

Examining the Professional Identity Development of Professional Master's Athletic Training Students: A Cohort Study

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Context: Professional identity development in professional master's (PM) athletic training students occurs over time and is influenced by numerous socializing factors. Although socialization processes of athletic training students have been examined, professional identity development related to the Weidman et al graduate and professional student socialization framework [Weidman JC, Twale DJ, Stein EL, et al. *Socialization of Graduate and Professional Students in Higher Education: A Perilous Passage?* ASHE-ERIC higher education report. Vol 28, No. 3. Jossey-Bass Higher and Adult Education Series; 2001] has never been examined in athletic training. This model values the multiple networks, individuals, and experiences that influence graduate students throughout their program.

Objective: To assess the lived experiences of 1 cohort of students enrolled in a PM athletic training program and determine what curricular and clinical education factors influence the development of professional identity.

Design: Qualitative study.

Setting: Focus group interview.

Patients or Other Participants: Ten of 12 (83%) students (5 females and 5 males) from a single PM athletic training cohort program participated.

Data Collection and Analysis: We conducted a focus group interview, which we transcribed verbatim, with participants during the last week of their last semester in the PM athletic training program. Data analysis was deductive and then inductive throughout the coding process, and we reached data saturation at the individual participant and cohort levels. We ensured trustworthiness through multiple analyst triangulation, peer expert review, and multiple data sources.

Results: Three factors influenced the development of the PM athletic training student's professional identity: (1) their clinical education experiences, (2) the cohort experience, and (3) their school/life balance. Within the clinical education experience, the immersive experience, clinical setting, and patients and preceptors were also influential.

Conclusions: This study used the Weidman et al socialization model. The experiences of PM athletic training students and their professional identity development are inclusive of the relationship with others throughout the educational experience, as well as their self-reflective practices within the field. It is important for stakeholders to understand the many factors that influence professional identity development.

Key Words: Socialization, clinical experience, school/life balance, graduate education

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Examining the Professional Identity Development of Professional Master's Athletic Training Students: A Cohort Study

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KEY POINTS

- Three main factors that influenced the development of PM athletic training students' professional identity were their clinical education experiences, the cohort, and balancing the demands of school and life.
- Within the clinical education experience, the immersive experience, clinical setting, and patients and preceptors were also influential.
- The process of socialization and identity development is inclusive of the relationship with others throughout the experience, as well as their self-reflective practices within the field.

INTRODUCTION

Socialization refers to the process through which individuals gain the knowledge, skills, and values needed to become successful members of a profession.¹ Similar to other graduate programs, socialization into athletic training is a nonlinear, multistage process that is individual to each person.¹⁻³ The multiphase models describe the process where individuals transition from a newcomer to novice practitioners and have been included in previous studies of graduate students in athletic training programs.⁴⁻⁶ During the first stage, anticipatory socialization,¹ the student learns about the athletic training profession. During the second stage, professional socialization,¹ the student completes a professional master's (PM) athletic training program. In the final stage, organizational socialization,¹ the individual becomes a novice member of the profession. Most studies focused on the socialization processes of undergraduate students.^{7,8} With the recent shift to the PM degree in athletic training, it cannot be assumed that graduate student socialization processes are the same.

Graduate Student Socialization

The Weidman et al² Graduate and Professional Student Socialization framework, revised in 2020⁹ and presented in Figure 1, provides a broader, nonlinear view of the socialization process, which includes 4 stages: anticipatory, formal, informal, and personal. According to Weidman and DeAngelo,^{9(p5)} "These stages reflect different levels of understanding and commitment to the professional roles for which graduate students are being prepared." The model uses a horizontal (2 circles) and vertical (1 circle) axis to illustrate the dynamic process with the higher education institution at the intersection. Each circle, representing the student or communities of influence, has a dotted boundary to illustrate the fluid and dynamic nature of the interactions.⁹

Inputs. To the left of the center intersection (higher education institution) is the student background, which includes the predispositions, aptitude, race and ethnicity, nationality, and gender identity of the student.⁹ These are the experiences and predispositions, or inputs, that the student approaches graduate education with. The left side of the intersection also represents the anticipatory stage where the

student has not yet entered into a PM athletic training program. In this stage, the student is researching and applying to the program while making assumptions about what the program experience will be like without experiencing it yet.⁹

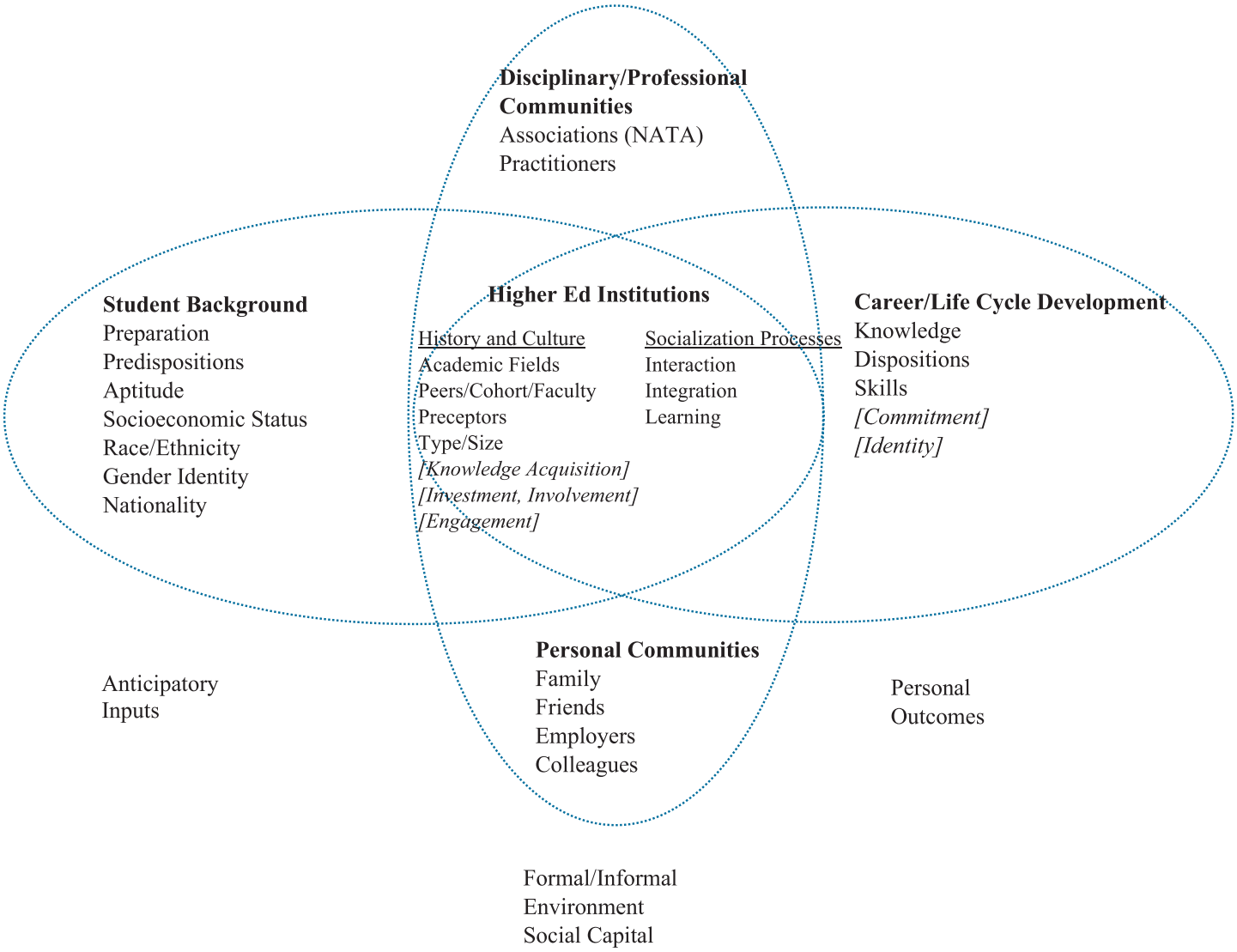
Environment. The higher education institution, and therefore the PM athletic training program, is at the intersection of the model. Because of the influence of the academic culture, faculty, and peers, the institution is responsible for a majority of the socialization processes.⁹ In the higher education circle, knowledge acquisition, investment, involvement, and engagement within the institution and program occur. Located above the higher education institution circle are the disciplinary and professional communities that influence the socialization process through accreditation or other standards. In athletic training, disciplinary and professional communities include the preceptors, patients, and peers that students interact with during their clinical experiences. Often, professional organizations, such as the National Athletic Trainers' Association, and their conferences are where graduate students continue to develop their professional identities. Below the higher education institution circle are the personal communities of the students, which include family, friends, employers, and colleagues.⁹ Although not always directly related to the academic or professional experiences involved in the development of a professional identity, these relationships can help or hinder the journey. The intersection also represents the transition from formal to informal knowledge stages. During the formal knowledge stage, the student observes others to learn more about this new role within the profession.² The informal stage represents a more collaborative and less structured environment for learning.⁹ The relationship between cohort members is important in this stage as the students become sources of support and "ease the social anxiety associated with fitting in" to the profession.^{2(p14)}

Outcomes. To the right of the intersection, is the Career and Life Cycle Development. The learning and changes that occur during this stage of the model are personal.⁹ During this stage, students make decisions about what type of professional they want to be in the field.²⁻⁹ Students become more independent as they reflect on their time in the academic program and their future in the profession. In this stage, commitment to and the development of a professional identity are the ultimate outcomes.^{2,9}

Professional Identity

The development of a professional identity includes a process of self-reflection, an individual's interpretation of how they are viewed by others, and a continual assessment of professional values, actions, abilities, motivation, and career aspirations.¹⁰⁻¹² Professional identity develops when students internalize and begin to understand their new role as a member of a profession.² It is also when students understand how their new professional identity relates to their personal and relational selves.^{2,13} Put simply, professional identity is

Figure 1. Conceptualizing socialization of students in higher education (adapted from Weidman and DeAngelo⁹).



when an individual thinks, acts, and feels¹³ like an athletic trainer.

Ultimately, the goal of any program is to graduate students who are “confident, self-regulated practitioners who fully understand their role and possess a strong professional identity within the interprofessional health care market.”^{10(p126)} Not all the factors, individuals, or experiences identified in the Weidman et al^{2,9} model equally influence the process of socialization and formation of an individual’s professional identity. However, Weidman et al^{2,9} the medical,¹³ and the athletic training⁴ literature suggest clinical education experiences, role models, and mentors may be highly influential. Exploring the clinical experience and student’s engagement with role models and mentors enables us to better understand how students view themselves as they transition to practice. Whether they remain in the profession informs program design and development and the athletic training profession. Therefore, the purpose of this study was to assess, via qualitative methods, the lived experiences of 1 cohort of students enrolled in a PM athletic training program to determine what curricular and clinical education factors

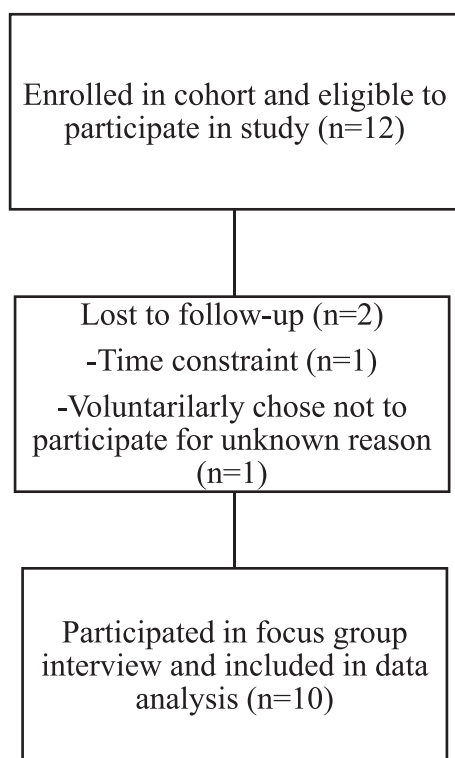
influence the development of professional identity. Within the primary research question, we aimed to understand how preceptors influence the development of the professional identity of students during the clinical experience. Finally, we sought to determine the role of the cohort in the development of the professional identity of a PM athletic training student.

METHODS

Study Design

We conducted a qualitative study of the lived experiences of 1 cohort of students in a PM athletic training program. Similar to a phenomenological study focusing on understanding the lived experience and its transformation to consciousness, this study explored the experiences of the cohort via a focus group interview to understand the factors that influenced the development of students’ professional identity.¹⁴ We used the consolidated criteria for reporting qualitative research (COREQ) checklist to ensure the study’s rigor and comprehensiveness.¹⁵

Figure 2. Flow diagram of study participants.



Participants

Upon receiving Institutional Review Board approval, we used purposeful, convenience sampling to select participants for this study. The primary investigator (A.M.G.-S., former professor of the cohort) and coinvestigator (M.E.K., former graduate recruiter of the cohort) invited all students in the first cohort of a PM athletic training program at the same public, state institution, to participate in the focus group interview. A total of 12 students comprised the cohort; 1 student had a conflict that prevented them from being able to participate, and 1 student chose not to participate for personal reasons, resulting in 10 participants (83% response rate) in the study. Figure 2 provides a flow diagram indicating our recruitment and enrollment processes. The participants were completing their final semester of the 2-year PM athletic training program. Table 1 includes additional demographics on the 5 females and 5 males whose age averaged 26 years old.

Data Collection

We conducted a 2-hour and 30-minute focus group interview during the last week of the last semester in the program. Before the interview began, we asked each participant to complete a questionnaire detailing their career intentions before and during the PM athletic training program, and after graduation (Table 2). The principal investigator, who has a doctorate and over 10 years' experience conducting interviews and qualitative research, then led the focus group interview and recorded it. The coinvestigator, who has a doctoral degree and is an expert in qualitative research methods, was not present for the focus group interview but completed the transcription process of the recording. Once the transcription was completed, the primary investigator reviewed it for accuracy.

Table 1. Participant Demographics

Participant No.	Pseudonym	Age	Race	Sex
1	Kristen	25	White	Female
2	Joseph	26	White	Male
3	Darci	26	White	Female
4	Jessica	24	White	Female
5	David	28	White	Male
6	Beth	25	White	Female
7	Peter	26	White	Male
8	Billy	31	White	Male
9	Cameron	24	Asian	Male
10	Kate	25	White	Female

We chose to use a semistructured interview guide to understand the experiences of the participants while in the program and how those experiences influenced their professional identity. The interview guide reflected the current literature on career socialization and professional identity in graduate education,^{2,16} athletic training,^{4,10} medicine,^{3,11} and other related professions.^{17–19} A peer expert reviewed the interview instrument, and no revisions were made. The semistructured format allowed the primary investigator the flexibility to ask the cohort follow-up and probing questions to gain greater insight into the information shared during the focus group interview.

We reached data saturation at the individual participant and group levels because it is understood that lived experiences are highly individualized.²⁰ Every participant contributed their perspectives and experiences in response to each question. Every participant spoke numerous times, and the primary investigator did not advance in the interview protocol until probing had ceased and there was no additional information being shared. Upon completion of the focus group interview, we triangulated the data by reviewing the participants' career intentions questionnaire to ensure their responses were also articulated during the focus group interview. The career intentions questionnaire included 5 questions and asked participants to detail each of their clinical experiences, their future job plans, career aspirations, and future goals.

Data Analysis and Trustworthiness

The data analysis was complex and continuous as we coded for themes and categories across the transcripts. The analysis strategy was deductive at the beginning of the analysis process as we used codes from our conceptual frameworks of socialization and professional identity development in our initial review of the transcripts. As the analysis and coding process progressed, it became more inductive as additional themes specific to this population and study emerged.¹⁴

We ensured trustworthiness through 3 processes: multiple analyst triangulation, peer expert review, and multiple data sources.¹⁴ A.M.G.-S. and M.E.K. coded the transcriptions individually making note of shared themes and categories. Then, we compared categories and created subcategories, until reaching 100% agreement. Our coding names were derived from the conceptual framework that informed our interview questions, our own categorization, and the terminology used by the participants in our study.¹⁴ We also employed peer expert review. The peer expert who reviewed the interview

Table 2. Participant Career Goals

Pseudonym	Career Goal Before Entering PM Program	Career Goal at Conclusion of PM Program
Kristen	Collegiate setting	Reaffirmed collegiate setting. Expanded to include professional sports setting
Joseph	Professional sports setting	Physical therapy school (admitted to a program)
Darci	Undecided	Collegiate setting or professional football
Jessica	Collegiate setting	High school setting
David	Amateur or professional sports setting	Reaffirmed amateur or professional sports setting
Beth	Collegiate setting; specifically, baseball	High school or collegiate setting
Peter	Sports medicine clinic	Secured job as physician extender
Billy	Private business owner; fitness industry	Secured job in industrial setting; reaffirmed desire to become private business owner
Cameron	Collegiate or professional sports setting	Reaffirmed professional sports setting
Kate	Collegiate or clinic setting	Reaffirmed collegiate or clinic setting

Abbreviation: PM, professional master’s.

instrument before data collection confirmed the coding structure and results. Finally, we triangulated participant responses from the focus group interview with the career intentions questionnaire.

RESULTS

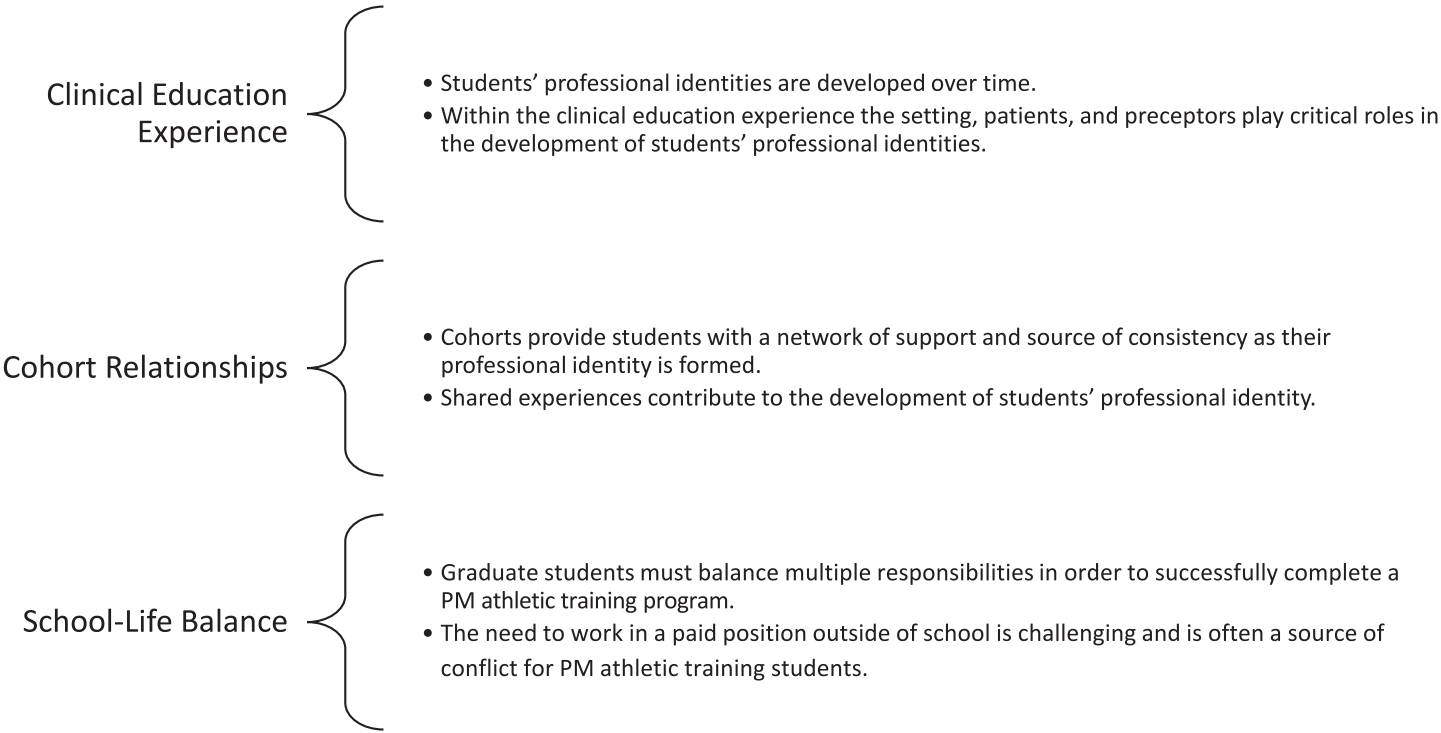
Through analysis of the questionnaire and focus group interviews, we identified 3 main factors that influenced the development of students’ professional identity: (1) their clinical education experiences, (2) the cohort, and (3) school/life balance. Each of these factors, their subthemes, and supporting quotations are presented below and represented in Figure 3.

Clinical Education Experience

The development of a student’s professional identity in the athletic training profession occurs over time. As our participants reflected upon their clinical assignments, they articulated how each of their experiences built upon the previous ones, ultimately shaping them as professionals, their views of the athletic training profession, and their career aspirations. Jessica articulated best how her identity developed over time when she said:

...and throughout the way and toward the end of each clinical experience, I feel like each time I kind of gained more confidence at the end, like where I am right now. Each time, I’m like, I’m 100% better than where I was last time. Coming

Figure 3. Factors that influence the development of a PM athletic training students’ professional identity. Abbreviation: PM, professional master’s.



out of this whole thing I feel like I could, I could do this, you know. Each clinical experience shaped me to a different point....

The Immersive Clinical Experience. The immersive clinical experience specifically played a critical role in the development of the student's professional identity. The students valued having to be present for up to 8 hours per day for the duration of the experience because it allowed them to have an accurate understanding of and commitment toward their current and future professional roles. They referred to their immersive experiences as "real life"; an opportunity to understand "what your life would be like if you were going to do this" and "a good idea of what kind of person I wanted to be when I go out into the field." (Jessica). Billy described the immersive experience as a "turning point" where "things [came] together" for him. Joseph stated, "just being there all the time...it was more of like a responsibility, so you really dove into it more. It was more of a job than a class." The students agreed with them, and Kristen summarized the conversation by stating that the immersive experience was an opportunity "to feel what our future might be like."

Clinical Settings. Within the clinical experience, the specific clinical setting and patients within were significant factors in the development of the student's professional identity. The students articulated how their positive and negative experiences and interactions within their clinical experiences helped to shape their career aspirations, and ultimately their commitment to the athletic training profession. Some students found their clinical experiences affirmed their career goals, while others discovered they no longer envisioned themselves in the setting. See Table 2 for how each participant's career goals were influenced. For example, before her clinical experience, Jessica thought that she wanted to work in a collegiate setting, but through her clinical experience that changed. She explained, "I loved those kids so much, but the way that they were needy, almost like all these things I was doing had me questioning, 'Like why am I doing this?' 'Like why am I doing this 2 to 3 times a day?' 'Is this really doing anything?'" She then compared this to her high school experience where she felt she had more of a connection and more influence on the students, and where she could envision herself being successful in the environment.

Before the clinical experience, football attracted many students. However, after interacting with the patients, they felt differently, and no longer envisioned themselves in the setting. Some students expressed a lack of respect, while others felt it was an inability to easily communicate with the patients. Billy said, "Some of [the football players] acted like they were entitled...Not all, most of them were pretty good...[but] some of them thought they could just come in and kind of demand whatever they want. Just kind of the respect thing." Similarly, Beth said, "Um, like, I know working with some of the football players, they get very sidetracked; and all of a sudden now their hip hurts when you're evaluating their wrist. And, it's like alright...you [have] to very much steer them into one direction."

Preceptor Relationship. Just as the clinical setting positively and negatively influenced our participants' professional identity, so did their preceptors. Our participants rarely

described instances in which their preceptors were helpful in fostering their content knowledge or clinical skill set. Instead, participants described in detail that the learning environment and informal conversations with their preceptors had the greatest positive effect on their professional identity. All students felt that the most influential preceptors were those who created a supportive and comfortable environment for learning. For our participants, it was important that they felt comfortable asking questions and seeking help when necessary. As Kristen stated, "I got to ask my preceptor for help, and he was really avid on teaching, so like he just made me feel comfortable working with him. I could go to him with any questions."

Our participants indicated that they spent a considerable amount of time engaging in informal conversations with their preceptors, and it was evident that those moments influenced our participants' professional identity. The students referred to conversations with their preceptors as "adult," "real talk," and "heart-to-heart." When probed, the students indicated that the reason they engaged in these moments was because they were graduate students, and close in age to many of their preceptors. Billy stated:

One of the biggest things I liked about us being grad students is we're older, I felt like most of my preceptors were a lot more adult-to-adult conversations rather than just teacher to students. So, like more often than not, they really didn't sugar coat things...they kind of let you know how it's going to be and...I felt like I had a lot more talking with an adult instead of teaching all the time.

Many of the participants' preceptors were graduate assistant (GA) athletic trainers, and they described how being with a GA preceptor allowed for more "real talk" because, as Kate said, "They [were] in the same boat" [as them]. She went on to say, "They are our age, and they have more experience...we kind of talked together. They are looking for jobs as well. So...they were helpful and had insight and a little bit more comforting feeling of, hey, this might be new to you, but it takes a year to 2 to know." Cameron summed up the discussion by articulating how insightful the conversations were by saying, "I had a lot of heart-to-hearts, if you will, with my different preceptors. I found those conversations were "by far some of the most valuable, good educational experiences clinically."

In contrast, was how preceptors negatively influenced their professional identity. In these instances, the students noticed that some preceptors were overwhelmed in their job, lacking in clinical skills, or exhibiting signs of burnout. The students described some instances where their preceptors would complain about the long hours that their jobs demanded, the poor work/life balance that they experienced, and lack of pay. Cameron articulated the conversation best when he said he "wasn't impressed with (the preceptors') skill set... [and] they kind of [complained] and moaned about the pay, and the hours, and having no family life..., so I had some great experiences, but I also had experiences where it was pretty negative." It was evident from the interview that these negative experiences influenced the students' professional identity and commitment, as Peter said, "They kind of discouraged me wanting to work in (that setting) just seeing them so overworked... and they always say they are

underpaid as well. So that was kind of, eh, maybe I don't want to do that."

Cohort Experience

The cohort model in a graduate program enables students to build a network of support and provides a source of consistency throughout the program.² A benefit of a cohort is the strength in relationships between students.² While progressing through the program, the students had many shared experiences with their cohort members. These shared experiences included the lived moments of being a student within the program and the realization that they are all in similar life stages while pursuing the degree. As Jessica reflected, "I feel like we kind of did this together from start to finish...relating to other people when you're in the same position, going through the same thing. Putting the hours in, being busy...um, and kind of having that alright, well they are doing it." Realizing that others around them were doing the same thing and having the same challenges helped normalize the experience for students.

Unlike their undergraduate counterparts or other graduate programs in different disciplines, competitiveness was not part of their cohort culture.²¹ Instead, there was a culture of support. They related to each other and the challenges of applying for their first professional position or internship while finishing up their studies. They became resources to each other by sharing information about available internship positions, and they were outlets for each other to vent to when they were not selected for the internships. Because this is a PM program, the students were older and often had additional professional experience before entering. During the interview, participants reflected on how their stage in life may have affected their experiences and relationships with each other. Joseph explained, "It's been good to have a support here, but I feel like a lot of us are older and more mature, so we knew what we wanted to do; so, it's not like, 'Oh that person doing this makes me want to do it more.' It is like we have a support system behind us." Colleagues within the cohort helped in the development of a professional identity but were not part of the decision-making process of who they wanted to be as a professional (eg, setting or specialty).

School/Life Balance

The participants in our study were older and balancing personal and professional responsibilities while pursuing the degree. The pace and schedule of the PM athletic training program demanded significant time and commitment. Students reflected on the difficulty in balancing their clinical requirements, which competed with the need to work in paid positions outside of school. "There were days I was here until about 5 PM, then I would go to work until like 10:30 PM. Then I would go home at midnight and get up and do it again, so...it all happened so fast. You just try not to dwell on it," Peter shared. The need to work outside of school also created challenges for some when it came to communicating their needs with their preceptors regarding availability. Kristen reflected on this challenge of balancing competing personal and professional needs when she said, "I do have to work. I'm in school, I have loans. They really didn't get that concept, and I felt like some preceptors were frustrated at me for that. But I got to do what I got to do."

DISCUSSION

Our purpose was to explore the lived experiences of 1 cohort of PM athletic training students, to determine which factors influenced their professional identity development. Formulating a professional identity is a personal and reflective process, and we found that 3 main factors were influential: (1) clinical education experiences, (2) the cohort experience, and (3) school/life balance.

Clinical Education Experience

Clinical education is a major socializing agent in the development of PM athletic training students.⁴ Students acquire the skills and knowledge needed to be successful in the athletic training profession during the clinical experience. Varied and immersive clinical experiences have recently been identified as key mechanisms by which students have the opportunity to develop and refine their clinical skill set and gain confidence.⁴ Preceptors are also important socializing agents; they serve as mentors to the students, provide the role modeling "needed to facilitate [students'] competence and confidence,"^{4(p150)} and foster autonomy.^{4,22} This study supports the understanding that immersive clinical experiences and preceptors are key factors in the development of PM athletic training students. However, this study also demonstrates the informal socialization^{2,23} that occurs during clinical education. Specifically, how the positive and negative interactions with preceptors and patients led participants to reaffirm or change their career aspirations, ultimately contributing to the formation of their professional identity.

Cohort Experience

This study is the first to examine a cohort of athletic training students studying at the same institution. It is evident that these athletic training students benefited from the social nature of the cohort model. Strong networks with peers, shared experiences, and creating a supportive discipline culture are benefits of a cohort program. In a cohort program, students have a built-in network of peers who are experiencing shared socialization and who become sources of socially oriented support for each other throughout their experience.¹⁸ During the informal stage of socialization, cohort members become active influencers to each other.² This is different from the formal stage where students rely mainly on faculty members and other senior students to learn about their role in the profession.²

Cohort programs have existing mechanisms for developing access to strong networks of support and relationships among members and their socialization influencers.²⁴ For example, faculty and clinical preceptors are a source of social capital for students creating a resource and access network that benefits them while in the academic program and beyond.²⁴ The interactions and relationships (social capital) with others create value in the socialization process.⁹ In the Weidman et al² conceptual framework, social capital is associated with the environment and formal/informal learning stages. It is during the classroom and clinical experiences within the program that the students learn to navigate relationships with each other in a supportive and professional manner. Within the field of medicine, "communities of practice" conceptualize the organization of individuals around common experiences or

learning even though communities of practice are informal in their organization.²⁵

A collaborative culture among cohort members benefits socialization in a graduate program as it provides opportunities to explore research and expand opportunities well beyond the time in the academic program.² Peer relationships have a positive influence on the transition from academic career to the professional career.²⁶ Baker and Lattuca^{21(p822)} found that “Although successful participation in the practices of a community can be a catalyst for ontological change, professional identity change is not inevitable.” Similar to the learning and socialization, professional identity development is a continuous process of interactions and self-reflection and not an automatic process.²⁶ The cohort in this study were members of a collaborative culture. Instead of feeling competitive over professional opportunities or pressure to fit in, they shared job postings with each other and were secure in the career paths they were pursuing even if it was different from their peers.

Self-reflection assisted the students in this study to make decisions about what kind of professional they wanted to be and how to understand their relationships with their own patients and supervisors. Ultimately through their support, cohort members provide insight into the community of practice in which they operate.¹¹ Creating their own narratives of how they thrived within their clinical experiences helps each student find their place within the athletic training culture. Sharing stories of overcoming the challenges of the clinical experience or the job search process among the students was influential in confirming their professional identity, as well as contributing to the program culture.²⁷ Because graduate education can be an isolating experience, creating stronger student communities and connections within and across the academic program is a shared goal for graduate programs.²⁸ Cohort programs with a strong sense of community and support become a socializing influence for students on their journey to making decisions about their professional identity.

School/Life Balance

When the decision was made to move to the PM degree, it was expressed that a negative consequence would be an increased financial burden on students who must pay for additional years of schooling.²⁹ The athletic training profession is not alone in this conversation; a recent study in physical therapy described the efforts being developed by the American Physical Therapy Association to address rising physical therapy student debt.³⁰ Shortly after the athletic training degree transition was made, Mazerolle, Bowman, and Pitney,³¹ affirmed in their multistakeholder examination that students and faculty alike are concerned about the increased financial burden that comes with the entry-level master’s degree. Our cohort spoke about the fact that they all had jobs while completing their master’s degrees. Though the cohort did not express concerns related to their student loans, or other financial burdens specifically, they did speak at length about how having a job presented personal challenges and, at times, conflict with their preceptors. Because socialization is a nonmonolithic process inclusive of the whole student, the identities of the students influence each other.^{12,24,32} A challenge experienced within the relational and personal identities affects decisions made related to the professional

identity such as prioritizing a paid position over the clinical experience.¹²

Just as work/life balance has been a major topic of conversation over the last decade in athletic training,³³ graduate student school/life balance is also a concern as it pertains to the attrition and retention of students. A recent study by Russell¹⁸ examined the “multiple and competing roles and responsibilities” that graduate students must balance in order to successfully complete their program. Throughout the program, students identified financial obligations and coursework as key areas that needed balancing. The PM athletic training students in our study, also spoke extensively about how they had to balance their clinical demands with their work schedules, and how their outside employment responsibilities often became a source of conflict with their preceptors. Russell^{18(p149)} identified how the “balancing act becomes even more difficult” at the end of the program because “students are often adding job searches to their plate.” This was the case for the participants in our study since they were just weeks away from graduation. Despite these challenges, our cohort identified support, specifically peer support, to be critical throughout the PM athletic training program.

It is evident that the participants of the current study were very aware of both their age and that they were graduate students. This could be because they completed clinical experiences alongside undergraduate students and their preceptors were GAs in many instances. We interviewed the students during a pivotal time for the institution and athletic training profession as bachelor’s degree and postprofessional programs were being phased out. The PM athletic training students in this study were also aware of their relational identity (eg, interpersonal relationships outside of the program) and personal identity and how both identities influenced the development of their professional identity.¹² The age of the student also appeared to have influenced the relationship developed with the preceptor. As is true for Knowles’ Andragogy model, instead of a hierarchical relationship of knowledge being passed down from instructor to student, the relationship is more of a facilitator guiding and involving the learner in the process.³⁴ Acknowledging that graduate students are not simply “older undergraduate students” is important when understanding the informal and formal learning that occurs within the program.^{28(p167)}

LIMITATIONS

This study explored the experiences of 1 cohort of PM athletic training students studying at 1 institution. Previous studies examining the PM athletic training student experience often sampled across institutional types. By focusing on 1 specific program, this study was able to uncover the socialization influences/influencers specific to this program and institution. Identifying the relationship and position of the researchers to the sample is important to understanding the generalizability of the findings in qualitative research. The principal investigator was an instructor to this cohort during their first year in the program. While the results of our study are not directly transferable to other institutions, we can contribute to the ongoing exploration of the athletic training-specific graduate student experience. Furthermore, since our findings parallel the existing literature in graduate education,^{2,16} medicine,¹¹

and other health care fields,^{17,19} we encourage PM athletic training programs to examine their own influencers and the student experience, since it can vary by institution (eg, access to funding, full immersion, and access to varied clinical settings).

This study focused on the transition and development of the professional identity in a PM athletic training program. Although students in the study did share insight into how their personal and relational identities influenced the development of their professional identity, this study did not explore the complexity or the layering of identities and the influence this may have on the development of a professional.¹² Identity development, just like socialization, is a non-monolithic and social process.^{24,32}

IMPLICATIONS FOR PRACTICE

Literature from athletic training^{4,6} was paired with literature and theory from graduate education² to help in understanding the experiences of students as they developed their professional identities. It is important for athletic training educators to purposefully choose and implement clinical experiences. Clinical experiences, and the individuals within, are significant factors in the development of students' identities. Negative experiences and power relationships are unavoidable, however "effective clinical education dismantles these hierarchies."^{10(p126)} As Peer suggests, clinical education "should not be left to chance."^{10(p126)} Institutional stakeholders can also benefit from the findings of the current study by having a broad understanding of how the athletic training narrative fits into the overall graduate education experience as they support the student population.

Socialization and the development of a professional identity is often an implicit goal of academic programs.^{9,13} It is important for program directors to create opportunities within the curriculum to teach students about the process of developing a professional identity. This should occur earlier in the curriculum instead of later since the formation of the professional identity changes and is influenced by several people and experiences. Instead of being an unconscious process, the development of a professional identity could be guided through discussion, self-reflections, and even journaling of the student clinical education experiences. These activities assist students in viewing themselves as a member of the athletic training community by being more aware of their values, attitudes, and behaviors.^{2,9}

DIRECTIONS FOR FUTURE RESEARCH

The graduate education and socialization literature calls for more discipline specific inquiry as each academic discipline has its own culture and socialization influencers. This study helps in the understanding of the PM athletic training student experience within a specific institution type and program design. Future research around advising practices within both the faculty and preceptor role would be insightful on how to create supportive conversations around entering the profession. Additionally, understanding how the level of commitment to one's professional identity is sustained or transformed at different points after the program would be informative to the field of athletic training. Future studies focused on these

topics would also contribute to the exploration of fit theory³² in graduate education.

The focus group interview for this study took place in the students' last semester of their 2-year PM athletic training program. In fact, we interviewed them approximately 2 weeks before graduation. This was a culminating time for the participants individually, and as a cohort, just before graduation and before their transition to practice. Arguably, it was the opportune time for this cohort of students to reflect on their experiences in the program. More importantly, the timing of this study allowed the researchers to hear the students articulate how individually, and collectively as a cohort, their experiences contributed to the development of their professional identity. Additional longitudinal studies, such as Singe et al.,⁶ would be beneficial in understanding how one's professional identity and commitment continues to develop during the transition to practice and in the early career stages.

CONCLUSIONS

Understanding socialization and professional identity in the academic discipline context is important to the stakeholders (ie, faculty, administrators, students, and clinical preceptors) within athletic training and graduate education. This qualitative study of a PM athletic training cohort found that the 3 main factors that influenced the development of students' professional identity were their clinical education experiences, the cohort, and balancing the demands of school and life. The process of socialization and identity development are inclusive of the relationship with others throughout the experience, as well as their self-reflective practices within the field. By exploring the socialization influencers, we can purposefully create academic environments that acknowledge the nuanced experiences of students in pursuit of a graduate degree.

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