Digital Storytelling: Navigating Individual and Emerging Professional Selves Through Medical Memes

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ABSTRACT

Background Socialization is a critical process for professional identity formation (PIF), but little is known about how this occurs through online engagement.

Objective To explore how Taiwanese medical trainees form professional identities on social media through engagement with medical memes.

Methods Using a conceptual framework that examined the dual focus of PIF as a negotiation between personal and professional selves, a descriptive qualitative analysis of medical memes was implemented. In total, 369 memes from a resident's popular Facebook fan page were analyzed using content analysis. Textual and visual elements of memes were analyzed to understand how trainees expressed their individuality, how they conformed to professional norms, and the tensions they experienced. Eighteen codes emerged and were categorized into levels of individual, relational, organizational, and societal. Comments were also analyzed to understand respondents' engagement with memes and support of the PIF process.

Results Findings show insights into how medical trainees navigate the dual focus of PIF on multiple levels: the individual and the collective (relational, organizational, and societal). Trainees' engagement with memes highlighted the identity dissonance they experienced as they negotiated losing parts of their individual selves while learning how to conform to organizational norms. Memes allow trainees to reflect on how they experience misalignments between what they expect from the learning environment and workplace realities.

Conclusions Online socialization through engagement with medical memes supports the development of PIF; however, it also provides space for trainees to express resistance, share negative experiences, and gain peer solidarity during difficult professional transitions.

Introduction

The formation of a strong professional identity is considered to be equally as important as acquiring professional knowledge.[1-4] Thus, medical educators need to understand how processes such as socialization support professional identity formation (PIF).[1-6] While it is known that socialization with role models and mentors has a major influence on PIF,[5,6] interactions with peers also provide important social support during difficult personal and professional transitions.[7-12] Although we have an appreciation of how collegial support transpires within the physical learning environment,[7-12] there is a limited understanding of how this occurs virtually on social media.

This limitation is an important consideration for medical education, considering that current generations of medical trainees are well adept at building supportive communities on social media platforms such as Facebook, X, and Instagram. Social media facilitates PIF through online socialization, specifically through engagement in digital storytelling by creating and responding to memes. Storytelling is a performative aspect of identity that occurs when we recount or narrate our daily work events to each other and ourselves.[1,2] Through the use of language and artifacts, narratives or stories illustrated through memes allow for the emergence of identities as we make sense of our experiences and how we "position ourselves according to social and cultural expectations."[1]

The process of PIF results in a series of personal negotiations in which trainees learn to form identities that fit into a professional culture and organization.[6,13,14] As pointed out by Cruess et al,[14] some navigate the process with little difficulty, while others experience "identity dissonance," in which one's personal identity conflicts with a new emerging professional identity.[2,6,14,15] For example, current generations

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Editor's Note: The online supplementary data contains the original memes with Chinese captions.

of trainees may have difficulty identifying with the culture of medicine and social expectations that associate long working hours and self-sacrifice as professional ideals.[16] Verwer and van Braack describe the negotiation of identities as the "dual focus" of PIF: finding a balance between the development of the self at both the individual level and at the collective level (or how one needs to become part of medicine's social structure).[6] Socialization's role in education is to reproduce an existing social order. It is recognized that this is an important mechanism for trainees to locate themselves within a profession's traditions and practices. However, socialization may ignore the potential for agency or even resistance. A subjectification approach has been suggested as a complement to PIF, a way of opening up possibilities for learners to "emancipate and develop their own ways of being within the profession."[6] Narrative reflections or storytelling among peers can foster PIF while also allowing for personal expression. By focusing on the way medical trainees share their experiences and make sense of these events from their own personal perspectives, "it is possible to gain an understanding of the process of identification and … how their experiences impact their successful development of a professional identity."[2]

We posit that digital expression can exemplify the dynamic interplay between individual agency and professional conformity, and our study aims to explore how trainees form professional identities by navigating these tensions as they recount their daily work experiences on social media through memes.

KEY POINTS

What Is Known
Given the prevalence of social media in the lives of today's trainees, it is reasonable to assume that it influences professional identity formation to some degree, but literature supporting this is still emerging.

What Is New
This qualitative study of social media memes created by residents analyzed textual and visual elements of memes to understand how trainees expressed their individuality, how they conformed to professional norms, and the tensions they experienced. Eighteen codes emerged and were categorized into levels of individual, relational, organizational, and societal.

Bottom Line
Medical memes provide space for trainees to express resistance, share negative experiences, and gain peer solidarity during difficult professional transitions.

Methods

A qualitative descriptive study was undertaken to research the online socialization experiences of medical trainees.[17] Content analysis was chosen to analyze the memes because of its utility to focus on words, subjects, and concepts in texts and images, and because it has been employed in other research that engages with memes.[18-21] It is also the preferred analytic strategy used in qualitative descriptive studies.[17] In our analysis, we aimed to remain close to the data while acknowledging that descriptive qualitative analysis is neither atheoretical nor devoid of interpretation.[22] Our goal was to stay "data-near" by accurately describing memes and reporting respondent engagement; however, some data transformation was necessary to effectively answer the research question.[23] In order to interpret the data, we applied a conceptual framework that examined the dual focus of PIF as a struggle between personal and professional selves.[6] This ensured that trainees' concerns and perceptions remained authentic without overinterpretation.[23]

Two authors (Y.C.Y., C.J.H.) are medical educators from Taiwan. They sought to understand how trainees experienced PIF at a local level and decided to focus specifically on the Taiwanese medical student population. There were many social media sites to choose from as potential data sources as they are very popular in Taiwan among medical professionals. One popular fan page, which has over 50 000 followers as of March 2025, had a large enough sample size that we felt it would be information-rich for the purposes of the study.[24] All memes were created by 3 residents who manage the fan page, which advertises itself as a "Resident Well-Being Support Zone." Although it is a publicly accessible site, there are important factors that suggest most participants were residents: memes contained medical terminology and focused on workplace scenarios specific to residency training, and the comments used insider language that would be familiar to most medical trainees. However, we recognize that the site, not being a closed group, would allow participation from nonresidents including staff physicians or other health care professionals. Three years of medical memes were collected from September 2019 to August 2022, and administrative notifications and promotion posts were excluded from our initial sample. In total, 369 memes were included in the analysis. This number fell within a recommended range between 167 and 826 units, a guideline from similar studies that applied content analysis to memes.[19]

The dual focus of identity formation provided the framework for meme analysis because it allowed for the recognition of the dynamic interplay between personal and professional identities as trainees navigate losing parts of their individual selves while learning to adapt to the needs of the collective. Our content analysis focused on textual and visual aspects

of the meme that illustrated (1) how trainees expressed their individuality (or loss of individuality); (2) how they conformed to professional norms or requirements; and (3) the tensions of navigating both individual and professional selves.

The 3 coders included an attending physician specializing in medical education (Y.C.Y.), a research assistant majoring in sociology, and a second-year dermatology resident (C.J.S.). Two coders trained in qualitative research methods coded the memes independently. Codes were then developed iteratively by all 3 coders until a unanimous description of 18 codes was reached. This created the standard codebook (TABLE) from which they applied codes to each meme independently. When disagreements occurred, the memes were reexamined and discussed among the coders until a consensus was reached. Four levels were generated from the coding process: individual, relational, organizational, and societal. Codes were categorized into the individual level if they represented trainees' personal challenges and emotions or agency constraints. Codes were categorized into the relational, organizational, and societal levels if they illustrated tensions that trainees felt while conforming to professional expectations and norms. These categorizations are helpful for analysis, but we also recognize that codes may be represented at multiple levels. The frequencies of each code were then

TABLE
The Codebook

Levels	Codes	Description
Individual	Decreased personal accomplishment	Disappointment in the actual clinical work, or the clinical work is far more challenging than expected.
	Self-deprecation of being a shortsighted resident	Residents tend to be attracted by immediate benefits but lack the foresight of how current actions will affect their long-term career development.
	Lack of autonomy	Residents often do not have control of the way they want to practice or learn under the rigid system.
	Discrepancy between principle and action	The workplace climate and excessive workload often drive residents to deviate from ideal practice.
	Lack of medical knowledge and skills	Residents doubt their competency in the face of various scenarios.
Relational	Conflicts between professional and personal realms	Personal and professional roles clash in circumstances and cause moral and emotional conflicts.
	Pressure from teachers	Residents feel stressed when receiving criticism or judgement from attending physicians.
	Supervisor-subordinate value incongruence	Residents often have different perspectives or views from their supervisors regarding values or priorities.
	Negative role models	Residents observed inappropriate or immoral behaviors in the workplace by their superiors.
	Conflicts between different professions	Conflicts often root from unequal power relations or different understandings of clinical issues.
	Conflicts between physicians	Misunderstandings and sometimes even contempt toward other specialties.
Organizational	Hierarchy	Attending physicians, residents, and medical students are ranked both by their disciplines and levels of authority. The seniority-oriented system also applies in other professions such as nursing.
	Perfunctory	Residents tend to neglect routine procedures or paperwork.
	Work-related stress	Overworked and underpaid is conspicuous in the medical workplace. Also, emerging medical challenges cause great stress.
	Unsatisfactory working environment	Hardware and equipment are often a letdown causing many inconveniences.
Societal	Physician stereotype	The stereotypes of medical workers are firmly fixed and biased. Physicians are expected to be altruistic.
	COVID-19 outbreak	The COVID-19 pandemic impacted residents and their responses.
	Different perspectives of physicians and patients	Gaps between understanding and easy access to misleading information make patients more demanding about the medical system, which often exhausts residents.

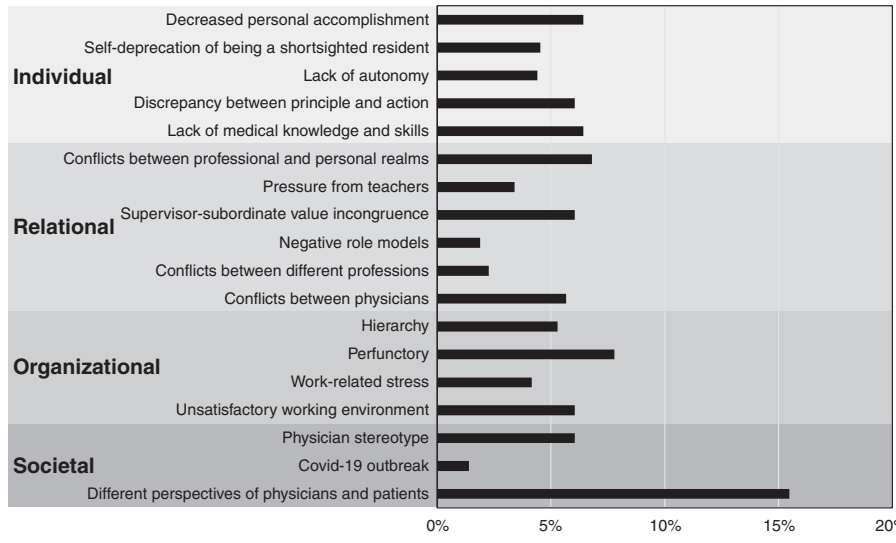


FIGURE 1
The Frequency Distribution of 18 Codes Across all 369 Memes

calculated (FIGURE 1). We were also interested in the responses from the followers of the page who engaged with the memes as they represented the shared experiences of the online group. One hundred memes with a high response number (more than 1500 comments) were selected, and we analyzed the frequency distribution of codes within this subset (FIGURE 2).

Representative memes from each level are described in the section below. We chose these exemplar memes based on their popularity (from the top 100 list with more than 1500 responses) and also for their simplicity, avoiding those with complex designs such as having 3 or more panels. It was felt that memes reflecting the local Taiwanese culture could be difficult for a non-Taiwanese audience to fully appreciate, so memes were chosen for their "universal" appeal. Authors M.J.H., who is familiar with both Taiwanese and US culture, and C.J.S., a resident who is of the same generation as many of those who engage on the social media site, reviewed the memes to ensure that the translations were accurately conveyed and represented the trainee's viewpoint. A White, male Canadian researcher, T.M., helped with the qualitative descriptive analysis and writing of the results, and after several discussions with the main authors (Y.C.Y., M.J.H.), the final selection of memes and their interpretation were decided. The Chinese text embedded in the memes was translated into English

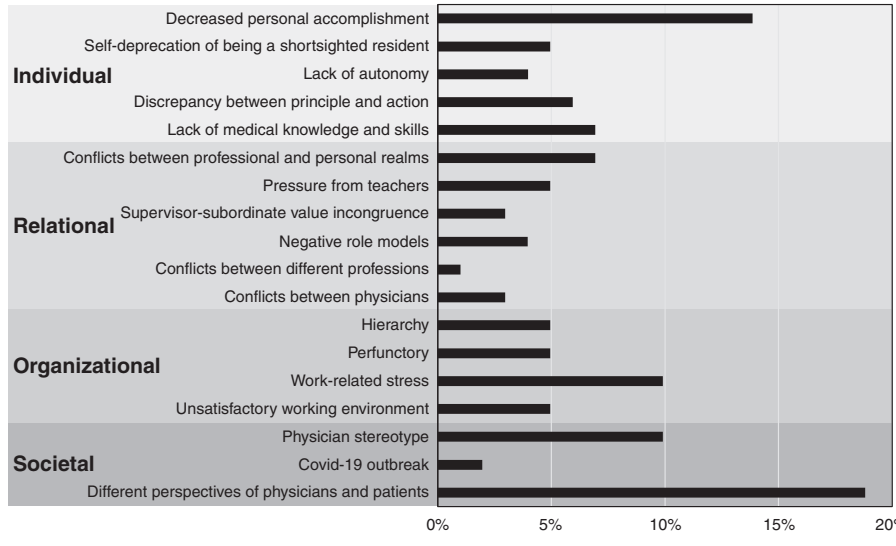


FIGURE 2
The Frequency Distribution of 18 Codes Across 100 Highly Engaged Memes

by editing the template using the program, Meme Maker (Meme Warehouse). The original memes are found in the online supplementary data.

The Chang Gung Medical Foundation Institutional Review Board approved this study (protocol number 202102363A3C501).

Results

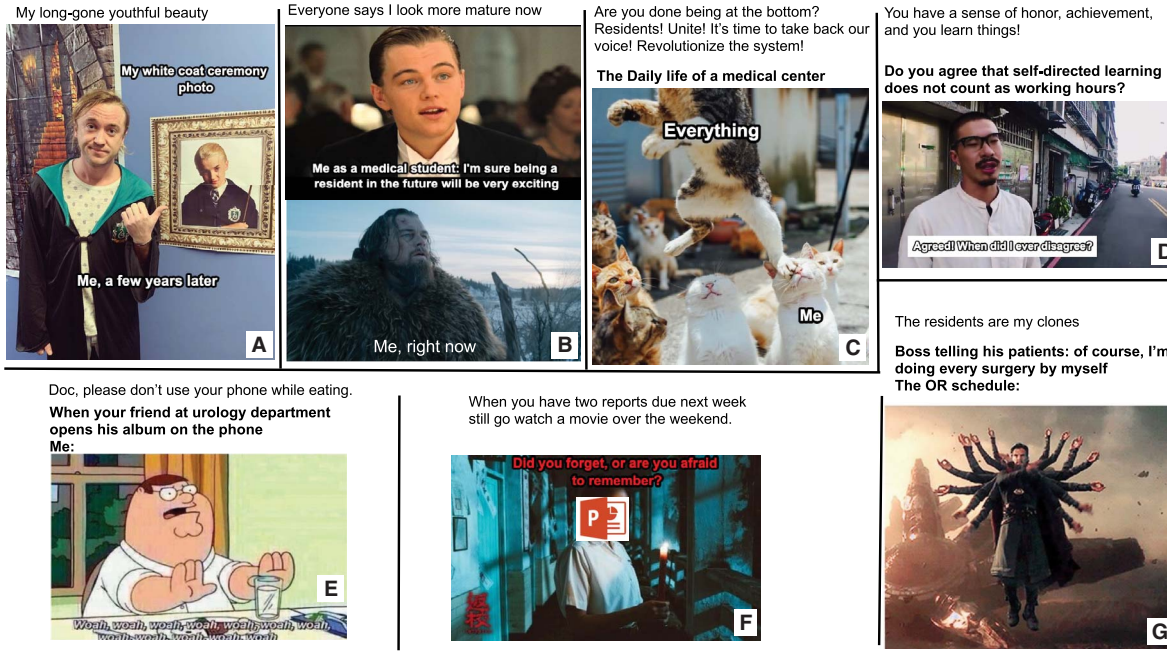
Overview of the Codes

The percentage of each code out of the total number of memes is shown in FIGURE 1. Out of all the codes, the 2 most frequent were "different perspectives of physicians and patients" (15%, 56 of 369) and "perfunctory" (8%, 30 of 369). Out of the top 100 most popular memes, the 2 most frequent codes include "different perspectives of physicians and patients" (19%, 19 of 100), and "decreased personal accomplishment" (14%, 14 of 100; FIGURE 2).

Individual Level

At the individual level, under the code "decreased personal accomplishment," 2 memes (FIGURES 3A and 3B) illustrate identity dissonance, the tension experienced as trainees transition between personal and professional identities. Here, trainees express their feelings about the challenging nature of their clinical work, making them feel older than they should. The narrative is constructed from images found in Western popular culture and contrasts an idealized youth and optimism that one feels at the beginning of their training with the harsher adult reality of professional work. Comments from the online group agree with this messaging as one respondent notes that they "could take a similar shot" to the one in the meme. Other responses reveal how medical training has affected residents physically and emotionally. One respondent remarks that "we are totally broken," while another agrees that they "didn't know whether to feel happy or sad."

Also at the individual level, under the code "lack of autonomy," exemplary memes (FIGURES 3C and 3D) illustrate the dual nature of PIF as trainees learn that in order to become part of the collective, they must give up some of their personal freedoms. These memes describe how trainees feel oppressed by the medical establishment and how they lack empowerment to speak up for themselves. For example, in FIGURE 3D, the meme with the title "Do you agree that self-directed learning does not count as working hours?" has a sarcastic tone that relays a message that trainees, much like the young man in the photo, must agree with everything that the institution tells them, including policies that promote self-directed learning as an activity that takes place outside of work. Engagement with this meme suggests that this process of identification has already taken hold, as respondents are well aware of how they are positioned within medicine's hierarchy and how they have to "get used to it."



FIGURES 3A-G
Example Memes of Individual and Relationship Levels
Note: Translated from original source memes at https://www.facebook.com/twResidencyMeme.

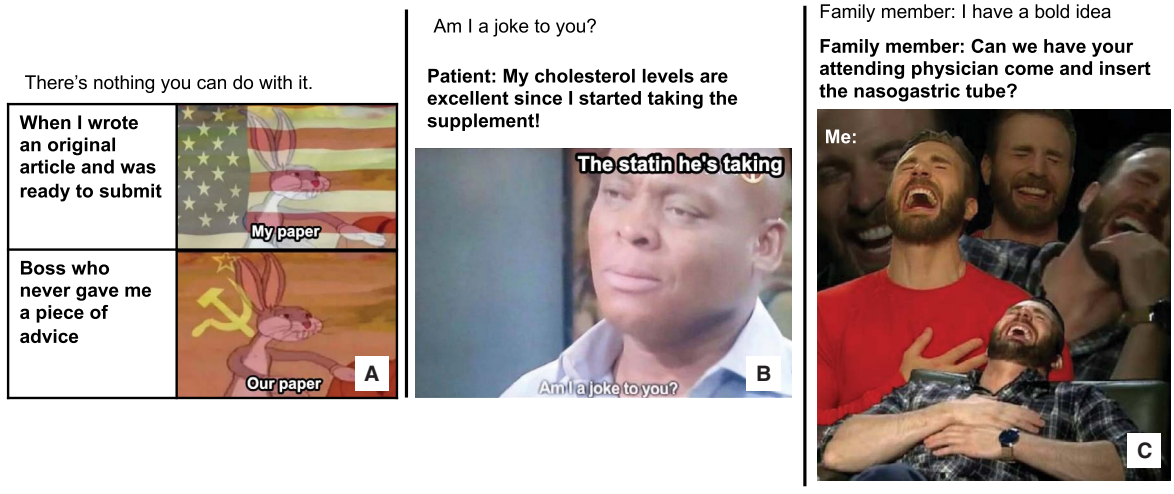
Relationship Level

At the relationship level, under the code "conflicts between professional and personal realms," memes (FIGURES 3E and 3F) illustrate how identities are co-constructed through social interactions. This is where the work of identity takes place as trainees learn to give up parts of themselves to become members of a larger collective. This process of negotiating personal and professional identities often manifests itself in social spaces located outside the profession and includes socializing with friends or going to the movies. Professional life often infiltrates the lives of its members even when they are outside of work. This crossing over is represented by the Family Guy meme (FIGURE 3E). Here, trainees comment on their experiences socializing with friends outside the profession. The nature of responses to this meme suggests a possible lack of identity dissonance or tension between personal and professional selves. Some recall similar social situations to the one illustrated by the meme and thought of more "gross" anatomy photos to make their nonphysician friends uncomfortable.

Relationships between trainees and their supervisors/teachers were a focus of online engagement, and under the code "negative role models," a popular meme shows Dr. Strange with multiple arms emanating from his body (FIGURE 3G). The image suggests that, in reality, residents are the ones doing the surgeries and not the "boss" who tells his patients, "Of course, I am doing every surgery by myself." The meme highlights a potential misalignment between trainees' formal expectations of professionalism and negative role-modeling by a senior surgeon. However, respondents appear to be in on the "in-joke" as they know it is impossible for a senior surgeon to perform all surgeries by themselves. In the comments, they come up with a possible "next act" to the surgeon's public performance, where they are caught by the patient's family drinking coffee in the hospital cafeteria while their loved one is undergoing surgery.

Organization Level

At the level of the organization, PIF occurs through social interactions that reinforce a trainee's position within the medical hierarchy as they encounter situations where they have no choice but to give in to the demands of their superiors. Under the code, "hierarchy," is a popular meme (FIGURE 4A) that depicts a resident (Bugs Bunny) in conflict with how to handle authorship disputes with their supervisor. Comments expressed being unhappy with the expectation that a senior staff person's name should be added as a "gift author." The resident feels that, ethically, authorship should belong to those who contribute to the research. Still, the hierarchal culture of the organization demands that residents obey their superiors, and as such they are forced to make choices against their previously held idealized values, a conflict represented by the American and former Soviet Union flags. The power dynamics behind the gift author dilemma leaves trainees with little alternative other than conforming to the demands of the organization. This experience resonated with respondents. One shared a similar situation to the dilemma illustrated by the meme and concluded that at the end of the day, they had no choice but to give in and make their superior a gift author.



FIGURES 4A–C
Example Memes of Organization and Society Levels
Note: Translated from original source memes at https://www.facebook.com/twResidencyMeme.

Societal Level

Finally, at the societal level, the most popular code, "different perspectives of physicians and patients," is represented by memes in FIGURES 4B and 4C and exemplifies trainees' identification with the collective. The choice of imagery suggests that patients' beliefs, such as having the "attending physician come and insert the nasogastric tube" or that natural medicines are responsible for good health, are "laughable." Online socializing offers a space for trainees to share their collective experiences of how patients' expectations are misaligned with the structure and culture of medicine. Memes allow trainees to share their like-minded opinions that natural supplements are ineffective and that it would be inconceivable for a staff physician to perform minor procedures. The high response rates for this code and these images (see FIGURES 1 and 2) would suggest that trainees strongly identify as physicians within workplace culture and that online socializing provides a mechanism for PIF that tacitly replicates this culture.

Discussion

Our findings show insights into how medical trainees navigate the dual focus of PIF on multiple levels: the individual and the collective (relational, organizational, and societal). Memes illustrate the identity dissonance that trainees experience as they lose parts of their individual selves in order to conform to organizational norms. Memes are a mechanism for transmitting and replicating the culture of medicine, including its power dynamics and social hierarchies. At the same time, they also allow trainees to express resistance and gain peer solidarity.

Research on PIF using traditional research methods such as interviews[25-29] and narrative writings[30,31] found similar results to what was discovered in our study: professional identities are formed by navigating tensions between professional and personal selves within the reality of medical training. However, in an intrusive research setting, participants may feel uncomfortable expressing themselves because of the investigator's presence.[32] Alternatively, an unguarded perspective through social media may allow researchers access to lived experiences that could be considered more sensitive in nature.[32] For example, in our study, it was found that social media provided trainees a semiprivate outlet to engage in resistance, share negative experiences, and gain peer solidarity.

There are some limitations to this study related to the use of social media.[32,33] Memes and user postings were the primary data sources, and while they provide a signal regarding PIF, results would need to be triangulated with other data. The literature cautions about the use of social media in isolation because of its limitations and suggests it could be used as "surrogate data," which could augment traditional data sources such as interviews.[33] In addition, meme interpretation is highly context dependent. One methodological limitation of this study is accounting for social identifiers in our analysis such as gender, class, and sexual orientation, to gain a more fulsome appreciation of PIF using an intersectional approach. Lastly, we chose exemplar memes for the results section that would appeal to a non-Taiwanese audience. We acknowledge that this potential bias, while helpful for relatability, may have limited the selection and could have excluded other viewpoints and interpretations.

Our findings have several implications for medical education. Incorporating subjectification into curriculum design can enhance current notions of PIF by creating spaces for discussing feelings of resistance and agency. Memes can serve as exemplars to inspire small-group discussions on identity by promoting reflection and engagement and providing faculty with alternative perspectives on their behavior, organizational policies, and learning environments. Future research could explore the transferability of these results through a cross-cultural comparison with a different sample of medical trainees to examine the similarities and differences. Furthermore, interviews with Taiwanese medical trainees could yield deeper insights into their interpretation of these memes and triangulate the results of this study.

Conclusions

Online socialization by engaging with medical memes supports the development of PIF and conformity to professional norms; however, it also creates space for trainees to express resistance, share negative experiences, and gain peer solidarity during difficult professional transitions.

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