

National Research University

Higher School of Economics

As a manuscript

Konstantin Galkin

**Professional identity of young doctors in the city and in the village: life strategies
and everyday practices (the case of St. Petersburg and Leningrad region)**

Thesis Summary for the purpose of obtaining PhD in Sociology HSE

Academic supervisor:

Doctor of science in Sociology

Elena Omelchenko

Moscow, 2018

Relevance

The majority of modern studies concerned with the professional identity of physicians pay attention to citizens living in large megalopolis or million-plus cities. This experience becomes universal for generalization and analysis of career and life strategies of physicians.

It is noted that physicians who live and work not in large cities, but in small towns and villages, are on the periphery of the attention of researchers and often are excluded from consideration at all. In some degree, it is due to the fact that today rural areas, the "Russian village", are sidelined, which results in mass migration of young rural population to the cities. Specialists and especially representatives of medical professions leave the villages in search of more prestigious or highly paid job.

A clear research interest is a comparative study of the specifics of the work, everyday practices and professional values of young doctors working in the city of federal importance and in the villages, small towns.

Investigations of the specifics of medical practice of young specialists in villages and small towns give grounds to assume that their everyday practices can significantly differ from those of physicians working in large cities, which makes comparisons of young physicians working in a large metropolitan area and young physicians working in small towns/villages quite relevant. At the same time, the development of modern technologies and the inclusion of rural specialists in Internet communications and social networks is reflected in the similarity of part of the everyday practices of urban and rural young physicians.

Work, personal life and emerging life strategies of urban and rural young physicians differ, first of all, by the nature of everyday practices.

Actually, the very work of young physicians with patients in rural areas has a number of features. For city physicians, this communication problem can be explained in the framework of the biomedical model.

However, with this examination of the medical profession, it will not be characterized by any additional (humanistic) traits, only professionalism and expert knowledge of the physician become the defining characteristics of this kind of activity.

This paradigm does not fit the characteristics of medical practice in small towns and villages, which can be explained to a greater extent by the humanistic model of the physician-patient interaction. The local community intervenes in medical activities, thus dictating the model of communication and, in a certain sense, imposing standards of conduct on young professionals, which certainly influences the motivation to work as a physician in rural areas.

In the study, we pay attention to the analysis of all components of the formation of the professional identity of young physicians: childhood, interest in the profession, school and out-of-school socialization, studies in a medical university – integration into the profession, communication and interaction with patients and colleagues. At the same time, professional identity is considered by us in the context of the everyday practice of a physician.

The scope of prior research

There is a wide variety of theories defining the concept of professional identity. However, structural functionalists T. Parsons, A., E. Freidson¹ made a significant contribution to research of identity and its formation, where professional identity is primarily represented as the institutional affiliation of the individual to the profession [Parsons, 1951; Freidson, 1982].

In recent years, the phenomenological and social-anthropological approaches to the study of professions of Schutz A., Hughes E., Romanov P., Yarskaya-Smirnova E., Gamst F., Starks H., Finlay L., Abramov R is actively developing, where professional identity is defined as the product of the individual's life world. The life world is understood as a natural attitude, conditioned by everyday practices, both at work and outside the workplace [Schutz, 1972; Finlay, 1999; Starks, 2007; Romanov P., Yarskaya-Smirnova,

2009]. Thus, the phenomenological and social-anthropological approaches define professional identity as being constructed from the point of view of everyday practices that differ in different everyday contexts.

From the point of view of the social-anthropological approach, professional activity can be conceptualized as a special culture; in this case the sociologists of the profession turn to the interpretation of various everyday practices and symbols of profession in everyday life.

Everyday practices of professionals are always filled with the symbols of the profession and are determined by a special professional symbolism.

The medical profession is an expert community with its own professional practices and standards. The diagnosis, the ability to put shots, or the expertise of professional advice - all this is inscribed in the contexts of everyday discourse around medical professions and is the basis for defining the medical profession as a closed and specialized activity included in special professional practices, which is indicated in the studies of Foucault M., Romanov P., Yarskaya-Smirnova E., Becker H., Monrouxe L., Jarvis-Selinger S., Mann K., Gill D., Skorikov V., Vondracek F., Ryyänen K [Foucault, 2010; Romanov, Yarskaya-Smirnova E, 2009; Becker, 1961; Monrouxe, 2010 Jarvis-Selinger, 2012; Mann, 2009; Gill, 2013; Skorikov et. all, 2011; Ryyänen, 2001].

Another important problem is the demand for "new type" workers by medical universities: a specialist combining both professional and personal qualities, a professional who has communicative, emotional skills and is ready to work in the conditions of a crisis of professional employment in healthcare that is presented in studies of Chirkova A., Petrova L., Gill D [Chirkova, 2013; Petrova, 2012; Gill, 2013]. Special attention in the study of modern professional employment in medicine is given to careers and career strategies for the employment of young physicians. Traditional careers and the opportunity to build a career strategy working in one organization are a thing of the past. They are replaced by boundless, multidirectional, kaleidoscopic careers, portfolio careers (Labor and consumption in the life of Russian youth: a comparative analysis of rural and urban experience, Center for Youth Studies at the National Research University High

School of Economics, 2015). All this shows that employment in traditional professions is subject to transformations occurring in a society of fluid modernity.

Recently, the anthropology of professions has been actively developing, which first of all represents activity as a professional culture, integration into which can be determined through everyday practices of Prisyazhnyuk D., Romanov P., Yarskaya-Smirnova E [Prisyazhnyuk, 2012; Romanov, Yarskaya-Smirnova, 2005]. The individual, a young physician, is a key actor in all everyday practices and interactions – it is the individual level and individual ideas about the profession that are the structural elements of professional identity and its formation.

In this case, the key research interest is indicated by the studying individual life and everyday practices, how professional identity (resource and value) of belonging to the profession affects the definition of oneself as a professional.

At the same time, research interest is centered around the study of life strategies and how a physician, as a professional, defines himself in everyday life and plans his strategy.

Modern discussions about the life strategies of young people are developing in several, rarely overlapping areas. In the classical sense, the life strategies of young people are presented as a rational choice of the individual based on the goals and tasks that the person sets himself [Reznik, 1995]. At the same time, very often there is a low presentation and inconsistency of the conclusions. This method is defended by fact that the study of life strategies is achieved due to the reflexivity of the informants themselves, the completeness and narrative richness of the life stories they told, which is represented in the studies of Plummer J [Plummer, 1974].

The second body of study devoted to the study of life strategies is characterized by studies of their institutional dimension. From this point of view, life strategies are classified as supra-situational and integrative, i.e. characterizing a person's ability to rise above the level of a concrete life situation and to retain a holistic view. They are long-term and promising, are designed for a sufficiently long period and expected in the long term orientation of the individual. The key characteristics of life strategies in this case are: socio-demographic situation, a system of regulations and standards, professional

ethos. Another direction, identified in the studies of Volokitina A., Naumova N., represents life strategies as adaptation strategies in specific situations. Adaptation can be expressed through the individual's acceptance of values and standards, as well as the conditions of a particular situation in order to improve their lives in the future [Volokitina, 2010; Naumova, 1995].

However, the absence from the person's point of view of individual ideas about his life, as well as the role and place of his career and profession, contributed to the emergence of a third, style examination of the life strategies of young people and young professionals.

As a group of professionals, young physicians certainly have all the characteristic features from the point of view of division according to the life style strategies of youth, which is represented in the studies of Miles S., Omelchenko E [Miles, 2000; Omelchenko, 2002]. This division was based on the concept of youth consumption and the special stylistics of youth consumption. In particular, the lifestyle is a new socio-cultural resource that is actively used by young people in the design of life and style strategies at the stage of integration into the labor market.

Research goals and objectives

Object of the study: The object of the dissertation study is the young physicians living in St. Petersburg and the villages / small towns of the Leningrad Region.

Subject of study:

Professional identity of urban and rural young physicians.

Purpose of the study:

Identify the similarities and differences in the ways of forming the professional identity of urban and rural young physicians.

Research question:

How are professional identity and life strategies of young doctors constructed in the context of everyday practices in different social spaces?

(Sub) questions:

- How is the integration of young doctors in the profession occurs?

- How is the professional identity of a doctor constructed during the training at a medical University?

- What are the differences in the construction of professional identity within professional practices and in the framework of leisure space?

- What are the most typical life strategies of doctors working in different social spaces?

-What are the meanings of young doctors in the concept of medical profession and how are the professional values of young doctors understood when working in different social spaces?

Objectives of the study:

1. To analyze and systematize the main theoretical approaches to the analysis of the concept "medical profession" and " professional identity»;

2. Conceptualize professional identity in terms of phenomenological approach and constructivist approaches;

3. Conceptualize the concept of life strategies using a style approach to describe the possibility of applying the concept of "life strategies" in the style approach to the youth life strategies for a group of young professionals;

4. Study professional choice and integration into the medical profession by means of everyday practices;

5. Consider how professional identity is constructed in the context of everyday practices and in various social spaces;

6. Create a typification of professional identity the professional identity of young doctors depending on the individual meanings of the profession and the individual positioning of oneself as a professional;

7. Identify the main life strategies of young doctors, describe the similarities and differences of life strategies of young doctors, determine the role of professional identity in the planning of life strategies of young doctors.

Theoretical framework of the research

The theoretical ground of study is phenomenological and socio- anthropological approaches, which allows to conceptualize the professional identity of young physicians as a category formed in the framework of everyday practices, consistent integration into the medical profession and to consider professional identity as a value of individual [Broadhead, 2017; Hoeve, 2014; Kluijtmans, 2017; Patton, 2014; Rosenblum, 2016; Savickas, 2009; Wackerhausen, 2009].

The styles of physician positioning in everyday life differ in urban and rural contexts [Broadhead, 2017; Hoeve, 2014]. A key research interest was the study of reflection on the young physician's representation of his role in the profession [Vyatkina, 2012; Paciorkovskiy, 2012; Campbell, 2003; Mellow, 2005; Sureshkumar, 2017]. The study defines the medical profession as an expert community with "special" everyday practices and symbols of belonging [Gill, 2013; Wald, 2015]. We distinguish various types of professional identity in the city and in the village in the styles of interaction with patients and the labeling of a professional identity by the physician. Life strategies are studied in the work from the position of the style approach [Kuzmin, 2016; Romanov, Yarskaya-Smirnova, 2011; Becker, 1962; Starr, 1982]. The styles of defining himself by young physician as professional, as well as life strategies, are considered as a lifestyle (professional affiliation, correlation with one or another group), which young physicians use when planning their career and position themselves in the profession [Miles, 2018; Omelchenko, 2002].

Methods of data collection and analysis

The study uses a qualitative methodology: narrative biographical interviews with young physicians and semi-structured interviews with experts.

The methodology of the study is divided into basic and auxiliary methods.

The main method: biographical interview with young city and rural physicians.

Auxiliary method: expert interviews with specialists of two categories: university professors, HR specialists engaged in the selection of medical employees

The empirical basis of the study is biographical interviews with young physicians from St. Petersburg and the Leningrad region (Luzhsky and Podporozhsky districts) (n = 40). The study was conducted in three locations: St. Petersburg, Luzhsky and Podporozhsky districts of the Leningrad region. The age range of informants from 27 to 35 years is determined by the specifics and duration of studies in a medical university. The main requirement for informants was work on the medical specialty in the city or in the village for at least 2 years. Expert interviews (n = 10) serve as an additional method for analyzing the independent opinion of specialists and the difficulties associated with the integration of young physicians into the profession in a large city, village and in small towns. Based on the analysis of interviews with experts and young physicians, the sample was constructed on the basis of the possibility of studying the maximum contrast and maximum differences in the three locations of the study (St. Petersburg, Luzhsky and Podporozhsky districts of the Leningrad region). Also the study used a number of additional methods: non-participant observation for communication and behavior of doctors (48 hours, 18 dairies of non-participant observations), analysis of media discourses (official sites and news sites (news about doctors content)).

All research locations were typified according to the following key principles: a large city with a population of more than 1 million people with medical universities, small cities with inter-district hospitals, settlements with district hospitals and paramedic stations. The location typification was constructed by the theory of territorial stratification N. Zubarevich [Zubarevich, 2015; 2012].

Procedure of data analysis

- the creation of a transcript of interview, anonymization, names;
- development of the codes three based on the reflection of the researcher and the structure of the interviews (the main stages of constructing professional identity and reflection of the informant regarding the meanings of the profession);
- the method of open data coding and thematic analysis (used for expert interviews), the analysis identified key topics on which experts described the situation of young

doctors in the context of the general socio-economic situation of the profession and the social status of a young doctor in St. Petersburg and the Leningrad region;

- biographical analysis strategy was used for biographical interviews with young doctors, in the course of biographical analysis of the data were identified and described biographical ways of the informant in the profession, were also identified key features of the biographies of young doctors. During the analysis of biographical interviews, attention was paid to the features of everyday practices in which the professional identity is constructed, the analysis of biographical interviews was conducted by the method of R. Bohnsack, H. Bude, V. Zhuravlev, J. Matthes - serial 6 stages- formal analysis of the text (selection of events in the biography of the informant had its beginning, which lasted for some time and ended), a meaningful structural description of independent time-non-overlapping segments of life (the selection of individual biographical stages), analytical abstraction (the results of the description of the stages of life by the informant, separated from the specific description of these stages, a General structure for a specific biographical history, where the individual describes his or her path and integration into the profession), knowledge analysis (analysis of selected fragments of biographical interviews, selection of key categories), comparative analysis using the strategies of "minimum" and "maximum" contrast (selection of similarities and differences in the structures of biographical processes in different interviews), the construction of a theoretical model (selection of the most typical biographical processes for representatives of different types of professional identity and life strategies) [Bohnsack, 2005; Bude, 1985; Matthes, 1985].;

- analysis of observation diaries, records of all diaries of unconnected observation were reflexed and compared with the narratives of biographical interviews.;

The main software for analysis and processing of biographical and expert interviews is QDA Miner.

The author's personal contribution to exploring the problem and gathering data

This study is a personal project of the applicant. All the data of biographical and expert interviews were collected by the author of the research in St. Petersburg and the Leningrad region. The choice of research locations was based on the search for contrasting places. For example, at the beginning of the study, it was suggested that there were differences in everyday practices and the identity formation of young physicians in a federal city / small town / village. The development of the problem of research and tools, the research question and the method of data analysis was carried out by the author himself and corrected in the framework of appropriate consultations with the academic supervisor.

Main findings

-Integration into the profession of physicians begins in early childhood and is conditioned by the first child's play practices in everyday life, then the period of school socialization comes. In the study, we distinguish two strategies: a generational strategy and an individual choice strategy. Both strategies are characterized by certain types of identity and the view to the medical profession. Representatives of the generational strategy most often constructed their professional identity based on symbolic meaning of the medical profession while the representatives of individual choice strategy constructed their professional identity on instrumental meanings of the medical profession.

-The subsequent stage of integration into the medical profession is conditioned by the studies in a medical university. This stage is important from the point of view of both formal everyday practices in the context of studies and informal everyday practices. Moreover, the practices of during the formal socialization are disciplinary and were often defined by young physicians in interviews as those practices that do not promote integration into the profession, as opposed to informal practices caused by interaction with colleagues, classmates and informal communication on medical topics, integration into professional culture.

- The next stage of integration into the profession is conditioned by the first professional practices and integration into professional practices within the framework of the work. Formation of professional identity at this stage of development is due to work

in a private clinic / budget polyclinic or hospital and to the way a young physician sees his/her subsequent development.

- Each of the types of professional identity identified in the study is characterized by its life strategies identified by us and defined by the continuum from traditional views on career and personal life to innovative ones.

- The most vulnerable in the context of the instability of professional employment of physicians are the following identity types: the "specialist-scientist", the "specialist-psychologist". In general, the problems of employment, typical for physicians-representatives of these types of identity, are due to the fact that clinics and hospitals in a large federal city do not require general practitioners but require medical specialists usually focused on practical activities, and not on scientific work. Accordingly, in the context of a village / small town, if a general practitioner leaves the village, the problem of finding a job in a large megalopolis arises.

- In the federal city the most dominant are the "specialist-expert" and "specialist-scientist" identity types, representatives of these identity types are characterized by an innovative life strategy and freelancing strategy, largely due to the specifics of the job market and the socio-economic situation of young physicians. The "specialist-psychologist" identity type is found mainly in budget polyclinics in the city, this identity type is characterized by low professional ambitions and vital strategy of traditionalists.

- Depending on the location and the area development (the study was carried out in contrast cases, the Luzhsky district is the developed agrarian sector, meat and dairy animal farming, Podporozhsky district is industrial depressive district today), there are different dominant life strategies and types of professional identity of young physicians in the village / small town. For the agrarian region, the "specialist- psychologist" is most common type of professional identity – young physicians of this type living in the district – are adhered to the rural life strategy and showed low professional ambitions.

- When planning their life strategy, rural young physicians and young physicians from the small towns consider it important to have an idea of their role in the local community and individual positioning themselves as a specialist in the local community of a village or a small town and working with rural patients, due to specific characteristics.

In villages and small towns, the main problem of the work of doctors, which also affects the motivation to continue to work in the profession or to leave the profession is a cognitive dissonance conflict of the roles of the doctor (specialist and rural resident). The solution to this conflict can be both positive when the doctor tries to integrate into the village and rural everyday life, defining his professional identity in the context of assistance to rural residents, and negative – the creation of a maximum distance, the maximum "separation" of his professional identity from the identity of the rural resident. A negative solution to the conflict, as a rule, serves as an excuse to move back to the city. This conflict is more pronounced in villages than in small towns - where the work of a doctor can be defined as more urban.

- All life strategies of young physicians are characterized by the positioning of medical knowledge and acquired medical knowledge during studies as an important resource. At the same time, the value of medical knowledge can be determined by the various "poles" of professional and personal implementation, starting with the traditional position of the "doctor-savior" role and assistant and ending with an innovative look at the medical profession, where the young physician positions himself as a scientist. In this case, the professional ambitions indicated by us in the study as low or high are indicative. Each identity type and each life strategy has different vectors of professional ambitions and plans for further career development.

- Summing up, we can talk about professional identity in the context of an individual life world (the life strategy of a young physician). The research uses phenomenological and socio-anthropological approaches to the study of professional identity, which allowed us to typify life strategies and identify types of professional identity based on differences in everyday practices. Professional identity can be defined as an individual value (resource). This resource – the development of medical knowledge from getting education to realizing life-style strategy – is becoming one of the few areas of reliable investment, and the expansion of professional knowledge both in the context of hobbies, everyday life and during professional practices determines the development of a young physician and the solution of the problem of instability in the modern health care sphere, as well as the avoidance of bureaucratization and formalization of the

processes of working with patients when the physician becomes a machine for filling out paperwork.

General conclusion from research

1. It is established that the dominant motive for choosing a medical profession among young physicians is the interest in this profession. And this interest appears in the framework of everyday practices that are close to professional requirements, and then is transformed into a "special" attitude to this profession.

2. It is shown that educational socialization within the framework of studies in a medical university does not influence the motivation of a young physician to stay in the profession. This socialization has a formal disciplinary nature, and it is the first professional practices, work in the clinic that help the young physician define himself in the profession and motivate him to change his profession or continue his work by profession.

3. An important role in the process of forming a professional identity is played by everyday practices and positioning of identity in a federal city, a small town and a village. The city is characterized by a special medical symbolism associated with special places and medical culture (medical spaces). Young physicians in the villages and small towns of the Leningrad Region defined their professional identity based on the possession of "special" knowledge and professional practices that are extremely necessary in these spaces. At the same time, there are two polar views on positioning oneself in a village or a small city: the inclusion strategy determined by the desire to continue working in a small town or village and the strategy of moving determined by the desire to move from the village.

4. The professional identity and positioning of a young physician as a professional is different in terms of the territorial character of the work. The work of a physician in a federal city is largely determined by the biomedical model of physician-patient interaction, as well as alienation from the emotional aspects of professional activity. The work of a physician in a village and in a small town is largely determined by his/her inclusion or non-inclusion in the rural community and, as a consequence, the motivation

for moving from rural areas. At the same time, the professional practices of a young physician in a village and a small town are characterized by multitasking, in contrast to urban practices, where narrow specialization and expertise in a particular field play a key role.

5. There are three basic types of life strategies for young physicians, typical for a federal city and village / small town. These types vary according to the territorial character (city-village) and the young physician's view of his profession and the social status of the profession in society, as well as everyday practices and the marking of professional identity in everyday practice. Among the basic concepts of the medical profession there are two opposing views on life strategy and professional identity. The traditional view is determined by the desire to continue working in medicine. The main marker of this identity is the presence of the physician special knowledge, which allows not only treating the disease, but also psychologically helping the patient. The success of professional activity, progressive for representatives of this type of life strategies, is conditioned by such individual-personal characteristics and everyday practices as endurance, unpretentiousness, readiness to change jobs or combine work by profession with work not by profession.

Also, in the light of the changing situation of professional employment in health care, a third type of life strategy appears – freelancers focused on changing jobs or combining work by profession with work not by profession.

6. The conducted study allows speaking about presence of professional identity of young physicians. Moreover, professional identity is defined precisely as a resource that young physicians use when building a job and building a life strategy. A cross-cutting characteristic and the definition of a young physician himself in the profession is the availability of special expertise and the possibility of applying this knowledge not only in medicine, but also in other areas of work.

7. It was demonstrated that in the conditions of transformation of the sphere of professional employment in health care, as well as changes related to the social role and social status of the young physician, professional identity plays a significant role in planning life strategy, career strategy and lifestyle.

8. In general, the medical profession, as well as professionalism, are identified as important for young doctors. Professional identity, namely the definition of a professional is regarded by young doctors as a resource, but the general instability present in health care, the level of wages, forced to leave the profession while the search for a job is most often determined by activities close to medical. Thus, there is an objective background due to low wages, bureaucratization of the working process, lack of time to work with patients and subjective - certain socio-cultural meanings of the medical profession, where professional identity and medical profession according to doctors are presented as important components of identification.

The list of publications of the author reflecting the key scientific findings from the dissertation

1. Galkin K. A. Evolution of sociological approaches to the study of the medical professions Biomedical paradigm vs individual approach // Bulletin of Adyghe state University. Series 1: regional Studies: philosophy, history, sociology, law, political science, cultural studies. - 2017. - no. 2 (199) (0.5 presswork)

2. Galkin K. A. Career strategies of young rural doctors of the Leningrad region: a narrative analysis // Perm University Herald. Series «Philosophy. Psychology. Sociology». 2018. Iss. 1. P. 158–167. DOI: 10.17072/2078-7898/2018-1-158-167 (1.4 presswork)

3. Lisovskaya I. V., Galkin K. A. A Profession destined to help: profession destined to help: on the issue of professional identity of teachers and doctors // Vestnik of Lobachevsky State University of Nizhni Novgorod. Social Sciences. No. 1 (49). (0.3 presswork)

Conferences

1. Think Big Week at the St. Petersburg: the International Student Research Conference-2017(St. Petersburg, February 2-3, 2016);

2. International scientific conference "Work and society in the realities of the XXI century" (St. Petersburg, 17-18 March 2017); 3.

3. XI all-Russian scientific conference in memory of Yu. Levada "Modern Russian society and sociology" (Moscow, April 24, 2017) 4. All-Russian conference of young scientists "IX Kama readings" (Naberezhnye Chelny, April 30, 2017);

5. International conference "Disturbing society: what (not) says sociology" (St. Petersburg, November 30-December 1, 2017).);

6. XIX April international academic conference on problems of development of economy and society (Moscow, April 10-13, 2018);

7. International conference "Social Spectrum-2018" (Moscow, 17-18 April 2018);

8. All-Russian scientific and practical conference "Public Health in Russia: institutional problems and individual risks" (St. Petersburg, 8-9 June) .