

Book Review

Social Interaction and Professional Identity in Allied Healthcare Education

By Irene Walsh, Niamh Reynolds and Carolyn Jagoe

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Over the last decade there has been strong scholarly interest in professional identity formation. A well-formed professional identity has been found to support students' transition to professional work, their career choice and well-being, as well as their clinical practice in ethical decision making, capacity for interprofessional work and coping in intense situations (Lewis et al., 2025; Rees & Monrouxe, 2018; Reissner & Armitage-Chan, 2024; Sternszus et al., 2024). Conversely, a weak professional identity has been associated with difficulty in coping under stress, as well as retention and teamwork problems (Rees & Monrouxe, 2018). Understanding how professional identity is formed and what educational interventions support its positive development are critical issues for health professional education, our healthcare workforce and patients' wellbeing.

To date scholarship on professional identity in the health professions has largely focused on medicine and nursing. Studies on allied health professionals have been poorly represented in professional identity research and where undertaken have usually focused on individual disciplines (Cornett et al., 2023; Lewis et al., 2025). Walsh, Reynolds and Jagoe's *Social Interaction and Professional Identity in Allied Healthcare Education* provides a welcome text examining how a range of allied healthcare professionals navigate their professional identities in educational and workplace contexts. It offers a detailed exploration of how professional identity is forged through social interactions by analysing qualitative data of practitioners and students from predominantly speech and language therapy, physiotherapy and occupational therapy disciplines.

The approach and structure of Walsh, Reynolds and Jagoe's book is in keeping with it as part of the Edinburgh University Press series of *Studies in Social Interaction*. It follows the overall shape and intent of volumes in this series, where social interaction is at the centre of discussion. The content focus and how social interaction is theorised vary, but each volume presents empirical data to reveal social interactional themes and implications for research and practice. All volumes in the series are intended to

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feed into better understanding of professional practices and the developing of new research agendas (Walsh et al., 2025b).

This text can be understood as structured into three main sections. The first, Chapters 1 – 3 is explanatory and conceptual with background literature to inform the work. The second, Chapters 4 – 5 examines the shaping of qualified clinicians' professional identity through interacting with others in workplace settings. The third, Chapters 6 – 10 provides a detailed focus on the experiences of a diverse group of allied health students navigating their professional identity formation and the implications for allied healthcare education.

In the Introduction (Chapter 1) Walsh, Reynolds and Jagoe outline their intention is to demonstrate how social interaction is core to allied healthcare education and students' professional identity formation with a focus primarily on undergraduate education. Unlike other volumes in the *Studies in Social Interaction* series that typically examine social interaction through extracts of spoken discourse, here data is from individuals' reflecting on their own experiences. They note, given the book was written between 2020-2023, the data in this study pre-dates the COVID-19 pandemic, and although issues for socially interacting in allied health education during the pandemic were no doubt significant, this is not the focus of the book.

The intention of Chapter 2 is to provide the conceptual and theoretical underpinning of the text. What is meant by an allied health professional and the multiple contexts that shape their formation is considered. The core concepts of 'social interaction', 'socialisation' and 'identity' are each addressed briefly. The chapter, and the book more generally, would have benefited from a more in-depth discussion, with stronger consideration of the interrelationship between the concepts, theory and the research literature. For example in discussing the core concept of identity, surprisingly the authors chose to explore it "according to our own beliefs and premises on which our understanding of identity is based" (Walsh et al., 2025a, p. 25). Yet, Jagoe & Walsh's earlier excellent article (2016) provides a scholarly and well-grounded discussion of identity. Perhaps the authors took the view that a simpler and less academic approach was needed in this text. In this vein, the authors often refer to 'identity work' in this chapter and across the text without definition, or reference to this as a central concept in scholarly literature and one that connects it to professional identity formation, social interaction and socialisation (Brown, 2015; Reissner & Armitage-Chan, 2024). It would have provided useful explanatory power for the study for as Brown notes, "identity work refers to people being engaged in forming, repairing, maintaining, strengthening or revising the constructions that are productive of a sense of coherence and distinctiveness", and "it is through processes of social interaction that they seek to answer the question, 'who am I?'" (Brown, 2015, pp. 23-24).

Although professional identity formation is not defined, Chapter 3 readers are offered a useful overview of professional identity formation in medical, nursing and pharmacy education before considering the three allied healthcare professions that are the focus of this study. Although professional identity formation is not defined, attention is paid to the role of social interaction in forging identities and identity issues for students in the disciplines of physiotherapy, occupational therapy and speech and language therapy. The authors observe the important emergence of interprofessional practice and the need to consider its relevance to professional identity formation and educational and workplace contexts. (For a further discussion on this issue see Bloomfield et al. (2020))

The book now turns to the data driven chapters of the study, with the second section, Chapters 4 and 5 focusing on the voices of qualified healthcare practitioners in the workplace. Chapter 4 provides a short but insightful exploration of the challenges of navigating allied healthcare professional identities in a multidisciplinary team. Drawing on in-depth interviews from a larger study by Ryan (2018) in a Child and Adolescent Mental Health Service (CAMHS), the authors use the analytic methodology of Interpretive Phenomenological Analysis (IPA) (Smith et al., 2009; Smith & Osborn, 2003) to focus on understanding the lived experience of professional identity issues for six experienced AHPs. Supported by telling extracts, the analysis offers a thoughtful interpretation of the individual and collective challenges of negotiating allied health identities within the complexities of one's own discipline, the workplace and being part of a multidisciplinary team.

Chapter 5 takes a similar approach to the previous chapter but here the focus is specifically on the discipline of speech and language therapists in the workplace. Drawing on two focus groups with 12 participants, the authors seek to elicit how clinicians perceive their professional identity having been impacted by interacting with clients and families. The IPA methodology again informs the research analysis and experiential themes with supporting extracts are presented. The challenges of inhabiting a well-defined professional identity on entering the workplace, ambiguities in locating one's purpose and fit, within a multidisciplinary team are well-highlighted. Walsh, Reynolds and Jagoe propose that given the findings of Chapters 4 and 5 on issues for allied healthcare professionals in navigating professional identities within workplace contexts, important considerations should be given for how identity work can be shaped within undergraduate education.

The largest section of the book, the third section, with Chapters 6 – 10 shifts to what Walsh, Reynolds and Jagoe claim is their primary focus in their study, undergraduate (or pre-registration) allied healthcare students. Chapter 6 provides an in-depth and engaging discussion on the rationale, background and methods used to explore the data of the educational experiences of the allied health students presented in Chapters 7-10. The international profile of the 45 student participants in the study from Ireland, USA, Malta, South Africa and India and the survey design to elicit their perspectives on their professional identity formation are clearly outlined. Here, for the first time in the book the authors provide a definition of what they mean by the term, 'professional identity formation' and as it is intended in the context of the survey:

Professional identity formation can refer to how we see ourselves as emerging professionals through education and training as we engage in the process of 'becoming' an allied health professional (i.e., an OT, PT or SLT). It can also be defined as our own professional self-concept, based on our experiences, beliefs and value (Walsh et al., 2025a, p. 72)

They then outline their interesting adaptation of an existing research instrument by Sharpless et al. (2015) on professional identity formation in medical education which provides the stimulating centrepiece for the study where participants are asked to reflect upon and respond to 7 questions in the online survey. The important role of critical reflection as a well-recognised tool for health professional practice is well argued as a tool to be 'put to work' in the research process to foster participants' own understandings of their emerging professional identities in responding to the survey. The authors provide a more in-depth discussion of using the IPA method (Smith et al., 2022) and how they have approached analysing the data from the survey using multiple readings to deeply interpret participants' responses, with the findings of students' experiences of emerging professional identity presented in Chapters 7-10.

Walsh, Reynolds and Jagoe note the phenomenon of an 'imposter syndrome' is not a new concept in healthcare education and student learning. In Chapter 7 they present the findings on survey questions related to 'pretending' or 'performing' rather than inhabiting the role of learning to become a healthcare professional. The rich detailed extracts of students' experiences and the issues influencing their behaviour, make for thought-provoking reading on student motivations and possible interventions to support students positively take up their role. Of particular value for educators, is the collective voice of the student, presenting a range of strategies that would assist them in providing opportunities to become more authentic in occupying the role of an allied healthcare student (Walsh et al., 2025a, pp. 93-94).

Chapter 8 presents the findings from the survey questions related to the contextual factors that might shape students' professional identity. Perhaps unsurprisingly the authors found that both the educational and formal contexts of learning as well as the socio-cultural lifeworld of family, peers and others influenced professional formation. As expected, given the depth of research in health professional literature, the important role of clinical placements in developing professional identity was identified as a strong theme in students' reflections. Close social networks of family and friends were considered significant as well as time spent in other work contexts in developing personal and professional identities.

Chapter 9 focuses on the findings from the survey questions related to how students interact with other healthcare professionals during their training, and how this is perceived as shaping their professional identity. As identified earlier in this text, the issue of how allied health professionals navigate their role

within multidisciplinary teams and define who they are and their scope of practice in workplace settings was found to be a challenging process. Understanding how allied health students learn to make sense of their own identity in interacting with other health professions during their education is an important issue (Bloomfield et al., 2020; Lewis et al., 2025). The findings with the reflective student extracts offer a breadth of insights on the factors that can support and constrain owning and communicating an allied health professional identity when interacting with other health professionals during education.

In Chapter 10, Walsh, Reynolds and Jagoe briefly summarise what has been covered across the book and consider what is needed to strengthen identity formation through social interaction in educational contexts. Drawing on one last survey question posed to the student participants on what if anything educators could do differently to facilitate professional formation they explore possible ways forward for allied health education. As the authors state, it is through students as experts in their own learning experiences, educators are offered important knowledge. Four key experiential themes related to the need for practical, collaborative, personalised and supportive learning and teaching experiences emerge clearly from the findings. And once again it was the opportunity to hear the student voice across the three allied health disciplines, reflecting on their own experiences in what is often a deeply felt and expressed perspective that provided the power in this and each of the student focused chapters, illuminating our understanding of the complexities and nuances in forming an allied healthcare professional identity.

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