DISCUSSION

CHAPTER 6
In this final chapter, the main findings of the previous chapters will be synthesised and discussed. Furthermore, the limitations of the study will be discussed, as well as some theoretical and methodological issues. Finally, suggestions for both practice and future research will be provided.

OVERALL CONCLUSIONS AND DISCUSSION

The aim of this thesis was to provide deeper insight into the processes involved in developing a teacher identity in the university context, particularly in the case of medical teachers, as well as the role that formal and informal approaches to professional development can play in supporting such a development. To that end, four studies were conducted: a systematic literature review and three empirical studies. The studies were approached from a socio-cultural perspective on professional identity, which in one study was combined with dialogical self theory. The main findings of the thesis can be summarised as follows. First, it has provided insight into the role of context in developing a teacher identity, showing that the development of a teacher identity is hampered by negative collective stories being told about teaching and a lack of positive collective stories. However, medical teachers also appeared resilient in dealing with these stories, and showed creativity in adjusting the stories and shaping their identity narratives. Second, it has provided insight into the processes involved in professional identity development, thereby offering several starting points for offering better support to medical and other teachers in higher education. Third, the thesis has also shown that both formal and informal approaches to professional development support the process of teacher identity development, albeit in different ways. The three main findings of the thesis will be discussed separately below.

THE ROLE OF CONTEXT IN DEVELOPING A TEACHER IDENTITY

Following a socio-cultural approach to teacher identity, we assumed that teachers develop and maintain their identity in relation to the collective regard that is held for the teaching role in their context (Holland & Lachicotte, 2007). The thesis has shown that the context does indeed play a shaping role in the formation of professional identity.
First, we conducted a systematic literature review of prior studies on the professional identity of university teachers in general (i.e. from all academic disciplines). This study, as described in Chapter 2, showed that developing a teacher identity in the higher education context is not a smooth process. This finding is in line with research in primary and secondary education contexts, which has shown that integrating the teacher role into one’s professional identity can be difficult and disharmonious (Beijaard, Meijer & Verloop, 2014; Zittoun, 2014). For teachers working in higher education, developing a teacher identity proved to be supported as well as constrained by several contextual factors. Contact with students and staff development programmes are experienced as strengthening factors, whereas the wider context of higher education is experienced as having a constraining effect on identity development. Many university teachers from different countries and different disciplines experience tensions due to the limited collective regard that the wider higher education context seems to have for teaching (as compared to research), as well as the neoliberal management culture typically seen in higher education. Furthermore, the impact of the direct work environment, that is, the level where teachers primarily meet members of their community, is experienced as either strengthening or constraining, depending on whether or not teaching is valued in a particular department. Interpreting these findings from a socio-cultural perspective, one could argue that university teachers participate in two different figured worlds: that of research and that of teaching. In the figured world of research, teachers experience that teaching seems to be afforded only little value. This presents a serious threat to their professional identity as a teacher. The figured world of teaching seems to be ambiguous. On the one hand, teachers feel appreciated by students and by like-minded educators whom they encounter during professional development activities. Yet, on the other hand, the teachers experience that in this figured world collective stories about teaching are dominated by a neoliberal management discourse emphasising market mechanisms and quality assurance systems, which they experience as trivialising the complexity of teaching and expressing a lack of trust in teachers. Such issues are not in line with the teachers’ professional commitments, ideals, values and ethical standards.
In terms of the particular group of teachers within the medical domain, we conducted an empirical study on beginning teachers and how they integrate the teaching role into their identity. In this study, as described in Chapter 3, we found that beginning medical teachers are not only involved in the figured worlds of research and teaching, but that some of them are also involved in a third figured world: that of health care. The study revealed that a smooth integration of the teaching role by medical teachers was hampered by their idea that teaching is perceived as a low status occupation in the figured worlds of research and health care, as well as by a lack of positive stories concerning teaching in the figured world of teaching. Moreover, the figured world of teaching was experienced as neither particularly pronounced nor highly developed. This finding is in line with recent studies showing that in Australia, New Zealand and the UK, the figured world of medical teaching is likewise experienced as an indistinct, little visible practice in which rewards are rather intangible and career pathways unclear, leading to tensions in medical teachers’ identity (Hu et al., 2015; Sabel & Archer, 2015).

However, the thesis shows there to be reason for optimism, since the medical teachers appeared to show resilience and creativity in adapting the stories. They did not simply take the collective stories as they were presented, but instead took an active stance against them and creatively developed their answers by transforming the stories and making connections with their other role as a doctor or researcher, or with coordinator roles. Alternatively, they resisted the negative stories by trivialising the importance of status or rejecting the figured worlds of research or health care. This shows that teachers are not only situated in relation to, and subjected to, broader collective stories and forces, but also wilfully master their own life and manage to maintain their commitment to teaching (Aranda, Zeeman, Scholes & Santa-Maria Morales, 2012; Beltman, Mansfield & Price, 2011; Van Oers, 2015). Professional identity can be seen as a continual process of improvised heuristic development; individuals are always actively and creatively (re)forming themselves as persons and developing their own answers to the subject positions and collective stories offered by the figured worlds (Holland et al., 1998).
Processes involved in developing a teacher identity

The thesis has provided insight into the processes involved in developing a teacher identity in the university context in general and for medical teachers in particular. In the literature review described in Chapter 2, we found five processes to be involved: a sense of appreciation, a sense of connectedness, a sense of competence, a sense of commitment, and imagining a future career trajectory. In the empirical studies described in Chapters 4 and 5, we found several of these processes to be confirmed and validated, since four of the five processes were impinged upon by the professional development activities we investigated.

The processes that we found to be involved in professional identity development are in line with socio-cultural theories on professional identity, which hold that developing a professional identity is related to membership of a professional community, the appreciation of that identity by that community (and other communities), the forms of competence that that membership entails, and the opportunities a community offers for imagining future trajectories (Penuel & Wertsch, 1995; Wenger, 1998). According to Wenger (1998), a professional community affords a professional identity, since “a community of practice is a field of possible trajectories and thus the proposal of an identity” (p. 156). Participation in the professional community or, put differently, in the figured world of teaching, thus constitutes one’s teacher identity. As the figured world of teaching was in fact experienced as a rather invisible and little developed practice by the medical teachers in our study, it appears that it is hard for medical teachers to find their community. This explains why developing a teacher identity is such a difficult process for medical teachers. However, professional development activities represent one of the arenas in which they can meet with such a professional community and find their place within it.

A contribution of this thesis is that it has unravelled the different processes involved in developing a teacher identity, since this understanding offers starting points for better supporting medical and other teachers working in higher education. Concrete suggestions for how to support these teachers will be described in the Suggestions for practice section later in this chapter.
THE ROLE OF PROFESSIONAL DEVELOPMENT ACTIVITIES

The thesis shows that professional development activities play an important role in supporting medical teachers’ identity development. In the literature review, we found that professional development activities represent the figured world of teaching and hence form an important platform where teachers can meet and establish contacts with other teachers. In the empirical studies reported in Chapters 4 and 5, we indeed found that professional development activities have an impact on how medical teachers view themselves. Whereas at the start of the professional development activities studied in Chapter 5, several of the teachers claimed to feel reluctant to introduce themselves to others as teachers because they were afraid teaching was seen as failing as a doctor or researcher, after attending the professional development programme they felt more proud to be a teacher and thus dared to ‘come out’. This is in line with the findings of other studies, which also demonstrated that professional development activities strengthen teacher identity (e.g. Lief et al., 2012; Nevgi & Lofstrom, 2015; Skelton, 2013; Starr et al., 2006; Warhurst, 2006).

A particular contribution of this thesis is that it has made the underlying processes involved in the development of a teacher identity visible, and it did so separately for the formal and informal approaches to professional development. We found that both approaches strengthen teachers’ sense of competence. Further, formal approaches to professional development particularly strengthen identification with the teaching profession, whereas informal approaches particularly strengthen identification with the teaching community. This thesis therefore not only confirms the role of professional development in supporting medical teachers’ identity, but also clarified the way these positive effects were brought about for both forms of staff development.

Furthermore, the study reported in Chapter 5 showed that medical teachers not only felt more proud to be a teacher after having participated in the professional development activities, but also found a new way of relating to their professional activity: they felt more confident to take responsibility for their role and said to take initiatives to enact that responsibility. This suggests that professional development activities not only change how medical teachers understand themselves (i.e. identity), but also contribute to
their empowerment and the strengthening of their agency. These findings are in line with the socio-cultural approach to identity, which holds that identity and agency are closely intertwined, since identity shapes action and guides subsequent behaviour (Holland et al., 1998; Penuel & Wertsch, 1995). Holland and colleagues (1998) argue that “people tell others who they are (…) and they tell themselves and then try to act as though they are who they say they are” (p. 3). Identity thus serves as a touchstone for action and makes self-direction possible. It is on the basis of their professional identity that teachers make choices regarding how to act.

The finding that professional development activities can contribute to the empowerment of medical teachers is particularly relevant, since following the growth and professionalisation of administrative educational staff, medical teachers have lost much of their autonomy when compared to the situation in medical education some 50 years ago (Van Rossum, 2012). Moreover, this finding is also relevant for other university teachers in contemporary academia, since they have experienced a loss of autonomy as well, as the literature review described in Chapter 2 showed. It is therefore increasingly important to help university teachers develop strategies to take responsibility for their role.

**LIMITATIONS OF THE STUDY**

In this section, the limitations of the present study will be discussed.

The thesis provides insight into the processes involved in professional identity development. As the model we developed following the literature review described in Chapter 2 is based on a large number of studies that have been conducted in a large number of different contexts, it is likely that processes similar to the ones we found will play a role in the identity development of university teachers elsewhere. One limitation is, however, the fact that the primary studies were not explicitly focused on unravelling the processes involved in identity development, so the processes we have distilled are confined to the primary researchers’ perspective.

The study described in Chapter 3 showed that some medical teachers experienced significant tensions due to the idea that teaching is perceived by others to be a low status occupation. It is important to note that these findings were identified in the context
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of Dutch medical education, where, at the time of the study, promotion structures were based on research and/or clinical productivity rather than on teaching efforts. In comparable contexts in Australia, New Zealand and the UK, similar difficulties in terms of developing and sustaining a teacher identity were found among medical teachers (Bartle & Thistlethwaite, 2014; Hu et al., 2015; Sabel & Archer, 2014). However, at medical schools where teaching is integrated into the systems for promotion and tenure, medical teachers might experience less tensions, since they might have more positive collective stories regarding teaching to identify with.

Moreover, the study described in Chapter 3 showed that teachers perceived the figured world of teaching to be less pronounced and less developed than the figured worlds of research and health care. This finding should be interpreted in light of the fact that an investigation of the actual figured worlds (as they manifest in situated practice, for example, in the stories that underlie written and verbal communication in the medical centre) was not included in the present study, since that was not our aim. More research is therefore needed to determine whether the teachers’ perceptions match the actual stories and messages told and constructed in the figured world of teaching.

It is also important to note that the five identity narratives we identified should not be regarded as an exhaustive list of the identity narratives that medical teachers use. It is likely that other identity narratives will be found in other studies, since identity is always unfinished and always in a process of remaking or becoming. I do believe, however, that our finding that teachers creatively combine different identity positions with each other holds general tenability, since it offers a demonstration of the flexible, dynamic and dialogical nature of identity. Yet, more research is needed to confirm this assumption.

The studies described in Chapters 4 and 5 showed that both formal and informal approaches to professional development support teacher identity development. It is important to note though that the study is based on only a limited number of groups: that is, on two cohorts attending the same teacher course guided by the same course leader and four groups of teacher communities guided by different facilitators. As our goal was to explore in detail the processes involved in the contribution of these professional
development activities to the strengthening of teacher identity, this limited number of groups was necessary. Our study should therefore be considered to be a first step in understanding the role of formal and informal professional development activities in teacher identity development. More research is needed to determine whether the conclusions of our studies are transferable to other groups with other facilitators and course leaders, as well as to groups in other contexts. It is likely, however, that a positive contribution of these activities to professional identity development will be found, since such a finding has been reported in earlier research, although this research was more exploratory and descriptive in nature (Lieff et al., 2012; Skelton, 2013; Warhurst, 2006). It is especially likely that similar results will be found for formal professional development activities such as teaching courses, since there is ample and consistent evidence showing that formal teaching courses lead to increased confidence and competence, positive changes in attitudes toward teaching, and greater educational involvement in both the short- and long-term (McAndrew, Motwaly & Kamens, 2013; Steinert et al., 2006; Stes, Min-Leliveld, Gijbels & Van Petegem, 2010). Whether a contribution to identification with the teaching profession is limited to the formal approaches, as well as whether a contribution to a sense of connectedness is limited to the informal approaches, remains to be seen in further research.

In particular, further research is needed concerning the informal approaches to professional development, since little research is currently available on these forms of faculty development (Leslie, Baker, Egan-Lee, Esdaile & Reeves, 2013; Stes et al., 2010). In that respect, it is important to note that the medical school in which our study was conducted was in the transition phase from a traditional curriculum to a student-centred curriculum. Indeed, in the study described in Chapter 4, the medical school was still in the early stage of curriculum reform, whereas in the study described in Chapter 5, it had reached a more mature stage. The teacher communities might have been particularly helpful in this context of transition, since the new curriculum raised many questions for the teachers. During the early stage in particular, the teachers were still finding their way with regard to the tutor role. More research is thus needed to investigate the role of teacher communities in the later
stages of curriculum reform, as well as in contexts with greater stability.

**REFLECTIONS ON THE COMBINATION OF SOCIO-CULTURAL AND DIALOGICAL SELF THEORY**

To the best of our knowledge, this is the first study to combine a socio-cultural perspective on professional identity with a dialogical perspective, so it is worthwhile reflecting on this combination of perspectives. Overall, we found that the two perspectives were highly consonant and complementary. Although the two theories were developed in distinct fields (that is, the field of anthropology in the case of figured world theory and the field of psychotherapy in the case of dialogical self theory), both of them are based on works by Bakhtin, which implies that they use a comparable language. Moreover, they also share the assumptions that professional identity is dynamic, emotional and social. We found the combination of the two theoretical approaches to be helpful because both emphasised different aspects of identity development.

The socio-cultural perspective, on the one hand, offered the conceptual tool of *figured world*, which helped us to understand the role of the social, historical and cultural context in developing identity. In the empirical study reported in Chapter 3, it helped us to understand that the medical teachers participated in three different figured worlds (that is, most of the teachers in our study participated in two of these three figured worlds), namely the figured worlds of research, health care and teaching. The theory helped us to recognise that the figured world of teaching was in fact experienced as far less pronounced and developed than the other two. We found that it did not seem to offer the beginning medical teachers many positive stories regarding teaching or other appropriate resources to identify with, whereas the teachers were very much influenced by the collective stories and values that were reproduced in the other two figured worlds. This was even true for those teachers who were no longer actively involved in research or patient care. Since socio-cultural theory made visible the fact that the figured world of teaching is experienced as a little pronounced figured world, it has
actually served to make visible what is less visible. This shows the value of theories: they enable us to see phenomena.

The dialogical perspective, on the other hand, offered the conceptual tools of *identity narratives* and *I-positions*, which helped us to understand the medical teachers’ self-dialogue through which they tried to solve the tensions that arose from the negative stories they experienced being told about teaching in the figured world of research or health care. The concept of *I-position* (Hermans & Hermans-Konopka, 2010) was helpful in making visible the various ways in which medical teachers positioned themselves in relation to the three figured worlds: they connected, ignored, rejected or reduced the importance of the I-positions offered by these figured worlds. The concept of *identity narrative* helped us to see that medical teachers adopted an active stance against the collective stories offered by the figured worlds through transforming or resisting them and thus by creatively developing their own answers. The dialogical self theory has hence made visible the resilience and creativity that individuals display when dealing with the contradictions and negative stories they are faced with.

In conclusion, the two theories each make different facets of developing a teacher identity visible. As the two theories shared assumptions regarding the dynamic, emotional and social nature of identity, they could be well combined.

**METHODOLOGICAL REFLECTIONS**

In this section, I will reflect on some methodological aspects of the study.

In order to study how the context shapes teachers’ identity narratives (Chapter 3), we employed a combination of micro- and macro-analysis (Akkerman & Meijer, 2011; Monrouxe, 2011) in which we distinguished two layers of analysis: (1) the identity narratives that teachers used to maintain a coherent identity; and (2) the collective stories the participants experienced as being told in the figured worlds of teaching, research and health care. We found this combination of the two layers of analysis to be helpful in understanding how the identity narratives that teachers tell should be interpreted against the background of the tensions that medical teachers experience due to these negative collective stories.
Although the use of matrices has been described before (Miles & Huberman, 1984), the use of matrices in a combination of micro- and macro-analysis is quite new. We found the matrices to be helpful in organising the data in a structured way, which allowed for multiple comparisons of the participants. This organisation helped us to identify patterns in the data, for example, that different tensions were experienced by teachers from a medical educational background when compared to teachers from a non-medical background.

To understand the underlying processes that explain the contribution of professional development activities to medical teachers’ identity, we first conducted an exploratory qualitative study involving the collection of observation and interview data (Chapter 4). We then conducted a qualitative-dominant mixed methods study involving observation, interview, logbook and questionnaire data (Chapter 5). These different types of data each have their own strengths, as well as their own limitations. The observations were helpful in gaining insight into the actual activities and dialogues that occurred during the professional development activities, although they did not reveal how the participants made sense of them. We therefore relied on interviews conducted before and after the professional development activities. These were particularly helpful in understanding the teachers’ identity development, as well as reflecting with the teachers on the professional development activity’s contribution to that process, although one limitation was the fact that they relied on the participants’ memory. For that reason, we asked the participants to keep a logbook of their experiences during the professional development activities, but a particular limitation of this method was that, since it proved to rely on the participants’ reflective capacity, it did not generate data on all participants’ identity development. For that reason, we developed a short questionnaire that stimulated the participants to reflect on the contribution of the professional development activity to their identity development. One limitation of the questionnaire was, however, its lack of richness. Further, it did not allow for new insights to emerge other than the ones that had been hypothesised in advance. For that reason, the interviews proved to be the most valuable form of data collection utilised in this study, although the addition of the other methods was necessary because they helped us
to achieve the ‘rich complexity of abundance’ that is required to capture the complexity of the processes of professional identity development (Tracey, 2010).

**SUGGESTIONS FOR PRACTICE**

This thesis offers insights into the processes involved in developing a teacher identity. These insights suggest several starting points for supporting medical teachers, which will be described in this section. The suggestions are helpful for both staff developers, managers, teachers and department heads in the field of medical education. I hope that these suggestions will help to build a figured world of teaching and make it a more distinct, visible, and rewarded practice, which should eventually lead to the increased retention of medical teaching staff.

First, the thesis has shown that medical teachers can be supported by building a community. Building a community can help teachers to develop a sense of belonging and a sense of connectedness with other teachers, as well as providing a platform for sharing positive stories about teaching. Research in the fields of primary and secondary education has shown that by building communities, teachers experience increased job satisfaction and decreased emotional exhaustion (Gaikhorst, 2014; Skaalvik & Skaalvik, 2011). A community can be created in the kind of cultivated informal teacher communities explored in Chapters 4 and 5, although other forms of community building are also possible, as in teacher teams involved in co-teaching and collaborative curriculum development, or in expertise networks concerned with particular aspects of education. As described in Chapter 4, a community can be cultivated by paying attention to the three constituent characteristics of communities of practice: domain, community and practice (Wenger, McDermott & Snyder, 2002). The shared domain is the key cohesive factor in a community, since it serves to bring members together. During the last decade, promising initiatives have taken place at several US medical schools, where *academies of medical educators* have been established, that is, membership organisations for teaching faculty recognised for their contributions to the medical school’s educational mission (Searle et al., 2010). The activities of the academies are different across
different medical schools, but most provide educational seminars, funding for educational innovation and funding for scholarship on education. These academies have been found to not only provide a sense of community to the medical teachers, but also to enhance their status and recognition, as well as advancing and accelerating their members’ careers (Adler et al., 2015; O’Sullivan & Irby, 2014; Searle et al., 2010).

Second, the thesis has shown that teacher identity can be supported by emphasising the *significance and complexity of the teaching profession*. Facilitators and course leaders responsible for professional development activities should be aware of their role in modelling the complexity, value and enjoyment of teaching. This thesis has shown that by demonstrating the complexity of the profession and modelling professional enjoyment, they strengthen teachers’ sense of commitment to and appreciation for the teaching task. Deans, managers and department leaders should also be aware of the stories they relate in public about teaching, since these stories are interpreted by teachers in terms of the implicit underlying messages they reveal. Rowan (1994), who has systematically compared the work of teaching with work performed in other occupations, argues that the professional status of teaching can only be enhanced by making the complexity of teachers’ work more visible. One way to emphasise the significance and complexity of teaching is to make high demands of those involved in teaching, demands that must be explicit. In Dutch universities, the only qualification teaching staff require is a basic university teaching qualification, which is only concerned with basic teaching competencies and is typically acquired by teachers at the beginning of their career (WUO, 2016). Further requirements for permanent education are, however, not defined. Yet, the establishment of requirements for permanent education would be reasonable, since such requirements make the complexity of teaching more visible.

The third suggestion for better supporting medical teachers is in line with the previously discussed suggestion. The thesis has shown that medical teachers’ professional identity can be supported by providing them with the right conditions in which to develop their competencies and become more skilled as teachers. As teaching is a complex form of work, it requires extended and intensive schooling. The thesis shows that both formal and informal approaches to
professional development are useful in this respect. Apart from the
formal approaches that are most commonly used, informal forms of
learning could also be considered, including the kind of teacher
communities described in Chapters 4 and 5. Yet, one could also
consider stimulating collegial learning at the workplace. Faculty or
departmental meetings on educational issues can constitute a
suitable occasion for informal learning. Even more so, collegial
consultations and informal discussions at the coffee machine or
during lunchtime can be important avenues for informal learning.
Research has shown that in many work contexts, including those of
teachers, opportunities for informal learning are not fully used, since
“many groups discourage finding out about the knowledge resources
and networks of new members, regard external contacts and
learning opportunities as diversions from their work, and do not
seek to learn from diversity of experience or perspective” (Eraut,
2004, p. 268). Creating and supporting opportunities for informal
learning should therefore be higher on managers’ agendas. This
could be facilitated by encouraging employees to participate in
group activities and collaborate with different colleagues, creating
and allocating challenging tasks over diverse teams, and by
stimulating a good social climate in the workplace (Eraut, 2004).

Fourth, many authors have criticised the lack of rewards and incentives
for developing and improving teaching in higher education
(e.g. Blackmore 2016; Young 2006). This is also the case in the field
of medical education, where it was ranked among the top ten of
most constant concerns of those who pleaded for undergraduate
educational reform between 1910 and 1993 (Christakis, 1995). This
thesis shows that these concerns are still very relevant today.
Changing the reward and promotion structures could help to restore
the balance between teaching, research and patient care. Several
issues could be involved in this regard, for example, the
incorporation of teaching quality, educational innovation and
contribution to collegial learning in reward structures, the availability
of financial incentives (i.e. grants) for ideas concerning educational
improvement, and more teaching positions, including senior
positions. However, these rewards and incentives will only have a
useful effect if the productivity standards for doctors and the
research expectations for researchers are simultaneously lowered;
otherwise, the teachers will continue to be faced with competing demands.

Finally, we would like to make one last remark. The thesis might seem to imply that it is good to favour teaching at the cost of research and health care. However, and quite to the contrary, I would like to emphasise that the thesis actually shows it is important to emphasise the relation between teaching and research or health care, since this represents a way of creating a coalition between teacher identity and other identity positions. In such a coalition, the interests of the role of teacher are taken into account, as well as the interests of the role of researcher or doctor. Creating a hybrid coalition between these two positions would allow teachers to fall back on both figured worlds and use both positions strategically and flexibly, which has the potential to create enduring motivation in the long run (Hermans & Hermans-Konopka, 2010).

SUGGESTIONS FOR FUTURE RESEARCH

In the final section of this thesis, I will reflect on the questions that remain, as well as providing suggestions for future research.

A first suggestion for future research would be to investigate whether the efforts that several medical schools are now making to enhance the status of teaching actually help to build a figured world of teaching. Some medical schools do so by integrating teaching within systems for promotion and tenure, as well as by recognising teaching fellowships (Engbers et al., 2015). Others do so by establishing academies of medical educators (Searle et al., 2010). Research is needed to determine whether these developments change the collective stories that are told about education and whether they lead to a smoother process of developing and maintaining a teacher identity.

A second suggestion would be to further develop, modify, extend and test the model of professional identity development for medical teachers that was developed in this thesis.

A third suggestion would be to extend the research on professional development activities to other contexts and other groups of teachers, so as to further develop and refine our understanding of the contribution of professional development activities to identity development. Such further research is needed to
determine whether a contribution to a sense of connectedness is always limited to informal approaches to professional development, as well as whether a contribution to identification with the teaching profession is always limited to formal approaches. In particular, the informal approaches to professional development (such as teacher communities) deserve more research attention. A further suggestion in this regard for future research would be to investigate forms of professional development in which formal and informal approaches are combined.

A final suggestion for future research is to further investigate the relationship between identity and agency. Since teachers working in contemporary academia are faced with decreased autonomy (Henkel, 2005; Van Rossum, 2012), it is necessary to increase our understanding of how teachers develop strategies to actively take responsibility for their role. In order to do so, further understanding of the relationship between identity and agency is needed.

**GENERAL CONCLUSION**

Developing a teacher identity in the context of medical education appears to not be a smooth process, since it is hampered by the stories told about teaching. However, this thesis shows there to be reason for optimism, since it demonstrates the resilience and creativity of medical teachers in creatively developing their own responses to such stories. A second reason for optimism exists due to the fact the thesis shows that teacher identity can be strengthened through both teaching courses and teacher communities. As this thesis has contributed to our understanding of the nature of identity development as well as the processes involved, it provides a solid starting point for better supporting medical teachers’ professional identity development.
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