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Editorial v.4 n.1 – 2026 - Professionalism: from identity to excellence

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Professionalism in healthcare has historically been treated as a set of behaviours to be monitored: punctuality, appropriate attire, and absence of misconduct. These manifestations matter, but they represent only the surface of a much deeper phenomenon. Professionalism, properly understood, is a way of being—the expression of an identity that has internalized medicine's most fundamental commitments: to healing, to excellence, to the patient before oneself.

The 2010 Carnegie Foundation report, *Educating Physicians*, marked a turning point when it argued that professional identity formation—not merely competency acquisition—should constitute "the backbone of medical education"[1]. This was not a mere curricular addition but a fundamental reframing. Competence asks: *what can this person do?* Professionalism-as-behaviour asks: *does this person follow the rules?* But professionalism-as-identity asks something deeper: *who is this person becoming?*

The recent scoping review conducted by Alnasser and colleagues[2] offers a revealing panorama: analysing 44 studies on the measurement of professionalism in healthcare professions, the authors identified a diversity of instruments and approaches, ranging from professional values scales to ethical competence inventories. The findings converge on attributes such as responsibility, integrity, altruism, caring, and effective communication. However, a fundamental tension runs through this literature: the tendency to treat professionalism as observable behaviour amenable to checklists, when its essence resides in something prior—the identity of the person who manifests it.

This distinction is not merely semantic. Cruess and colleagues[3] define professional identity formation as the process through which "characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting, and feeling like a physician". The key word is *internalized*. A medical student who acts professionally for fear of negative evaluation differs fundamentally from one who acts professionally because caring for others has become part of who they are. Same behaviour, distinct identity structure, radically different sustainability.

This is precisely why professionalism lapses so often puzzle educators: how can someone who scored well on professionalism assessments behave unprofessionally when unobserved? The answer lies in the gap between performed professionalism and embodied professionalism. When professional values remain external—something imposed rather than appropriated—they govern behaviour only under surveillance. When these values become integrated with identity, they govern behaviour from within.

Self-Determination Theory, developed by Ryan and Deci[4], illuminates why this distinction matters so profoundly. When motivation becomes truly internalized—integrated with one's sense of self rather than experienced as external pressure—it becomes more sustainable and produces higher-quality engagement. The physician who pursues excellence because caring has become central to who they are differs fundamentally from one who pursues it to prove their worth or avoid shame. Same behaviour, different identity structure, radically distinct sustainability.

And it is from this internalization—this identity transformation—that behaviours of excellence emerge. Not the reverse. Excellence is not something one does; it is something one becomes.

Aristotle already recognized that *arete*—a term denoting both excellence and virtue—develops through practice within communities, through habituation that gradually shapes who we become. MacIntyre[5] extends this Aristotelian view by arguing that human actions become intelligible only as parts of larger stories—that questions like "what should I do?" presuppose answers to "of what story do I find myself a part?" Medical students are not merely acquiring skills; they are writing chapters in the narrative of who they are becoming.

The process, however, is neither smooth nor painless. Recent research by Kruskie and colleagues[6] found elements of the impostor phenomenon in more than half of first-year medical student reflections—comparing themselves unfavourably with idealized images of physicians and questioning whether they truly belong. This is not pathology but a predictable consequence of identity transformation. The early stages of becoming necessarily involve confronting the distance between actual and ideal selves. Dissonance is part of the journey.

Here lies a productive tension. Professional socialization involves absorbing medicine's values and norms—but authentic professionalism requires appropriating these values, not merely conforming to them. The philosopher Charles Taylor[7] offers guidance: authenticity is "being faithful to something which was produced in collaboration with a lot of other people". We become ourselves not in isolation but through engagement with traditions and communities that give meaning to our choices. The goal is neither uncritical absorption of professional norms nor rebellious rejection of them, but what we might call *authentic apprenticeship*—entering medicine's practices while simultaneously developing the reflective capacity to make them genuinely one's own.

Ibarra[8] adds crucial nuance: a rigid sense of "true self" can paradoxically prevent the growth that professionalism requires. Her concept of "provisional selves"—experimental versions of oneself necessary for successful transitions—challenges naive authenticity. The student who resists adopting professional behaviours because "that's not really me" may be protecting a calcified identity rather than honouring an authentic one. Growth requires experimenting with new ways of being before they feel natural. Professionalism develops not by defending who we were but by exploring who we might become.

Yet the pursuit of professional excellence carries risks. Gaudreau's research[9] distinguishes *excellentism*—pursuing high standards flexibly, with process orientation and openness to growth—from *perfectionism*—demanding flawless performance rigidly, with self-worth contingent on never failing. The findings are striking: perfectionism predicts declining performance, burnout, and dropout; *excellentism* predicts sustained achievement and satisfaction. When professionalism becomes perfectionism—when any lapse threatens one's entire identity as a "good doctor"—it fragments rather than integrates the self. Sustainable professionalism requires maintaining high standards while accepting that growth involves imperfection.

What does this mean for health professions educators? First, that professionalism education must transcend behavioural monitoring toward identity formation. Teaching what professionals do matters less than supporting learners in becoming professionals—helping them internalize values, not merely perform compliance. Second, that psychological safety is essential. When learners fear that any misstep will label them as "unprofessional", they hide their struggles rather than learn from them. Normalizing the developmental nature of professional identity formation creates space for genuine growth. Third, that educators must model integrated professionalism, demonstrating what it means to maintain high standards while acknowledging uncertainty and error.

Steinert and colleagues[10] argue that most faculty development programs neglect "identity awakening or strengthening"—yet it may be precisely there that the greatest leverage lies. If we wish to cultivate physicians with sustainable professionalism, we need to develop faculty whose professional identity is integrated and can serve as a model.

The review by Alnasser and colleagues[2] concludes that validated instruments demonstrate the importance of reliable assessment tools. But perhaps the most important message is another: the multiplicity of dimensions identified—responsibility, integrity, altruism, caring, advocacy, justice—

points to the irreducible complexity of professionalism. It is not about summing discrete competencies but about forming persons capable of integrating these dimensions into a coherent identity.

The question, therefore, is not whether medical students will develop a professional identity. They will. The question is whether that identity will be authentic or performed, integrated or fragmented, sustained by internal commitment or dependent on external monitoring. When educators attend to professionalism as identity formation—rather than behaviour management—they address not merely what learners do but who they become.

And who our learners become matters as much as what they learn to do.

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