

Professional purpose at university: an integrative conceptual model.

Community, management, professional practice, teaching and research: a relational ecosystem.

Propósito profesional en la universidad: un modelo conceptual integrador.

Comunidad, gestión, práctica profesional, docencia e investigación: un ecosistema relacional.

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Summary.

The fragmentation of the dimensions of academic work—professional practice, teaching, research, and administration—into isolated compartments erodes the purpose of those who work at the university and limits their transformative capacity within the communities that give them their reason for being. This position paper proposes an original conceptual model, the Professional Purpose Cup, in which these dimensions are conceived as a relational ecosystem: the community is the root and existential justification of the system; administration, its enabling architecture; professional practice, the experiential substrate from which teaching and research emerge; and politics acts as a catalyst or a crutch for the whole. The model integrates social capital, the capabilities approach, and the social determinants of health. Its application in the health sciences is especially relevant, given that clinical faculty operate simultaneously across the three pillars that the model articulates: clinical practice, teaching, and research, with professional practice and the community environment as the inseparable core of their academic identity. Under this premise, it is argued that the ecological integration of these dimensions is the condition for university work to transcend its instrumental function and contribute sustainably to knowledge, equity, and community development.

Keywords: academic identity, professional purpose, university, teaching, research, social determinants of health

Resumen.

La fragmentación de las dimensiones del trabajo académico: práctica profesional, docencia, investigación y gestión, en compartimentos sin comunicación erosiona el propósito de quienes trabajan en la universidad y limita su capacidad transformadora sobre las comunidades que les dan razón de ser. Este artículo de posicionamiento propone un modelo conceptual original, la Copa del Propósito Profesional, en el que estas dimensiones se conciben como un ecosistema relacional: la comunidad es la raíz y justificación existencial del sistema; la gestión, su arquitectura habilitante; la práctica profesional, el sustrato experiencial del que emergen la docencia y la investigación; y la política actúa como catalizador o losa del conjunto. El modelo integra el capital social, el enfoque de capacidades y los determinantes sociales de la salud. Su aplicación en las ciencias de la salud resulta

especialmente pertinente, dado que el profesorado clínico opera de forma simultánea en los tres pilares que el modelo articula: la práctica asistencial, la docencia y la investigación, con el ejercicio profesional y el entorno comunitario como núcleo indisociable de su identidad académica. Bajo esta premisa, se argumenta que la integración ecológica de estas dimensiones es la condición para que el trabajo universitario trascienda su función instrumental y contribuya de forma sostenida al conocimiento, a la equidad y al desarrollo comunitario.

Palabras clave: identidad académica, propósito profesional, universidad, docencia, investigación, determinantes sociales de la salud

1. Introduction

The academic career at the university contains a rarely discussed paradox: its constituent dimensions—professional practice, teaching, research, and administration—are listed together in institutional statutes and CVs, yet they are evaluated separately, funded according to distinct logics, and developed within organizational cultures that barely communicate with each other. This compartmentalization is not a side effect of specialization; it is a structural decision with measurable consequences for the institution's purpose and the well-being of those who work at the university.

Fragmentation has documented historical roots. The Flexner Report of 1910 opened a structural gap between basic science and clinical practice that left its mark on all university disciplines (1). A century later, the Lancet Commission on Health Professions Education denounced the persistence of this design and called for educational systems aimed at transforming the determinants of social reality (2). The SESPAS 2024 Report has highlighted the need to strengthen the generic competencies of university-educated health professionals (3).

In response to this perspective, the logical transitions between the aforementioned theoretical foundations and the need for a holistic vision become clear: segmenting the role of teachers does not address the complex demands of contemporary education and healthcare systems. This article proposes an original conceptual model, the Professional Purpose Cup, which integrates these relationships systematically: not as a closed, prescriptive or normative framework, but as a purely guiding proposal to enable university professionals to collaboratively reflect on their work and for institutions to design environments that foster this convergence.

2. The model: structure and conceptual foundation

The metaphor of the cup is not merely ornamental: it is an epistemological statement. A cup possesses structure, purpose, and content; it can be full or empty, shared or usurped. Its geometry—base that supports, stem that elevates, chalice that receives and contains—precisely evokes the relationships of dependence and projection among the dimensions of university work.

The model is structured around five dimensions and an overarching element. Its relational architecture is presented in Figure 1 as an explanatory conceptual *framework*, not as an analytical diagram of empirical data. Community and citizenship constitute the root: the justification without which the rest is meaningless. Management forms the visible and essential base, the architecture that enables any university project to be sustained over time. Professional practice and daily care and occupational activities occupy the central body: the space where the lived experience that nourishes the rest is generated. Teaching and research are the projections of the chalice toward the future of knowledge, interdependent and rooted in practice and community environments. Above all, covering or opening the cup, is politics.

Conceptually, the model engages with various frameworks without being limited to any one of them. Boyer reformulated university *scholarship* by recognizing the equivalent value of teaching, integration, and application of knowledge versus research (4). Sen and Nussbaum contribute the ethical horizon of the whole: not the accumulation of measurable outputs, but the development of people's capabilities (5, 6). The model's specific contribution is the relational architecture that positions the community as the origin and end of the system, and identifies professional practice as the experiential substrate from which the other dimensions emerge.

The anatomy of the cup visually translates a relational architecture that is then developed in its five interdependent dimensions.

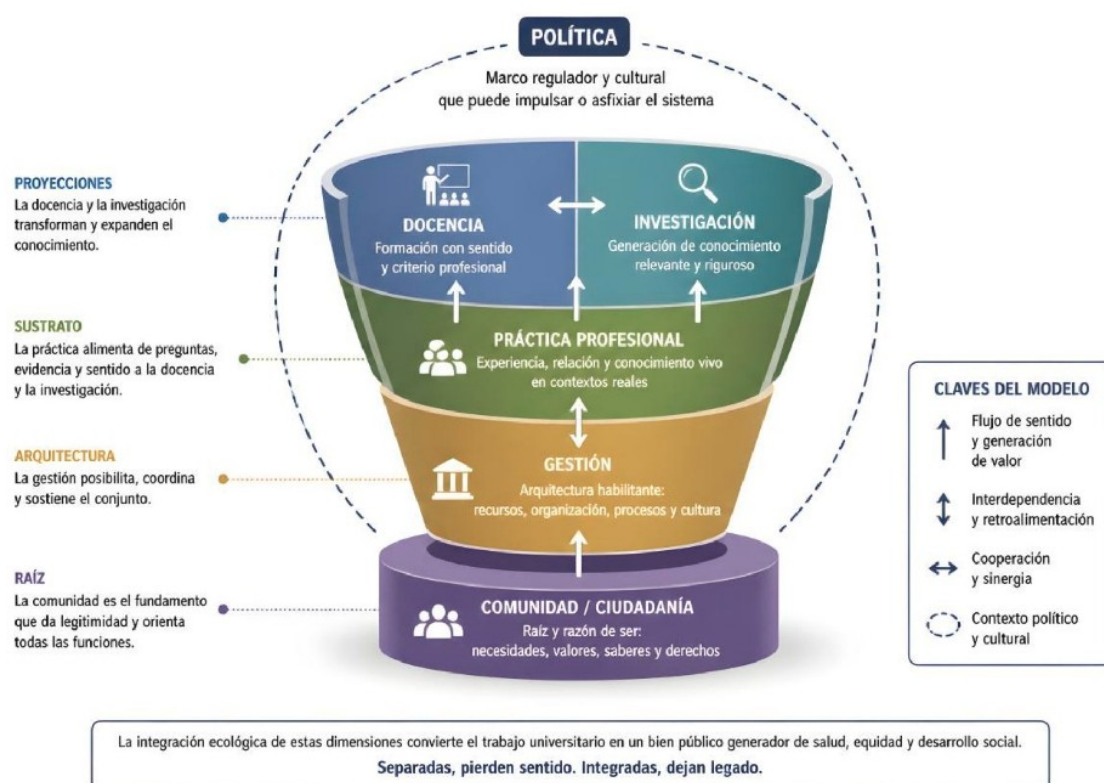


Figure 1. Concept model of the Cup of Professional Purpose.

3. The five dimensions: a relational ecosystem

3.1 The community: radical ecosystem and criterion of validity

The community is not the recipient of university work: it is its *raison d'être* and its criterion of validity. When conceived as a recipient, the professional occupies the center; when conceived as the root, the needs and capacities of the community define the university agenda, whatever the discipline. Dahlgren and Whitehead established that the determinants of health are organized from individual factors to the structural conditions of society (7). Marmot et al. demonstrated that the conditions in which people are born, grow, live, work, and age determine their health more than isolated technical interventions and that acting only on the consequences of problems, without addressing their structural causes, perpetuates inequities (8). Starfield provided evidence that community-oriented systems produce better health outcomes with greater equity than those centered on specialization (9).

In the field of Health Sciences, the notion of community takes on an imperative character by integrating community health and social determinants, expanding the clinical approach to its population and structural origins. Thus, interaction with the social environment is not a peripheral altruistic activity, but rather the core of formative and scientific validity from which the meaning of contemporary medical education and practice arises and toward which it is directed.

3.2 Management: the invisible architecture that makes it possible

Without competent management, none of the other dimensions of university work can be sustained. A cup without a base cannot stand. Mintzberg described professional organizations as systems where power resides in the operators and not in the management hierarchy (10). In these environments, management goes beyond hierarchical leadership: it is about creating the conditions for professionals to exercise their autonomy with institutional responsibility. The most paradoxical feature of good management is its invisibility: when a unit functions well, no one attributes it to management; it only becomes visible when it fails. Conceiving of management as its own dimension implies recognizing its dual nature: a technical practice that requires specific knowledge, and an ethical practice whose effects on equity and well-being are as real as any direct intervention.

3.3 Professional practice and daily occupational activity: the substrate of knowledge

Schön described *knowing-in-action* as knowledge that resides in doing (11); Kolb formalized the experiential learning cycle through which this knowledge is constructed: concrete experience, reflective observation, abstract conceptualization, and active experimentation (12). Separating practice from other functions does not increase specialization; it impoverishes knowledge. Research without practice generates rootless knowledge; teaching without connection to the environment produces decontextualized learning. Reflective practice is the link between all dimensions of the model.

This connection reaches its highest expression in the health sciences, where professional practice is realized through clinical or community-based care. Actively performing clinical duties is not an optional aspect but a daily requirement to which faculty in these programs dedicate a substantial portion of their working day, constituting the living foundation from which teaching and research are inextricably linked (13, 14). They teach while providing care; they research based on the questions posed by practice; they manage professional uncertainty with the same tools they use to guide learning. This simultaneity is not a difficulty to be managed but rather the specific epistemological condition of the health sciences academy: the one that makes possible authentic teaching, research with genuine questions, and the progressive construction of students' academic identity (15). An everyday example illustrates this functional unity: when a health science professional detects a recurring pattern in the people they treat during their clinical practice, they redesign a learning activity for their students based on this pattern and formulate a research question from that same finding. The three dimensions do not follow one another, but rather occur in parallel and mutually reinforce each other. The Copa model recognizes this particularity in the position of the central body (professional practice) from which teaching and research emerge, but which also provide feedback to (13, 14).

3.4 Teaching and research: anchored projections

Teaching is not the transmission of content: it is the formation of critical thinking. Contemporary competency frameworks, including CanMEDS, identify roles that involve not only knowledge and skills, but also dispositions, values, and commitments to the community and equity (16, 17). Epstein and Hundert define competence as the judicious use of a professional's cognitive, technical, and ethical capabilities for the benefit of communities (18). Research, grounded in practice and community settings, is the rigorous formalization of the questions generated by sustained

engagement with reality. Without this grounding, it tends to respond to the demands of academic publication rather than to the needs of communities.

In higher health education, the acquisition of technical skills and caregiving abilities in real-world settings is inherent to the curriculum. Thus, the cup ecosystem finds its maximum coherence when teaching and research, whether clinical, epidemiological, or social, are directly nourished by their mutual interdependence: the needs and dilemmas of the individual in the care setting or in community consultations guide priority lines of research, whose findings immediately return to simulation laboratories or supervised practices, articulating a continuous flow of feedback and systemic interdependence (15).

3.5 Politics: Catalyst or Obstacle

University and healthcare policy is not a neutral backdrop: it is an actor with causal effects on all other dimensions. It acts as a catalyst when it aligns incentives with quality and real impact, recognizes the value of management and community engagement, and facilitates the convergence of functions. It becomes a burden when it prioritizes quantitative productivity over meaning, further fragments professional roles, and discourages pedagogical and organizational innovation. The difference between these two types of policy is not primarily ideological: it is epistemological and ethical.

4. Discussion

Some previous frameworks have moved in a similar direction without achieving the proposed integration. Frenk et al. called for a transformative professional oriented toward health systems, but they did not articulate management as a distinct dimension nor position the community as the origin of the system (2). CanMEDS defined multiple roles for the competent physician, including manager and community health worker, but presented them as parallel roles, not as related dimensions within an ecosystem (16, 17). Boyer advocated for parity between applied *scholarship* and research, but his approach does not incorporate the social determinants of health or daily occupational activity as foundations (4). What the Professional Purpose Cup adds is the relational architecture that integrates these dimensions, positioning the community as the origin and daily practice as the epistemological substrate from which the other dimensions emerge. For clinical faculty in the health sciences, whose clinical, teaching, and research activities are carried out simultaneously, this architecture is not only a guiding model but also the recognition of an everyday functional reality (13, 14).

The model is not merely descriptive, but guiding: it does not simply categorize the dimensions of university work, but rather argues how they should relate to one another so that the whole acquires coherence and real impact on communities. It does not require that each professional develop all dimensions with equal intensity—that would be unrealistic in highly specialized contexts—but rather that they be aware of how their activity feeds into and is influenced by others, and that institutions create conditions that facilitate this interaction: time for reflection, cultures that value questioning, and evaluation systems that recognize the interrelation of functions.

Limitations and scope.

The model is a conceptual contribution grounded in theoretical reflection and accumulated professional practice, not in systematic empirical validation. Because it is an abstraction of academic complexity, this proposal may be perceived as detached from concrete institutional practice by researchers adhering to exclusively quantitative methodological paradigms; a theoretical boundary that this work acknowledges and that a line of empirical research would seek to bridge.

Furthermore, although the model is clearly rooted in medical education and the health sciences, its scope is transversal. Its extrapolation to other disciplinary and international contexts will require specific adaptations. In disciplines without a direct or regulated clinical component, the relationships between the dimensions will take on different configurations that should be documented: in the social sciences, professional practice will be articulated through consulting, civic engagement, and social advocacy; in engineering, through applied research and technology transfer. In these cases, the model does not lose its validity; rather, it acts as a catalyst to make visible and grant academic status to forms of professional practice that traditional evaluation systems tend to compartmentalize or ignore. Finally, its application in other languages and higher education systems will require a process of transcultural adaptation that preserves the functional equivalence of the model without being conditioned by local administrative specificities.

As an immediate next step, an empirical study is planned using focus groups with professors and researchers from different areas to explore the practical applicability of the model and obtain evidence that will allow its refinement and validation.

5. Conclusions

- The Professional Purpose Cup proposes that university work acquires its full meaning when its five dimensions operate in an integrated and conscious manner, within a favorable political framework and guided by evidence on the social determinants of health.
- Community is the root and the *raison d'être*: without people, without environments, without the social determinants that shape daily life, the cup has no reason to exist. Management is its essential foundation: without a competent institutional framework, the purpose lacks support. Professional practice is the living, experiential substrate: without it, teaching loses its authenticity and research its most honest inquiry. Teaching and research are projections, not ends in themselves: they only acquire full coherence when they are anchored in practice and guided by the community. And policy, when it is based on evidence and oriented toward the common good, is the nectar that fills the cup; when it is not, it is the stone that seals it.
- In the context of health sciences, this architecture takes on a specific profile: the organizational management integrated into the interaction of professional practice, teaching, and research does not describe separate functions but rather a functional unity that defines the academic identity of the faculty. Recognizing this simultaneity as a strength, and not as an overload, is one of the most direct practical consequences of the model, and a horizon toward which to orient academic pathways in these degree programs.
- When these dimensions are in balance and guided by a shared purpose, university work expands its instrumental function and contributes more sustainably to shared knowledge, equity, and community development. This model primarily aims to stimulate reflection and debate among those who work at the university and those who design the conditions under which that work takes place. Its nature is strictly guiding: it does not prescribe paths or establish hierarchies among people or institutions, but rather offers a conceptual framework from which to think, debate, and act.

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Authors' contributions. As this is a single-authored article, the sole author (SSR) is responsible for the conception and design of the model, the literature review, the writing of the manuscript, and the approval of the final version.

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