



SELF-IDENTITY, PROFESSIONAL IDENTITY AND CULTURAL IDENTITY IN GHANA: AN EXPLORATORY STUDY OF IDENTITY CONSTRUCTION OF FEMALE MEDICAL OFFICERS

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Abstract:

Self-identity, professional identity, and cultural identity are phenomena that require further study, as they can covertly or overtly influence the construction of an individual's or professional's identity. Using the qualitative exploratory study design, thematic data analysis, and the Communication Theory of Identity (CTI), this study sought to identify the perception of self-identity among female medical officers, ascertain how female medical officers navigate through their professional identity construction and explore the effects of the process of identity construction of female medical officers in the Ghanaian context. With a semi-structured interview session for thirty (30) female medical officers who served as respondents, it was found that self-esteem, identity on cultural traits, and religious identity summed up the perception of self-identity of female medical officers. Conscious correction effort, confidence, and teamwork serve as channels through which female medical officers construct their identity. Again, male dominance, cultural stereotypes, and professional misidentification are common challenges that female medical officers encounter in the process of constructing their self-identity, and therefore call for a better work atmosphere and recognition of their professional duties. The study, therefore, calls for women physicians, leaders of the medical profession, social clubs, and the government to promote and set laws that protect the identity of both genders in their professional duties.

Keywords: self-identity, cultural identity, professional identity

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1. Introduction

1.1 Background of the Study

Individuals often make decisions overtly and covertly based on who they are and what they believe. Such decisions are either taken independently, interdependently, or forced by others for individuals to make those decisions which invariably affect who that individual is or is identified to be. Most often, such individuals who may have a socially unacceptable identity or behaviour are generally abhorred by many other people or the group of people they are interested in being with. More often than not, the question "Who are you?" is one of the most important questions that most people will ever face (Vignoles, 2017).

Several researchers have given several definitions in line with varied contexts. Fearon (1999) describes definitions of identity that are contextually applied. In Fearon (1999), Hogg and Abrams (1988, 2) define identity as people's concepts of who they are, of what sort of people they are, and how they relate to others. Again, Fearon (1999) cited Jenkins (1996), who asserts that identity is how individuals and collectivities are distinguished in their social relations with other individuals and collectivities. Again, identity is posited by Wendt (1992, 397) in Fearon (1999) as a "*relatively stable, role-specific understanding and expectations about self*". Fearon (1999) cited Hall (1989)'s definition of identity as a process; a split, not a fixed point, but an ambivalent point and the relationship of the other to oneself.

From the definitions, it is argued that identity exists in past, present, and future time frames. Individuals often identify with their past identity and often wish to make it better and brighter in the future (Fearon, 1999). Unfortunately, other personalities feel dissociated with the past identity and carefully plan a future identity (Horowitz, 2012). Generally, the study of identity helps predict who an individual really is and perhaps his or her relationship with others. As such, self-identity is the "cognitive response" to the question, "Who am I" which gives the summary of traits and characteristics, social relations, roles, and social membership that explicitly define a person is his or her identity with his or her social, community, and cultural roles (Leary & Tangney, 2012; Littlejohn & Foss, 2011). Self denotes a warm feeling that something or an issue is "about me" or "about us" (Leary & Tangney, 2012).

Self-identity is largely perceived from the presentation of self. Research has indicated that individuals often consider their environments in making decisions about their identity. Such decisions are basically to help the individuals fit well in the setting. Littlejohn and Foss (2011) add that the social environment contributes to an individual's self-identity. To the sociologist, one's answer to questions such as "What is going on here?" brings about a definition of a situation. Such definitions, the researcher admits, may go through a series of definitions before the most appropriate one is resolved (Littlejohn and Foss, 2011).

Goffman (1959) discusses the layers of identity. The first layer, which is termed as strips, according to the sociologist, is the sequence of activities that are being done by an

individual in making that individual identified in a given setting through a process known as framing. Thus, framing is the basic organizational pattern used to define the strip one identifies with others. The various individual activities done one after the other that frame the individual are referred to by Goffman (1959) as the strip. It is important to note that the backstage presentation of the life of an individual is mostly different from the features and expressions in the public space (Agboada & Ofori-Birikorang, 2018).

The questions, "Do you really know me?" or "How did you get to know me?" remain questions that are always asked by individuals at the initial encounter with another individual (Bailey, 2003). Bailey (2003) further agrees with the assertion that one's self-concept produces one's self-image. The study further argues that an individual's self-identity produces or brings about the "Me" and the "I" that depict the "self-appraisal" of that individual. Agboada and Ofori-Birikorang (2018) agree with Bailey (2003) and further assert that the self-identity is mostly worked on backstage in an attempt to shape the impressions that their followers have of them. Individuals are mostly engaged in shaping their self-identity inwardly as they hope to have a clearer recognition outside. Irrespective of numerous academic quests and broad-ranging interest to understand the concept of self-identity, it remains something of an "enigma" (Fearon, 1999, 1). Many researchers predict both physical and psychological well-being of an individual to mark whom the person is respected to be (Horowitz, 2012). Horowitz (2012) further adds that the physical and psychological trends of individuals are very important in understanding self-identity.

The concept of professional identity is worth discussing in this study. Unfortunately, terms like "professional identity", "professionalism", and "professional socialization" are frequently used with unclear or contradictory meanings (Fitzgerald, 2020). A strong professional identity aids in the development of a meaningful professional self-awareness, which promotes sustainability and eases the transfer to professional employment (Reissner & Armitage-Chan, 2024). Although professional identity and its development are widely conceptualized, little is known about how the interpretative process that underpins professional identity work results in discernible shifts in attitudes, feelings, and behaviors, and how these realizations may be used in instructional practice (Reissner & Armitage-Chan, 2024).

It is worth noting that understanding professional identity is crucial at this point in students' development since university programmes have a significant impact on how they establish their professional identities (Matthews *et al.*, 2019). This is to say that one's professional identity is produced as a result of his or her form or programme of education and the employment opportunity he or she may be engaged in. In sum, the idea of professional identity refers to how an individual views themselves in a work environment and how such individuals express it to others.

Women have been intentionally excluded from the medical sector since the late 20th century, and for most of modern history, they have been prohibited from engaging in medical research and practice (Dwyer, 2022). One specific example of women being actively prevented from entering the medical sector is the class action lawsuit brought

against female medical officers questioning their roles in medicine (Dwyer, 2022). According to data provided by Sin (2021) as cited in Dwyer (2022), the gender pay gap between men and women in the same profession, such as a medical doctor, has been documented for many fields. This salary disparity is probably even greater in the medical field. Dwyer (2022) explores the disparity in compensation in the medical industry in her article on the gender pay gap, which discourages women from joining the medical field. According to Sin (2021), a 2017 survey revealed that female general practitioners earned 36% less income than their male counterparts. Gender discrimination is therefore widespread in the medical sector, as seen by the gender wage disparity between male and female general practitioners (Sin, 2021).

Cultural identity is a phenomenon that mostly contributes to an individual's identity. The sense of being a part of a collective culture is known as cultural identification. Ancestry, appearance, attitudes, behavior, family, education, ethnicity, health habits, history, locale, nationality, political attitudes, profession, religion, skills, and social status are just a few of the numerous characteristics that may be used to identify a group culture. Culture identification includes indicators, such as attire, personal hygiene, or dietary habits, that confirm that an individual belongs to a specific group, belief system, or race (Gilbert, 2010). Cultural identity, according to Myuhtar-May (2014), can connect individuals who share their customs, fundamental beliefs, hobbies, and lifestyles through their cultural identity.

Moreover, people in communities that have experienced cultural colonization may believe that forced assimilation or slow changes within their core culture pose a danger to their cultural identity. Including, combining, or even fusing local and global identities can be difficult. Cultural identity critics argue that maintaining separate cultural identities based on differences causes societal disintegration and partisan dysfunction (Mora, 2024). As argued by Gilbert (2010), an individual's specific group, belief system, or race has a great effect on understanding that individual's cultural identity.

Similar to other West African nations with several ethnic groups, Ghana tends to have multiple kinds of group or collective identities coexisting. Indigenous people's identities were created and are being reconstructed in modern society, according to research on colonialism and post-colonialism by Edu-Buandoh (2016). In most of the cultural practices in Ghana, men are historically seen as the heads of the family and society, especially in the Akan culture. The societal expectations, ruling, proverbs, and cultural conventions regarding gender roles all reflect that the voices of men supersede those of women (Edu-Buandoh, 2016, Diabiah, 2018). Cultural gender norms that elevate and promote males while placing women in submissive and inferior roles are the reason why gender inequality still exists in Ghana. In many societal system levels, these cultural gender norms impede women's advancement and increase gender disparity between men and women (Nartey *et al.* 2023), especially in the medical profession.

Research has indicated that individuals are identified with some ideologies and principles. In that line, Carbaugh (2007) espouses six basic principles in the communication of identity, of which this study subscribes to. The first, which is the

ubiquity principle, describes identity as a dimension of all the communication practices of an individual. The principle of situated practice, the second principle, suggests that identity is a careful outcome of a common situation that an individual often goes through, which a person is carefully made bare through communication practices in distinct circumstances.

The third principle, which is the salience principle, is described as any particular set of communicative practices that are more peculiar and salient in some scenes than in others. In a particular situation, a person may show an identity that the individual may not show in other scenes. The fourth principle, the sequential structuring principle, identifies the communication of a particular identity by an individual as a social process. When such identity is enacted, it is typically after a socially occasioned action that was done before, and as such, it is also consequential for what happens later. Penultimate, the dialectical principle argues that the communication of self-identity can be productively considered as part of their interaction with others. This is carefully acknowledged as the basis of self-identity construction. Finally, the cultural principle of self-identity is always presumed and created by some set of cultural premises with which an individual always associates themselves.

2. Statement of the Problem

An individual's self-identity and identity construction are constructed from personal, societal, cultural, and professional effects. Several phenomena related to the construction of social networks contribute immensely to the construction of the identity of an individual (Requies *et al.*, 2018). Arguably, individuals must have a reasonable and clear sense of who they are and how they fit into their surroundings, especially when other individuals are interested to know (Ashforth & Schinof, 2016). Pratt (2012) notes that identity construction at the individual level is sometimes used interchangeably with the individual's occupation. Littlejohn and Foss (2011) argue that the process of identifying and understanding how "*individuals understand their behaviour*," especially in a given setting or situation, contributes to how others will relate to such individuals.

McAdams *et al.* (2021) assert that studies on self and identity have significantly advanced by focusing attention more firmly on the individual's conscious mind and more widely on the social contexts that place individual variations in behavior, thinking, and emotion in several contexts. The study further argues that the concept of self-identity is worth studying because its relevance is acknowledged in the area of an individual's self-insight, self-conscious emotions, self-esteem, narrative identity, and the role of culture in shaping self-identity and the integration of personality into a given context.

Horowitz (2012) gives a comparative study of research and methods used in the plethora of research work on identity and its formation. Horowitz (2012) finds that various unconscious assumptions about the self-becoming prevalent at various periods, in different social or cultural contexts, are the cause of disparate perceptions of the self. These self-schemas, or generalizations, are fueled by a variety of conscious and

unconscious stimuli, some of which may have societal or personal roots. Self-schemas do not necessarily have to be consistent with one another as a result (Horowitz, 2012). Their general structure, or self-organization, can range from a very disjointed state to one that is essentially harmonic. In an intuitive sense of self, a harmonic degree of self-organization is demonstrated by intending, attending, and anticipating in accordance with shared attitudes (Horowitz, 2012; McAdams *et al.* 2021). On the other side, a disorganized degree of self-organization shows itself as a lack of emotional control and a disorder of selfhood (Horowitz, 2012).

In furtherance, Zeba and Khan (2021) discuss the role of women in household income generation. The study asserts that the most imperceptible factor influencing the indirect assessment of national income and women's economic empowerment is the productive revenue produced as a result of women's involvement in domestic tasks. This suggests that women are better recognized to perform domestic activities at home and not any other substantial responsibilities. Kapur (2019) discusses the role of women in the management of household responsibilities. Kapur (2019) asserts that women's role in managing domestic duties is considered an essential aspect of their lives. Since ancient times, this characteristic has been considered significant. Changes occurred in their lives throughout the modern era, and women took part in obtaining education and job prospects. Despite their involvement in these areas, women made a substantial contribution to the handling of domestic duties.

In a closer look, Jacobs and Schain (2010) posit that women professionals, like female doctors, want to advance, but they face stronger headwinds than men, making women professionals underappreciated and overworked. As such, female doctors want a better work culture and recognition; however, such culture and recognition are not always permitted at the workplace. Although for some years, there has been an integration of women into many male-dominated fields of work. Much about the gendered politics of medical practice has been made clear by the growing number of women entering the historically male-dominated field of medicine. As women build their professional identities, they must navigate competing gender-normative duties and expectations (Stavely *et al.*, 2021). This, however, does not necessarily mean acceptance and equality, nor does it mean that the stress created by men's dominance at work, social and cultural men's hegemony at work and family conflict have been resolved (Almar and Single, 2004; Jacobs and Schain 2010; Rācene, 2014, ILO, 2020, Salin, 2021; Williams, 2023). In a closer perspective and context, few studies have been conducted on issues associated with self-identity, professional identity, and cultural identity of women in the medical field. As such, the focus of this study is to unravel the concept and the effects of identity construction of female medical officers, taking a closer look at the male hegemony and dominance in the Ghanaian culture (Ampim *et al.*, 2020; Nsaful *et al.*, 2021)

2.1 Research Objectives

This study seeks to:

- 1) Identify the general perception of self-identity among female medical officers

- 2) Ascertain how female medical officers navigate through professional identity construction
- 3) Explore the effects of identity construction of female medical officers in the Ghanaian culture

2.2 Research Questions

This study answers the following questions:

- 1) What is the general perception of self-identity among female medical officers?
- 2) How do female medical officers navigate through professional identity construction?
- 3) What are the effects of the process of constructing self-identity by female medical officers?

2.3 Significance of the Study

The issue of male dominance in the medical field in the 21st century needs extensive research. It must be emphasized that, giants and novices in the medical field, social setting, and educational circles equally will appreciate this study as the study unravels the issue of identity construction in line with self, professional, and cultural identity among female medical officers.

This research will attempt to settle the controversial opinion that female medical officers are not professionally qualified based on their self-identity and cultural identity. Self-identity has been very manipulative and deceptive through history, even to modern times, but it cannot be effective when individuals are given pragmatic education to unravel the negative potential associated with it. In such an intellectual community, this study will unravel whether self-identity could beceptive and calls for all to be watchdogs and sensitive to the effects of how individuals perceive identity and its construction on both the academic and the non-academic community.

In furtherance, communication experts and students alike would also be encouraged to embark on more empirical research into how identity is constructed by other professionals and the effects of such identities on both academic and professional individuals, because it is an interesting and educational field.

2.4 Scope / Delimitation of the Study

This study aims to explore the concept of self-identity, professional identity, and cultural identity among female medical practitioners in Ghana. The study focused mainly on female medical officers in Ghana and not on any other profession in the medical field.

3. Methodology

3.1 Research Approach

Research approaches are plans and the procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation

(Dooly *et al.*, 2017; Pandey & Pandey, 2015). In this study, a qualitative research approach was used. A qualitative research approach is described as the research approach that allows a detailed exploration and analysis of a topic of interest, in which information is collected by a researcher through designs such as case studies, ethnography, and phenomenology (Creswell & Clark, 2010). The qualitative research approach in this study achieved findings through interviews because the qualitative approach tells "how or why" in answering research questions (Maxwell, 2010). Thus, qualitative sources of data for a study, according to Maxwell (2010) and Rahman (2017), provide the basic data for the development of an understanding of the relations between social actors and their situations, and as such, as asserted by Rahman (2017). Data were collected from selected female medical officers to examine the concept of identity and its professional and cultural contexts in the medical profession.

3.2 Research Design

A research design is a "*plan, structure and strategy of investigation so conceived as to obtain answers to research questions or problems*" (Kumar, 2011, p. 95). Creswell (2014) defines a research design as a strategy, plan, and structure for conducting a research project. The direction provided by a research design guides the collection of data as well as the analysis and interpretation of the data. The goal of exploratory research is to examine a phenomenon or find a solution to a question (Singh, 2021). Swaraj (2019) adds that the exploratory research is conducted with the intention of either an area where little is known, and as such, an exploratory study design was employed for the study to find out how the identity of female medical officers is constructed in the area of self, professional, and cultural.

3.3 Population

The population which helps in reaching the assumption, context or goal of a study is the entire set of units which the study uses to make findings and conclusions or generalisations of the objectives of the study (Asiamah *et al.*, 2017). The population for this research is female medical officers who have been in the profession for more than a year. This, therefore, makes answers to the research questions valid since these answers were from the population of the study and in this case, female medical officers.

3.4 Sampling Method and Sampling Size

In this study, snowball and convenience sampling techniques were used. According to Pasikowski (2023), snowball sampling entails a series of connections that enable moving from one unit to another in suggestions gleaned from those units. Galloway (2005) also asserts that convenience sampling involves using respondents who are "convenient" to the researcher. Snowball sampling was used for selecting the interviewee to link the researcher to another interviewee who is another female doctor. Convenience sampling was employed in selecting the first group of medical officers who were used for snowballing for the subsequent interviewees.

Based on the convenience sampling technique, there was a practical approach, prioritizing ease of access, willingness and availability, rather than strict statistical representation since there are no strict rules for determining the ideal sample size (Giri, 2024; Singh & Masuku, 2014). In this study, thirty (30) female medical officers participated in the interview session.

3.5 Data Collection Instrument

Data refers to facts that are raw, unprocessed, and misarranged. Data is therefore processed and converted to become information (Aina, 2004). A semi-structured interview as a primary data collection instrument was employed in the study, which allowed the interviewer and the interviewee to have an intimate engagement according to the objectives of the study. This aligns with Ajayi (2017, p. 2) assertion that primary data is “original and unique data” for research.

3.6 Data Analysis

In this study, thematic data analysis was employed in analyzing the interviews of each selected female doctor to explore systematic insight into patterns of meaning or themes from the interviews, which aim at identifying, organizing, and offering meanings from the data (Smith, 2018). Thematic analysis was used to answer the research questions in the study. Data from female medical officers in the form of semi-structured interviews were analyzed.

3.7 Trustworthiness of the Study

Shenton (2004) posited that it is very important for a researcher to take steps that will demonstrate the research findings that emerged from the data of the study and not the researcher's own assumptions. The trustworthiness of the study is the product of the trustworthiness of the instruments for the collection of data for the study (Shenton, 2004). With the interviews with the participants, clarification of biases as posited by Creswell (2014) was ensured. First, the researcher phoned and interviewed each of the medical officers who served as participants for the study. The recorded interview was transcribed. The researcher cross-checked the transcribed interviews with the audio version to check for errors and omissions. The researcher also allowed the participants to have access to the transcribed interview to affirm the information in the transcribed interviews in order to ensure their authenticity (Metro-Jaffe, 2011; McMullin, 2023).

3.8 Ethical Consideration

In academic research, the application of ethical standards is important because ethics in research provides a guideline or set of principles that help in carrying out a study in a fair and non-harmful manner (Dooly *et al.*, 2017). In ensuring a scholarly research work, Kantian Ethical Principles were employed. The Kantian ethical principle is a set of standards that serve as social guidelines in the carrying out of a study (Bowen, 2004). He further discussed the elements of the Kantian ethical principle. These principles are

informed consent, confidentiality, anonymity, beneficence, withdrawal, and minimal risk.

4. Findings and Discussion

Thematic Analysis, according to Smith (2018) was employed to analyse the interviews conducted among participants in order to ascertain answers to the research questions which were:

- 1) What is the general perception of self-identity among female medical officers?
- 2) How do female medical officers navigate through professional identity construction in the Ghanaian culture?
- 3) What are the effects of the process of constructing self-identity by female medical officers?

RQ1: What Is the General Perception of Self-identity among Female Medical Officers?

To answer RQ1, themes were generated from the interviews with the respondents. The themes included self-esteem, cultural traits, and religious identity.

1. Self-esteem

Self-esteem is a person's assessment of their value, acceptance, or cultural worth (Hepper, 2016). From the Participants below, it was deduced that the doctor associated self-esteem with the values that distinguish an individual from others in the workplace. This is quoted below:

Quotation A:

"As a doctor... eerrm... it is what makes you who you are or makes you stand out, out of a lot..." (Participant 12)

2. Identity with Cultural Traits

From the interviewees, cultural identity must be recognized first before any other. This is found in the Participants below.

Quotation B:

"...well, I am a woman, and I behave as such. Although, my profession is there but you see, I as a woman comes first. My biological make-up and my culture before any other thing. After all, that's what the bible say. Your role as a woman must be looked at first before anything..." (Participant 13)

The interviewee agrees with Carbaugh's (2007) argument on the principle of situated practice, the second principle, which suggests that identity is a careful outcome of a common situation that an individual often goes through. Thus, who a person is, is

carefully made bare through communication practices in distinct circumstances or settings.

3. Religious Identity

The quotation below agrees that religiosity influences the shaping of the identity of female medical officers. Leite *et al.* (2023) argue that the structure and measurement of the beliefs and practices of a religious body can directly or indirectly affect the practice and identity of an individual or group of individuals.

Quotation C:

“... it is God who has led me to this path, and I must recognize Him as such. My self-identity as a doctor is important, but I recognize that many people wanted to be here but it is God’s mercy that’s why I am here...” (Participant 6)

RQ2: How Do Female Medical Officers Navigate through Professional Identity Construction in the Ghanaian Culture?

To answer research RQ2, answers from the participants were put into themes. These are conscious correction efforts, confidence, and teamwork with males.

1. Conscious Correction Efforts

The interview reveals that respondents employed conscious effort, confidence, and teamwork as possible ways to navigate through professional identity construction.

Quotation D:

“You should always have your quotes on. You should always have your Stethoscope on because even with that, people don’t see a doctor, they see a nurse. But I personally will insist it...” (Participant 18)

2. Confidence

The interviewees opined that female medical officers must exhibit confidence as a means to navigate through professional identity construction in the Ghanaian culture. This is seen in the quotation below.

Quotation E:

“Try to keep your head high, be confident in whatever task you are given... you should know what you are about.” (Participant 12)

3. Teamwork with Males

Quotation F:

...one thing I have seen is that, when you are with you are in a team where there are guys, so that you can learn from each other and help you to be equal with them... what you can do they can do and vice versa... (Respondent 15)

The participants above indicate that female medical officers prefer to be in a team with colleagues, medical officers, to negotiate their identity as a doctor.

RQ3: What are the effects of the process of constructing self-identity by female medical officers?

To answer research question three (3), answers from the participants were put into the themes of professional misidentification, cultural stereotypes, and male domination.

1. Professional Misidentify

Quotation G:

"There are situations where people will not think that you are a doctor, and the most common one is you being a nurse... every female they see is a nurse, regardless of your uniform ... normally it's patients who do that. They will call you, oh, maame nurse..."
(Participant 9)

From the participants above, it can be deduced that female medical officers are often identified as nurses just because they are women, since women are identified to be nurses and not medical officers.

2. Cultural Stereotype

In the quotation below, the participants in the study agree to cultural beliefs and values that make women subordinate and, as such, must play the submissive roles even as medical officers.

Quotation H:

"... Ghanaian culture is largely favourable to males more than the females... females are just expected to bear children in their homes and to their husbands and those kind of things. Culture is sometimes male-biased...yes. Culture has put in the minds of young guys and ladies that their place is in the kitchen..." (Participant 8)

Quotation I:

"I never like it that the word female is attached to the profession. Even in music, you hear female rappers, but you never hear male rappers or something like that..." (Participant 12)

3. Male Domination

Quotation J:

"Even at gynecology there are more males than females..." (Participant 14)

From the participants above, the interviewees conclude that based on their gender, they go through professional misidentification as a result of cultural stereotypes that affect them in the process of constructing their self-identity.

5. Summary

This study aimed to investigate the contributions of self-identity, professional identity, and cultural identity to the identity construction of women in the medical field. In answering RQ1, the study employed thematic analysis to identify the perceptions that female medical officers have of their self-identity. It was revealed that self-esteem, cultural traits, and religious identity were the perceptions of female medical officers.

In answering RQ2, thematic analysis was used to identify the conscious correction efforts, confidence, and teamwork with males as the circumstances through which female medical officers navigate their professional identity construction in the Ghanaian culture.

In answering RQ 3, thematic analysis was used to explore how female medical officers construct their self-identity. The challenges identified were professional misidentification, cultural stereotypes, and male domination.

6. Conclusion and Recommendation

Self-identity, professional identity, and cultural identity contribute to the identity construction of female medical officers. Findings from the study agree with Schain (2010), Sin (2021), and Tweedie (2024) that women physicians aspire to progress in their profession but encounter greater obstacles than males, which results in their undervaluation and excessive workload. Female physicians, therefore, desire a better work atmosphere and recognition since they are looked down on in their profession (Offiah *et al.*, 2020). Despite this, women appear to be becoming more integrated into several traditionally male-dominated spheres of labor because the increasing number of women joining the traditionally male-dominated field of medicine and the like has revealed that women are negotiating conflicting gender-normative responsibilities and expectations as they develop their professional identities (Stavely *et al.*, 2021). It is therefore recommended that further studies be focused on self-identity and identity construction of women in the engineering, piloting, mechanical, and other fields of work, which are traditionally gendered towards males.

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Conflict of Interest Statement

The authors declare no conflicts of interest.

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