital chain (referred to in this document as "the practice") and extended to the hospitals where the eleven subject doctors practiced. The organization operates more than 500 hospitals throughout the United States, making it the largest privately-owned provider of veterinary services in North America. The organization was growing at the rate of 80 hospitals annually, employing over 5000 nationwide. At the time of the study, ability to integrate and retain DVMs once hired into the practice was a key strategic concern of the practice.

Theoretical Framework

Theory suggested by this study emerged from a body of research directed toward improved understanding of learning in the workplace. Several topics provided the framework, including learning as an organizational attribute, the relationship of learning to organizational strategy, job satisfaction, and worker commitment. Researchers have previously explored

the relationship between training, organizational strategy and a variety of outcomes. Montesino's (2002) findings based on the study of pharmaceutical sales trainees and their supervisors suggest that both are more likely to participate in behaviors that encourage training if they perceive that the training program is aligned to organizational strategy. Rowden's (2002) study of small to midsize businesses examined the relationship between workplace learning and job satisfaction.

Bartlett & Klein's (2001) study of the relationship between training and organizational commitment is of interest not only because of its topic, but the context of the research. Their study of registered nurses is relevant to this study, as it examined professionals in a health care field. They found factors related to training – perceived access, social support for training, motivation to learn, and perceived benefits – related positively to organizational commitment. Power relations incumbent in employment relationships are an essential element for investigation in order to understand their impact on learning in an organizational context (Rainbird, Munro, & Holly, 2004). Daley (2001) observed that organizational context may affect different professions in ways that are unique to each.

A set of findings particularly relevant to this research involved new graduates entering the accounting profession. Hoskin and Anderson-Gough (2004) observed that professionals operating in a workplace environment may be required to master additional disciplines. They refer to this phenomenon as transdisciplinary learning, a process which involves moving knowledge from the isolation of the disciplines in which they are often taught, such as in a professional school, or formal workplace training, into an "integrated code" (p. 84-85) where these disciplines are practiced not only simultaneously, but in ways that make connections between disciplines.

Occupational communities might consist of fishermen, schoolteachers, dentists, or in the case of this study, veterinarians. The investigation of a specific profession as a subculture of the organization in which it is employed may clarify how organizational culture impacts professional learning, since the combination of these significantly influence the key contexts in which professionals practice their craft (Daley, 2002). Workplace environments have a unique relationship to the process of learning. Learners participate in communities of practice, forming bonds with others who share commonality of work and identity. These communities may be ad hoc or highly formalized, but they share the common ability to embody the beliefs and behaviors held by their members (Evans & Rainbird, 2002; Wenger, 1998).

The context in which professionals learn is more complex than the relationship between employee and organization alone. Current research has revealed that occupational learning communities can have an important influence on learning within organizations. In professional occupations, membership in these communities can be such a defining element to individual identity that the influence of the professional community exceeds the influence of the employing organization. Membership in an occupational community that provides a distinct and valued social identity, according to Van Maanen and Barley (1984), whose work cultures are characterized by "people who share similar identities and values that transcend specific organizational settings" (p. 314).

Research Questions

This inquiry involved Doctors of Veterinary Medicine in their first six months of employment in a large, corporate practice. Ethnographic research was guided by the following research questions:
1. What learning orientations (Knowles, Holton, & Swanson, 1998) do individual DVMs bring to the task of workplace learning?
2. Are there differences in ways that DVMs in this practice approach workplace learning when comparing their clinical/medical role to their practice management role?
3. How do strategies and tactics for learning in a corporate work environment interact with membership in a professional occupational community during the first six months of employment for DVMs in this practice?

Due to the recursive nature of the grounded theory approach (Gay and Airasian, 2003; Glaser & Strauss, 1967), a fourth research question emerged after initial data had been gathered and analyzed.
4. Does professional socialization and identity play a role in the learning process that might either enhance or become a barrier to acquiring knowledge and skill outside of one's primary discipline?

Design and Methodology

This study applied the qualitative technique of grounded theory (Gay & Airasian, 2003; Glaser & Strauss, 1967) to explore learning orientations, strategies and tactics employed by doctors of veterinary medicine who recently joined a corporate practice. Research was conducted at the corporate headquarters and eleven hospitals of a privately-owned

chain of veterinary hospitals, also referred to in this document as *the practice.,* This organization operates over 500 company-owned and franchised pet hospitals throughout the United States, and employs more than 5000, adding approximately 80 hospitals to its network annually.

A purposive sample (Berg, 2004) included twelve DVMs who had been employed by the practice for less than three months. Thirty-two DVMs received letters of invitation to participate in this research. From seventeen who responded, twelve were selected to achieve gender, ethnic and geographic diversity roughly comparable to that found in the organization at large. All participants attended a week-long orientation session together at corporate headquarters.

Data gathering was conducted in three modes: a preparatory mode, which included document review and interviews with key informants, followed by an investigative mode, which included participant interviews, learning journals and field observations. Finally, the validation mode included participant review of investigative results for accuracy and process review by faculty members of the university's School of Education.

Interviews were conducted at the beginning and the end of the research subjects' participation. The foundation of the questions for the initial interview was developed from Marsick & Watkins' (1987) "Conceptual Framework for Studies of Informal Learning in the Workplace" (p. 177), supplemented by Van Maanen and Barley's (1984) conceptual descriptions of occupational learning communities. The initial and follow-up interviews were semi-structured, utilizing open-ended questions developed by the researcher (Berg, 2004; LeCompte & Schensul, 1999).

Participants kept learning journals during the three to four months between interviews. The contents were submitted to the researcher by e-mail approximately every two weeks. Learning journals, according to Hiemstra (2001), provide learners with a means to record "thoughts, reflections, feelings, personal opinions, and even hopes or fears during an educational experience " (p. 20).

Consistent with the grounded theory approach used, questions for the follow-up interview were based upon recursive analysis of themes that emerged from the initial interviews, journal entries and field observations (Berg, 2004; Gay & Airasian, 2003; LeCompte & Schensul, 1999). Field notes, written journal entries and digital voice recordings of interviews were transcribed and analyzed using qualitative data analysis software.

In order to understand subjects in a workplace context, individuals were studied as they interacted with the social structures and processes of the work environment. The agency of individuals and structure of organizations are so thoroughly intertwined that some researchers view an attempt to separate them as artificial (Hodkinson et al., 2004). A qualitative research design utilizing grounded theory was chosen as the means to study the workplace learning process among newly-hired veterinarians in a corporate organization. Educational researchers for the American Medical Association (Jennett, Jones, Mast, Egan, & Hotvedt, 1994) indicate that a qualitative, ethnographic approach may be the most powerful method for understanding physicians' learning in the workplace.

Each participant gave two recorded interviews. Initial interviews were conducted during a week-long orientation and training event at practice headquarters. The final interview was conducted in or near the hospital where each doctor worked. Between interviews, participants maintained journals of learning experiences which were collected via e-mail approximately biweekly. At the time of the final interview, field observations were conducted in each subject's workplace.

The researcher assumed roles relevant to each of the various phases. As an interviewer, the role was a constructivist-interpretive approach. This researcher arrived armed with contextual knowledge gleaned from the document review and interviews with key informants. Participants were observed at the beginning and end of the process at a training event at corporate headquarters, and in veterinary hospitals. The researcher's personal interaction with study participants became an important element in the data gathering process (LeCompte & Schensul, 1999). This participatory model was designed to reduce the perceived power differential between researcher and subject, creating a collegial relationship free of the perception of manipulation (Berg, 2004).

Due to the recursive nature of the study, design of the final interview questionnaire was not completed until the initial interviews and the bulk of journal entries had been reviewed and analyzed. Use of the constant-comparative method (Gay & Airasian, 2003; Glaser & Strauss, 1967; LeCompte & Schensul, 1999) resulted in a change to the final interview with the addition of an open-ended "word association" question used to elicit participants' perceptions of members of the veterinary profession and business people. The addition of this question was a direct result of recursive methodology. Responses to this question were grouped into thematic categories and analyzed by frequency as well as the relative order in which they appeared in subjects' responses.

Limitations and Considerations

This study, situated in the U. S. operations of a single organization, was limited in scope to a single cohort of Doctors of

Veterinary Medicine, who entered the organization between May and July, 2005. This organization is the largest privately-held veterinary practice in the United States. At this point in time, the majority of American veterinarians practice in small, locally-owned hospitals and clinics (Brown et al., 1999).

The researcher gained access through a longstanding friendship with a company executive. This relationship was disclosed to all participants in the research. The practice contributed financially to this research through partial payment of the researcher's travel expense and honoraria to participants; however, the company's financial contributions were in no way contingent upon any particular result. The researcher provided the practice results of this research while maintaining the strict confidentiality of all participants through use of pseudonyms.

Findings

Of twelve original participants, eleven completed all phases of this study. Data from the initial interview of one doctor who voluntarily withdrew was excluded. Four doctors had between three and twenty-three years of prior veterinary practice experience (mean = 11.6 years) and seven were recent graduates. The participants were graduates of nine veterinary schools. Table 1 contains demographic data for the eleven doctors including geographic region, professional experience, gender and ethnicity.

Table 1. *Demographic Analysis of Participants*

Geographic Region	Professional Experience		Gender		Ethnicity				
	Experienced	New Graduate	Female	Male	African American	Asian	White/ Caucasian	Other	Total
Pacific Northwest	1	2	2	1	0	1	2	0	3
Rocky Mountain	2	1	3	0	0	1	2	0	3
Midwest	0	3	2	1	0	0	3	0	3
Southeast	1	1	2	0	1	0	0	1	2
Total	4	7	9	2	1	2	7	1	11
	36.4%	63.6%	81.8%	18.2%	9.1%	18.2%	63.6%	9.1%	100.0%

Findings relevant to the first research question revealed that participants demonstrated positive orientations toward learning. Regarding the second research question, DVMs employed different learning strategies and tactics in pursuit of medical learning from those used when learning about the social, organizational and financial aspects of practice management. Subjects engaged in learning medical content intentionally, using both formal and informal means, but relied mostly on informal and incidental learning for the non-medical elements of practice management.

While the second research question probed for comparisons between the doctors' approaches to learning, the third question was directed to elicit interactions between learning as a professional and learning in the context of a corporation. Learning in these areas was predominantly informal, although some formal learning strategies were evident. In each of six areas, the interaction of participants' identity as members of a professional occupational community and as employees of a corporation resulted in both positive and negative learning outcomes. These 6 areas were: mentoring relationships, productivity, working with hospital staff, participation in a professional or occupational community, concern over unnecessary vaccines or treatment, and working at multiple hospitals. These interactions contributed both positive and negative effects to workplace learning.

Each of the eleven doctors related successful learning to building confidence. Sixty-six per cent of experiences mentioned as contributing to professional confidence involved clinical/medical learning, compared with 30% involving practice management. Only two DVMs had a relatively even balance between comments about developing confidence in both their medical and practice management roles. Dr. Murray, an experienced veterinarian who was the acting Chief of Staff in one hospital, recorded in her journal:

Although I am tired from the week, I am happy to be in this new position. The opportunity to hone my leadership skills and build my medical knowledge has been refreshing and boosts my confidence that we can become a successful and trusted hospital in the community.

Approaches toward learning non-medical components of practice were neither varied nor robust. The only strategy applied consistently by all participants was learning by doing. Compared to the rigor that subjects applied to clinical learning, their approach to learning about practice management was less organized, lacking commonly and intentionally applied strategies and tactics. In addition, some doctors avoided learning about the non-medical parts of their role, a

behavior that did not appear in the context of medical/clinical learning. Doctors mentioned avoidance both in terms of interpersonal relations and the financial operation of the hospital. For example,

Dr. Berger, on difficult clients: "If they're that picky or crazy then I don't want to deal with them."

Dr. Fox: "I try to stay away from the finances as much as possible."

Dr. Lily: "I don't want to come across as a money-grubbing veterinarian."

Avoidance represents an intentional effort to *not* learn about a particular subject. Understanding the learning that these doctors avoided was as revealing as understanding the learning that they pursued.

The final interview revealed that some veterinarians' perceptions of the business role were in direct conflict with their beliefs about what it meant to be a good veterinarian. A two part open-ended question asked participants to answer with the words they would use, first to describe a good veterinarian and then to describe a good business person (see Table 2). "Veterinarian" represented the medical role, and the generic title "business person" represented non-medical aspects of practice management. This finding was reflected in numerous comments in interviews and journals where doctors displayed ambivalence toward non-medical elements of the profession. Their responses exposed that their professional identities as medical doctors were sometimes in conflict with the practice management elements of that role.

Table 2. *Common and Unique Descriptors for Good Veterinarian and Good Business Person.*

Good Veterinarian Only	Common to Both	Good Business Person Only
Compassion	Communication	Profit Concern, negative connotation
Open/Improving	Knowledge	
Ethical/Honest	Business Skills, positive connotation	Uncompassionate
Advocacy		
Technical/Medical Skills	Charisma	
Cope With Frustration	Calming Influence	
Observant		

When ranked in the order mentioned, the top themes attributed to good veterinarians were (1) ethical and honest, (2) professional knowledge and (3) continuously improving and open to new ideas. Responses describing perceptions of a good veterinarian were positive traits, consistent with the tone of the question. The highest ranking descriptors attributed to a good business person were (1) professional knowledge, (2) a lack of compassion and (3) a concern for profit. The third theme, concern for profit, carried a connotation that profit would be placed ahead of concern for patient care. Two of the first three themes doctors used to describe a good business person were clearly in conflict with descriptors used for a good veterinarian.

Conclusions and Discussion

Early evidence indicated that there might be problems associated with how veterinarians adapt to the workplace environment. Once the subjects' understanding of and orientation toward learning was eliminated as a potential stumbling block, further investigation led to consistent and observable differences between these doctors' approaches to learning that varied according to the content learned. Although context played a role in workplace learning, these results led to a new line of investigation. If organizational context accounted for some, but not all positive or negative effects on learning, what might be the contribution of the subjects' thoughts, assumptions and beliefs? The relationship of disciplinary content to each doctor's concept of professional identity emerged as a key variable interacting with motivation to learn as well as specific tactics and strategies employed. This was particularly true of the non-medical aspects of veterinary practice.

These veterinarians approached workplace learning differently according to two key variables: perceived alignment with professional identity and perceived importance to professional practice. Differences were evident when comparing how DVMs approached learning about the medical aspects of their profession in contrast to practice management, made up of non-medical disciplines that are also a part of veterinary practice (Brown et al., 1999; Kogan et al., 2005). It was common for these DVMs to associate their professional identity with scientific, medical, clinical disciplines but less common for them to include non-medical disciplines.

Hoskin and Anderson-Gough (2004) laid a helpful foundation with their explanation for the effect of disciplinarity on workplace learning. Educational systems that produce members of established disciplines tend to be highly

specialized and exert significant influence on the type of content that is transmitted in the process of becoming qualified to practice a professional discipline. When this type of highly controlled and specialized system is the prevalent means for producing professionals, as in veterinary medicine, (Kogan et al., 2005), the need and opportunity for transdisciplinary learning may not appear until after the professional enters the workplace. According to Lewis and Klausner (2003), veterinary schools in the United States recognize their role "as gatekeepers to the profession," and are beginning to understand "their responsibility for selecting candidates who have the skills to capitalize on their education and build successful careers" (p. 1690).

Figure 1 is a theoretical model based on these observations, demonstrating the interaction of professional identity and the professional's perception of how important particular content is relative to the demands of practice (Steele, 2006). Position on the grid indicates the professional's likely approach to learning a particular type of content as it is perceived to be outside or inside the home discipline.

High

Perceived alignment with identity based on "home" discipline

Low

Complementary
EXPLORE

Crucial
PURSUE

Contrasting
TOLERATE

Unconnected
IGNORE

Conflicting
AVOID

Low   Perceived importance to professional practice   High

Italics: Perceived relationship of target discipline to home discipline
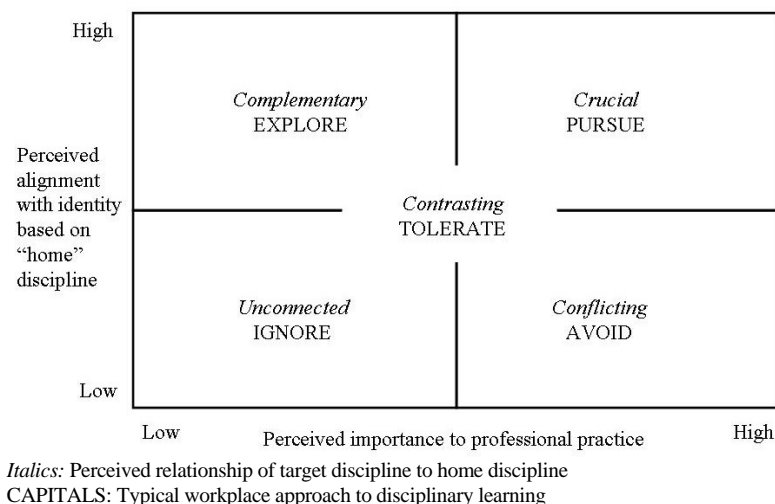CAPITALS: Typical workplace approach to disciplinary learning

Figure 1. Approaches to transdisciplinary and disciplinary learning

A brief description of each quadrant:
- Low identity alignment and low importance to practice: *Unconnected.* The professional sees little connection with self or application in the work environment, so a typical approach would be to ignore content in this quadrant.
- High identity alignment and low importance to practice: *Complementary.* The professional takes a personal interest in this content, but there is no urgent need for application in the workplace. A typical approach would be to explore this content as time permits.
- Low identity alignment and high importance to practice: *Conflicting.* The professional does not see a clear connection with the home discipline, but its importance for practice results in external pressure to learn, leading to conflict between practice demands and professional identity. A typical approach would be to avoid learning this content unless the pressure becomes too great.
- Moderate identity alignment and moderate importance to practice: *Contrasting*. The professional sees some connection with his or her home discipline, and the content has some relevance in the practice environment. This content may not be a perfect match with the professional's interests, but learning will be tolerated if the need or opportunity is present.
- High identity alignment and high importance to practice: *Crucial.* There is both a strong connection with professional identity and an urgent need in the practice environment. Content meeting these criteria is likely to be pursued seriously, often to the exclusion of other types of content.

Approaches to medical content tended to fall in the *Crucial* or *Complementary* quadrants. In the *Crucial* quadrant, doctors pursued medical learning relevant to their practice daily, using both formal and informal methods. In one case, a doctor who had assumed a leadership role in the hospital sought mentoring from multiple resources in order to address a critical employee issue. This was the only obvious example of a case where a practice management skill

(personnel management) was approached as a crucial learning experience.

In cases where content held minimal relevance to the immediate practice environment, learning fell into the *Complementary* sector. For example, a doctor who wanted to learn more about treating reptiles could not arrange the time, and another doctor chose to enroll in courses in veterinary acupuncture on her own time.

Approaches to practice management content tended to fall in either the *Contrasting, Conflicting* or *Unconnected* quadrants. Doctors tolerated, for example, mandatory online courses on safety and harassment, suggesting these topics fell into the *Contrasting* quadrant – neither essential to nor in conflict with professional identity, but important enough that it seemed prudent to comply with this minimal training requirement.

Despite a tendency to avoid content in the *Conflicting* quadrant, some of the most dynamic interactions occurred there. Doctors who were reticent to recommend services to clients they perceived as being unable to pay struggled with the practice's mandate to offer the best possible care. This conflict appeared to be difficult for some doctors to resolve, although several reported that they were aware of it.

The organization had established a system that would allow productivity to remain in the *Unconnected* quadrant during the doctors' initial learning phase on the job. By providing a fixed salary for the first year, the intent was to decrease the environmental pressure for productivity during the period of time that doctors joining the practice would be focused on learning tasks that might have a negative impact on compensation under a productivity-based system. In at least one case, however, a doctor's approach to productivity moved from the *Unconnected* quadrant to the *Complementary* quadrant as she received positive performance feedback.

A compelling feature of this theoretical model is that the most desirable approaches to learning are located in the top two quadrants (see Figure 1), indicating high alignment with the professional's identity in his or her home discipline. The impact of professional identity on workplace learning becomes evident: content that is perceived to be in alignment with one's professional identity will be learned willingly and actively, while that which is not will be learned passively, grudgingly, or not at all.

Implications for HRD

For the field of Human Resource Development, this research expands our understanding of professionals in a corporate workplace environment. By exposing doctors' attitudes about corporate practice and the subsequent learning strategies and tactics applied in that context, this research contributes an improved understanding of the learning experiences of professionals entering corporate practice. These findings also expose potential barriers to learning that include predispositions that doctors may bring into the workplace, as well as those erected by organizational processes and systems that at times do not integrate well with the professional's identity or disciplinary objective, which in this case was to provide quality medical care to their patients.

These conclusions have implications for educators and HRD practitioners whose organizations employ professionals. First, professional identity must be comprehended when designing educational and developmental programs and resources for users who identify with a specific discipline. Disciplinary "ways of being" (Hoskin & Anderson-Gough, 2004, p. 71) exert powerful influence on the choices and approaches that professionals make about learning. Second, it is wise to expect tension between traditional disciplinary roles and the increasing need for transdisciplinary attainment that modern organizations. Where multidisciplinary competence is a prerequisite for success, it is essential that existing disciplinary frames be exposed and expanded to include a well-rounded self-image that is better aligned to the needs of both the profession and the organization in which it is practiced.

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