Learning to be.  
Professional identity formation in novice veterinarians

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Learning to Be.
Professional Identity Formation in Novice Veterinarians.

Elizabeth Armitage-Chan

Thesis submitted for the degree of
Doctor of Philosophy in Education Research
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Abstract

Within professional education, a fundamental goal is the appropriate formation of students’ professional identity: the set of values and priorities which influence their understanding of their role, their approach to ethical dilemmas, and the extent to which they perceive an event to represent career success. On entering work, graduates encounter a complex environment that includes shared decision-making, interprofessional team working and increasingly well-informed clients. This complexity necessitates adaptation of university-acquired knowledge, may challenge professional behaviours and can result in identity dissonance and confusion. Traditional notions of professionalism education describe the teaching of ethics and of attributes such as altruism, integrity and humanism. However, this focus neglects the challenges of context, and fails to support students in developing an identity that is appropriate for practice.

The veterinary profession is increasingly affected by poor mental health and career dissatisfaction, particularly amongst new graduates. There is no compulsory post-graduate training, and most graduates practice with no formal supervision. They are thus responsible for their own patients, as well as for decisions that impact the client relationship, business and their own career satisfaction. The teaching of Veterinary Professional Skills is challenged by an intense clinical curriculum and students’ preferences for studying more overtly clinical material. Deficiencies are evidenced not only by poor graduate retention, but also by frequent critiques of competence in decision-making and business acumen.

This research, performed for the purpose of curriculum improvement, sought to define the professional identity that enables new graduates to thrive in veterinary practice, and to explore the processes by which this identity is formed. The entry to the profession of twelve new graduate veterinarians was studied by narrative inquiry, using discussion in a closed Facebook group to follow their experiences of entering the profession. Stories shared on this social media platform were collected over an 8-month period and were analysed using a combined approach of narrative text analysis followed by narrative reconstruction. Data collection, analysis and dissemination were approved by the institutional ethics committee.

Preliminary text analysis revealed two versions of veterinary professional identity. In one version, priorities and values were narrowly focused on the technical elements of the role: achieving a diagnosis and implementing “best practice” treatments. In the alternative version, priorities and values were more broadly constructed: diagnosis and treatment were valued,
but so were relational care, working with clients’ needs and wishes to determine the best course of action for each case, and negotiating the challenges of the veterinary practice context (a busy workload, clients’ financial limitations and high emotions, limited availability of equipment or expertise). The employment environment of the new graduates provided few opportunities for those with a narrow identity construction to act in accordance with their values. They saw contextual complexity as obstructive to reaching their goals and showed signs of frustration and career dissatisfaction. In contrast, the environment provided many opportunities for those with a broader identity understanding to align their values and actions, and they showed evidence of career satisfaction and mental wellbeing.

The biomedical focus of the narrow identity variant can be attributed in part to the hidden curriculum, including teaching and assessment priorities and emphases in clinical discussions. Further narrative exploration revealed additional contributors to this identity formation. It appears to precede a notion, widespread in professional culture, of the client as “enemy” to the veterinarian and the source of their poor mental health and suicide risk. A socially reinforced view of the client as external to professional identity may undermine the potential for graduates to develop a more relational focus, contribute to the narrow understanding of veterinary identity, and worsen career satisfaction and wellbeing. During narrative analysis a fragile, intermediate form of identity was also identified, in which graduates recognised the value of a relational focus but struggled to eschew the biomedical priorities of their educators. Distress resulted from an inability to commit to a re-constructed, context-informed relational identity, which was exacerbated by a professional culture (even in general practice) that places the relational, broader constructed identity as subordinate to the biomedical identity variant. Social validation of the emerging relationally-focused identity was therefore lacking, and the narrow variant persisted.

The superior career satisfaction of those with a broader identity construction reinforces the need for education interventions to support students’ development of this identity. Teaching and assessment should be reshaped to widen the focus beyond disease and incorporate the needs of the various stakeholders in clinical practice. Advanced levels of cognitive development and complex thinking are required to reason the conflicting needs of different stakeholders, recognise the context-dependence of problem-solving and rationalise actions that conflict with “self” but align with “other”. For this to be achieved, it is essential to have whole-institution commitment to the principles of the broad identity variant, as well as to developing the necessary advanced level of cognitive reasoning in students.
Acknowledgements

It is difficult to put into words the enormous amount of thanks I wish to convey to my supervisors, Dr Kelly Coate and Ms Sharon Markless. When I started working towards my PhD, my research experience lay exclusively in the world of numbers and quantitative data. They have not only helped me to develop my skills in a qualitative and interpretivist methodology, but they empowered me to believe I could tackle a completely new way of thinking. Together, they have taught me more than I could ever have imagined, not just about education research and exploring professionalism and professional identity, but also about mentoring students and creating trust within the supervisor-student relationship. Quite simply, they are the best supervisors anyone could hope for.

I also wish to thank my colleagues at the RVC, who have supported me in putting my research into practice. I will be for ever grateful to Professor Stephen May, who trusted me enough to employ me despite minimal credentials for the post I took on, and who has provided support, as well as enormous quantities of guidance and encouragement, as I developed my research and shared it with the veterinary community. Thanks also to Professor Jill Maddison, who allowed me to restructure the veterinary course and helped implement our new interventions. I also would like to thank my anonymous research participants, including those involved in the early iterations of this research, for their contributions and stories about new graduate life.

Finally, there are no limits to the gratitude I have for my family for their support over the past 5 years. Mum, Dad, Dan, Harry and Leo: I couldn’t have done it without you.
Prologue

In 2015, two years after starting my PhD, the National Portrait Gallery hosted Grayson Perry’s exhibition on Identity. The pieces of art followed the theme of national identity, with various works demonstrating the multiple aspects of “being British”. Murals and ceramics, such as “The Memory Jar”, depicting living with Alzheimers, and “Line of Departure”, symbolising wounded soldiers returning to the challenges of civilian life, were inserted amongst the permanent portraits of the Royal family, British politicians and celebrities. The largest piece, a whole-wall tapestry called “Comfort Blanket” (shown below) was a collage of words (“Queueing”, “Cup of Tea”, “Agatha Christie”, “NHS”, “Aga”, “Irony”, “Liberty”) surrounding symbols (a pound sign, Union Jack) and a picture of the Queen. After visiting the exhibition, I wrote the following:

“As I thought about the exhibition, one of my thoughts was along the lines of “Really interesting, but a bit strange it wasn’t all displayed together in a dedicated area”. Then I got it. Identity is something that can’t be viewed in isolation, it is always against a backdrop of the individual’s environment. We can’t view the pieces that the artist had created to depict the British Identity, without seeing them in the context of the rest of Britain and its history. The pieces likely would have been interpreted differently depending which paintings they were housed against, the same way that an individual is viewed differently in different contexts. Core aspects of who they are remain constant, other aspects of how they view themselves are more fluid. The mural demonstrates that certain aspects of one’s identity will always stand out – to the individual, and to those around them. For other aspects, they will only become meaningful when viewed more deeply – and the parts that stood out to me today, when reviewing the photos I took, were different to those that I picked out in March when I stood in front of the real thing. This arose not just because of the difference between real life and a photo, but also because the experiences I have had in between, including a different understanding of identity, and the things that feel important today (this minute), compared to whatever was most meaningful to me three months ago, which provide a different context to the interpretation.”

Why have I included this? In narrative inquiry there are a number of key elements that are fundamental to the research process, and which need to be embedded throughout: from the planning of fieldwork and data collection to the data analysis and presentation of results. One is the importance of context and chronology, and another is the identity of the researcher. Before the main body of the thesis, this prologue provides a historical snapshot of my understanding of identity before I collected and analysed my data. The exhibition had helped
me to understand the context-dependent nature of identity, the effect of the observer or audience, and the “hidden depths” of identity (the difference between those aspects that are immediately obvious, to all observers, and those that are more hidden, and only become obvious with prolonged contact or reflection).

This snapshot on my pre-research self not only emphasised the personal-social and environmental elements of identity that remained important to me as I analysed and interpreted my data; it also provided a demonstration of the importance of narrative understanding of identity: that identity interpretations will develop according to the experiences of the identity researcher, including their contact and interactions with the research participants. Another thing that strikes me now, as I look back on this experience, is that although these were naïve, pre-research writings about identity, the most meaningful and significant messages I took away from this experience have persisted. My understanding has evolved and deepened, but the core elements remain. This resonates very heavily with the understanding of identity development that I have gained from this research. As new graduates become veterinarians, and critical experiences inform their evolving identity, core elements (those that were the most important to them from their student selves) remain, even where they become contextualised and shaped by new experiences.

Figure 1: “Comfort Blanket” by Grayson Perry.
Chapter 1: Introduction

1.1 Who am I?

The identity of the researcher is fundamental to the process of narrative inquiry. Narrative inquiry is typically undertaken by practitioner researchers to improve practice in their own area; the relationship between the researcher and their own area of practice is therefore integral to the research, and understanding this relationship is important to the research questions (Why was this research performed?), methods (Why was it performed in this way?) and interpretation of the results (Why were these elements deemed to have the greatest significance to practice?). The first part of this introduction is therefore intended to provide this context, explaining why this research was personally important, how it will be used, and the lens through which the experiences of new veterinary graduates were viewed as they entered the profession.

I have been a veterinary surgeon (veterinarian) for 17 years. Like many others, after I entered the profession I quickly recognised the impact the client had on my clinical decision making. At that time, this was never mentioned in university teaching, and was not explicitly modelled in the university referral hospital. The mantra “being a vet would be easy if it wasn’t for the clients” was often repeated, but never translated to a recognition of how much the client would influence my clinical practice. I naively thought I would enter the profession and put into practice the diagnostics and treatments I had learned, revised and repeated to pass my university exams.

After graduating I took up a position as an intern in a university referral hospital: a pathway that was highly unusual at the time and remains a minority route. I can remember thinking almost immediately how difficult “real” decision making was compared to the cases I had studied as a student. I can also vividly remember feeling how detrimental client emotions were on my ability to make rational clinical decisions, and how difficult I found it to ask clients to spend more money, or consent to further (often invasive) procedures. Lastly, I can remember thinking how in many situations, I felt I would have made more empathic, compassionate and client-centred choices were it not for 6 years of veterinary training, and a workplace culture that prioritized highly technical, evidence-based veterinary care.
This all led to my first change in career direction: I left client-based medicine and trained as a specialist veterinary anaesthetist (typically in the world of veterinary referral work the anaesthetists don’t interact with clients). I enjoyed 10 years of working in this role, but having moved into private referral practice, I found I missed the interactions with students and the stimulation of teaching. Wanting to return to university work, I attended the ‘Anaesthetists as Educators: Teaching in the Workplace’ course, provided by the Royal College of Anaesthetists, which included a small section on anaesthetists’ non-technical skills (Fletcher et al. 2003).

This non-technical skills framework described everything I felt about my identity as a specialist anaesthetist: I no longer cared as much as I once did about the technical elements of drug selection and fluid strategy, but I did value the creation of a safe environment in clinics, so that students and nurses felt supported and empowered in their actions. I recognised the skill of situation awareness (although had not previously realised it had a name), and sadly, also identified with the fixation errors and consequences of team hierarchy that contributed to the death of Elaine Bromiley (Harmer 2005)*. The importance to patient safety of team dynamic, workplace culture, communication and clinic organization were not only something that appeared eminently relevant and transferable to veterinary medicine, but the focus on patient outcome struck me as something that would engage other veterinarians.

At around this time, a Lecturer in Veterinary Education position was advertised at the Royal Veterinary College (RVC). The job description explained that the role was primarily aimed at developing professionalism education in the veterinary course. I was successful in my application and became a Lecturer in a new area, responsible for a subject that was (in all honesty) vastly unpopular with the students. At the time, Professional Studies ran for all 4 years of the didactically taught curriculum as the Professional Studies Strand and was represented in the final clinical rotation year via an assessment for professional behaviour. For the students, Professional Studies meant Professionalism, and they hated it. They referred to the teaching time as “Optional Wednesdays” and their feedback on the strand can be summarized by three statements: “common sense”, “repetitive” and “irrelevant”.

* This was a high-profile case within the UK medical profession, which has significantly impacted undergraduate and postgraduate education. The patient was healthy and should not have died; her husband (a commercial airline pilot) organised the independent audit into her death, which has led to the recognition of the importance of non-clinical/ non-technical skills in patient safety. As a result, concepts such as team relationships, communication and human fallibility have gained greater recognition.
The faculty who assessed students’ “Professional Behaviour” in the clinics had a similarly low opinion of it. A small study within our institution demonstrated that faculty felt this to be a fairly low-level skill, assessing the students predominantly on the way they dressed and their honesty (Armitage-Chan 2016). This intrigued me: how many of our students dressed in anything other than the regulation scrub suits, and were there really so many dishonest ones that this was a meaningful form of assessment?

At the time, I also disliked the emphasis within the professionalism literature on behaviours in the clinic: teaching students to act ethically, with honesty and integrity, empathy and compassion. Although I recognised these to be important, and I understood in a naïve way that I had struggled with some of these as a new graduate, I didn’t like the discourse that seemingly focused exclusively on the teaching of these attributes. I felt quite strongly that we tended to select students who could behave ethically and with integrity, and I could understand why these students resented a course that was aimed at teaching them these behaviours. Although I recognized a need to help students learn to express desirable attributes, I wasn’t happy with the thought that the aim of my part of the curriculum was to teach them how to behave well in the clinic.

My underlying motive for my PhD research was therefore to improve the students’ experience of learning professional studies. I wanted to improve our teaching approach to help students engage in the material, but more importantly, I wanted to determine the learning outcomes. If I wasn’t going to be teaching my students how to behave, then what was I going to teach them? What did I want them to be able to do?

This research was therefore started with two initial aims. Firstly, to determine what it was that the students were going to be (or be able to do) when they completed their Professional Studies education, and secondly, to identify what was going to engage them in the pursuit of these outcomes.
1.2 Study aims and objectives.

**Background and research questions**

As mentioned above, the broad aims of this research were to improve veterinary students’ engagement in their Professional Studies education, through improved curriculum goals and teaching strategies. A useful focus was provided by the recent evolution in thinking surrounding Professional Studies and Professionalism teaching in medicine, moving towards a focus in supporting students’ professional identity development (Monrouxe 2010; Cruess et al. 2014). This transition in thinking is unpacked in detail through the first part of Chapter 2, however in terms of curriculum design, it immediately appeared to offer benefits for students’ engagement. Students’ feedback on their clinical rotations revealed them to be aware of identity tensions in the clinic (although they were perhaps unaware that this was what they were experiencing). They commonly demonstrated discomfort with the “unprofessional” behaviours witnessed in the hospital, were uneasy when confronted with clinicians’ actions that they perceived compromised animal welfare or the needs of a client, and became confused by the different approaches to practice they experienced in different sectors of the profession (such as referral work, general practice and shelter medicine). As a curriculum outcome, working towards a graduate professional identity that supports in context ethical practice, normative behaviours and satisfaction with one’s clinical decisions, as well as resilience to the challenges of identity conflict and confusion, may provide a clearer and more motivational pathway for students, compared to the vague (and resented) notions of learning to behave well in the clinic.

It is pertinent to ask, from a student’s perspective, why they should engage in this material when they are presented with an already intense curriculum. Students had often informed me that, while they believed Professional Studies content to be important, it didn’t feel important now. In contrast to more overtly clinical material, they didn’t feel it was something they needed upon graduation, and they obviously perceived that the assessment structure was so poorly aligned with the teaching that they could afford to minimally engage in the subject and still pass summative examinations.

Current discourse within the veterinary profession includes widespread concern about graduate mental health, career dissatisfaction and high suicide rates (Nett et al. 2015; Rhind and Grant 2017). Although a curriculum constructed around ethical decision-making and normative behaviours may not engage students, building the curriculum around the link
between identity and psychological wellbeing (Thoits 2013) may be more successful. Veterinary students are often distressed by perceived conflicts between their own professional goals and the actions they anticipate in their clinical role: a common source of anxiety is that they won’t be able to convince a client to euthanize a suffering and terminally ill pet. They also appear increasingly concerned about their mental health when they enter the profession. When we were students the high suicide rate was known, but the overwhelming feeling was one of “it won’t happen to us”; this seems to have changed, with students frequently expressing concerns about how they will cope. Helping students to understand the link between the challenges of the clinical environment, the alignment of their values and behaviours, and their psychological wellbeing, may help them to rationalise occasions of identity dissonance, and avoid distress when their clinical decisions conflict with their goals for being a veterinarian.

A case can therefore be made, on the basis of student engagement and the wellbeing implications of identity dissonance, for research that helps redirect Professional Studies teaching towards supporting identity development, and in particular, that prepares students for the navigation of identity conflict. A further advantage is conferred through the more explicit attention to context that is provided by a focus on professional identity (Cruess et al. 2014). As mentioned in the preceding section and discussed further in Chapter 2, the assumption that the intended purpose of Professional Studies teaching is to “teach” normative values and behaviours to students is unsatisfying for both students and faculty. Introducing the importance of context in the relationship between identity values and behaviours diverts attention away from the judgmental notions of an “unprofessional person” who is need of professionalism teaching, and instead focuses on an understanding of how context challenges the reliable exteriorisation of values in observed behaviours (Ginsburg et al. 2005). Students are exposed to numerous hidden curriculum influences during their education, to which the erosion of empathy and acquisition of undesirable behaviours have been attributed (Crandall and Marion 2009). Incorporating professional identity into the assessment and development of professional behaviour not only offers the potential for students to better understand (and be less distressed by) the apparent “unprofessional” behaviours they observe in the clinic, it also contributes a mechanism for helping to manage these hidden curriculum influences, and diminish their negative effect on students’ empathy and professional attributes.

Differences between the medical and veterinary professions necessitate a veterinary-focused model of professional identity and approach to curriculum design. Again, these will be dissected further in Chapter 2, but they include the prevalence of poor mental health and high
suicide rate, experiences of identity conflict surrounding poor animal welfare, charging for services and euthanasia, and the contrasting “ways of being” between the veterinary specialist, which is extensively modelled during students’ education, and the general veterinary practitioner, which represents the career route of the majority of graduates. Achieving curriculum redesign is dependent upon defining the desired curriculum outcome: a professional identity that enables new graduates to thrive as early career veterinarians and manage the identity tensions that they will experience.

Studying the new graduate professional identity and the way it forms is proposed to provide a framework for curriculum development. Defining professional identity as a curriculum outcome that is tangible to students may facilitate their engagement in working towards this goal and in the teaching interventions that will support this outcome. The research was therefore designed to examine professional identity formation in new veterinary graduates and to explore the following questions for improving educational practice:

- **What is the veterinary professional identity that enables new graduates to thrive in veterinary practice?**
- **What are the processes by which this identity is developed?**

These research questions will be revisited in Chapter 2, where they are further refined based on theoretical frameworks for veterinary professionalism and identity formation that have been derived from the literature.

**Overview of the methods**

To explore the research questions, the narratives of early career veterinarians were studied to look for defining characteristics of their professional identity, and the experiences that helped to shape this. Early career veterinarians were selected as the research population for two main reasons. Firstly, although there is a general concern about stress, mental health and suicide across the profession, there is specific concern at the high rate of career dissatisfaction in first-year graduates, based on their apparent unwillingness to remain in their first employment for a prolonged period of time, often leaving within a few months (RCVS 2013). Secondly, for veterinary students, these are the group of veterinarians whose challenges and successes are the most relevant. As near peers, the challenges and experiences of this population would be expected to include the most important and impactful issues for veterinary students.
The study methods were based on the concept of narrative identity (Ricoeur 1991): a theoretical framework for identity study that uses stories to better understand identity development. The premise of narrative identity is that people tell stories as a way of making sense of their complex lives, determining from the jumble of life experiences what is meaningful and valued. The stories convey what is significant to the story-teller, and what is prioritised in their identity construction. Stories were therefore collected from veterinary graduates as they entered the profession, in order to make interpretations about their developing identity: what was important to them, what was challenging, and how these challenges were resolved.

The study methodology was one of narrative inquiry. Although stories can be analysed according to various methodological approaches, narrative inquiry offers the potential for a heightened depth of understanding (Connelly and Clandinin 2006). Through the narrative experience of this inquiry method, deeper understanding of the phenomenon under study is unveiled. Veterinary students would consider themselves to have a good understanding of veterinary work when they enter the profession: many have spent considerable time in veterinary practices before they start their education and, at least in the UK, they must complete 26 weeks of time in veterinary practice, in addition to their final year clinical rotations, during their university education. As a result, many will have established ideas of what it means to be a veterinarian and, perhaps understandably, are reluctant to have these views questioned, based as they are on personal experience. Using narrative inquiry provides the opportunity to gather a deeper level of understanding than personal exposure and experience alone can provide, and therefore may yield deeper insight into how to improve the development of professional identity in veterinary students.
1.3 The structure of this thesis.

When using narrative inquiry as a research method, the narrative concept extends beyond the methods of data collection and analysis. The methodological approaches of this research will be explained more extensively in later chapters, but in order to obtain the greatest benefit from narrative inquiry (i.e. the greatest depth of understanding of the phenomenon), the intent is to live a narrative research experience (Clandinin 2013). This includes the participatory experiences of data collection and construction, and extends to the process of writing narratively. Key to this narrative experience are the advantages that living narratively provide: sense can be made from the complexity of lived experiences when they are experienced narratively (Clandinin et al. 2009). When these are told through narrative writing, the writer achieves a narrative understanding of their subject; the more an author writes about a phenomenon, the more deeply he or she understands it (Connelly and Clandinin 1990).

Attempting to portray this narrative experience in a thesis was not straightforward. No sooner was a section written, then a reflective process of deeper analysis was triggered. How is it possible to convey this experiential deepening of understanding in a linear piece of work? Guidance from the literature was limited. Examples of complete narrative inquiry are restricted to unpublished theses and published work tends to focus on the methods of data analysis (e.g. Hollingsworth, 1992), the findings from text analysis (e.g. McVee 2005) or extracts from a narrative of findings (e.g. Xu & Connelly 2010). “The Narrative”, as a product of narrative inquiry (the story constructed from the understanding obtained) is key to the process of narrative inquiry, but there is a lack of consistency in how this is framed (Caine et al. 2013).

As Hollingsworth described when writing about her experience of narrative inquiry, the way this research approach is presented represents a series of compromises (Hollingsworth and Dybdahl 2007). The writing needs to be academically acceptable, based on defensible methods, and have clarity when describing the findings obtained. However, to neglect the narrative experience of writing would be to disregard the important elements of a narrative inquiry.

To resolve these issues for this research, the thesis has been presented in two halves. Part 1 includes the literature review, methods and initial results, as obtained from a standardised approach to narrative text analysis. It was necessary, at times, to incorporate a reflective
element to this part of the thesis, most notably when grappling with how true the methods had remained to the conception of narrative inquiry described by Connelly and Clandinin (Connelly and Clandinin 2006). This narrative, reflective component has been highlighted using a change in font. In Part 2, the process of narrative inquiry is made more experiential. Chapter 5 (Writing to Understand) and Chapter 6 (Writing of Understanding) adhere most closely to Connelly and Clandinin’s view of narrative as both phenomenon and method (Connelly and Clandinin 2006). These chapters simultaneously describe research findings, and act as a process of exploring deeper understanding through narrative writing. They are therefore written more reflectively than the way the earlier chapters are constructed, and represent both a description of veterinary identity, and a stage of narrative analysis through which this understanding was further developed.
Part 1.

Chapter 2: Literature Review: Why Professional Identity?

Professional identity is an area of steeply increasing interest, with many implications for education in the professions. In Section 2.1 of this chapter, the concepts of professionalism and professional identity are reviewed. Using medical education as an exemplar, the evolution away from “teaching professionalism” and towards a focus on developing students’ professional identities is explained. This is then used to construct a theoretical framework for veterinary professionalism on which curriculum design can be based. The conclusion of Section 2.1 clarifies the aims of this research and how it will further enhance veterinary education beyond the improvements that can be implemented on the basis of literature review. This is then followed by a second literature review, in section 2.2, in which identity will be defined for the purposes of this research.
2.1 Professionalism to Professional Identity.

2.1.1 Defining Professionalism... Defining a Professional.

A truly professional physician is one who can be trusted to do what is right when stressed, burned out, and especially when no one else is watching.

(Antiel et al. 2013), Page 652.

Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

(Epstein and Hundert 2002), Page 226.

[In response:] Epstein and Hundert’s definition of professionalism is a very useful one. This definition is an entry to considering what professionalism is and demonstrates the lofty goals of professionalism... [However] When teaching medical students, it may not be very helpful to them to use [this definition] and say, “You know, you aren’t quite up to par on habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection.”

(Kirk 2007), Page 14.

When trying to develop a professionalism curriculum, these quotes exemplify some of the challenges, not just in defining professionalism, but in constructing a utilisation-focused definition. There is much professionalism literature devoted to creating definitions, but for the purposes of education it is potentially more valuable to consider how professionalism will help students develop as “better” professionals (more competent, more ethically or morally skilled, or perhaps possessing better emotional health). When considering students’ engagement in professionalism education, and trying to determine what this education should include, it is perhaps useful to first ask what is meant by the concept of students becoming professionals, or from a student’s perspective, “What’s in it for me?” In Larson’s discussion of the professions, he raises a similar question: “Why work in a profession?”:

During a strike of college teachers in the sixties, the accusation was heard that these professors were behaving “like longshoremen.” Later, I was told by the organizers of an [architectural] union that most of their potential members resisted unionization, as something
“unprofessional.” Somehow, architectural employees, most of whom can be laid off without prior notice from one day to the next and are paid hourly wages often lower than those of semi-skilled laborers in construction unions, believed that unionization would further reduce their dignity and their prospects as working people. I began asking myself, “what’s in a name?”

What made professors and architects – not to mention physicians, lawyers, and engineers – feel that the tactics and strategy of the industrial working class would deprive them of a cherished identity? What is there, in the attributes of a profession, that compensates for subordination, individual powerlessness, and often low pay?”

(Larson 1979), Page 10.

The question ‘Why work in a profession?’ is a good place to start for defining a curriculum outcome (“being a veterinary professional”) that will be relevant to students. Larson’s message, that there must be something inherently valuable associated with being a professional compared to being a skilled tradesman or labourer, is an interesting one. The veterinary profession is not particularly well-paid, and the mental health concerns are made clear to students before they apply to veterinary school. Understanding why students want to join this profession, despite the long and unsociable hours, prolonged training and mental health concerns, may help to identify strategies to motivate them in their professionalism learning. Being a veterinarian is an ambition that most students have fostered for as long as they can remember (Tomlin et al. 2010). They are passionate in their quest to learn how to treat animals, and perhaps as a result, are reluctant to hear that there is non-clinical material with which they need to engage. When students are faced with a course on professionalism, it needs to be clear how and why they will use this knowledge in their work as veterinarians. Furthermore, rather than professionalism representing “a tool based on shame... unprofessional, a catch-all criticism” (Chang 2013), a useful definition for students will make the notion that “being better at professional studies will make me a better vet” become as intuitive as “being better at clinical reasoning will make me a better vet.”

Medicine is often used as the exemplifying profession on which professionalism is defined, and a discourse aimed at defining medical professionalism has existed for many years. Since the 1990s, amidst fears of increasing commercialism, this has centred around a return to the traditional understanding of professionalism (Wynia et al. 1999; Swick 2000). The extensive literature surrounding the defining of medical professionalism provides various models and frameworks, which include traditional notions of professionalism and more contemporary perspectives. In contrast, the veterinary professionalism literature is relatively sparse, and until 2012 was focused principally around the teaching of professional skills: ethics, business
acumen and communication skills. An exploration of medical professionalism helps identify areas of commonality between the two professions, and represents an initial step in guiding curriculum development.

Defining professionalism is a complex process. Frameworks can differ because of cultural differences in the background of the authors. For example, what commonality would be expected between definitions of professionalism that originate in the USA, where healthcare is provided by private organizations and funded (for the most part) by insurance companies, and the UK, where healthcare is a state-funded and state-run service? The challenges and priorities of the two systems are different, and this is reflected in the emphases placed in the frameworks of professionalism originating from these two areas. With this in mind, how much will frameworks of medical professionalism help guide veterinary education? The challenges facing the new veterinary graduate include veterinary-specific issues, such as euthanasia, charging clients directly for veterinary care, and the differing attitudes to animals in society.

Contemporary definitions of medical professionalism may have more to offer in terms of student engagement, with “real life” clinical challenges perhaps being more tangible than the traditional, over-arching definitions of the professions presented in the sociological literature. However, it may be that within these fundamental views of what it means to be a professional there will be concepts that aid the understanding of what it means to be a veterinarian.

*The story from medicine: Why does professionalism need to be taught?*

The Flexner report of 1910 initiated the increase in scientific underpinning of medical education that represents the way contemporary medical education is constructed (Flexner 1910). However, even at the time, there were fears of a decline in the ‘art’ of medicine:

“A generation of clinical prigs would be created, individuals who were removed from the realities and messy details of their patients’ lives”.

William Osler, Quoted in Duffy 2011, Page 273.

By 2000, in the USA, the professionalism literature echoed this concern, and there was a perceived need to return to professional virtues within the training and behaviours of doctors (Swick 2000; Barondess 2003; Hafferty 2006). There were fears of a loss of trust in the profession and an erosion of professional values, attributed to the way contemporary healthcare was managed and delivered. Traditional notions of altruism, self-servitude and
healthcare access were seen as being compromised by technology in healthcare, rising care costs, commercially managed healthcare, physician work patterns (specialisation, locum and flexible working, restricted trainee work hours) and patient expectations (shifts from paternalism to shared decision-making; patients with increasing access to medical and health information).

In response, many organisations produced traditionally-focused frameworks of values and attributes that they felt defined medical professionalism. The Medical Professionalism Project included commitments to excellence, quality of care, responsiveness to society, improved access to care, and management of conflict of interest (ABIM Foundation. American Board of Internal Medicine et al. 2002), and the Accreditation Council for Graduate Medical Education added adherence to ethical principles, respect, compassion and integrity (Kirk 2007). As more frameworks were published, they became longer and more prescriptive, but remained rooted in the behavioural demonstration of core professional values. As the frameworks lengthened, they also seemed less and less achievable, at least on a consistent basis, for the front-line healthcare provider.

The hidden curriculum of professionalism teaching, particularly the disconnect between the behaviours and values that were taught within these frameworks, and the actual behaviours observed in the clinic, represented a particular challenge to the teaching of professionalism. Literature authored by medical students provided particular insight into the students’ perspectives on their professionalism education. Not surprisingly, they were frustrated by the dual standards between the behaviours they were taught and standards they were held to in assessments, and those they experienced when in the clinic (Brainard and Brislen 2007). They also saw professionalism education as something they were “subjected to” (Leo and Eagen 2008), rather than an opportunity for the challenges and development of professional behaviours to be shared and discussed with educators and role models. Furthermore, the “Educator view” that the culture of the teaching hospital was actively hostile to students’ development of “altruism, compassion, integrity, fidelity, self-effacement and other traditional qualities” (Coulehan 2005) (page 892) was reinforced by the views of the students:

“As current medical students immersed in learning professionalism, it is our observation that most of the current literature on this topic misses the mark. We propose that the chief barrier to medical professionalism education is unprofessional conduct by medical educators...

Unprofessional conduct by faculty and residents is protected by an established hierarchy of authority. We students feel no such protection, and maintain that the current structure of
professionalism education does more to harm students’ virtue, confidence and ethics than is generally acknowledged.”
(Brainard and Brislen 2007 Page 1010, emphases added).

A further element of the hidden curriculum was that faculty members’ adverse behaviours were not simply being ignored compared to the expectations of students’ behaviour standards, there was a concern that they may be actively applauded, with an underlying message that “unprofessional behaviour” was a favourable attribute to career success:

“Faculty members are valued most of all for their scientific contributions and clinical expertise, so abrasive personalities are not usually a deterrent to success. Similarly, the academic freedom to debate and critique requires a certain allowance for brusqueness.”
(Binder et al. 2015 Page 442).

Dissatisfied by the way professionalism was taught and role-modelled, students concluded they would rather aspire towards the accolade of being a “good doctor” than a “professional” one (Cuesta-Briand et al. 2014).

The differences between professionalism as taught and the behaviours modelled by faculty has important implications for this discussion. It could be concluded that the demonstration of unfavourable behaviours in the clinics reinforced the need to teach the values and attributes detailed within the professionalism frameworks. However, the assumption that the expression of unfavourable values and behaviours arises from these not being effectively taught is an oversimplification that neglects the challenges of context in the consistent demonstration of normative behaviours. For the purposes of education, a better framework of professionalism would incorporate context, reflective experiential learning and a lifelong commitment to improving one’s adherence to normative professional attributes in the presence of contextual challenges.

Further criticism of the teaching of professional values and behaviours according to normative, traditional values is also evident in the literature. Concerns of burnout, compassion fatigue and mental wellbeing meant that students were increasingly dissatisfied with the concepts of altruism and self-subordination to the patient (Hafferty 2002). The concept of professionalism was also criticised as contributing to tribalism and fragmented healthcare delivery (Barondess 2003) and felt to inhibit the provision of high quality healthcare by conflicting with the team- and collaborative nature of the patient safety movement (Brand 2003). The Royal College of
Physicians questioned the inclusion of altruism, mastery and autonomy and instead emphasised a relational concept of professionalism, focused on the patient-doctor relationship and including leadership and teamwork (Tallis 2006).

Moving beyond medicine and its focus on behaviours, the traditional understanding of the professions in general was also being questioned. Freidson, taking a traditional approach, defined the professions as follows:

- Use of an officially recognised body of knowledge and skill, which because the nature of individual cases will vary, requires the exercise of discretion and adaptation in its application.
- An occupationally controlled division of labour.
- An occupationally controlled labour market based on training credentials: labour can be provided by those certified members of the profession, but not by others.
- An occupationally controlled training program that is associated with training away from the workplace (usually in a university).

(Freidson 1999)

Challenging this, the contemporary issues relating to this defining framework were summarised by Fournier:

- Once distinct autonomous bodies, there is now a blurring of the boundaries between professions, as professionals are asked to work in multi-disciplinary teams in order to achieve the flexibility required to work in a complex environment
- Long-established distinctions between managerialism and professionalism have been eroded, as professionals are asked to take on the role as managers, and to constitute themselves as entrepreneurs
- In a quest for choice and value for money, together with an increasingly well-informed clientele, the client/patient has become increasingly empowered and has questioned the authority and mystery of the professions.

(Fournier 2000)

When looking to structure teaching for a contemporary context, a relational view of professionalism appears to have merit. The notion that those with an exclusive body of knowledge determine a patient’s care is replaced by a vision of a more collaborative process, in which the physician uses discretion, adapting their application of knowledge to the
individual needs of the patient, in a system of shared decision-making and multi-disciplinary teams. The contemporary professional must acknowledge that time constraints, economic pressures and fragmented healthcare delivery systems challenge the traditional ideals of their profession, (Larkin et al. 2002). To overcome these, they must therefore work alongside others, from outside the profession, to do what was previously designated as the profession’s work, improving efficiency and taking advantage of technology to reduce costs and enable wider access to care (Ploch et al. 2009). Lastly, in a contemporary climate, professionals not only meet their responsibilities to their patients and clients, but also maintain responsibilities to their families and for their own well-being (Jones and Green 2006; Hafferty and Castellani 2010).

Where are we now? A contemporary, complex way of defining medical professionalism.

How does a profession maintain its legitimacy within this modern social context, and what does this mean for the teaching of professionalism?

A number of authors have incorporated a more contemporary view into their definitions. Miettinen and Flegel proposed that professionalism involves “acting with all of the desirable qualities that can reasonably be expected of a physician, given his/her speciality, and the circumstances” (Miettinen and Flegel 2003 page 354). The complexity of maintaining professional standards was illustrated by Martimianakis and co-authors, who describe a Consultant’s conflict in maintaining “professionalism” (respect for the patient, providing a high quality of care) in a context of economic challenge and an over-full emergency room (Martimianakis et al. 2009). In this paper, the Consultant’s trainee is described as incredulous at the lack of concern shown for patient privacy when he is asked to examine a vulnerable female patient on a trolley in the corridor; the Consultant also described his anguish at asking the trainee to do this, but expressed concerns for the patient’s health if she had to wait to be seen. The paradox of professionalism was described by another trainee when she experienced a patient in the emergency room with a recurrent pattern of requesting opiate analgesia despite no apparent clinical signs of pain (Chang 2013). She wrote of being torn between the professionalism ideals of her training body (altruism, compassion, accountability, integrity) and her own integrity in not prescribing narcotics to a potential (and repeated) “drug seeker”. Of traditional, normative professionalism definitions, Chang wrote:

“Although this definition sounds ideal, professionalism is not so easy to define in practice”. 
The increasing complexity of the professionalism ideal compared to the reality of the hospital narrative provides a more context-relevant approach to defining and teaching professionalism. Heterogeneity within the interpretation of professionalism enables a model in which those working in different contexts can demonstrate different professional priorities. Sullivan contrasted a “Strategic and Authoritarian Professionalism” (superior knowledge and moral integrity, emphasising clinician autonomy) with a “Civic Professionalism”, which emphasised welfare, public health and society’s medical needs (Sullivan 2000). Castellani and Hafferty defined seven versions of the medical professional, based on individual prioritisations of attributes such as commercialism, altruism, social justice and autonomy (Castellani and Hafferty 2006). The “professionalism” of an academic doctor (defined by their priorities for their professional role) is therefore slightly different to that of a doctor whose role and values mean they prioritise commercialism or social justice.

The concept of multiple forms of professionalism co-existing provides a “dynamic and context-dependent professionalism” (Miettinen and Flegel 2003). Rather than a static concept that will fit all situations, professionalism can be defined as something flexible, in the values that are prioritised, and how the demonstration of these is impacted by pressures of time, stress and burnout. The marker of a professional becomes someone who can navigate competing priorities (to the patient, family, healthcare team, business), make difficult decisions in this complex environment, and manage unanticipated challenges (Lesser et al. 2010; Antiel et al. 2013). Hafferty and Castellani’s 2010 model draws attention to the concept described earlier by Martimianakis and colleagues, that an individual’s professional priorities will be interpreted differently depending whether they are interacting at the level of the patient, medical team, hospital administration or government/policy-maker (Hafferty and Castellani 2010).

**A framework of professionalism for the veterinary context.**

The aim of this first part of Chapter 2 was to explore the experiences of defining and teaching professionalism in medicine, and use this to construct a framework through which veterinary professionalism can be taught and studied. How does this review of the professionalism literature inform education and enhance the intended veterinary research?
The first necessary consideration is the relevance of medical frameworks to inform veterinary research and teaching. Notwithstanding increasing reports in the media of the increasing costs of veterinary care, the veterinary profession has largely avoided the high-profile scandals, such as the Howard Shipman case and Bristol infant heart surgery deaths, that stimulated medicine’s concerns surrounding self-regulation, erosion of trust and patient autonomy (Marcovitch 2015). Does this mean that medicine’s focus on “a return to professionalism” can be ignored in veterinary teaching and research? Such a stance would not only be foolish, it would ignore the obligations of a profession under a social contract: that autonomy and self-regulation depend on the trustworthiness and ethical practice of a profession’s members. Particularly when considering the students’ perspective, perhaps a better way to reason the incorporation of traditional professional attributes is not to look at trustworthiness and the reputation of the profession in isolation, but to integrate a more contemporary view: that the behaviours of an individual that are assumed to represent their professional values and attributes are influenced by the challenges of context. The focus then is no longer one of teaching professional attributes, but moves to helping students demonstrate these when faced with contextual challenges.

In a similar way that the contemporary take on medical professionalism highlighted a need to view traditional professional attributes in the context of mental wellbeing and the pressures of the clinic, current discourse within the veterinary profession carries great concerns about stress, mental health and a high suicide rate amongst its members (Gyles 2014; Nett et al. 2015; Cardwell and Lewis 2017; Rhind and Grant 2017). Although some authors have identified issues such as unachievable clients’ expectations, heavy workload and struggles with work-life balance (Gardner and Hini 2006; Hansez et al. 2008; Bartram et al. 2009a, b), it remains largely unknown why the veterinary profession is so prone to mental health issues. Some veterinarians have spoken about the influence of the heavy caseload and clinic environment on their professional behaviours, and how failing to maintain continuous “professional” standards of behaviour leads them to judge themselves poorly (Armitage-Chan et al. 2016). If this is a significant cause of mental distress in the wider veterinary profession, it may help provide a veterinary-specific context to curriculum content surrounding professional behaviours, and how they are influenced by the challenges of context.

When studying professionalism in veterinarians, a relevant research approach needs to identify the contextual challenges that are present, examine how these influence the behaviours of the veterinarian, and most importantly, explore the ways individuals reflect on these and judge their own actions.
Unlike in medicine, a significant element of environmental complexity lies in veterinary care being paid for directly by the client to the provider. The message from medicine, that commercialism needs to be viewed not as a threat to professionalism, but as an integral part of promoting efficient and high-quality patient care, is therefore even more important to veterinary education. Even the earliest graduate will need to negotiate the need to provide cost-conscious care, while maintaining clinical standards and a compassionate veterinarian-client relationship. In the study of veterinary professionalism, it would be valuable to focus on how graduates manage this three-way tension (application of clinical teaching, management of contextual challenges, preservation of professional attributes and behaviours in the relationship with the client) within their routine experiences in work.

The way that veterinary care is paid for makes traditional concepts of the professions particularly relevant to the contemporary challenges of the veterinarian. The different financial needs of clients makes it vital that veterinarians maintain their autonomy in the way professional knowledge is applied. The fundamental defining characteristics of the professions include an emphasis on autonomy and discretion in the application of professional knowledge, with Eraut describing professional knowledge as being taught with the intent that this would be adapted to a range of situations (Eraut 1994). Freidson described this adaptation of professional knowledge as fundamental to the professions, and distinct from technical or mechanical knowledge:

“Professional work is defined as specialized work that cannot be performed mechanically because the contingencies of its tasks vary so greatly from one another that the worker must exercise considerable discretion to adapt his [sic] knowledge and skill to each circumstance in order to work successfully.”

(Freidson 1999 Page 119, emphasis added)

The need for discretion and autonomy extends beyond the needs of affordability. The veterinarian must serve the client who sees their pet as part of their family, and would not conceive leaving any possible treatment option un-tried, as well as the farmer whose major priority is to have a (functional) working dog. In the face of this diversity, they must also be able to guide the client, particularly when a client’s wishes to “do everything” are not matched by a likely chance of success. Perhaps more so than in medicine, where standardised approaches to treatment are increasingly incorporated to ensure patient safety and standards of care, the importance of discretion and professional autonomy provide a link between the
traditional and contemporary definitions of professionalism. In a Friedson-like viewpoint, the veterinarian must use their judgment, adapting their professional knowledge to make recommendations for each individual patient and client. However, in a contemporary context, rather than evoking a paternalistic view of autonomy, the increasingly well-informed client means the client relationship and approach to professional decision-making is more aligned with Fournier’s view of the professions. Decision-making is shared, and the client frequently arrives with the expectation that they will have a role in determining the most appropriate action. As highlighted by Fournier, this more relational approach to professional autonomy additionally incorporates the role and input of interprofessional colleagues (Fournier 2000).

When examining the contemporary veterinary professional, this therefore provides another element to a research framework. It will be important to explore how new veterinary graduates negotiate this integration of traditional and contemporary, exercising their autonomy in decision-making, as defined by the contextual adaptation of professional knowledge, but doing so in a relational model of shared decision-making. This complexity is further extended if one incorporates the personal priorities and preferences of the individual veterinary professional (Matthew et al. 2010). Similarly to Castellani and Hafferty’s (2006) model of multiple professional identities, the way knowledge is applied will be different depending whether the veterinarian has an academic identity, or a general practitioner one. The contemporary viewpoint on veterinary decision-making therefore extends to observing how new graduates negotiate the needs of clients in their decision-making, and how they manage differences in their own actions compared to those a role model or colleague might take.

Students struggle with this context-dependent and relativistic way of thinking, and therefore for informing veterinary education, it will be particularly important to see how this is negotiated by the new graduates. Students tend to enter veterinary education with ideologies surrounding the provision of “best” veterinary care to all, and prioritise animal welfare above the needs of the practice and their own health and wellbeing (Roder et al. 2012). They often become distressed when observing practice performed by a veterinarian with a different set of professional priorities to their own, such as when the need to cover costs (or prioritise academic advancement) appears to be at the cost of animal health, life or welfare. The way new graduates resolve these tensions, and how they reflect on their success in doing so, may additionally provide insight into appropriate support for encouraging this complexity of decision-making in students.
A framework for researching professionalism to yield output that is useful for veterinary students therefore spans contemporary and traditional views of the professions. The “return to professionalism” and focus on traditional, normative attributes and behaviours cannot be neglected if we are to maintain trust in the profession. However, for the new veterinary graduate, more important will be the influence of context on professional behaviours, and whether lapses in either behaviours or aspirational goals negatively impact on mental health and career satisfaction. The concept of autonomy and discretion in practice is one of the most challenging for students to embrace, particularly as hidden curriculum messages throughout their education can leave them to believe that there is a single best solution to all problems. Examining how new graduates develop their autonomy, rationalise actions that may conflict with those of their role models, and situate these within a culture of shared decision-making and relational-centred care, will be particularly informative for scaffolding professional studies teaching in future students.
2.1.2 Rethinking professionalism education: Professional identity formation.

The previous section highlighted elements from the medical professionalism literature that will contribute to a theoretical framework for researching professional identity in new veterinary graduates. In the remainder of Section 2.1 the developments in medical education to support professional identity formation will be similarly reviewed, considering the implications for veterinary curriculum development, and exploring how this will inform the study of veterinary identity to further improve curricula.

Why professional identity?

In 2014, a group of influential authors in the field of medical professionalism published a paper called “Reframing medical education to support professional identity formation” (Cruess et al. 2014). In this paper, the authors proposed that “supporting the development of a professional identity in each medical student and resident should be a primary objective of medical education and that education strategies should be reoriented to support this goal” (page 1446).

Much of the drive to reorient the aim of professionalism teaching grew amidst a discourse surrounding the differences between internalised professional values (the ideal) and exterior professional behaviours (easier, and arguably more reliable, to assess). In short, concern had arisen over whether professionalism teaching and assessment should be targeted at professional behaviours (whether the student looks and acts professionally) or at developing students to be (internally) professional (equipped with moral values, compassion, and integrity). Medical students commented that an exclusive focus on behaviours simply led them to avoid placing themselves in a situation where their professional behaviours may be at risk, and they recognised the issues surrounding the reliability of judgments on their professional behaviour:

“The system encourages professionalism and at the same time asks for its evaluation by unprofessional supervisors. Thus subjective evaluations are useless... Students learn how to avoid trouble, rather than how to exemplify the virtues of professionals... Most concerning are those instances in which the label of unprofessional is applied to a student who exhibits explicitly professional behaviour. It is our observation that this usually occurs when students behave in a manner that disrupts the breakneck pace of the team.”

(Brainard and Brislen 2007 Page 1012)
Van Mook and others (2009) reviewed the literature surrounding professional behaviours and emphasised the difference between professionalism (described as an abstract, idealistic set of character traits), and observable professional behaviours, which are observable and therefore should be easier to assess and practically implement into a curriculum (van Mook et al. 2009). However, despite the presumed reliability of professional behaviours as an assessment mechanism, the authors highlighted issues arising from the neglect of context in behavioural judgments:

“The assessment of behaviour cannot be divorced from context, social pressure being one of the strong contextual determinants of behaviour... in reality, the relationship between attitudes and behaviours is relatively weak, whereas external constraints, such as social pressure to behave in a particular way, are strong” (van Mook et al. 2009 Page e88).

A focus on professional identity rather than teaching professional behaviours helps to address some of the issues surrounding the influence of context. According to Cruess and co-authors, the aim of education to support professional identity formation is:

“The development of a value system and a unique perception of self, including personal attributes and roles, that culminate in expressions of specific behaviors or pursuits within a social community. Specific actions and/or statements of norms and aspirational goals serve to guide and reinforce emerging behavior patterns, indicating that an individual’s perceptions of her or his actions, motives, and feelings are congruent with those of Daniels’ “good physician”” (Cruess et al. 2014 Page 1448, emphases added).

When framing professionalism teaching this way, the initial aim is to develop students’ ethical and moral professional identity, essential for a doctor to be trustworthy when practising with autonomy (Monrouxe 2010). Once achieved, the role of educators is to help the student reach the “aspirational goal” of consistently expressing these in external behaviour patterns. Also notable in this framing of professionalism is that the normative “good doctor” is recognized as including the personal attributes which each individual brings to the profession (the student’s personal values, formed as a result of family, culture and prior experiences). The acknowledgement that professional identity includes a student’s prior personal identity acknowledges that students come to medical education with many of the normative values already in place, and represents a development from the “professionalism must be taught” message that was evident earlier in professionalism teaching (Cruess and Cruess 1997).
Students’ comments about their professionalism teaching demonstrated this message to be a source of particular frustration:

“Like 90% of the situations you encounter every day it’s an outcome of your upbringing and your life experience, and someone standing up and saying, “You shouldn’t do this, you shouldn’t do that,” is not going to be what you remember when you see the patient with the problem.”
(Birden and Usherwood 2013 Page 407).

Acknowledging that professional actions represent aspirational goals that are challenged by context incorporates the more complex, contemporary view of professionalism. An increased emphasis on the challenges of the context means this should be given greater attention in professionalism curricula. Rather than a judgment being made about whether an individual is internally “professional” or “unprofessional”, the focus is diverted to the external challenges, and teaching can be shaped around supporting the student to demonstrate their aspirational behaviours within the clinic. Current literature suggests students are receptive to these challenges, for example maintaining authentic behaviours when faced with a patient (Roper et al. 2016). This suggests that such a change in focus, moving away from whether their behaviour suggests they are “good people”, would be positively received by students:

“Students interpret the professionalism component of medical education as teaching them how to be “good people” rather than “good doctors” and they are personally affronted by any corrective suggestions.” (Leo and Eagen 2008 Page S10).

A further benefit to a focus on professional identity lies in addressing students’ and new graduates’ identity dissonance, and the distress this causes. In the literature describing the decline in students’ empathy as they progress through their medical education, little attention has been given to the implications this may have on students’ self-valuing and mental health implications:

“Medical habitus centres around producing competent practice, rather than caring dispositions, yet this clashes with the idealistic dispositions students have when they enter medicine, resulting in cynicism. Because it is part of their habitus, students are unable to reflect on their conflicting dispositions. Although students are aware that achieving competence is all a game, they are otherwise largely unreflexive, tending to accept stress and other problems as linked to immediate experience rather than to broader social and political structures of
training. The medical habitus is the source of, and helps sustain problematic dispositions within medicine.”
(Brosnan 2009 Page 55, emphases added).

The above quote was written about the emphasis on technical competence in medical curricula, but it demonstrates the risks to students that arise from the increase in their cynicism. The clash between students’ own “idealistic dispositions” and the narrative that is apparent within the hospital culture results in an identity dissonance that students struggle to rationalise (Monrouxe 2010). Brosnan recognised that students become stressed by this conflict between their own idealism and medical habitus, but they attribute their stress to the event (a stressful experience), rather than to a deeper-seated conflict between their personal identity priorities, and the culture and context in which they find themselves.

There are interesting parallels to be drawn here with the experience of exploring stress in the veterinary profession. Literature that attributes poor mental health to increasing clients’ expectations and workload (Gardner and Hini 2006; Bartram et al. 2009b) may be neglecting the dissonance between the identity valued during education (arising from the habitus of the teaching hospital, and hidden curriculum prioritisation of technical excellence and evidence application), and the identity that needs to be actioned in the context of veterinary general practice (defined by the client-veterinarian relationship, working in uncertainty and making decisions not to treat (May 2015; Hargreaves 2016). Veterinarians may perceive the client and their needs to represent the source of their stress, but be unaware that this arises from the inappropriate valuing of an academic identity, fostered as a student but not relevant to the environment of the workplace.

The final element that is highlighted by a focus on professional identity is its relationship to complexity thinking. The conceptualisation of identity development presented by Cruess and co-authors is based on Kegan’s model of a progressive increase in identity complexity (Kegan 1982). This framework is built on Perry’s system of intellectual complexity (Perry 1999), in which the student progresses from a dualistic way of thinking, assuming that there are single right answers to every problem, through a stage of multiplicity thinking (there are several perspectives within problem-solving), and finally to a level of intellectual commitment (recognising the validity of alternate perspectives, but being able to commit to a decision, depending on context). Using Kegan’s framework, a student’s medical identity development is dependent on their progressive ability to engage with multiple perspectives, understand the adaptability of professional knowledge application, rationalise self-identity values and
priorities, and reason in a context of high personal emotions (Cruess et al. 2015). If identity development progresses to the most advanced level, students transition from seeing professional knowledge as a set of rules that must be applied, to a state in which they see that professional decisions are based on context and the different values and expectations of those involved. At Kegan’s most developed level of identity formation, students become able to self-define their own identity values, based on an understanding of the multiple perspectives present in others. This has similarities to Marcia’s identity framework (Marcia 1966), which will be discussed further in the next chapter.

Using this progressive development of complexity as the basis for professional identity offers a valuable framework for educating veterinary students. The emphasis on progressive development demonstrates that the context-dependent, relativistic decision-making with which veterinary students struggle is something that needs to be gradually constructed through the stages of professional education. As veterinarians, there will be many occasions in which actions are taken that are discordant to the individual clinician’s personal and professional beliefs, such as the euthanasia of a healthy pet, or the opposite scenario: sustaining life where there is little chance of recovery, so the client has time to “say goodbye”. The identity development needs of veterinary education, readying students to become independent decision-makers with little postgraduate supervision or mentoring, mean that Kegan’s most advanced stage of identity development (the individual needs to be able to rationalise values that are in direct conflict to their own) needs to be reached by the time of graduation. However, this will be a staged process over the course of a student’s education, and will require curriculum support not only in professionalism and its relationship to identity development, but also in the development of complexity thinking.

**Challenges of identity change.**

Identity development involves the relinquishing of past-held beliefs and priorities, in exchange for adapted or newly-developed ones. A framework of identity development therefore necessarily incorporates identity change, students graduating from medical or veterinary school with a different understanding of their professional identity compared to naïve identity priorities understood at university entry. As part of this process of change, students will need to adapt their professional priorities as they become informed by role models, clients and others encountered in the clinic. Erikson (1980) described periods of change as identity crises. During a crisis, an individual, who up until that point had experienced a period of relative
stability and comfort with his or her sense of self (understanding their own capabilities, viewpoint and moral positioning), questions this self-understanding (Erikson 1980). There is thus a transfer from the sense of comfort with who one is, to an unsettling question of whether this is right. Self-questioning arises from the increasing cognitive development of childhood through adolescence and into adulthood, which triggers a new way of seeing and analysing the social environment, combined with cultural and social pressures which cause the individual to question their identity (Cote and Levine 1987). Erikson described the period of questioning and change as invoking a “specific vulnerability” (Erikson 1980 Page 56).

Curriculum interventions that are aimed at identity development, and exposure to role models who stimulate a questioning of prior-held identity views, may therefore cause students to become troubled as they revise their earlier understanding of professional identity and professional knowledge. Where once they may have understood that learning to become a doctor or veterinarian involves finding out the rules of practice (the “right” way to repair a broken bone, the “right” way to communicate with an upset client or patient), engagement in complexity leads to a realisation that becoming a clinician requires a different way of thinking about knowledge and its application. Education to support professional identity formation therefore not only requires providing students with the opportunities to engage in complexity, but also must involve support to help students though the troubling experiences of questioning their identity values.

This change in conceptualisation of what a veterinary or medical professionalism is, and the discomfort and vulnerability it invokes, is of such complexity that institution-wide commitment is necessary for this identity development to be successful. Efforts to ensure institution-wide engagement with professional identity across all teaching and assessment experiences are essential to the success of a professional identity programme (Brater 2007; Humphrey et al. 2007). If the intent of a curriculum is that students will emerge as complexity-thinkers, who are able to engage with their identity as clinicians working at multiple institutional layers, then it is important that teaching and assessment are aligned with this concept. Students who are troubled by complexity and a change in their understanding of professional work will readily disregard efforts to engage in this change if they are exposed to role models who exemplify a simpler approach. Despite the sustained efforts at integrating professionalism concepts across curricula, many faculty still demonstrate a preference for teaching a more disease-centred approach, even in patient-side teaching (Apker and Eggly 2004; Hawick et al. 2017). This will appeal to students struggling with complexity, and hence undermine wider curriculum efforts to nurture identity change.
2.1.3 Implications for education: Supporting professional identity formation.

Education to support professional identity formation has been described as follows:

“The professional formation of medical students and physicians supports the maturation of moral sensibility and the integration of personal values with professional expertise... medical students [confirm] a multitude of values as relevant to their identity and practice as physicians. Students learn to prioritize their values on the basis of encounters with normative behavior within the culture of medicine... The goal of professional formation is to anchor students to foundational principles while helping them navigate the inevitable moral conflicts in medical practice.”

(Rabow et al. 2010 Page 311).

Although written about medicine, this provides a useful summary of the aims of professional identity formation in veterinary education: instilling normative professional values, helping students in moral and ethical decision-making, and applying this within the complexities inherent in the clinic. This section will explore the literature to examine how these concepts are implemented in clinical education.

An institution-wide approach.

As mentioned above, institution-wide implementation of professional identity principles is necessary to ensure that the outcomes of a well-designed professional identity program are not undermined by hidden curriculum influences elsewhere (Brater 2007; Wasserstein et al. 2007). A tendency towards professionalism principles being taught by a small team, often involving non-clinical or non-practising faculty, suggests to students that the delivered content is itself “non-clinical”, and that it is only relevant in isolated, extreme incidents, such as a disciplinary issue or patient complaint. Faculty development is key to improving institution-wide engagement (Steinert et al. 2005), as evidenced by the fact that many clinical faculty feel poorly prepared to teach broader professional competences (Lane and Bogue 2010; Hawick et al. 2017).
Various authors have described how they have successfully embedded the principles of professional identity formation across their institutions and beyond the formal, taught curriculum. At the medical school of Illinois University, a focus on professionalism and professional identity extends into recruitment (new faculty “must be prepared to embrace our core values and role model them”), student admissions (through the use of multi-mini interviews to evaluate attitudes to professionalism) and the explicit curriculum beyond classroom learning objectives (recognition of students through peer-nominated awards for exemplary humanism in patient care; a Dean’s address that is always professionalism-themed; a “relationship-centred care initiative”, in which participants reflect on positive stories from their clinical experiences) (Brater 2007). Faculty reward and promotion are also important, so that poor communication and lack of colleague respect are not perceived as characteristics enhancing the success of the clinician (Binder et al. 2015).

A consistent institutional message surrounding lapses in professional behaviour is essential not simply for the purposes of role modelling desirable behaviours, but also to prevent the moral dissonance that occurs when students encounter attitudes and behaviours in the clinic that conflict with their own ideas of the good physician (Rabow et al. 2010). Students recognise that they are exposed to lapses in professional behaviour by their role models (Brainard and Brislen 2007). If left unmanaged, this contributes to the decline in empathy and increasing cynicism seen in students, as they become disillusioned that their idealistic, human-oriented and caring aspirations are not valued by their role models, or are seen as incompatible with success in the clinic (Woloschuk et al. 2004; Hojat et al. 2009). Students learn to adopt not only the behaviours they observe, but also the assumed underlying attitudes, which they perceive will help them to perform well in assessments, and form favourable group relationships with their more senior colleagues (Feudtner et al. 1994; Hojat et al. 2009).

Formal, classroom-based training in professionalism is often withdrawn as students enter their clerkship year, at a time when exposure to challenges to professionalism is at its greatest (Hendelman and Byszewski 2014). The vertically integrated, facilitated reflection groups at McGill University Faculty of Medicine demonstrate how support can be maintained to help students understand their complex experiences of professionalism in the clinic (Boudreau et al. 2014). In this institution, tutor groups integrate junior medical students, student on clinical rotations, residents and faculty, and there is an emphasis on providing a safe environment for reflective discussion. Trained facilitators help guide discussions, which are based on issues of concern or confusion that have arisen during participants’ clinic experiences.
Reflection on experience.

Despite the shift in emphasis to supporting professional identity formation, the framework upon which education design is based has deviated little from that proposed in early literature. The model described by Cruess and Cruess for “teaching professionalism” presents this as the provision of information relating to the cognitive basis and theory of professionalism, followed by repeated cycles of experiential learning and guided reflection (Cruess and Cruess 2006). Although students’ attitudes to reflection on professionalism are mixed (Birden and Usherwood 2013), they demonstrate a desire for much of this learning to be experiential and in-context, rather than classroom-based (Stockley and Forbes 2014).

The emphasis on relevant experiences, highlighted by Stockley and Forbes, may present challenges early in pre-clinical studies when students may have had little exposure to the clinic. At early stages of medical education, the desire to teach experientially and authentically needs to be balanced against challenges encountered by students when they attempt to integrate knowledge, communication skills and emotional responses to patients, but have limited personal experience of the clinical environment (Aper et al. 2015). The use of videos and clinical vignettes can be used to trigger reflection before students enter the clinic (Ber and Alroy 2001; Winter and Birnberg 2006), although the success of such strategies may be negatively impacted by students’ limited personal experiences of the situations being depicted. When confronted with videos showing poor communication or a difficult interaction with a client, veterinary students have struggled to imagine themselves in a similar position (Armitage-Chan and May In press a). They simply presume that they would not have put themselves in the position depicted, for example by communicating more effectively at an earlier stage. As an alternative, where early clinic exposure cannot be achieved, reflection on students’ own, non-clinical but veterinary-relevant experiences, such as teamwork and ethical concerns during anatomy classes, can be used to stimulate more authentic engagement (Armitage-Chan and May In press a).

Despite these limitations, a potential benefit to the use of well-designed and carefully scripted video vignettes lies in the observation that groups of students react differently when shown the films (Ber and Alroy 2001). This outcome can be used to emphasise the complexities inherent in a clinical situation, and demonstrate to students the diversity of interpretations and perspectives that will exist amongst their peers. Social and group reflection, rather than private reflection exercises, are necessary to achieve this outcome, and to identify and validate
the numerous perspectives and possible outcomes from a scenario (Baernstein and Fryer-Edwards 2003). This approach is also dependent on skilled facilitators, who can respond constructively to a diverse student response, particularly where this differs from or conflicts with their own personal views. Students may find the complexity of different perspectives overwhelming, and facilitation is necessary to scaffold progressive engagement with the multiple perspectives evident.

Skilled facilitation is also important to ensure that appropriate conclusions are drawn from a clinical scenario. Students may focus their interest on the drug selection or diagnosis reached, and will need help to recognise higher-order aspects of professional identity, such as the influence of context and individual priorities on professional decision-making (Matthew et al. 2010):

“Attending physicians are not presumptuous enough to believe that if they simply prescribe the correct medication to a patient and leave the room without discussion that the students who are observing will learn to treat the disease. Similarly, modelling professional behaviour on the part of the teacher (e.g. showing compassion to a dying patient or offering reassurance about recovery) without following up with discussion constitutes a missed opportunity for teaching professionalism.”
(Stern and Papadakis 2006 Page 1796).

The Healers Art program described by Rabow, Remen and colleagues has had much success in using guided reflection to support professional identity formation (Rabow et al. 2010). Rather than a focus on professional attributes and behaviours evident in the clinic, students reflect on their “preservation of personal integrity and wholeness” (page 313) within the clinic environment, as well as their response to patient loss, and their “service and calling”. Priority is placed on the creation of a safe space for social reflection, based on mutual respect and listening, which allows the “humanistic elements of the profession” to be legitimised. A commonly repeated outcome to this course is the validation of students’ idealistic aspirations for becoming a doctor. It may therefore help to address the dissonance experienced between students’ aspirations of the professional identity, and the values they perceive to be prevalent in the clinic:
“The Healer’s Art is a growth experience. It is a defining experience. It helped me recognize what medicine and healing mean to me. I think med students can stray away from the reasons they want to be physicians while in med school, and this course helps to re-center us.”

“I learned that you can still be yourself as a physician. You don’t have to compromise your beliefs and feelings for a career in medicine.”

(Rabow et al. 2007 Page 1424).

Although the success of the Healers Art course is widely accepted, it remains an optional module in most institutions (Moskalenko et al. 2017). The non-compulsory nature risks creating a message that engaging in professional identity formation is only beneficial to some students, or lies behind medical and surgical knowledge in its importance to becoming a good doctor.

In contrast, the program at Indiana University School of Medicine embraces the concept of reflection on professional identity as something that is of benefit to all. In this institution, many of the tasks expected of students have been incorporated into faculty development (Litzelman et al. 2009). Educators at IUSM recognised that many of the identity-development needs of the students were also relevant to faculty: the risk of a de-humanized approach to medicine resulting from the stressors of the clinic and academic life, the benefits afforded by taking time to reflect on one’s professional values and priorities, and the value of a more collaborative, relational approach to interprofessional practice. Faculty were invited to participate in the reflective activities upon which student tasks were based, including reflective journaling, and dedicated time for group reflections on the connection between professional values and academic life. Not only did the group report beneficial effects on career satisfaction and collaborative work output, this approach demonstrates one way that an institution-wide culture of professional identity development can be constructed.

**Individual agency in professional identity formation.**

It has been noted in both a general study of the professions, and in veterinary students specifically, that while some students use their exposure to the workplace context to inform their professional identity, others seem unable to do this (Reid et al. 2008; Matthew et al. 2010). Billett and Somerville (2004) recognised that the use of workplace learning experiences to inform identity depends on active engagement and individual agency by the student (Billett and Somerville 2004). Engagement has been defined as “the quality of effort students
themselves devote to educationally purposeful activities that contribute directly to desired outcomes” (Hu and Kuh 2002 Page 555), and is usually divided into cognitive, affective and behavioural domains. For this purpose, it helps to draw a distinction between behavioural engagement (students participating in reflection and workplace activities) and cognitive engagement (those students who are able to process these learning experiences and apply them to their own identity development).

Giddens’ concept of reflexivity in identity formation describes this intentional use of experiences to inform identity, students actively using their workplace exposure to question and develop their self-identity understanding (Zembylas 2003). In the context of identity formation, reflexivity and individual agency imparts a sense of conscious choice in one’s identity and the direction of its development in response to social influences (Zembylas 2003). Although an over-simplification, reflexivity and individual agency can be contrasted with the identity effects of the social habitus, in which organizational power relationships exert a stronger influence, and the individual’s identity becomes a consequence of what is done to them, rather than a self-directed, purposeful development (Adams 2006). Without individual agency in identity formation, the potential for personal “choice” in identity is removed; not only does the resulting identity become vulnerable to undesirable social influences, such as from the hidden curriculum, it may evoke a sense of dissatisfaction with the identity that results (Zembylas 2003; Lasky 2005).

Côté and Levine (2014) described the risks of an identity development that is devoid of personal direction and responsibility:

“Although many people welcome the ability to choose [their identity], they may not be so happy with having to assume the responsibility for the outcome of those choices (note the widespread avoidance of taking responsibility for one’s actions)... In fact, difficulties with identity formation processes are so widespread they are now being considered “normal” in many respects. These normal difficulties include people being: unsure about what they believe in; uncommitted to any course of future action; open to influence and manipulation; and unaware that they should pass a sense of meaning on to their children. In all of these cases, people lack a sense of self-definition rooted in a community of others, which was the basis of human identity throughout history.”

(Cote and Levine 2014 Page 2, emphases added).
Students who successfully applied personal intent and purposefulness in the use of their workplace experiences to construct their identity were more able to relate their professional knowledge to their own personal perspective on a situation, and could more effectively express their personal perspective within the professional context (Reid et al. 2008). The group reflective activities described earlier are designed in recognition of the social benefits to identity construction, which support an individual in their understanding of complexity and different perspectives. This hybridization of social reflection with personal intent and agency demonstrates the premise upon which much identity theory is based: that this is a psycho-social exercise, involving personal, self-understanding (which may itself need to be developed) and reflection on how this is influenced by learning, workplace, and other social influences surrounding the learner. Côté and Levine’s model depicts psycho-social identity development as a two-way process: the presentation of self (one’s own identity values and goals) within social interactions, integrated with the personal construction (or development) of self in response to context and social culture (Cote and Levine 2014). Within clinical education, opportunities are needed for both the development of self-understanding and further self-development as a response to the clinical context.

**Assessment**

If professional identity formation is a desired outcome within medical and veterinary education, then not only teaching strategy but also assessment design needs to be constructed around its support. If omitted from assessment, the hidden curriculum messages of the institution will direct a more technical, skill-based set of outcomes for developing students. Wilson and colleagues (2013) defined professional identity for the purposes of medical education as:

- **A complex structure that the individual uses to link their motivations and competencies to their career role,**
- **The development of professional values, actions, and aspirations,** and
- **An ongoing process of self-reflection on the identity of the individual.**


This definition links many of the principles discussed earlier in the chapter: the development of values, connecting learned competencies and personal values to the professional role, and the ongoing developmental nature of identity, requiring reflection on self in the social context. An
aligned assessment strategy would ideally incorporate all of these elements: the development of professional values, competency in demonstrating these within the professional role, and self-reflection on identity values and behaviours.

Assessment strategies also need to reflect students’ longitudinal progression towards their achievement of complexity in professional identity: the influence of context on the link between values and behaviours, and the ability to commit to a decision reflectively and non-judgmentally in the face of multiple perspectives. Assessments should provide opportunities for students to demonstrate their contextual complex-thinking, but only at an appropriate stage of identity development. The curriculum approach advocated by Cruess and co-authors (Cruess et al. 2015), and that described in the “TIME” initiative (Transformation in Medical Education) (Holden et al. 2015), both incorporate a progressive increase in complex thinking. As students progress through their education, their assessment should encourage the demonstration of knowledge, skills and professional attributes in the context of the clinic, and in progressively more demanding situations. However at early stages, it is important that assessment criteria are appropriate to a less mature stage of identity development and complexity thinking.

This progressive development is demonstrated in Cruess and colleagues’ adapted version of Miller’s pyramid (Cruess et al. 2016). In this model, the level of achievement “is” is placed above Miller’s original progression from “Knows”, “Knows How” and “Does”. Students at less mature stages of identity development, who have not yet achieved the ability to engage with multiple perspectives and reflect on their values and behaviours in the context of the clinic, should be examined at the “knows” or “knows how” level. The authors suggest, for example, that this may represent an expectation that students know the behavioural norms expected of a physician, even if they cannot yet appreciate the influence of clinical context or individual interpretation and identity priorities on physician behaviour.

In the description of this model, the authors also acknowledge that assessment at the “does” and “is” levels, particularly for professional identity formation, is more challenging. Traditional approaches to professionalism assessment utilising behavioural observations rely on the assumption that multiple observers and observations will provide reliability. However, recommendations from the Ottawa Conference on medical assessment emphasise the inaccuracy of the assumption that behaviours are an accurate depiction of professional values, and warn that using behavioural observations alone “may be insufficient to capture a comprehensive construct of professionalism, which should include knowledge, values, attitudes
and the ability to employ professional behaviours in real practice settings” (Hodges et al. 2011 page 358). General recommendations are therefore that, in recognition of professionalism as a multi-faceted and complex construct, assessment cannot be achieved using a single assessment method, and needs to be based on multiple methods (Hodges et al. 2011). Typically, this includes standardized patients and OSCEs\(^b\) for the assessment of problem-solving, communications skills, humanism and rapport-building (Holden et al. 2015), multi-source feedback to assess the student’s success in converting values to behaviours (Hawkins et al. 2009) and reflective methods (either written, portfolio or interview-based) to evaluate and follow professional growth (Holden et al. 2015).

A well-developed formative assessment element is also necessary to support identity development. Some assessment methods run the risk of being perceived negatively by students (such as multi-source feedback on behaviours, or reflective critical incident reports), particularly if they are used to penalise negative behaviours or attitudes. Rather than representing a means to punish students for “unprofessional” behaviours, these approaches should provide an opportunity for reflection, and the provision of support for developing normative behaviours that are more resistant to the pressures of the clinic. This requires the assessor or mentor to be able to guide the student to use their negative experiences to reflect on professional challenges and set goals for development. At an appropriate stage of development, multiple sources suggest that the situation selected for professionalism assessment should incorporate conflict and complexity (Van Mook et al. 2008; Goldie 2013). However, it is important that the assessor is sufficiently skilled to incorporate contextual challenges into his or her assessment, and is able to provide feedback that helps the student to positively engage in complexity and construct their identity around it. A badly handled feedback interaction, in which context is ignored in lapses of professionalism behaviour or problem-solving, will discourage students from seeking challenging scenarios for assessment. They will instead seek out simpler situations, in which exemplary professional behaviour is easier to demonstrate.

\(^b\) Objective Structured Clinical Examinations: A series of short stations, through which students rotate, each with a task for students upon which they are individually assessed. In this context the OSCE may include an actor simulating a patient or client, who presents with either a clinical problem to solve, or a professional or ethical dilemma (or a combination of both). To pass the individual station, the student must demonstrate competence not only in resolving the clinical problem or professional dilemma, but also in communication skills and interaction with the patient or client.
The development of veterinary professionalism education.

There are notable differences in the needs of identity development between veterinary and medical education. The absence of compulsory post-graduation training programmes for veterinary graduates means they become independent practitioners immediately, with no formal mentoring or supervision. Their identities must therefore be sufficiently developed at the point of graduation to be able to adapt their professional knowledge to context, acting autonomously from day one. They must also take some responsibility for the veterinary business; whilst they will not be managing the practice, it is the case that discussing costs of care, choosing clinical plans that are cost-appropriate for the client, constructing client relations and maintaining the local reputation of the clinic will all impact on the financial success of the practice, and are activities that all new graduates perform.

One of the original drivers for an increase in attention to veterinary non-clinical skills was the observation that veterinary graduates were poorly prepared for the business elements of their graduate life (Brown and Silverman 1999; Cron et al. 2000). It appears little has changed: current discourse in the profession still carries a message that modern veterinary graduates are too biomedically-focused, and lack the employability skills necessary for modern practice (Conroy 2016).

Review of the literature surrounding veterinary education and non-clinical skills demonstrates efforts to address these concerns, although there are significant issues in how interventions have been implemented. Although institutions have implemented business studies teaching into their programmes, many of these are elective modules, taught by non-clinical faculty, and are decontextualized from clinical cases and decision-making (Armitage-Chan and Jackson 2017). Students who are faced with the challenges of curriculum overload, and who tend to focus their attention on more explicitly clinical material, readily disengage from this content.

As mentioned in the introduction to this thesis, the veterinary profession is also highly concerned about graduate mental health and career dissatisfaction, and this is becoming evident in the design of Professional Studies curricula. In the past, the profession has reported low student uptake of wellbeing support offered by the universities (Pickles et al. 2012). However more recent literature suggests that at least some universities are embedding mental health support within the compulsory, formal curriculum (Moffett and Bartram 2017). Because of the under-developed understanding of why the veterinary profession is affected in this way,
Interventions are generally aimed at coping strategies, rather than addressing the factors underpinning career dissatisfaction and stress in new graduates.

These curriculum developments tend to be represented as isolated courses and there is little evidence that a holistic, integrated and complex approach to professional identity formation is being explicitly incorporated into veterinary curricula. Although “professionalism” as a holistic construct is often assessed during clinical workplace learning (Armitage-Chan 2016), teaching of professional and non-clinical skills is otherwise largely achieved through the delivery of isolated, non-integrated courses in veterinary ethics and teamwork. Communications skills teaching is perhaps the exception to this, with well-documented innovation and development of complexity in the communications provision of some institutions (Adams and Kurtz 2006, 2012; Kurtz and Adams 2009; Hecker et al. 2012). The communications skills literature from these institutions evidences the importance of reflection, complexity and context in developing students’ competence, with integration of communication with ethical dilemmas, and attention paid to the added challenges of communicating in the clinic. Elsewhere, there is clearly room for further development of veterinary professional curricula, following the same pathway that has been generated (in some institutions) for communications skills, but with a broader focus on the developing veterinary professional.
2.1.4 A theoretical framework for veterinary professional identity.

This review of the literature on medical professionalism can be used to guide the improvement of professional curricula in veterinary education. For educating veterinary students, an appropriate curriculum framework would not only ensure the graduation of ethical and trustworthy professionals, but also work towards addressing the challenges facing the veterinary profession: poor mental health, graduates’ career dissatisfaction and employers’ perceptions of graduates’ ill-preparedness for practice. The specific needs of veterinary education are such that students need to be prepared for a graduate role in which they must immediately evoke Freidson’s conception of a professional: exercise their autonomy and discretion in adapting professional knowledge. At the same time, they must do so in a contemporary climate of shared-decision-making with a well-informed clientele who possess a diversity of needs; they must also maintain positive client relations and engage in the needs of the veterinary business. The bridge between traditional and contemporary understanding of professionalism is further exemplified by the need for veterinarians to learn to demonstrate altruism, trustworthiness and humanism when experiencing the challenges of context, and the negative influences these exert on professional attributes and behaviours.

The move towards professional identity formation provides further direction in curriculum design, emphasising the need to develop students’ critical reflection and complex thinking, so they are able to engage with the multiple perspectives present in the veterinary workplace, and rationalise their own occasional dissonant actions such that these do not lead to the unfavourable judgment of self. Teaching and assessment interventions need to be designed to encourage the intentional use of workplace experiences to develop professional identity, including the use of facilitated reflection and an integrated approach to fostering complex thinking across the curriculum.

A framework for defining veterinary professional identity from the available literature can therefore be summarised as follows:

A veterinary professional who is competent in making complex decisions and is resilient to the challenges of context:

**Traditional elements:**

- Demonstrates ethical practice
- Exerts their professional autonomy in adapting professional knowledge
• Is altruistic and trustworthy (decisions taken are in the best interests of the patient and client)

Contemporary additions:
• Understands the influence of context on their professional attributes and behaviours
• Is relationally-focused: engages in shared decision-making, meeting the varied needs of different clients
• Integrates the needs of the business in their actions and decisions
• Supports their own mental health: can rationalise dissonant actions, and understands that the application of their knowledge may be different to the actions of role models
• Achieves a level of complex thinking that enables the integration of different perspectives and ways of doing

How will research further inform this framework to enhance future curriculum development, improve students’ engagement and develop teaching strategies to help graduates integrate these elements within their professional identity? The framework is supported by the literature and professional discourse, but the way it may manifest in the experienced life of the new veterinary graduate is unknown. To provide evidence to support curriculum change (particularly away from the more dualistic, biomedical focus, in which adaptability of knowledge is subordinate to the “best practice” message of the university) and to generate interventions that are relevant to new veterinary graduates, it will be necessary to explore the ways in which these elements of veterinary identity impact on new veterinary graduates. In what ways does the context of the clinic challenge professional decisions, attributes and behaviours? How does the development of professional identity incorporate the complex thinking advocated by literature on curriculum design? What are the identity issues that impact positively or negatively on mental health? Do veterinary graduates experience the assumed identity confusion, self-judgment on dissonant actions, or failure to live up to identity ideals?

The research presented in this thesis was therefore designed not only to further develop this framework of veterinary professional identity, but also to identify which elements of professional identity are the most meaningful to new graduates. The ways in which identity develops are of particular interest to curriculum design, determining which experiences in the workplace inform identity, and how graduates use these to construct their professional identity. When planning the research, so that identity construction could be followed, it was necessary to first have an understanding of the different ways identity formation is conceived. This will now be explored in the next section of this chapter.
2.2 Defining Identity: A Conceptual Framework.

*Identity is this mystifyingly vague concept. If people don’t ever think about identity, it’s because it’s not been a problem for them.*

Grayson Perry

Identity, a “mystifyingly vague concept”, can be defined in many ways, not least depending whether the focus is on *what one is* or on *what one does*. To examine the ways identity is meaningful and significant for veterinarians, it is necessary to first define a conceptual framework for identity that will be appropriate for this study. In this section, the identity literature will be reviewed, and a framework constructed for the analysis of identity in this research.

**Identity: A psychosocial construct.**

Definitions of identity are often constructed on two concepts: the self, and the individual’s position with respect to the world (Monrouxe 2010). Many identity theorists have focused on one position in isolation (i.e. a focus on the self, or a focus on the social), while others have taken the view that identity spans both elements, the concept of the “self” becoming meaningless if taken out of its social context. Taking this integrated, “self in social” construct, an individual may possess a set of moral values and priorities for their meaningful life (“the self”), but it is through interactions with “other” (individuals possessing alternate sets of values and priorities) that the concept of identity becomes most significant. Identity then becomes a process, in which the individual navigates the expression of their own set of morals and priorities, in a world populated by others with similar and different views.

The development of identity can also be viewed according to self and social elements. As an internal construct, identity is built on an individual’s personal set of values; as a social phenomenon it is constructed through interactions with others. When viewed in combination, the focus is on how an individual moulds their pre-existing identity beliefs, and shapes their identity (or constructs a new one), in response to social interactions. Thus when Cruess and co-authors described the formation of professional identity in medical students, they portrayed a process in which the personal identity attributes of the incoming student were adapted and negotiated through social interactions, resulting in the development of the norms and values of the professional group (Cruess et al. 2014).
Professional identity can be defined as the set of values and priorities that are meaningful to the individual in their professional role, which guide and inform their behaviours and decisions. This represents the common values and attributes (such as altruism and integrity) held by all members of a profession (Cruess et al. 2014), as well as differences in identity priorities that exist between members (Castellani and Hafferty 2006). In the contemporary model presented in these two papers (Castellani and Hafferty 2006; Cruess et al. 2014), heterogeneity of identity priorities across the members of a profession is acknowledged; professional identity will therefore have roots in students’ personal and individual beliefs, and will be shaped further through the social interactions of the university and clinic. The medical or veterinary student may remain strongly adhered to their original set of personal identity values, and how they conceived these as being demonstrated in their professional self. Such individuals must find a way, during professional identity development, to negotiate these into their professional behaviours. Alternatively, and at the other extreme, an individual may eschew their previous beliefs, and build a new set of identity values based on those demonstrated by their professional peers. Others will fall somewhere in between, and use their entry to the professional environment (initially during workplace learning and later as a novice professional) to adapt and develop their previous beliefs, creating a new set of “context-informed” identity values, that represent an adapted version of their pre-professional selves.

The process by which this occurs, and the extent to which an individual retains or eschews their prior identity beliefs, can be understood by examining frameworks of social and personal identity development.

*Identity as an internal, personal construct.*

Personal identity theorists such as Freud, Erikson and Taylor place identity firmly within the self. Freud defined identity as the set of morals and values that result from the influence of the parent on the child, a view developed further by Erikson, who described identity as the set of values, goals and beliefs that is displayed to the world (Schwartz 2001). Developing this idea further, Taylor emphasised the process of externalising one’s moral orientation (Taylor 1992). Personal identity thus encompasses personal morals that result from childhood influences and parental culture, and the process by which the exteriorisation of these, in actions and behaviours, is negotiated within the social context. Taylor emphasised that self-understanding
(knowing one’s own moral position) provides a moral compass: through the understanding of “who I am”, this provides the framework or horizon from which “I can try to determine from case to case what is good, or valuable, or what ought to be done, or what I endorse or oppose” (Taylor 1992 Page 27).

In the context of the veterinarian or doctor, this self-understanding enables the professional to make ethical decisions. Taylor described a failure to identify this moral compass as a “painful and frightening experience”, resulting in the lack of a lens through which some possibilities can be seen as good or meaningful, and others bad or trivial. Drawing on Erikson’s work, Côté and Levine developed this idea further, proposing that the greater the sense of personal identity (the extent of self-understanding), the more consistent will be the individual’s moral behaviours (Cote and Levine 1987). Faced with pressures from the outside, a strong sense of identity will thus enable an individual to practice according to his or her own values, reducing the risk of identity dissonance or the betrayal of one’s inner self. Taylor described identity dissonance (acting in a way that is discordant with the prioritised values and goals of the self) as evoking feelings of anxiety, instability, and a perceived lack of control over one’s environment (Taylor 1992). In contrast, he described acting in accordance with one’s moral beliefs as imparting a sense of stability and control, and a life moving in the right direction.

This short introduction to the idea of identity as a personal concept makes clear the importance of self-identity to the doctor or veterinarian. When working in a position of autonomy, the clinician is faced with numerous dilemmas and situations of uncertainty. He or she must have an appropriate set of morals, in order to be trusted to remain free from conflicts of interest and to make a decision that is in the best interests of the patient. Furthermore, they must have sufficient self-awareness of their own identity that they do not become paralysed by the uncertainty of a decision. Although Erikson, Freud and Taylor all focused on identity as being a consequence of the individual, Taylor emphasised that the manifestation of identity is, through one’s actions and decisions, recognized through interactions with the world. The importance of self-identity understanding when faced with external, conflicting values represents the focus of Marcia’s identity conceptualisation (Marcia 1966). Although rooted in personal understanding and self-awareness, the importance of Marcia’s model is realised through interactions with “other” (Kroger and Marcia 2011). In Taylor’s and Marcia’s post-Eriksonian understanding of personal identity, the self is therefore always rooted in a social context.
Marcia’s identity status model describes the importance of self-understanding to identity development, and demonstrates how identity development impacts emotional well-being and satisfaction with one’s actions (Kroger and Marcia 2011). This is important for the consideration of veterinary identity and its formation. Not only does the veterinarian need to develop a moral identity in order to make ethical decisions for their patients and clients, they also need to be able to rationalise identity-dissonant actions to prevent these negatively impacting wellbeing and self-esteem. The veterinarian often has to act in accordance with the needs of “other”, placing the priorities of the business or client ahead of his or her own professional preferences. If such actions are poorly understood, and the needs of “other” cannot be encountered reflectively, there is a risk this will evoke Taylor’s sense of instability and confusion, and of a life moving in the wrong direction.

In Marcia’s model, the most well-developed form of identity construction is described as the “achieved” identity status (Marcia 1966). Individuals with this level of identity development are not only equipped with a set of values, morals and life priorities, but they possess a deep self-understanding of these. They thus have a strong self-awareness of the values and life priorities which are important to them. This self-understanding has been formed as a result of considering identity alternatives. This process, which Marcia called identity exploration, allows the individual to make decisions about their identity that are informed by engaging with alternatives in their social environment. Through this process, the individual gains insight into their own self-identity values, by reflecting on self and making comparisons with “other.” They also learn to value alternatives in others, even if they do not change their own values. As a result, individuals possessing alternative views and priorities are understood, and can be encountered reflectively and non-defensively. For the veterinarian, clients or colleagues possessing differing priorities can therefore be understood non-judgmentally, allowing a reasoned decision to be made in the face of conflicting needs. There is no inherent superiority of one perspective over another, and options for resolving conflict can be weighed up based on specific contextual needs.

The strong self-understanding of the achieved identity status provides the moral compass described by Taylor. It also enables the individual to self-analyse, and understand their own behaviours to be a consequence of both self-values, and the values of others within a situation. Behaviours are understood as either aligning with self, or in some circumstances, through necessity, aligning with other. Discordant behaviours are understood not as a
representation of self, but as a transient necessary action, for example to empathise with a client or colleague. This ability to rationalise identity-discordant actions contributes to lower anxiety levels (Cramer 2017).

Whereas the achieved identity status is one that is well-developed, Marcia described two forms of naïve and under-developed identities: the “foreclosed” and “diffused” identity statuses (Cramer 2017). The “foreclosed” identity status is one that has arisen in the absence of social exploration, and the individual remains resistant to being informed by alternative identities. Identity values and goals have often been conferred by an authority figure, such as a parent or influential teacher. Such individuals have a strong sense of self; for the novice veterinarian they will have a good understanding of their own professional priorities so are typically able to decide what course of action they wish to take in a clinical situation. However, they have an under-developed appreciation of “other”, and struggle to value different ways of doing, for example alternative approaches to clinical practice, or different priorities in decision-making. As a result, they can become defensive or judgmental when they are challenged by those with alternative priorities or approaches to practice. They are also at risk from a lack of sense of belonging if their views and actions are different from those of their peers, and they may feel isolated and unable to fit in to a group.

The “diffused” identity status also results from a lack of identity exploration, but contrasts with “foreclosed” individuals because they lack a sense of their own identity. Without an understanding of their own priorities, they struggle to identify a desired action and, when faced with a complex dilemma, they must seek the opinions of a peer or authority figure. For graduating veterinarians, such individuals may therefore show an increased dependence on close mentoring and the availability of authority figures to support their decisions. If left alone, they may struggle to take actions with their cases, and delay challenging decisions until assistance from senior colleagues becomes available. In further contrast to those with a foreclosed identity status, the lack of strong self-identity values means such individuals tend to be very happy and at ease with their actions, very easily move into a group, and fit in with peers. They therefore tend to demonstrate emotional well-being, as long as they are not challenged regarding their actions, and are not left unsupported to resolve complex dilemmas.

The last of Marcia’s identity statuses describes an individual being in a state of “moratorium”. They are actively undergoing identity exploration, and have a deep understanding of differences in identity priorities and values. If those with a “foreclosed” or “diffused” identity status can be described as representing Perry’s dualistic approach to knowledge (there is a
clear best answer to every problem, including the superior representation of veterinary identity) (Perry 1999), those in a moratorium state possess a multiplicity understanding of identity. They are acutely aware of many alternatives, have an appreciation of complexity, and are willing to see a dilemma from multiple different perspectives. However, they lack self-understanding, and struggle to make a commitment to an identity (and thus to a decision in a complex situation). This identity status is of concern within the veterinary profession, because their deeply reflective understanding of complexity and alternative viewpoints manifests in high levels of anxiety, resulting from an inability to commit to a valued sense of self. Such veterinarians may demonstrate perpetual anxiety surrounding their actions, perceiving them to be inferior to those of another, assumedly superior identity, such as that of the referral or educator veterinarian (Roder and May 2017).

Marcia’s model provides a useful framework for the exploration of veterinary identity. The differences between the identity statuses may underpin differences between veterinarians, their confidence in complex decision-making, and the way they rationalise identity-discordant actions. The demonstrated associations with anxiety may help in the understanding of stress, poor mental health and career dissatisfaction in this population.

Although Marcia’s framework is primarily one of self-identity understanding, the different identity statuses develop because of individuals’ differing social engagement with “other”. To use this framework to examine identity development in veterinary graduates, it is therefore also necessary to explore the ways in which identity is constructed socially, through interactions with those with aligned and conflicting sets of identity values and behaviours.

**Identity as a social construct: Group identity.**

Social identity theory incorporates “intergroup relations, group processes, and the social self” (Hogg et al. 1995 Page 259). It therefore encompasses how elements of personal identity manifest in a social setting, the influence of social interactions on identity construction, and the consequences of group identity: the coming together of those with a common identity, who draw meaning and value from their group membership (Tajfel and Turner 2004).

Developing a veterinary or medical professional identity can be viewed as an example of group identity. As students enter the workplace during clinical rotations, and then eventually join the workforce, they move from a position of peripheral to central participation within the
professional group (Wenger 1998). There are benefits afforded by this group identity model. With the availability of appropriate role models, naïve and fragile identity values can be validated and confirmed, as demonstrated by students’ experiences of the Healers Art course (Rabow et al. 2007). For those individuals who are unclear of their identity and its development (Marcia’s “moratorium” individuals), group membership can be stabilizing, assisting identity commitment, as the individual recognises common and desirable attributes in group members. Groups are evaluative, and a favourable social identity (a set of expressed-values and behaviours that align with those of the group) will build a sense of belonging to the group, and support members’ self-esteem (Hogg et al. 1995).

While it is important to acknowledge the benefits of a group identity model, particularly in a profession plagued by poor mental health, risks of a group model of identity formation also exist. Inappropriate role modelling or an under-developed understanding of context can lead to the strengthening of undesirable professional values and a decline in empathy in novice professionals, as they adopt undesirable group attributes in order to fit in and gain acceptance from the group (Hojat et al. 2009). This is a very powerful influence on students’ identity development, as evidenced by the importance of the hidden curriculum on students’ professional behaviours (Hafferty 2006). Actual or perceived identity characteristics that are valued by the group will therefore be reinforced in the student, whether they are desirable or not.

An emphasis on group identity also has consequences for the profession as a whole. Groups of individuals with shared values will form sub-groups within the profession. Depending on the way sub-groups interact, there are potentially undesirable implications for inter-group relations:

“Opposing group interests in obtaining scarce resources promote competition, and positively interdependent goals facilitate cooperation. Conflicting interests develop through competition into overt social conflict. It appears too, that intergroup competition enhances intragroup morale, cohesiveness, and cooperation. Thus, the real conflicts of interests not only create antagonistic intergroup relations but also heighten identification with, and positive attachment to, the in-group.”

(Tajfel et al. 1979 Page 33).

The stronger the sense of collaboration and shared goals within the group, the more conflict will arise between groups (Tajfel et al. 1979). This is a known issue in the medical profession
(and it is present, although not published, in the veterinary profession). Tribalism and competition between groups, rather than interdependent goals, contribute to poor interprofessional team work, with negative influences on patient safety (Weller et al. 2014). A strong sense of group identity within the veterinary profession could contribute to poor working relationships with veterinary nurses and animal care workers. Rather than building self-esteem, a negative perception of one’s own group compared to others may contribute further to a sense of inferiority, and widen the apparent gap between, for example, first opinion and referral veterinary surgeons.

The stabilising effects of group identity can also make it stagnant and resistant to change (Hogg et al. 1995; Spears 2011). The characteristics of group identity that impart feelings of belonging and self-esteem can result in a group developing strong boundaries, resisting diversity in new members. Recent changes in the veterinary profession includes the increase in women entering the profession, and a shift in priorities to embrace a more lifestyle-oriented identity (such as out-sourcing of emergency and overnight care). Such change has arguably arisen because of entry into the profession of members with a different set of identity values to those pre-existing in the group. These identity differences have been allowed to persist, rather than being discouraged by the power of the group’s existing professional identity. The identity development that is described in Cruess and co-authors’ papers is defined by the student coming to “think, act and feel like a physician” (Cruess et al. 2014 page 1446). While the achievement of normative identity attributes is a desirable consequence of identity development, it is necessary to be cognisant of the risk that this phrasing and focus may inhibit change and be detrimental to a diversity of values and priorities being established within the profession.

An integrative view of identity development.

The link between identity values and behaviours in the context of the veterinarian is complex. While in some examples it is important that veterinarians can overcome the challenges of context to remain true to their identity values, there will inevitably be occasions where this is not possible, and the veterinarian’s actions will directly conflict with their professional goals. To prevent dissonance being created between a veterinarian’s identity values and their professional behaviours, it is important that students learn how to remain true to their valued self-identity when this is challenged, and how to rationalise experiences of discordant behaviours. The social context of clinical education and hospital work can be both stabilising
for identity development (if peers demonstrate similar values and behaviours to those developing in students), and present sources of conflict. The task for clinical educators is to successfully facilitate the passage of their students through this environment, supporting the integration of self-identity into the identity norms of the profession. It would be expected, at the level of the over-arching values of the profession, that these would not be in conflict, if values and morality form part of the admissions process. However at a more local level, Hafferty and Castellani’s complex models of professional identity demonstrate that identity formation includes the responsibility of the individual student to engage in their own identity development, and identify their own individual set of professional priorities for their work (Castellani and Hafferty 2006). A student’s individual set of professional identity priorities may therefore be in conflict with those of their educators or peers.

Professional identity construction can be viewed either as a one-way process, in which the student acquires the knowledge, skills and dispositions necessary to be an effective members of the profession, or as a two-way, integrative process (Tierney 1997). In the latter, a profession’s identity is derived from the combination of knowledge and values of its participants, and develops from the work they do together (Tierney 1997). As the student becomes exposed to the profession, the development of their professional identity is conceptualised in part by the influence the professional context (its social interactions) has on the developing student. However, this model also enables the profession’s members to themselves exert a change in the identity of the profession, with the norms and values of the profession adapting in response to the different identities of new members. In this two-way model, the boundaries of the profession are less constraining than the group identity model cautioned by Tajfel and Turner, and more supple, allowing negotiation and development.

The integrative view of professional identity also incorporates the influence of social context on the individual, as described by Erikson in his model of identity negotiation (Cote and Levine 1987). In his view, rather than the social context changing the identity of the individual, or enforcing an identity, social influences prompt the individual to reflect on their own developing identity and question whether it remains valid to the new setting. The continuity of self-identity values is maintained, but they may be reformulated as a result of this reflective process:

“The achievement of identity involves a synthesis of childhood identification in the individual’s own terms, so that she/he establishes a reciprocal relationship with his/her society and
maintains a feeling of continuity within him/herself. It represents a reformulation of all that the individual has been into a core of what she/he is to become.”

(Erikson 1956 Pages 67-68).

How does the student shape their identity in the context of professional work?

Based on the frameworks presented so far, there are various pathways the developing student may take as they enter the work environment. At one extreme, they may prioritise their prior-held, personal identity values, adhering closely to these to prevent the destabilising and distressing consequences of identity confusion. The other extreme would be characterised by Tajfel’s group identity: the student draws strength from group membership, and builds a new identity according to the behaviours prized by the group. This could be viewed as a behaviourist approach to development, the student orienting their values and behaviours to obtain the greatest reward from educators and peers. Lastly, the student may take a path which winds between these two extremes, occasionally overlapping before turning to take an independent course. This may be characterised by Erikson’s model of negotiation, in which the student reflects on their own self-identity, and the values of the group, and considers how to integrate these successfully in the social context.

Understanding how identity is most effectively shaped, i.e. the route of development that enables graduates to work ethically, make confident decisions and avoid identity dissonance, will help to inform educational strategies for appropriately scaffolding identity development in students. It is often assumed that students will appropriately construct a professional identity simply from exposure to professional work. However, the writings of both Bourdieu and Billett suggest this will not happen without intent and engagement in doing so (Lizardo 2004; Billett 2007). Billett described the negotiation of identity that occurs on entry to the workplace, identifying that this can trigger Erikson’s re-shaping of the sense of self; however, he also observed that this requires the student’s individual agency in the utilisation of workplace experiences to inform their developing identity. Students must have “intentions, gaze and engagement” (Billett 2007), without which they simply learn the technical competences of professional work. Bourdieu identified the importance of individual agency in the self-construction of one’s own professional “habitus”: 
“[by] integrating past experiences, [habitus] functions at every moment as a matrix of perceptions, appreciations, and actions and makes possible the achievement of infinitely diversified tasks...”

It is possible that, in the absence of individual engagement in identity formation, the student becomes more vulnerable to the deleterious consequences of the hidden curriculum. Alternatively, disengaging from the influences of the social environment and persisting in a pre-formed identity conceptualisation may result in an identity that is inappropriate to context. Attempts to encourage social contextualisation of identity may be counter-productive if students are exposed to the complexities of the clinic before they understand identity complexity and the importance of context on behaviour. Consequences may include students misinterpreting observed behaviours and modelling their values inappropriately, or identity confusion, with resulting disengagement from the different perspectives present in the clinic.

_Identity and lifelong learning._

The emphasis in the current medical education identity discourse, with its focus on students’ and residents’ readiness for entry to the profession, risks neglecting the long-term nature of identity development. If professional identity is viewed as something that is constructed to prepare students for entry to the profession, there is an implication that this is completed at the point of entry to the profession (or conclusion of residency training). The use of the term “achieved” in Marcia’s framework could be interpreted as supporting this finite process: once this stage of identity development is reached, the individual’s identity is complete. However, further reading of Marcia’s work suggests the achieved identity status can be interpreted differently, as one that remains perpetually open to further adaptation and development (Kroger and Marcia 2011). The propensity of individuals with the “achieved” identity status to continue to engage with “other”, and that fact that their identity has been developed reflexively, suggests that this process would continue, and that Erikson’s description of the individual reflecting on self and its place in the social environment would be a lifelong process. Seen this way, the “achieved” identity status does not (as some instinctively feel) describe an individual who remains stubbornly adhered to their own set of identity preferences, but one who is able to adapt their values, developing a re-formed identity, in response to social change.
Deleuze’s description of identity incorporates this notion of lifelong adaptation and ongoing development. He described identity formation as an enfolding, all-encompassing experience, and an ongoing process of responding to cultural shifts (Bleakley 2011). In a Deleuzian conceptualisation, identity is not an outcome or set of qualities, but a progression, and one that is not linear or constant, but a vast collection of “lines and speeds” (Wise 2005). As one moves through life, identity development is conceived as something that travels in different directions and at different speeds, with periods of rapid change interspersed with times of relative stability. There may be periods of steady, linear development (for example the period as a pre-clinical student, when context is controlled and the complexity gradually increased with carefully timed and well-scaffolded exposure). There will also be more abrupt periods of change, described by Deleuze as “lines of flight”, which represent radical shifts in values, actions, skills or behaviours, resulting from cultural change and new societal needs (Deleuze and Guattari 1987).

The effect on veterinary identity of the expansion of the internet could be viewed as one of Deleuze’s “lines of flight”. There has been a dramatic change in the expectations clients have for their veterinary care, resulting from greater awareness of what is clinically possible. The appropriate response for the profession is to review its identity, and re-examine its role and professional priorities in the context of an increasingly informed clientele. A professional identity based around exclusive body of knowledge may therefore be less appropriate than one prioritising professional judgment and shared decision-making.

The lifelong view of identity development emphasises the importance of an identity conceptualisation that remains open to reflection and adaptation. Such an understanding of identity would better prepare the novice professional to remain relevant in the face of societal change and prevent conflict and identity dissonance when encountering changing cultural needs. This view of lifelong identity change needs therefore to be incorporated alongside the priorities of ensuring appropriate identity formation for entry to the profession. It is important that students do not graduate with the perception that their only remaining learning need is to keep abreast of new clinical developments. Instead, lifelong learning should be viewed as a lifelong application of Erikson’s social and personal identity negotiation: reflecting on the current status of self, and analysing whether self remains valid within the current social and cultural context.

*How does this understanding of identity development inform the research?*
The conceptual framework used to define identity in this research is based on Taylor’s and Erikson’s view of identity as the set of values and priorities that are important to an individual. Castellani and Hafferty’s model of the diversity of priorities within the medical profession emphasises that the new graduates may vary in the identity they construct, and this may deviate from the identities of role models or other more experienced veterinarians (Castellani and Hafferty 2006). Understanding the way identity develops builds on the notions of reflexivity and habitus identified in Section 2.1, which contrasted students’ intentional use of their workplace experiences to inform their identity with an identity formed without individual agency and primarily representing a product of the hidden curriculum. Marcia’s identity statuses, the cautions raised by Tajfel surrounding a group identity model, and the value placed (from Taylor’s writing) on self-understanding all suggest benefits to an Eriksonian model of identity development, which can be defined as follows:

*The use of social experiences to question prior identity understanding, and reconstruct a version of the self that is informed by context and remains open to further intentional reconstruction.*

The literature, when reviewed in the context of the veterinary profession, highlights the potential and risks of an identity development that follows an alternate pathway, neglecting either self-understanding or social influences. By analysing veterinary graduates’ stories of experience through the lens of Marcia’s identity statuses, the identity development of individuals can be characterized not only according to an Eriksonian model, but also according to those which represent the extremes of identity development: identity formed exclusively from self-ideals (the foreclosed status) or from group membership (the diffused status). By using the identity statuses to conceptualise identity development, not only is it possible to identify which approaches to identity formation are represented in veterinary graduates (and therefore the extent to which identity is variably informed by self-reflection, by engagement with context or is an unreflective product of the hidden curriculum), the consequences of the various pathways can also be explored. Incorporating Billett’s conception of an identity intentionally formed through engagement in workplace experiences, the ways in which meaningful experiences are used to inform identity may help to direct future curriculum development, as interventions can be designed to encourage students to use similar experiences to construct their own professional identity.
Chapter 3: Research Methods

This chapter is divided into three sections. In this first section, the use of narrative to study identity is explored, including a review of the use of stories in research, the different ways stories may be collected, and the reasons they are so informative for making identity interpretations. In Section 3.2, the specific study methods used for this research are described and Section 3.3 is a reflective analysis of these methods.

The complexity of narrative inquiry methodology is an important part of this thesis, and Section 3.3 includes an analysis of the development of the research methods used. The diversity of research methods that have been described as narrative inquiry necessitate a further reflection on these methods, which includes questioning the extent to which they adhere to narrative inquiry as defined by Clandinin and Connelly (Clandinin 2007). This further reflective analysis is found in Part 2 of the thesis, at the end of Chapter 6.
3.1 Narrative inquiry and identity research.

3.1.1 Using narrative to study identity.

Stories and truthfulness.

“The approach I shall take to narrative is a constructivist one – a view that takes as its central premise that “world making” is the principal function of mind, whether in the sciences or in the arts. But the moment one applies a constructivist view of narrative to the self-narrative, to the autobiography, one is faced with dilemmas. Take, for example, the constructivist view that stories do not happen in the real world, but, rather, are constructed in people’s heads. Does that mean that our autobiographies are constructed, that they had better be viewed not as a record of what happened but rather as a continuing interpretation and reinterpretation of our experience?”
(Bruner 1987, Pages 11-12).

“The English novel… being the expression of an artistic faith, the result of choice and comparison.”
(Henry James 1884: The Art of Fiction).

Stories have a long history of being used in research. In “Narrative discourse, an essay of method” Gerard Genette used Homer’s The Odyssey to describe the different ways stories can be used to gather information (Genette 1980). The story can be used to inform the reader of a series of events (what happened to Ulysses), such as in the study of historical lives. Bakhtin (1895-1975) used the stories of the Renaissance writer Francois Rabelais in this way, to study the nature of humour in the French middle ages (Bakhtin 1984). Alternatively, stories can be seen as the “event that consists of someone recounting something” (Genette 1980 page 26). In this usage, interpretations about the author are made from how the events have been told. Using The Odyssey in this way would inform the researcher not about the subject (Ulysses), but about Homer. The use of an individual’s work to understand the author (rather than the event or people being written about) has led to a huge diversity of narrative data sources. Not only stories, but also letters, drawings, diaries and poetry can be used in this way, to understand more about the lived experiences of the authors or artists (Leitch 2008; Moreton 2012). The
broad definition of narrative when it is used in this way is content (including words and pictures) that “creates meaning for human actors” (Beattie 2014 page 112).

This definition helps demonstrate the value of narrative to identity researchers. Particularly in the feminist literature, narrative approaches to interviewing and collaborative conversations have been used to explore elements of self and identity that are troubling or involve significant complexity and societal tension, such as women’s experiences of war zones, ageing, immigration or homosexuality (Berman et al.; Trethewey 2001; Byrne 2003; Moreton 2012). Because the construction of a narrative, in the telling of a story, keeping a diary, or creating of artwork, “creates meaning”, it clarifies to the author or artist their own understanding of their complex or troubling experiences. Such an act can itself be healing (Rosenthal 2003). For the researcher, the resulting narrative provides insight into how the individual has coped and made personal sense of complex or distressing events. The result is an insight into self, how the individual participant understands their own experiences.

This use of narrative to study identity, described by Ricoeur as the concept of “narrative identity”, utilises the recognition that when people create stories about events (whether using words or images), they will emphasise those aspects that are the most personally meaningful and significant to themselves (Ricoeur 1991). There is frequently a distinction made between narrative as an “observable truth” (an accurate description of events) or a “personal truth” (the different ways individuals will each experience a common event). As described by Bruner in the quote at the start of this section, when an author provides a narrative account of an experienced event (rather than, for example, a news report prepared for the purpose of describing the event for those not present), their identity is revealed not in the “real world” elements, but in the way the event is “[re]constructed in people’s [the author’s] heads”. If identity is understood as the set of values, morals and life goals that are most important to an individual, then when that individual creates a story of their experience, the greatest emphasis will be placed on those aspects of the event that are most personally meaningful to them (most strongly align or conflict with their identity values and goals), and neglect those that have little bearing on their individual view of life.

When analysing the stories told, Ricoeur described human lives as becoming more “lisibles” (comprehensible or better understood) when the stories are related to familiar narrative plots from history or fiction (e.g. the “Greek Tragedy” or the “boy made good”). For the identity researcher trying to understand the identity of an individual, the process is thus assisted by the identification in the story of familiar elements from previously heard stories, own life
experiences, or in fiction. Ricoeur used the terms “self” (identifying elements of uniqueness) and “sameness” (understanding identity by recognizing sameness with familiar others) to describe the way stories provide insight into an author. In narrative inquiry, the collection and analysis of stories is typically performed by a researcher with similar experiences to the research participants, allowing comparisons to be made between “sameness” (the story mirrors the researcher’s own experiences and the way they would tell their own story) and “self” (the story represents a distinct experience or interpretation of an event).

Returning to the concept of “truthfulness” in narrative, the selection of event components for inclusion in a story represents an important part of story analysis, and was explored by Bruner in “Life as Narrative”:

“A life as lived is inseparable from a life as told... a life is not “how it was” but how it is interpreted and reinterpreted, told and retold.”
(Bruner 1987 Page 31).

“One criterion, of course, is whether a life story “covers” the events of a life. But what is coverage? Are not omissions also important?”
(Bruner 1987 Page 14).

In Henry James’s quote at the start of this section, James also made this point, that the story told is “the result of choice and comparison”. In storytelling, the construction of the story has already incorporated a vital interpretive step: the storyteller has analysed their experience in the context of their own identity, and made choices and comparisons between those parts of an event that are meaningful, and those parts that are disregarded as irrelevant to their identity, and omitted. When using narrative to study identity, the interest is not in a truthful account of what happened, but in how the storyteller has interpreted and retold the events, which elements are included, and which have been dismissed as irrelevant.

Why tell stories?

“If history were taught in the form of stories, it would never be forgotten.”
Explanations of the use of narrative to research identity frequently draw on a human need to express one’s self through telling stories. The persistence of stories across cultures demonstrates their power: stories are the way children obtain their moral education and gain an understanding of the values and behavioural norms of their culture (Rahim and Rahiem 2012). But what is it about storytelling that means, when a participant agrees to help with research, the stories they contribute are personally authentic? Narrative inquiry relies on the assumption that the stories told, while not necessarily being accurate to the “true” account of events, are a representation of the storyteller’s identity. It is important that participants do not deliberately mislead by telling a story that is inauthentic to their own version of an experience. Why would participants invest this time in creating a personally accurate story, particularly if an event was distressing or unsuccessful?

This question is particularly relevant to this research because of an early failed attempt at gathering stories. In the first iteration of the research, participants were recruited to write stories in private online reflection areas. They seemed keen to be involved, but lost interest after telling one story, and disappeared from contact. A number of changes to the data collection were made, described in more detail in Section 3.2, which included a more interactional, social approach to telling stories. This was more successful, and therefore unless the second group of participants were simply more benevolent or tenacious than the first, there was presumably something that was personally beneficial or satisfying about telling stories in a community, which made the participants return to the discussion and keep contributing.

An argument that is often put forward in narrative research is the benefit the storyteller obtains from storytelling, helping them to make sense of their own complex experiences and draw meaning from them (Ollerenshaw and Creswell 2002). This concept is used in narrative medicine, in which patients construct stories about their experiences of ill-health as a way to decrease their suffering (Charon 2001). However the research situation is different. Participants are needed who will tell stories about their lives, and who will continue to invest in telling those stories. If they wanted to stop, they would either give up, or tell stories that had little investment in them, and may be personally less authentic.

A participant’s need to tell stories was observed in the following account of a researcher trying to obtain interview data:
“Some years ago, a prominent researcher undertook to study successful businessmen in the hope of ascertaining the keys to their success. The businessmen proved highly uncooperative, however, to the point that the researcher was nearly ready to give up the project in frustration. Each time the interviewer asked a subject to explain how he had achieved success, the subject responded by telling a story rather than furnishing the abstract generalizations and principles that the researcher wanted. The researcher thought that the storytelling was a device the businessmen were using to avoid revealing their secrets. One day, however, he began to realize that the stories were meant to communicate, not to conceal, the information he sought. In fact, he came to understand that these successful individuals were actually trying their best to cooperate with him and to answer his questions as fully and directly as they could.”
(Baumeister and Newman 1994 Page 676).

The experience clearly frustrated the researcher: why did the participants choose to reveal their knowledge and understanding through the construction of stories? The researcher wanted to know the abstract concepts and principles that contributed to business success. However, this was not how this information was stored in the memories of the participants. Instead, this knowledge was stored narratively, in the memories of events that defined successful (or unsuccessful) experiences. Telling stories was therefore not something that the interviewees needed to work at, it was their natural way of providing information to the researcher.

Why is this? Baumeister and Newman drew a distinction between the “scientific mode” of context-free abstractions and generalisations, and the “narrative mode”, in which the storyteller provides “coherent stories about particular experiences, which are temporally structured and context sensitive” (Baumeister and Newman 1994 page 677). They concluded that, for the participant, drawing more abstract or general conclusions about what they thought “requires an extra and occasionally difficult or strenuous step of cognitive processing, and so narrating the story is easier.”

In an earlier paper, Baumeister attempted to identify why storytelling is beneficial to a research participant (Baumeister 1991). He recognised the frequently quoted human “need for meaning” as a motivation for storytelling, but wanted to know why and how this might lead to participants’ personal gain through the telling of their stories. He concluded that, by constructing stories about a life experience, an individual is helped towards achieving four different “needs for meaning”: 
• Purposiveness: Storytelling helps the narrator clarify events in relation to their future, and therefore to identify their own goals. By doing this, the story helps identify what the individual needs to achieve in order to feel fulfilled.

• Justification by values: Storytelling helps the narrator justify their own actions by connecting them to their self-defined moral criteria of right and wrong. By doing this they can satisfy their own need to self-define as a good, moral person.

• Efficacy: Storytelling helps the narrator to recognise that they have made a difference in their world and achieved a positive outcome.

• Self-worth: Storytelling helps the narrator to prove themselves superior or affirm their own qualities within an experience.

(Baumeister 1991)

These “needs for meaning” thus provide the storyteller or research participant with positive self-outcomes from an event, which they might not have recognised had they not been asked to tell their story. For the purposes of this research, retelling stories of complex experiences in the clinic may therefore have helped the participants to identify where they had achieved a positive impact in their working life, or the act of storytelling might have helped them view their own actions more favourably.

At this point it is important to acknowledge that there is a difference, for both participant and researcher, between story-telling and story-writing. This is discussed further in Section 3.2, in an explanation of the use of written narratives rather than interview-based data for this research, however the act of story-writing is proposed to exacerbate the meaning-making that is achieved from story construction Olson (1996). If the research participants possessed a “need for meaning”, this would be most effectively achieved by the act of story writing.

In narrative inquiry, the process of achieving meaning and understanding through the act of story writing is fundamental, not only for the research participants, but also for the researcher. An important element of narrative inquiry is the act of rewriting the participants’ narratives, which provides a heightened depth of understanding beyond that which is achieved from simply analysing the participants’ narrative text. The deeper understanding that is achieved from narrative writing is evident in the following quotes from North American novelists, who were asked to explain why they write:

_I write to find out how much I know. The act of writing for me is a concentrated form of thought. If I don’t enter that particular level of concentration, the chances are that certain ideas never reach any level of fruition._

I write entirely to find out what I’m thinking, what I’m looking at, what I see and what it means.
What I want and what I fear.


An argument can therefore be constructed that there are benefits imparted to research participants by writing their stories, particularly if they are simultaneously engaged in challenging life experiences or times of identity uncertainty. For the participants in this research, writing stories about challenging events may have helped them better understand their new role, appreciate a sense of fulfilment (or identify a path to this), justify an action in terms of their personal values (particularly if it met with opposition in others), identify they have achieved a positive outcome (for example if the most obvious outcome could be seen as a failure, such as a patient who didn’t get better), or perceive a sense of personal “right-ness” or self-worth within a complex or distressing event. Even if stories were told negatively or described negative experiences, the veterinarians may have achieved a sense of “being right” (justification by values) through the act of story writing.

This raises the potential that the power of narrative could convince a storyteller of their moral superiority in a situation in which they would actually benefit from more extensively engaging with the perspectives of others. This is an important message to note when narratives are used in education to help support identity formation, and emphasises the importance of facilitator-guided reflection and feedback to prevent narratives being used to strengthen undesirable identity characteristics.

Social storytelling: narrative as dialogue.

Amongst the diverse approaches to the use of narratives in research, some make use of data that has been generated without the involvement of the researcher, such as when historical texts or letters are used, or when students’ assignments are analysed. In contrast, narrative inquiry is participatory in nature: the stories are co-constructed with the researcher, such as in conversations held during field work. This participatory approach is based on the premise that
storytelling becomes most meaningful when it is part of a dialogue (Bakhtin 1984). In the first iteration of this research, the private (and, in hindsight, isolated) experience of story writing was intended to provide anonymity and a safe space for reflections for the participants. Not only did this neglect the participatory nature of story construction, it is also possible that the stories achieved less “meaning-making”, therefore were less personally valuable to the authors, because they lacked dialogue and audience.

Elliot Mishler, an early proponent of the narrative method, made extensive use of the narrative interview as a means to collect data (Mishler 1986). He emphasised that narrative data (the participant’s story) is not something uniquely produced by the interviewee, but is a co-constructed phenomenon, influenced by both storyteller and audience. In a narrative interview, “respondents’ accounts are shaped through their ongoing dialogue with the interviewer” (Mishler 1995 page 94). The identity of the interviewer or audience is important; as well as the storytelling being a consequence of the storyteller’s identity, it will be shaped by how the storyteller views their audience. The story as told in the interview will therefore represent a “particular version of the story... a specific telling of a told” (Mishler 1995 page 96).

There are important implications for this social view of narrative construction. Mishler’s comments reinforce why a solitary reflection space was originally chosen for data collection in this research, so that the researcher would not excessively influence the stories collected. However, the view presented here of narrative as dialogue also helps explain why this initial method did not work. If narrative is conceived as a social tool, rather than a personal one, the storytellers needed an audience to help them construct their stories and develop meaning from them. In effect, according to Mishler’s and Bakhtin’s views of narrative, any stories produced would not be narrative at all, and therefore would not contain the benefits (to researcher or participant) of narratively produced data. Any “meaning-making” was lost without dialogue, and therefore there was no benefit to the storyteller of writing their story.
3.1.2 Narrative Inquiry.

**Why undertake narrative inquiry?**

As introduced above, the value of stories for understanding identity has led to a spectrum of research approaches using narrative data (Webster and Mertova 2007; White and Hede 2008). The methods represented are diverse and lack a common thread, but in some texts, each are described as examples of narrative inquiry, employing this as a broad, umbrella term (Smith 2007). An alternate way of describing the use of stories and narrative data is to use the term “narrative-based” inquiry (Atkinson and Delamont 2006), restricting the term “narrative inquiry” to a highly specific research methodology, as described in the quotes below:

“People shape their daily lives by stories of who they and others are as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. **Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as phenomenon under study**”

(Connelly and Clandinin 2006 Page 375).

“**Thinking narratively about experience illuminates new understandings.**”

(Clandinin 2013 Page 22).

In Clandinin and Connelly’s specific conceptualisation of narrative inquiry, narrative represents “both methodology and phenomenon” (Connelly and Clandinin 1990). This key element is an important concept and will be returned to frequently later in the thesis. Understood most simply, participants’ stories of experience provide the data (narrative as phenomenon), and from these a further narrative is rewritten by the researcher. As the researcher reconstructs this narrative, a deeper level of understanding is achieved from the complexity present within participant experiences (narrative as method).

The benefit of narrative inquiry in providing such depth of understanding has led many researchers to borrow elements of this methodology, claiming that they can obtain the same understanding when using fragments of the research method. This claim has been heavily criticized, arguing superficiality of conclusions when analysis of narratives neglects context and
audience, and disputing the assumption that even without the specifics of the narrative methodology, narrative text provides insight into self-identity (Atkinson and Delamont 2006):

“Too many narrative analyses lack a thoroughgoing sense of social action and organization, so that the narratives seem to float in a social vacuum. The voices echo in an otherwise empty world. There is an extraordinary absence of social context, social action, and social interaction”.
(Atkinson and Delamont 2006 Page 166).

How is narrative inquiry undertaken?

For the purpose of this research, the heightened depth of understanding was essential to add something new to the way veterinary identity is understood. The intended audience all possess an understanding of what it means to be a veterinarian at an experiential level: the veterinary students whose curriculum was the focus of improvement, academic leaders and clinical educators. It was therefore important that the methods adhered to the more specific conceptualisation of narrative inquiry.

Many authors describe the difference between narrative inquiry and the more general narrative-based research as stemming from the way the narrative text is analysed: narrative analysis compared to analysis of narrative (Polkinghorne 1995). This distinction is based on Bruner’s conceptualisation of narrative and paradigmatic cognition (Bruner 1986):

“One mode, the paradigmatic or logo-scientific one, attempts to fulfil the ideal of a formal, mathematical system of description and explanation. It employs categorization or conceptualisation, and the operations by which categories are established, instantiated, idealized and related one to the other to form a system... Its language is regulated by requirements of consistency and noncontradiction... The narrative mode leads instead to good stories, gripping drama, believable (though not necessarily “true”) historical accounts. It deals in human intention and action and the vicissitudes and consequences that mark their course. It strives to put its timeless miracles into the particulars of experience, and to locate the experience in time and place.”
(Bruner 1986 Page 13).
Applied to the analysis of narrative text, Polkinghorne described the paradigmatic lens as seeking to identify consistency across experiences, performed to identify common themes across individuals. He described this as “analysis of narrative”, in which text is decontextualized, and peculiarities between individuals are ignored. The aim is to define a “set of common attributes” that are shared across text samples, and to “classify a particular instance as belonging to a category or concept” (Polkinghorne 1995 page 9). Complexity within stories is reduced during text analysis, which may help the researcher by simplifying complex data. This method has been applied in an interview-based analysis of veterinary career identity (Page-Jones and Abbey 2015), and in the use of a framework for doctors to create defined categories from complex patient stories (Bleakley 2005).

The process of looking across individuals to find consistencies and generalisations was criticized by Bleakley as resulting in loss of the “affective impact of the story to objective themes, where such impact may offer a powerful way of empathising with the patient’s experience” (Bleakley 2005 page 538). The approach also neglects much of Connelly and Clandinin’s conceptualisation of narrative inquiry, in particular the de-emphasis on the pursuit of depth of understanding of the individual (Clandinin 2007).

In contrast, Bruner’s narrative cognition is represented in Polkinghorne’s method of narrative analysis, which embraces individual difference, human intention and understanding of experience. Stories are connected to time and context, allowing the identification of consequences and developments within an individual’s life experience:

“[Narrative cognition] operates by noticing the differences and diversity of people’s behaviour. It attends to the temporal context and complex interaction of the elements that make each situation remarkable... Storied memories retain the complexity of the situation in which an action was undertaken and the emotional and motivational meaning connected with it.” (Polkinghorne 1995 Page 11).

Although some authors have simply used narrative cognition or narrative analysis to signify they have performed narrative inquiry, Polkinghorne added an additional layer to the definition of this methodology. Building on the notion of narrative as both phenomenon and method, he added the concept of narrative as product to distinguish narrative inquiry from other methods of narrative analysis:
“In research that employs narrative analysis as distinguished from analysis of narratives, the result is an emplotted narrative. The outcome of a narrative analysis is a story – for example, a historical account, a life story, or a storied episode of a person’s life. In this type of analysis, the researcher’s task is to configure the data elements into a story that unites and gives meaning to the data as contributors to a goal or purpose. The analytical task requires the researcher to develop or discover a plot that displays the linkage among the data elements as parts of an unfolding temporal development culminating in the denouement.”

(Polkinghorne 1995 Page 15, emphasis added).

There are few specific frameworks for the methods and practice of narrative inquiry, with much of the literature written conceptually. However, the critiques of narrative inquiry make it clear this should not be seen as a license for “anything goes”. In defining narrative inquiry, the necessary elements can be seen to extend to the type of data collected (stories of experience), the narrative approach to analysing it, and the construction of a narrative output.

Because contextual factors (players, location, time, environment, wider culture and discourse) are so crucial to the in-depth interpretations of the participants’ experiences in narrative inquiry, it is important that the data is collected to make this interpretation possible. The narrative inquiry researcher cannot simply analyse pre-obtained stories that have been collected out of context. Instead, narrative inquiry is experiential: it is performed by positioning the researcher in the environment of the participants and their practice, so that context and discourse can be brought to the data. Similarly, although much valuable research has been on the professions by those outside them, the use of Ricoeur’s “self and sameness” in narrative inquiry demonstrates why it is performed by practitioner-researchers. It is only when a researcher has first-hand experience of the practice and its context that they can question why a story is told in a certain way, why known players have been excluded, and why known events are not featured. The researcher who has shared experiences can maximally use these to analyse the stories in terms of comparisons, uniquenesses and commonalities, between themselves and the research participants, and across their own knowledge of practice.
3.2 Study Methods.

Even within the specific conceptualisation of narrative inquiry, a variety of approaches to data collection and analysis have been used. However, in most examples, the methods described an experiential approach to data collection: the researcher positioned themselves in the practice environment, and collected interview transcripts, written stories and field notes gathered during interactions with study participants (e.g. Lawson 2003; Coulter et al. 2007). Replicating this approach for this research was challenged by the nature of veterinary new graduates’ employment. In most practices, graduates are employed individually, the only institutions recruiting multiple new graduates simultaneously being the large referral hospitals with internship programmes. As this remains a minority route into the profession, it was the experience of individuals entering smaller general veterinary practices that was of greater interest. Collecting the experiences of multiple new graduates was necessary, so that comparisons could be made between the different ways they constructed their individual identities. An approach in which the researcher was immersed in the environment of the participants was therefore not appropriate, and an alternative had to be developed.

The approaches to data collection and analysis were akin to the “Researcher as Bricoleur” (Lévi-Strauss 1966; Denzin and Lincoln 2005); they were developed iteratively, by drawing from methods used in previous narrative inquiries, and by borrowing from other methodological paradigms. This approach represents an apparent contradiction in narrative inquiry methods. While the methods described in the literature are diverse, there are specifics that are fundamental to narrative inquiry if the output is to represent the heightened depth of understanding of this methodology. In the various groups of people who have been studied in this way, their unique contexts necessitate adaptation and individual development of the methods. During this research, while the methods needed to be developed iteratively because of the unique context of the participants under study, it was essential to retain the fundamental elements of narrative inquiry (narrative as both phenomenon and method; the participatory co-construction of narrative data). The following section describes this iterative process.
3.2.1 Data collection: a first attempt.

Data collection.

For the purposes of exploring new veterinary graduate identity formation, stories were needed that described experiences of veterinarians as they entered the profession. At the start of the research, priorities centred around participant security. Writing critical event reflections may include sensitive information (details of mistakes or cases that went wrong), as well as personally upsetting experiences for the participant. A private writing area was felt to be the most appropriate for data collection, allowing each participant to have maximal anonymity, and a safe area in which to write, which was only accessible by each individual participant and the researcher. Suitably private reflection areas were made available on a familiar platform (the University’s virtual learning environment), and participants were recruited to write stories of their early career experience.

Because the research arose from an area of poor student engagement, it was anticipated that participant recruitment may be a challenge. Purposive recruitment was therefore employed, targeting graduates who were deemed most likely to engage. In August 2014 a group of 25 new graduates from the Royal Veterinary College were contacted, all of whom had previously attended either an optional session to gather feedback on their professional studies teaching, or completed the elective module in professional studies. The potential participants had all been previously taught by the researcher. From this initial email contact 5 graduates responded and were enrolled in reflection areas. Four of these graduates wrote a total of 5 stories between October 2014 and January 2015. Some of the stories were quite long and data-rich (an example is provided in Appendix 2), but there was insufficient data to follow identity change, participants only tending to write one story each. Several strategies were attempted to increase participant recruitment, including emailing 30 graduates from the previous year (with 5 positive responses), and posting of the researcher’s own stories of new graduate experience to try to stimulate narrative writing. With a total of 10 veterinarians enrolled, only an additional 4 stories were posted, over a total research period of 9 months. At this point this phase of data collection was stopped.

Use of written stories.
Narrative inquiry often uses versions of the narrative interview: formal or informal face to face discussions, in which research participants voice their experiences. It could be argued that scheduled face to face contact with participants may have generated more data than privately written narratives, and this approach has been used previously in situations where researcher immersion is unfeasible (Tsui 2007). A shared, collaborate experience is an integral part of narrative inquiry, so, given the value of social dialogue to storytelling, why were written narratives selected?

In Ricoeur’s framework of narrative identity, the storyteller’s identity is revealed within their stories because they have actively chosen to talk about specific events. It was therefore felt important that data collection was structured to allow spontaneity and personal choice in when and how to write stories (what was included and excluded), rather than timing and content being influenced by the researcher. Reflective journal writing provided this spontaneity, as the participants were able to write whenever something particularly impactful had happened to them. Similar methods have been employed to explore identity development in medical students and nurses, using either written diaries, audio diaries or reflective writing submitted as part of a portfolio (Pitkala and Mantyranta 2003; Monrouxe 2009; Baglin and Rugg 2010).

The decision to use written, rather than interview-based data collection, also related to the quality of the data obtained. Continuing the discussion from Section 3.1.1, writing can be argued to lend a higher degree of purposefulness to stories. Comparisons between orality and literacy were described by Walter Ong, who attributed the Renaissance development of inquiry and “the art of thinking” to the shift from spoken discourse to writing at this time (Olson 1996). He described writing as leading to the development of the “self-conscious individual” because “writing lifts speech out of its context and turns it into an object of thought and interpretation” (quoted in Olson 1996 page 38). Ong is also quoted as saying that “written words sharpen analysis, for the individual words are called upon to do more” (Finkelstein and McCleery 2002 page 103). Once discourse has been written rather than spoken, Ong’s argument is that the written words serve as a source of reflection, analysis, questioning and self-understanding.

Ong’s arguments present the written word as being more intentional than spoken content. The fact that written words can be reflected on and analysed by the author means they then may subsequently wish to delete or change them. The opportunity for the written word to be used deceitfully is acknowledged, compared to the more fleeting nature of the spoken word
(Finkelstein and McCleery 2002); using this argument, it is possible that research participants wrote reflections that were subsequently deleted. However, because a written reflection can be discarded, it is considered that what is actually submitted is more intentional (the authors really wanted to say it) than what may be said in a conversation or interview. Nygren and Blom made this argument to justify their use of short written narratives rather than a narrative interview in their study of social workers’ actions (Nygren and Blom 2001).

There is an argument against this view, which centres on the forced structure of the written, compared to the spoken word, and suggests that the linear and structured nature of written text cannot represent the more chaotic and abstract format of thoughts or the inner self:

“Writing in the metaphysical tradition is a recurring delinquent. It more than any other form of signification is associated with the loss of presence and with untruth. Writing is a signifier of a signifier, the graphic sign of mental speech, itself a sign of ideas. As such it is doubly removed from true ideas in consciousness.” (Rivkin et al. 2004 Page 300).

This is a fair point, and in a research paradigm which attempts to embrace and capture the complexity and richness of the lived experience, it is right to be fearful of over-simplification, decontextualization and reduction. However, Nygren and Blom’s argument turned this around and emphasised the value of the written word in purposefully and deliberately constructing a simplified written account from the complex memories of experience. Writing the story represents a process of extracting what is significant and meaningful from a complex experience and articulating it in a narrative form, possibly with repeat reflections on what is written before it is finally released.

A final argument made by Nygren and Blom was that in a written narrative, the researcher plays less of a role: the reflections are less influenced by the researcher than they might be in an interview. This viewpoint was used when the written reflection areas were created for this research. When the veterinarians were enrolled, the plan was for them to write spontaneously, and largely unprompted, with minimal input from the researcher. The reflective entries were intended to be similar to journal writing, and not invitations to start online discussion or gather feedback on experiences. The social advantages to an interview or face-to-face discussion in prompting more stories were therefore completely absent.
In section 3.1.1 I described the social element of storytelling and narrative, which was clearly missing in the first phase of data collection. In hindsight, the component of narrative inquiry that emphasises a shared researcher-participant experience was also absent, and if it had been successful, the methods would have been more correctly described as narrative-based inquiry. Despite these limitations some of the stories obtained were data-rich and appeared to offer promise for identity interpretations. It was evidently possible for the participants to write detailed narratives in isolation, but they didn’t continue to do so.

Previous authors have identified struggles when writing about complex professional experiences in isolation (Baernstein and Fryer-Edwards 2003; Bernabeo et al. 2013). Stories that were deemed over-simple or irrelevant when considered in private were appreciated as having deeper complexity when discussed with peers (Bernabeo et al. 2013). Co-construction of the story between researcher and participant is an important part of narrative inquiry, and without this collaboration, it is possible that the original participants did not feel their continued experiences were worthy of telling.

Another issue became apparent, which related to the researcher-participant relationship. Some of the stories told were quite upsetting, describing events that the participants had found difficult and distressing. I felt the original priorities of privacy and distance would be compromised by commenting on these stories. However on reflection, it was probably frustrating to write stories that described upsetting events (or even great achievements) without receiving any response. This effect may have been particularly pronounced because of my status as “teacher” for these ex-students, and therefore they may have been expecting “feedback” on their writing. Ethically, as well as methodologically, I felt it necessary to include the possibility of dialogue when I revised my methods.
Coincidentally, I also had the opportunity to chat to some of the participants at a reunion event organised by the University. They asked me why I had opted for the institution’s learning platform, rather than using social media to gather stories. I had originally been concerned about privacy for the participants, but this is a generation of students who are used to sharing life experiences online. I realised that providing a social online space, where participants could discuss and feed back on each other’s difficult and rewarding experiences, would help create the social dialogic element of narrative that had been lacking.
3.2.2 Revised methods of data collection.

Collecting the data.

In the second phase of data collection the main priorities were to incorporate a more social approach to storytelling, and to be able to be more interactive with the research participants. Concerns that researcher dialogue would compromise the authenticity or “self-ness” of the participants’ stories were set-aside, recognising that even for a silent listener, all story-telling is a product of both teller and audience (Pasupathi 2001). Researcher-participant interaction also better embraced the participatory, collaborate nature of narrative inquiry.

Based on the conversations with the initial participants about the use of social media for this research, a private, closed Facebook group was created in August 2015, titled “New and Nearly New Vets”. Having decided that the previous participants weren’t really “new” any more, and that there were significant advantages to capturing the experiences of graduates as they entered the profession, a new set of graduates from the Royal Veterinary College graduating class of 2015 were contacted. Again, because of the challenges with participant engagement, purposive sampling was used to try to target graduates who would be most likely to engage, and 8 graduates who had earlier taken part in a Professional Studies elective module were contacted by email. Six responded positively and were enrolled in the Facebook group.

Participants were sent a consent form and information sheet about the study via the Facebook group. The group page carried a clear message that it was intended for research purposes, that all messages would be analysed, and that they could be quoted. The Facebook group settings were such that nobody, including the members “friends”, were able to see who was part of the group, and the privacy settings were checked periodically to ensure that they remained secure. The identities of group members were public within the group, so each member could see the name and Facebook profile image of all other members, and this fact was explained to potential participants before they were enrolled. Data collection via this social media platform, as well as analysis and dissemination, were approved by the ethics committee at the Royal Veterinary College (reference number 2014 0121H).

Over the next 3 months, the group members requested permission to add peers to the research group, which was granted if the new members were UK veterinary surgeons who had graduated in 2015. The group subsequently grew to 12 members, not including the researcher. As group members joined they were informed that they could post questions or comments in
the group at any time and about any topic, although they were reminded that the remit of the group was to follow the experiences of early career veterinary surgeons.

In recognition of the challenges experienced during the first attempt at data collection, the researcher’s role was aimed at encouraging the telling of stories while minimally influencing their content. Trigger questions were intermittently posted; these were designed to be open-ended, to invite stories about recent veterinary experiences. Examples included “What stands out from the past month?” and “Tell me about your first real case”. Trigger posts were not specifically timed, and were posted when spontaneous discussion had otherwise decreased, overall being provided at a frequency of approximately one per month. Responses were also posted after participants had contributed a story. Examples of these included “Oh no that sounds awful… hope you have had some better [cases] since” and “Wow, sounds nasty. Hope he’s doing ok.” The aim of these was to provide the “feedback” that had been absent in the previous approach to data collection, and to foster an environment of conversation and dialogue, rather than one in which participants simply posted isolated comments following trigger posts. Although it was not the intention that this dialogue and feedback would be gradually withdrawn, the frequency of researcher responses decreased over time as the participants responded to each other and developed online conversations of their own. Occasionally, where it was felt necessary to pursue a specific research question (such as the process by which identity exploration occurred), a more specific question was posted, such as “How did you decide you wanted to be a vet?”. The group’s responses to these closed-ended questions were mixed, with some remaining without any responses. Where no responses were obtained the question was not repeated.

The group remains open, but discussion dramatically decreased around April 2016. The data was therefore collected from comments posted between August 2015 and April 2016, a period of 8 months. A short poll was posted on the Facebook page at the end of the data collection period, asking participants when they had started work. This indicated that all the members were in work when they joined the group, but none joined with more than 3 months of work experience. Most posted their first comments when they had been in work for 6-8 weeks. No members requested to leave the group (although not every member posted comments) and nobody requested that any post be withdrawn from analysis.
In total, 169 posts (not including researcher trigger posts) were made during the revised data collection period. This number was not calculated to be used analytically (it is not reported in the results), but it demonstrates the comparative success of using the Facebook group rather than the private reflection area in the institution’s virtual learning environment. The environment of the “reflection area” on Facebook was clearly very different: the researcher-participant relationship felt more collaborative, and there was the added opportunity for participant-participant discussion. Although, at the start (first 2 months), participants’ comments were predominantly made in response to trigger posts, the participants quickly seemed to take more “ownership” of the group (exemplified by them inviting their friends to join), and raise their own questions and comments, as well as responding to each other’s comments on the trigger posts. The nature of the told stories was also different to that experienced in the first attempt. Written entries tended to be shorter and conversational (perhaps reflecting the nature of social media interaction), rather than representing classically structured stand-alone stories.

Did this mean the data collected remained truly “narrative”? Polkinghorne’s definition of narrative text is based on the inclusion of location, players and events. These elements were present in most Facebook posts, but they otherwise lacked a traditional story-like structure. The change in structure also prompted a question as to what the field text represented. Was each post an individual narrative of experience, or was the “narrative” represented by all the writing from an individual? Or was the entire collection of stories and comments from the group an 8-month narrative story of becoming a veterinarian? This is discussed further in section 3.3, however returning repeatedly to Connelly and Clandinin’s work, often stimulated by reflective questions such as these, helped to construct a
better understanding of the experience of narrative inquiry, and to begin to answer these questions.

Initially I had quite a simple view: that narrative inquiry involved the collection of storied ("narrative") data, which was analysed through the writing of a reconstructed narrative of the participants’ stories. Re-reading Connelly and Clandinin’s papers again helped me see that “narrative” doesn’t exclusively describe the type of data, it describes the experience of collecting and constructing the data. This was a key moment in understanding the process of narrative inquiry, and I could then see that in the first research format, even if it had been successful and yielded many stories, it would not have represented a narrative experience. The process of collecting the stories would not have been a shared experience between myself and the participants. Any potential “shared experience” (entering the veterinary profession) was disconnected chronologically - my new graduate experience was 15 years earlier. When moving to the Facebook group, I thought the criteria of a “shared experience” would be met by me sharing my experiences of early graduate life. In fact, the shared experience was that of the research period - we were all sharing the experience of learning about new graduate life in 2015. My personal experiences from 2001 were relevant: they helped me to understand, empathise with and question the new graduates regarding their experiences. But the shared experience was one of learning how to navigate entry to the profession, and even for me, that was happening now, with the research participants, rather than in 2001. The question “Are the Facebook posts narratives?” hence became largely unimportant as it became apparent that the narrative “as phenomenon under study” (Clandinin 2007) was not the story texts, but the narrative experience of time spent working alongside the new graduates, learning about new graduate life.
3.2.3 Data analysis.

Text analysis.

The Facebook data was analysed using a two-phase approach, as has been described in previous examples of narrative inquiry (Hollingsworth 1992; McVee 2005). In the first phase, several stages of systematic and reductive text analysis are employed to look for the important themes or messages contained within the stories. The second phase represents analysis of the experience through the re-construction of a reflective narrative.

The combination of systematic text analysis followed by construction of a reflective narrative has been described by some as a form of critical discourse analysis. In one example, an analytical model of text analysis adapted for conversation (Polanyi 1989) was used to explore the text for its main messages, side-stories, players and emotive statements. Construction of the reflective narrative then represented a process of contextualising and critically positioning the messages from the text within contemporary discourse and cultural influences (McVee 2005). Hollingsworth used a similar approach, by first performing thematic analysis on transcribed conversation text, followed by asking each research participant to write a reflective account of their shared conversations (Hollingsworth 1992). She noted in her discussion the discomfort she felt during the initial systematic deconstruction of the text, describing it as feeling overly reductive and poorly aligned with the comparative richness and critical positioning of the narrative inquiry she had performed. At the time of her research, she explained that this more traditional approach to text analysis was felt necessary to claim academic rigour and make the work publishable.

Although arguably feeling reductive compared to the holistic, critical study of experience of narrative inquiry, this approach aligns with Mishler’s conceptualisation of narrative analysis (Mishler 1990). When analysing text in this way, the pieces of text are first analysed as a decontextualized data unit, before they are reconceptualised in the context of the wider discourse. Data analysis within Mishler’s framework represents “a constant process of alternating between the smaller data unit and the wider narrative” (Armitage-Chan et al. 2016). To obtain the depth of understanding championed in Connelly and Clandinin’s narrative inquiry, it is necessary to first reduce the data source to its component parts, before it can be most valuably used to reconstruct deeper narrative understanding.
The initial stages of text analysis in this research were based on the framework used by McVee, which was a Labovian text analysis framework, adapted by Polanyi for conversation (Polanyi 1989; Labov and Waletzky 1997). The Facebook conversations were first reviewed and grouped into individual conversations. In the Facebook group, text was not discretely organised into separate sections; for the purposes of data analysis a conversation was defined as all the comments posted in response to a single trigger post, or all the comments made about a single topic (where these were chronologically connected). If a participant started a new post about a topic that had been discussed previously, but it was separated by more than a month, it was regarded as a new conversation. This decision was made to reflect participants’ identity being in a period of rapid change, and therefore their identity priorities and views possibly differing month by month as they gained more experience of work.

Using Polanyi’s framework, the text was copied into tables (one table per conversation) and labelled according to whether it represented the main event described in a participant’s comment, the characters or other contextualising information, evaluative statements, or non-story world comments (those that were not felt to represent the main event being described, or important information providing context). The overall tone (the subjective feeling of how the story felt when reading it) was also noted. Typically, non-story world talk describes elements such as repetitions and “umms”, however it became apparent during the process of data tabulation that most of the text fitted into one of the other “main” categories, with little “non-story” text evident. McVee, who analysed a combination of verbal and written text also encountered this, with no “non-story world” data identified within her written narratives (McVee 2005).

In the second stage of text analysis, the tabulated text was reviewed to look for content evidencing participants’ professional identities. Using Ricoeur’s notion of narrative identity and the conceptual framework described in Chapter 2 (Section 2.2), identity was defined as the set of values and priorities that are important to an individual, and was assumed to be represented by the emphasised elements of participants’ stories. Based on Taylor (1992), a sense of satisfaction with outcome was interpreted to indicate a participant’s actions had aligned with their values, and the presence of frustration or dejection was assumed to indicate identity dissonance. Using Marcia’s identity status framework, indicators of identity formation were assumed to be contained within an individual’s approach to decision-making (the commitment to a decision in the face of multiple perspectives and the need for an authority figure to help make this decision) and interactions with others when different perspectives were evident (how contrasting views, values and priorities were portrayed in the stories).
Using these frameworks, the tabulated text was reviewed to answer the following questions:

- Which events and players have been included and prioritized in the stories?
- Does the event described generate positive or negative evaluative statements?
- What has been excluded?
- Could the story have been told another way?
- What are the elements that are meaningful?
- How are different perspectives portrayed in the story?

Notes were taken to answer these questions, from which interpretations were drawn regarding what was valued and prized as part of the veterinarians’ developing identities, which events and players were particularly meaningful to their identity development, which events or situations were discordant to their identity values, and which elements of an experience were irrelevant.

Examples of these stages of text analysis can be seen in Appendix 3. Because of the nature of the platform for data collection (the Facebook site), the participants could not be anonymised, and coded initials were included in the tables so that individual narratives could be followed at a later stage.

In the third stage of text analysis, each conversation was re-read again, directly from the Facebook page (rather than from the tables), with the principal aim of challenging the notes made in the previous stage. Where an interpretation or conclusion had been made about the storyteller’s identity priorities, the text was reviewed to see whether there was anything present that would challenge this interpretation. At this stage, particular attention was also paid to the trigger post (if present), to see if this could have directed the way the story was told, or what was included or excluded.

Lastly, the main messages evident from the text regarding participant identity were collected. At this stage, similarities and differences between individuals had not been recorded, so the main messages were collected on the basis of an appearance within a story, and not as a representation of a theme across multiple individuals. There had been no specific attempt to apply a chronology to the data analysis at this stage, for example by following patterns of identity development through the Facebook posts.
Reconstruction of participants’ narratives.

The next phase of analysis represented the chronological reconstruction of the participants’ narratives. It is at this stage that Mishler’s wider context was incorporated into the narrative analysis, with the process representing repeat cycling between the text and the wider discourse (Mishler 1995). Based on Ricoeur’s notion of “self” and “sameness” in narrative identity (Ricoeur 1991), two different reflective narratives of the Facebook conversations were created. One reflective narrative was based on similarities identified across the group of participants (the Group Narrative), and a second was written in which specific individuals were selected, to explore differences that were evident between individuals (Individual Narratives). The two outputs of this process are presented in Chapter 4 of this thesis. In the exploration of individual narratives, the selection of specific individuals was based on inter-individual differences identified during the construction of the group narrative. Reasons for the selection of each are explained in more detail in Section 4.2.

Because of the lack of methodological guidance available from previously reported narrative inquiries, the reconstruction of the participants’ narratives was approached in a similar way to the way that data is handled after initial deconstruction and identification of core messages (or “themes”) in more traditional thematic analysis (Clarke and Braun 2014), but with the approach following a positioning of narrative analysis (Mishler 1990; Polkinghorne 1995), rather than analysis of narratives (Polkinghorne 1995). The main messages relating to identity, identified during text reduction, were used as a starting point, generating sub-headings for the reconstructed narratives. The Facebook conversations were then read again, with the purpose of gathering exemplifying quotes or stories to evidence the collected identity messages. As the narratives were constructed under these sub-headings, and the exemplifying quotes were added, the messages and quotes were interpreted in the context of relevant literature and the researcher’s knowledge of current discourse within the veterinary profession. This information was incorporated into the narrative reconstruction to explain and contextualise the messages present in the participants’ stories, and the messages extracted from them. The process of narrative reconstruction involved frequent returns to the Facebook page, to verify the contextual elements of the conversation, for example the chronology of the exemplifying posts, and what had been said around each post within the group’s discussions.

The two reconstructed narratives (Sections 4.1 and 4.2) represent the output of this stage. Because they define the identities present, and explain how the experience of entering the
profession informed the developing professional identity, they have been presented as research results (Chapter 4). However, this neglects the deeper understanding of identity development that was obtained as a consequence of the process of constructing these narratives. Reporting this deeper understanding therefore necessitated a further set of “results” reporting. This reflection on the deeper understanding obtained from narrative reconstruction is presented in Chapters 5 and 6.
3.3 Reflective analysis of the methods.

Because of the lack of consistent methodological frameworks for narrative inquiry, and the need to develop methods of data collection and analysis specifically for this research, it is necessary to analyse these, explore possible critiques and limitations, and evaluate the extent to which the methods used adhere to the specific requirements for narrative inquiry.

A potential critique of the identity frameworks used is their emphasis on personal identity and the development of identity of the individual, which risks neglecting the social element of identity formation. Some authors have also criticised narrative inquiry for neglecting the social component of individual experience (Connelly and Clandinin 1990). It is easy to see that a methodology constructed on self-understanding achieved through story-writing may emphasise the self-constructed identity above the socially constructed one (Crossley 2003).

However, narrative inquiry is built around understanding the individual in context. In this research, it was therefore important during narrative analysis that social context was not omitted. Mishler’s conceptualisation of to-and-fro movement between the individual narrative and the broader context was important to prevent an over-emphasis on the individual. However, the lack of defined frameworks for this narrative analysis (for example, compared to those for thematic content analysis) meant this aspect of the analysis needed to be developed iteratively, as part of the research process.

Marcia’s identity statuses have been criticised for their neglect of the social influence on identity formation (Côté and Levine 1988). Although based on Erikson’s work, a frequent criticism is their lack of adherence to the social influences that Erikson believed to be important (van Hoof 1999). Similarly to narrative inquiry and the incorporation of social context, the use of the identity statuses to research identity depends on how the researcher uses Marcia’s model and, in particular, how the process of identity exploration is defined. To reduce the potential for neglecting the social context in this research, Billett’s view of identity construction was incorporated when the data was analysed (Billett and Somerville 2004). Billett’s work does not provide an analytical framework. However, much as Mishler’s description of narrative analysis prompts the researcher to incorporate the social context and wider discourse in their analysis of narrative text, Billett’s view that identity can be formed through engagement with the workplace served as a reminder to incorporate the workplace context in the conceptualisation of identity exploration. Evidence for an engagement with contextual influences was therefore looked for in the participants’ stories, for example when they talked about influences on their values and priorities.
If the identity statuses are primarily framed as a way of understanding self-identity, why were they used in this research? The research was highly informed by Cruess and co-authors’ papers on teaching professionalism and developing professional identity, which incorporates a view of the medical student being moulded to the normative values of the profession (Cruess et al. 2014). A social identity conceptualisation, such as Wenger’s communities of practice (Wenger 1998), could arguably have been more appropriate. Although the predictive validity of the identity statuses has been questioned (van Hoof 1999), one of the more consistent predictive relationships is the link between emotional wellbeing and the achieved identity status (Kroger and Marcia 2011). The link between identity and emotional wellbeing is found across the identity literature, with both personal and social elements contributing to a positive sense of self. However, the identity status framework additionally provided specific characteristics of identities developed through self-understanding (the “achieved”), mimicking other (the “diffused”) or dictated by a role model (the “foreclosed”), as well as defining an individual struggling to commit to an identity (the “moratorium”). It was considered that these characteristics would be identifiable in the participants’ stories, allowing identity exploration and self-understanding to be explored. The possible negative mental health implications of the foreclosed identity status was of particular interest, due to the high numbers of veterinary students who have never considered an alternate career path, as well as the emerging perception that the idealised veterinary identity may be foreclosed by educators and specialist veterinarians (Armitage-Chan et al. 2016; Jackson and Armitage-Chan 2017; Roder and May 2017). The identity statuses were therefore seen as highly relevant to the veterinary profession, as well as providing a means to explore the potential impact of identity development on mental health in this population.

Reflections on the development of the methods.

The paucity of available information on how to “do” a narrative inquiry was a frequent challenge during this research. One of the biggest sources of confusion was in the interpretation of “narrative as method” and “narrative as product”. It was clear that the product of a narrative inquiry should include a reconstructed narrative of the process of identity formation, sometimes referred to as the “Grand Narrative”. In some ways this felt like the final thesis chapter or section of a research report, as it describes and discusses the findings. However, this would neglect the concept of “narrative as method,” and the
heightened understanding that is gained through the process of writing this chapter, which means it cannot represent a thesis end-point.

By the end of the research experience, the construction of the narrative was understood more as a staged process. Rather than a single “Grand Narrative”, the integrated narrative processes of writing for heightened understanding and writing about identity formation could be recognised across the development of Chapters 4, 5 and 6. Once this was understood, the next challenge was how to frame this in the thesis. Chapter 4 (initially termed simply “Results”) was primarily a report of the text analysis, but the contextualisation process provided by Mishler’s narrative analysis meant the writing of this chapter lead to deeper reflection and understanding of the participants’ identity construction. Chapter 5 was intended originally as a report of this heightened understanding, but again, the writing of this unveiled new insight, particularly relating to the implications of identity development on education. The separation of Chapters 5 and 6 into a second, distinct part of the thesis was intended to provide some clarity to this overlap of writing to understand (observed during the writing of Chapters 4 and 5) and writing about understanding (the initial, intended purposes of Chapters 4 and 5; in the final draft of the thesis this is represented in Chapter 6).

The construction and framing of “the narrative” (as both method and product) trod a new path compared to the examples of narrative inquiry sourced from the literature. The concept of “Researcher as Bricoleur” (Lévi-Strauss 1966) was relevant to both the development of the data analysis technique, and the approach to constructing the narrative. The term “bricoleur” has been described as denoting a “Jack of all trades”: a researcher who borrows from a number of disciplines to develop their own research method (Denzin and Lincoln 2005). This concept is familiar from the review of narrative inquiry examples, which variably borrow from autoethnography, feminist literature, phenomenography and action research approaches. Lincoln and Denzin wrote that when exploring new concepts, or looking at previous ones in a novel context, the researcher must use whichever strategies and research methods are available to them, and they may need to piece together research practices that have not previously been applied in a particular combination. In this research, data analysis necessarily had to be achieved through a bricolage of previously reported methods: the adapted text analysis method used by McVee, combined with elements of traditional thematic analysis described by Hollingsworth (Hollingsworth 1992; McVee 2005). Even then, this left the approach to analysis through narrative construction as an apparently previously unchartered area.
Many have critiqued the concept of the bricoleur as one who pieces together superficially-understood methods without possessing an in-depth knowledge of any (Pinar 2001). Richardson and Adams St Pierre defend the bricoleur against this view, proposing that the approach allows the researcher to explore areas for which a more traditionally accepted methodology is less appropriate:

“[There is a freedom from the ability to] know something without claiming to know everything. Having a partial, local and historical knowledge is still knowing... a multitude of approaches to knowing and telling exist side by side. The core of postmodernism is the doubt that any method or theory, any discourse or genre, or any tradition of novelty has a universal and general claim as the right or privileged form of authoritative knowledge.”


Kincheloe (2001) also argued against the view that the bricoleur imparts superficiality in methodological understanding and compromises the robustness of the methods used. He posits that the interdisciplinarity of bricolage only results in superficiality if the researcher has failed to take the time to understand the depth of his or her research methods (Kincheloe 2001). Indeed, the value of the bricoleur lies in their recognition of the limitations of a single method to study the complexity and heterogeneity of human experience. They therefore have little alternative but to shape and adapt previous methods to fit the specific question being asked. To avoid superficiality, the bricoleur advocates a “lifetime commitment to study, clarify, sophisticate and add to the bricolage” of research methods (Kincheloe 2001 page 681). The bricoleur researcher is therefore best described as a student of methodology, such that they are able to use and adapt methodologies from different disciplines, to achieve depth in understanding of human experience.

For this study, the iterative development of narrative methods therefore required the ongoing study of narrative inquiry, throughout the research process, not only to be able to defend the methods used, but also to ensure the bricolage of methods did not result in lack of rigour. This continued during the writing of the thesis, as even this needed to be performed narratively, but without clear direction how this could be achieved. A final analysis of the extent to which the research experience conformed to narrative inquiry is therefore presented at the very end of the thesis, in Section 6.4.
Chapter 4: Results and interim narrative texts

This chapter presents the findings from the text analysis of the Facebook conversations. The selection of terminology in narrative inquiry is complex: Chapters 4, 5 and 6 all include findings obtained from this research, hence all could be presented as “Results”. The division of the chapters is intended, as much as possible, to separate the understanding of identity that arose from each progressive stage of the narrative method. This chapter describes identity as understood from the text analysis, using the combined processes of Labovian discourse analysis, followed by contextualisation using Mishler’s framework of narrative analysis, as described in Section 3.2.3. This allowed the Facebook conversations to be re-storied into Sections 4.1 and 4.2, which describe the main findings from text analysis and provide example conversation extracts to evidence and explain these. This process prompted deeper reflection on the participants’ identity development and its implications for education, leading to the construction of Chapter 5, in which this understanding was described and then explored further. Chapter 6 then presents a final account of the understanding of identity that was achieved from the combination of narrative text analysis and narrative writing.

The term “narrative” has been used in this chapter and in Chapter 3 to describe the written reporting of identity and its development in the research participants (Section 4.1, “The Group Narrative” and Section 4.2, “Individual Narratives”). This fits with terminology used by Tsui, whose narrative (the output to her narrative inquiry) was constructed similarly to the formatting of this chapter (Tsui 2007). However, when conceptualising narrative as a process, as well as a product, this chapter and its construction more closely align with Clandinin’s description of an interim narrative text (Clandinin et al. 2009). The construction of the interim narrative was described by Clandinin as a midway analytical stage between field text and final narrative report (Clandinin et al. 2009).

In narrative inquiry, writing narratively will always represent both phenomenon and method: the experience of writing will unveil deeper understanding of the phenomenon being described. This chapter, and the one that follows, therefore simultaneously report results and contribute methodologically to the deeper understanding of identity that the research has provided.
4.1 Group narrative.

This section describes the understanding of identity that was achieved after the first phase of narrative analysis, in which the Facebook conversations were analysed as a whole, with no attempt at following individual participants or comparing them. As described in Section 3.2.3, initial text analysis yielded a series of main messages or “themes”, shown in Table 1. Using Ricoeur’s concept of narrative identity, these main messages in the text represented either “sameness” (familiarity and consistency across the group), or “self” (areas where, even at this early stage, inconsistency and uniqueness could be identified when different participants told similar events in different ways). The main messages of “sameness” then contributed subheadings for narrative contextualisation (as described by Mishler, 1995) and the restorying process that resulted in this section. Those that represented “self” formed the starting point for comparing the told experiences of different individuals (Section 4.2).

During the restorying process, participant stories contributing to the main themes were re-explored. Identity was understood not only from the way events and players were prioritised in the participants’ stories and the way different values and perspectives were handled, but also from the overall tone and presence of evaluative statements in the stories. These indicated whether experiences aligned or conflicted with identity ideals, and whether the influence of other players had contributed to a sense of frustration, satisfaction, dejection, or positive or negative self-worth.
Table 1. Main messages extracted from text analysis of the Facebook conversations.

**Elements of “Sameness”:**

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>An emphasis on patient diagnosis and treatment</td>
</tr>
<tr>
<td>•</td>
<td>Significant event: being in sole charge of the clinic (for example being the sole veterinarian at the weekend, or being sent out alone for a patient visit)</td>
</tr>
<tr>
<td>•</td>
<td>Significant event: Euthanasia</td>
</tr>
<tr>
<td>•</td>
<td>The significance of working with the client or pet owner: a progressive realisation of complexity</td>
</tr>
</tbody>
</table>

**Elements of “Self”:**

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>How challenges presented by the client or working environment were perceived in the stories</td>
</tr>
<tr>
<td>•</td>
<td>Workload and responsibility: the role of a mentor or supervising figure</td>
</tr>
<tr>
<td>•</td>
<td>Mistakes and fallibility</td>
</tr>
<tr>
<td>•</td>
<td>How education was discussed in the stories</td>
</tr>
</tbody>
</table>
4.1.1 An emphasis on patient diagnosis and treatment: origin and implications.

Particularly in the very early posts (those written in the first 2-3 months of practice), stories often emphasised the disease aspects of the patient and detailed medical and surgical content. When asked to write about a significant experience, the participants responded by writing miniature clinical case reports, emphasising the medical and surgical management of their patients. In JW’s first story, and others written at the same time, the patient, clinical procedures performed and likely diagnosis were the prioritised elements of the experience:

“My first proper case is a 2-year old Springer Spaniel with enlarged submandibular lymph node but no other clinical signs. FNA*, followed by biopsy, awaiting results at the moment but possibly sterile lymphadenitis.”


[*FNA = Fine needle aspirate, a sampling procedure similar to a biopsy]*

It was initially puzzling why stories were written in this way. Was it because these elements represented what was most important to participants about their work and professional identity? Or was it because their prior experiences of ward rounds and assessment had instilled into them that this is the way veterinarians think? Presenting patients in this way is praised in teaching and assessment experiences, and contributes to a prioritisation of biotechnical elements in the identity development of doctors (Apker and Eggly 2004). Furthermore, the observations of Page-Jones and Abbey (2015), that the identity “being a vet” overlaps with how veterinarians view their sense of self, is reinforced in the way veterinarians talk socially. When “talking shop”, groups of veterinarians also commonly seem to adopt this disease-focused narrative in the way they prioritise content in their conversations. My identity as a veterinarian or educator might therefore have led the participants to assume this was the type of conversation I was looking for. Whether these details reflected the personal priorities of the participants, or whether they wrote their stories this way because they believed it was what was wanted, the stories demonstrated their perception of a professional culture dominated by a highly patient-focused narrative of clinical signs, diagnoses and treatments.

The above story then continued as follows:

“Although I didn’t do the biopsy the other vets have kept [me] involved and I have been discussing results etc with owner so do feel like it is ‘my case’... The results of the biopsy didn’t give a definitive diagnosis. The owners don’t want further investigation so a little frustrating!”
The conflicting elements of this story were interesting. The diagnostic procedures of the case were prioritised in the story, despite them not being performed by the storyteller. The story suggested that it was the relationship with the pet owner that determined the veterinarian’s feeling that this was ‘her case’, yet the owner was seen as obstructive to the veterinarian’s prioritised goals. There was thus tension evident between the component parts. A high priority was afforded to diagnosis, such that this essentially defined professional fulfilment: the fact that full diagnostic procedures were performed provided the criteria for this being considered a “proper case”. This was despite the lack of personal involvement in these techniques. The personal involvement with the client seemed to impart a sense of responsibility (“feel[s] like it is my case”), but this was insufficient to make the client relationship the main priority in professional identification. What made the event a “proper case” was the presence of a disease to be diagnosed, and not a possible alternate narrative: the presence of a client, who the veterinarian could help through the process of having an unwell pet. The lack of a diagnosis seemed to have ended the perception of the case as important: the story ended when the clinical elements of the case had ended. There was no continued story about how the client felt about their pet, or how ongoing care was discussed.

This approach to story construction was also evident in another posted at around the same time:

My very first consult was a vaccine consult, but noted on exam that there was some mild hair loss around the lumbar spine. Lots of grooming that spot at home. Painful on palpation. Suspected some hyperaesthesia*. Owner wasn’t too bothered and didn’t want to pursue any work up.

Vet KF, 30th September 2015.

[*Hyperaesthesia = an increased pain state.]

The stories from these two participants shared a common emphasis on providing precise details of the clinical picture, and a similar representation of the role of the client as a somewhat frustrating obstruction to the valued further steps of diagnosis and treatment. The client was not irrelevant: they were depicted as a powerful player, inhibiting the realisation of the preferred professional identity. However, despite this influence, the stories contained no further information about this player: their wishes, the details of their conversation, their concerns, or their expectations for a desirable outcome to the event. Clients may visit their veterinarian for many reasons, only some of which are based on a desire for their pet to be
diagnosed and cured. They may simply want reassurance that their pet has nothing life-threatening, isn’t suffering, or are visiting only to meet their obligations in vaccination (immunisation).

The stories described a potential conflict, as seemingly the priorities and needs of the new graduate veterinarians were not being matched by the needs and values of the client. Human-oriented professional goals, such as building a relationship with clients to negotiate pet care and providing reassurance that there is nothing seriously wrong with a pet, apparently did not represent valued aspects of the veterinary identity. Conflict between human- and biomedical-oriented priorities have also been noted in primary care doctors, who perceived a relational, human-centred identity to be somehow inferior or subordinate to the higher status afforded by a biomedical focus (O’Flynn and Britten 2006; Johansen et al. 2012). Interestingly, this contrasts with views expressed by more experienced veterinarians, who described satisfaction from the incorporation of the client relationship into their professional identity (Hargreaves 2016; Armitage-Chan et al. 2016).

Identity conflict between the veterinarian and client is a concerning finding, and aligns with the view of “the client” as a source of stress or career dissatisfaction (Gardner and Hini 2006). This discourse of client-veterinarian conflict is evident within veterinary social media, as well as being recognised by those outside the profession:

- “The 5 most difficult veterinary clients”, available at http://veterinaryteam.dvm360.com/5-most-difficult-veterinary-clients;

An emphasis on clinical diagnosis and treatment was not only evident in the events and contextual elements included in the stories, but also in the emotions and evaluative statements present:

“The trickiest case I have had so far has been a premolar extraction on a young brachycephalic* cat [who had been admitted to be spayed**]. I had little dental experience, had been put on sole charge at a clinic I had never worked before, and had some older equipment... I thought [the teeth] would come out easily but boy was I wrong. My flap*** was a disaster, my instruments were dull and too big and I felt so bad for this little kitten... It took me forever to get them out. By the time we got through to the spay it was about two hours... then I found out she was in heat and had massive blood vessels everywhere. I think the total anaesthesia time was three hours, I was so shaken at the end and I felt like a total...
fraud... I followed up via our electronic record system and the local vet had commented on the flap breakdown.”

Vet KF, 5th November 2015, emphases added.

[*Brachycephalic = a description of the shape of the facial anatomy (“squashed-nosed”). It can complicate anaesthesia and increase the risk of breathing difficulties and complications.
**Spay = a routine neutering/desexing surgery, typically performed by new graduates.
***Dental flap = an advanced surgical technique for managing tooth extractions.]*

In this story, KF was clearly very upset by the outcome of the case. His descriptions of his feelings (underlined) include powerful affective statements and strong emotions associated with the experience, which persisted in the retelling. The importance of the patient, their welfare and the clinical outcome were clearly very important to this veterinarian’s sense of identity.

An alternative way of telling this story could be provided by considering the reasonable expectations for a veterinarian of this level of experience working in this environment (a small branch practice). While simple routine dental procedures or neutering surgery would be reasonably considered as new graduate competences, the procedures described here were much more advanced, in a patient that was far from simple or routine. The event could therefore also feasibly have been told with more of a sense of achievement, at managing a difficult patient in a challenging environment, successfully managing the spay and the anaesthetic, with the only complication a minor breakdown of the dentistry wound. Clearly this alternative narrative contrasted with KF’s vision of what he should have been able to do for his patient, and he seemed to consider he had failed to meet his expectations for the veterinary role, a conclusion he found very upsetting.

A similar story of failed expectations was told by another participant:

“I recently worked my first weekend, of which the Sunday [I was in] sole charge... of course was ridiculously busy... On the one hand I was pleased I had survived but on the other hand frustrated with my lack of experience. I often feel this with cases. One in particular was a young puppy with acute renal failure that was unfortunately euthanased [sic]. I think it was the right decision but I wonder if I had more experience whether I would have advised the owner differently with regards to further investigations etc.”

Vet JW, 28th October 2015.

Again, there was evidence of frustration evoked by a failure to live up to the idealised veterinary identity. As with JW’s previous story, there was an interesting mix of priorities and
emphases evident. She had successfully managed being the sole veterinarian, and running a busy clinic, an achievement which (in contrast to KF), JW acknowledged. The story about euthanizing a young puppy was an interesting one, as this would have been quite a complex event, integrating communication skills, management of the client’s emotions and making a clinical decision about whether to attempt treatment. In the midst of this complexity, JW acknowledged that she had made the correct decision with regards to the sick puppy, but with little sense of achievement associated with this conclusion. Instead, the overriding tone was one of frustration and failing to meet expectations (“if I had more experience (whether) I would have advised the owner differently”).

Within these stories there therefore seemed to be a difference between the new graduates’ expectations of their competence, achievement and identity, and the expectations that I (as an educator) would have for the skills and expertise new graduates should possess. Furthermore, the management of complex situations, such as emergency cases and those requiring empathic communications skills, were apparently under-valued in the new graduates’ conceptions of their identity, despite being highlighted as important in surveys of the profession (Cobb et al. 2015; Veterinary-Schools-Council 2017). When explored within wider professional discourse, the issues of readiness for practice and the situations new graduates should be able to manage reveals an inconsistent message. While there are ample sources that demonstrate the importance of new graduate support (particularly in early experiences of surgery), there are others that suggest new graduate employers want employees who can work immediately without assistance (Bradshaw 2012; Veterinary-Schools-Council 2017). Conflict may therefore be present between the Royal College of Veterinary Surgeons “Day One Competences” document, which suggests that a period of mentoring and assistance with complex cases is necessary, and the views of graduate employers. Based on the participants’ stories, they seem to have rejected the rhetoric that their graduate competence should extend only to simple, routine cases. This has resulted in perceptions of under-achievement when they fail to excel in all elements of a complex situation.

This conflict seemed to manifest further in the participants’ apparent expectations that when working in their new employment environment, they would replicate the identity of veterinary specialists in the university referral hospital. General practitioner work in an environment where different skills and priorities are valued: making decisions based on incomplete information, working with varying client values and needs, and negotiating different levels of treatment according to client expectations and limitations (May 2015). Trying to replicate university role models in a general practice environment is unfeasible, as well as often not
reflecting the values and expectations of the general practice client. However, this unfeasibility and difference in priorities were not reflected in the new veterinarians’ identity goals.

The unfeasible expectations the new vets created in their identity ideals was further apparent later in the conversation, when the group (KF, JW, JD and FT) discussed what they learned in university and its application to their work:

“My biggest challenge I face daily is finances and going for gold standard treatment, that we have been taught and exposed to at uni, isn’t always possible.”
Vet JD, 7th November 2015.

“Having an hour and a half in the [referral hospital] for a consult means you can do everything but trying to squeeze that into 15 mins just doesn’t work and leaves me feeling like I haven’t done a particularly good job.”
Vet JW, 7th November 2015.

“When or if you should get clients to come back and duration of treatment are definitely things I struggle with. Also when clients refer to ‘the pink tablet’ – I have never used most of the medications so don’t really know what they look like! Trying to explain how to use panacur or pro-kaolin syringes when you have never used them yourself is interesting!”
Vet JW, 7th November 2015

“We are so lucky to train in amazing referral hospitals but in some ways I don’t think that prepares you enough for your first job, silly things like I have never seen a blocked cat until this week!”
Vet FT, 7th November 2015

This again demonstrated the unachievable nature of the participants’ professional identity ideals. They seemed to model their identity on the specialist veterinarians working in the university, but in addition, were trying to incorporate the skills and experience of the general practitioner. The referral and general practice environment are very different, and those working in them have different sets of problems to solve. The case load of the general practitioner, and their unique set of expertise, was recognised by the new veterinarians: recognising “the pink tablet” and knowing how to administer medications are tasks that would have been delegated to the veterinary nurses in the university referral hospital; the specialist veterinary surgeons would not have modelled these! However, rather than feeling a need to remodel a professional identity rooted in the general practice context, the participants seemed to feel a need to adopt a professional identity that encompassed both spheres: an identity that is impossible to achieve in reality.
4.1.2 Significant events: Being in sole charge.

Analysis of the stories revealed that many of the storylines focused on similar events, with being alone and “in sole charge” frequently defining a significant experience. It was unsurprising that in the transition from being a student to being a veterinary professional, being alone and having sole management of a patient would represent an important milestone and impart an appreciation of responsibility. However, when the text was deconstructed to look for evaluative statements and prioritised events and players, further interpretations could be made about why these experiences were so meaningful. These had important implications for veterinary education.

In theory, sole responsibility for patient management could be obtained through gradual stepping-back of supervision. New graduates could be given the opportunity to make clinical decisions about their patients with a progressive decrease in the level of support provided from more experienced colleagues. The stories demonstrated this not to be the case:

“My first real case was on my second day, after being told I would be eased into practice. I got called to a young horse that had been stuck in a fence... when I got there the yard was in hysterics, the horse had managed to create a 20 cm long 10 cm wide lesion on her distal hind limb that went down to the bone... Panic wasn’t the word, on my way to the call I had already pulled over and frantically researched wound management just in case I missed something but I wasn’t prepared for this...”

Vet JD, 14th October 2015 (after 1 month in work).

This story again highlighted the conflict within the profession surrounding new graduates’ preparedness for practice. Despite the comparatively routine “Day One Competences” that the Veterinary Colleges are educating students towards, the reality is that this new graduate was exposed to a much more complex situation, with minimal supervision.

In JD’s story, it wasn’t simply the clinical patient management that she was afforded responsibility for, it was also management of the high emotions of the people involved. Furthermore, this new veterinarian’s actions would have had implications for the practice reputation and finances (she would have had to discuss the costs of treatment and systems for payment), as well as the safety of the people in the yard (a painful, stressed horse can be very dangerous and veterinarians are responsible for any injury to clients resulting from inadequate restraint of the patient). No details were included to describe any support the practice had
offered; conversations with colleagues to obtain assistance may have occurred, but getting help with this difficult situation was not sufficiently meaningful to be included in the story.

This full set of responsibilities was evident in other stories, where the authors assumed responsibility for the practice at weekends, or were placed as the sole veterinarian in a branch practice:

“An elderly dog had been presented to one of our branch vets in the morning, lethargic, not eaten for the last week, white mm. The branch vet was on a half say so referred the dog to me (I was sole vet as my senior was away and there was no locum)... [I] discussed al (sic) the options with the client including pts* which owner opted for so came down to the practice with her 20 year old daughter who point blank refused to let her mum pts dog and wanted to take the dog home to die in his sleep at home. Cue an hour of the dog sat on daughter lap in quiet room and mother, daughter, father, brother, best friends boyfriend from down the road all arguing between themselves over who was going to drag daughter away from the dog to allow the dog no more suffering! Very stressful day along with it being my first time sole charge with full consults and 2 other emergency cases to deal with!!!”

Vet FT, 7th November 2015 (after 3 months in work). *PTS = “Put to sleep” = euthanasia.

The level of responsibility assumed at such an early stage in the participants’ careers clearly has important implications for their education. Concerns raised by the Council of the Royal College of Veterinary Surgeons, that students’ education does not prepare them for being practicing veterinarians and on graduation they are “simply dropped in it”, appear to be valid (Are new graduates practice-ready?, Veterinary Practice 2016, available at: https://veterinary-practice.com/article/are-new-graduates-practice-ready). There is therefore a need to review accreditation and curriculum priorities in veterinary education, such that within weeks of starting work, graduates are able to handle complex situations, integrating clinical problem-solving with the needs of the veterinary business and the emotions and priorities of the client.

The stories of “sole charge” conveyed important messages about what new graduates do. Given that these experiences were sufficiently meaningful that nearly all participants chose to talk about them, they may also have provided opportunities for identity exploration and the re-thinking of self. Examining the stories more closely to look for common meaningful elements suggested a redefining of the wider challenges of the veterinary role; where these had not previously been included except as obstructions to the veterinary identity, they now seemed to be more integrated into the prioritised elements of the participants’ stories.
Examining these significant events, looking at the way the events were told, and making comparisons with earlier story construction suggested that the experience of being alone had triggered an incorporation of complexity into the veterinarians' professional identity. There was also a change in how evaluative statements were used. In the earlier stories, identity interpretations could be made from evaluative statements relating to the outcome of a situation, indicating whether or not this aligned with the storyteller’s identity ideals. In contrast, in these descriptions of being in sole charge, evaluative statements did not so clearly indicate alignment or discordance between the event’s outcomes and the storytellers’ identity. The events were invariably told in a way that suggested the new veterinarians found the experiences stressful. However, it was unclear whether this stress represented a welcome challenge, on which the storytellers’ thrived, or a source of anxiety caused by the lack of help. The authors didn’t seem surprised, dissatisfied or disgruntled at their early acquisition of responsibility, and the stories were mostly based on descriptions of what they were doing, rather than what they were feeling. Although the authors noted that they were stressed, there was no follow-up sense of achievement or frustration (for example the stories could have been written: I was stressed, but I managed and it turned out ok; or I was stressed and unable to cope and could have done things better). In stories from more experienced veterinarians described in an earlier paper, contextual challenges appeared to have been incorporated into the veterinary identity and provided a source of satisfaction when handled well (Armitage-Chan et al. 2016). In contrast, for the new graduate participants of this study, it was difficult to tell whether contextual challenges provided a source of pride and achievement or were seen as overwhelming. It was clear that contextual challenge was acknowledged as part of the role, but the participants did not yet seem able to use these experiences to define their sense of success as a veterinarian.
4.1.3 Significant events: Euthanasia.

A second significant event often presented in the stories was the experience of euthanasia. As with being in sole charge, this was not surprising: ending the life of a patient is obviously significant, and it would be more surprising if this didn’t feature in the stories. It was more revealing to examine the way the stories were told, and the selection of told events. Examining the reasons for telling the stories and the nature of the cases selected revealed the elements of euthanasia experiences that were most meaningful for the participants:

“I have had one of those weeks of really tough sad cases. My one that I won’t ever forget was a horrifically aggressive 55kg malamute (so aggressive he recently broke his owners arm and has to be sedated for his kennel cough [vaccine]). Owners noticed a mass over his submandibular [lymph node] which came back as malignant mass likely secondary and opted for euthanasia. It was a huge challenge to be able to get the biopsy and I was terrified of the pts as so worried about how I could do it nicely for the owner when all the dog wants to do is pin you in the corner and eat your face! So many emotions and really put my communication skills to the max!

Vet FT, 6th February 2016.

“I have had a tough euthanasia too. But it was on a hamster. A mother and her 2 daughters came in with their hamster that had a broken leg. The mother asked about amputation but after a lot of thought with regard to cost and GA risk they went for euthanasia. I couldn’t believe they were seriously considering surgery but it transpires the girls had lost their father recently and it was all very close to home... Very emotionally challenging even for me who is pretty emotionless!”

Vet JW, 7th February 2016.

“I also had an awful pts... at this point [owner] wasn’t interested in pts but wanted me to wave my magic wand and look in my crystal ball and know what was wrong and how to fix it! The dog was in a sorry state and vvv painful... I trundle back to our main branch and run bloods... raging pancreatitis!! O decided she didn’t want to do anything and wanted dog pts... Only when I was discussing it afterwards did she mention that it was her dead sons dog so could she have ashes to sit on mantelpiece with him and her husband died a few weeks ago and I was just completing her bad year! I just felt awful but what can you do when she doesn’t want to treat!!!”


“I worked boxing day with one other new grad... it was hectic and gave me my worst pts so far, a 4y/o shar pei who had apparently been fine in the morning but came to us in the afternoon with one episode of vomit, one episode of diarrhoea and unconsciousness... Estimated £1000 for a workup, the owners were PDSA clients who did not know the PDSA hospital was open, could not afford work up but did not want to pts. It took me a solid 90 mins to persuade them to go for euthanasia. I still feel it’s the right decision but it’s draining (it was my fourth pts of the day). I also still have no idea what was wrong with it.”

These stories all shared common features that demonstrated why these particular euthanasia events were significant to identity formation. The stories didn’t focus, as they could have done, on a first euthanasia experience (most veterinarians can remember the first animal they euthanized), and euthanasia itself is not particularly uncommon, so the participants would undoubtedly have had many events to choose from. It seemingly therefore wasn’t euthanasia itself that made the experiences meaningful, but the particular situations surrounding the examples chosen.

Examining how clients were portrayed in the stories revealed an inclusion of their emotions and elements of the clients’ own stories. This contrasted with earlier stories that focused on disease diagnosis and contained no “client story”. Significant elements of the storytelling were the participants’ own strong emotions relating to the events described (“terrified of the pts”; “I just felt awful”; “it’s draining”), emotionally-charged parallel events (a dog so aggressive he had broken his owner’s arm; close family deaths) and emotionally-intense conversations with the client (“90 mins to persuade them”; “the girls had lost their father recently”). It appeared therefore that these events were not chosen because they involved the death of a patient, but because of the complexity that surrounded the told event. Like being in sole charge, these euthanasia events appeared to have specifically triggered a realisation of the wider complexity of the veterinary identity.

Marcia’s concept of identity exploration and Billett’s description of identity formed through practice both emphasise the importance of critical experiences in work for professional identity development (Billett 2007; Holden et al. 2012). The participants’ use of a complex euthanasia to stimulate a more complex, broader conceptualisation of the veterinary identity provides an example of this and can be explored further by examining how medical students have responded to similar complex and challenging events.

Like in the veterinary participants, an undeveloped understanding of identity complexity has been observed in medical students and early career doctors. Examples of a simplicity in identity understanding include a rejection of the notion of heterogeneity in identity priorities (i.e. the medical professional identity understood as a single, uniform phenomenon), and a struggle to integrate responsibilities to wider stakeholders into identity conceptions (Martimianakis et al. 2009; Rogers et al. 2012). Pratt, Rockmann and Kaufmann observed that the development of a more complex medical identity was stimulated when residents encountered tension between what they did (their role as junior doctors) and their presumed
identity (the doctors they thought they would be) (Pratt et al. 2006). Rationalising this tension triggered a process of identity “enrichment”, resulting in a more holistic, care-focused identity.

In medical students, tensions arising from the conflicting caring medical identity and the detached, biomedical-focused version have been exposed by experiences of patient death. In these situations, social interactions with peers and supervisors, facilitated debrief sessions and modules such as the “Healers Art” course have helped a relational-focused component to be negotiated into the professional identity (Rabow et al. 2007; Monrouxe 2010; Kelly and Nisker 2010). These examples from the literature emphasise the importance of reflection and social validation to successfully use experiences of tension to inform a more complex, relational professional identity.

In the veterinarians’ stories, the critical events that appeared to stimulate rethinking or refinement of identity were those which evoked tension between identity ideals: a naïve professional identity constructed during student-hood and assumed to represent the superior version, and the identity that was encountered in work. During the complex euthanasia events, a tension may have become apparent between the biomedical, disease-focused identity instilled during education, and a caring, human-oriented identity that was necessary for managing the complex emotions present. Erikson’s description of identity crisis describes an individual who is prompted to reconsider their previous identity values in response to a change in context:

“Such discontinuities [between the previously understood identity, and that which is newly encountered] can amount to a crisis and demand a decisive and strategic repatterning of action, and with it, compromise which can be compensated for only by a consistently accruing sense of the social value of increasing commitment.”

(Erikson 1980 Page 123).

The critical nature of the euthanasia events may have prompted the participants to reconsider prior-held views of the relational identity and its conflict with biomedically-focused priorities. In comparison with more routine situations, the more extreme emotions of the clients, explicitly demonstrating their need for a care-oriented identity from their veterinarian, may have provided previously absent social validation of a relational identity focus.

The stories of euthanasia demonstrated several ways that complexity in the veterinary identity was being understood by the storytellers:
Veterinary decision-making involves many influences and stakeholders:

The storytellers recognised that the decision to euthanize a pet wasn’t simply based on clinical knowledge, but also included the client’s wishes and the implications of their finances. The stories demonstrated that the clients’ perspectives included personal and family history, their emotional attachment to the animal, and cultural variations in attitudes defining reasonable pet care. These elements of the “client story” had not previously been evident within the participants’ identity construction.

Satisfaction with outcome can be achieved from numerous sources:

The affective consequences of the described events extended beyond feeling positively or negatively about whether a patient recovered or not. The stories demonstrated that the decision-making process had emotional consequences for the veterinarians, which arose from realising the effects of their decisions on their clients, and anxiety over whether they had made the correct decisions for those clients. This suggested that client satisfaction, rather than simply clinical outcome, was emerging as a determinant of a successful event, and that the client perspective was being introduced as being as integral to the veterinary identity as clinical diagnosis and treatment.

The veterinary environment is chaotic and challenges professional performance:

The stories described hectic clinics, aggressive patients, work carried out across multiple locations, and (in the quote FT on 7th November, included in the previous section), negotiating the wishes of multiple family members. The veterinarians were also charged with making high-impact decisions (euthanasia) with incomplete information: making a decision despite not knowing what was wrong with the patient or whether they would get better. The incorporation of these contextual elements into the stories suggested that managing environmental challenges, and not just the patient-client relationship, were being recognised as a significant element in the veterinary identity.

At this point in my analysis I could see a transition occurring in how the wider aspects of being a veterinarian were being understood in the participants’ stories. Initially, clients (and their wishes and finances) had been understood as an obstruction to the prioritised veterinary identity. Clients were generally portrayed as anonymous figures who were made impersonal by the stories. In contrast, within these significant events, the presence of a “client story” suggested an added complexity within the veterinary identity. Clients gained feelings, emotions, a history and a family. I was interested to see whether, within the 8-month period, complexity and the client relationship would be recognised as being a truly valued part of the veterinary professional identity. Would the veterinarians appreciate a sense of satisfaction from being able to manage contextual and client complexity, and take the same sense of achievement from successfully working alongside their clients as they took from successfully diagnosing and treating their patients?
4.1.4 Progressive realisation of complexity in identity.

The realisation of complexity as an inherent aspect of the veterinary identity did indeed appear to become evident in the veterinarians’ narrative during the 8-month period. However, it wasn’t particularly easy to identify, and at the end of the study period, it remained a fragile and occasionally-understood element of the professional identity, rather than something that was central to the participants’ conceptualisation of what being a veterinarian meant to them. There was a key point in JD’s narrative in December (3 months into practice) that seemed to represent a transition, from defining a sense of success based on clinical patient management, to appreciating that broader elements of veterinary work could define success in the role:

“I had 2 cases recently... they came in on a weekend when I was on my own and having chatted to my boss later in the week... I was pleased that my diagnostic approach in each case had been as he would have done. I had difficult conversations with both sets of owners as it was not good news in either case but they both thanked me for everything. I spend a lot of time thinking and feeling that I don’t really know what I am doing/ I am not doing a particularly good job but these cases remind me that although I don’t know as much as the senior vets I am working with, I do know some stuff! And I am lucky that my bosses are very approachable and happy to help.”

Vet JD, December 14th 2015.

In this story, the broadening conceptualisation of the veterinary identity was identified by examining the contributors to a sense of positivity about the experience. The role of the client had changed significantly, from being an obstruction (at first) or challenge (later) to now being central to whether the experience was perceived as successful and rewarding. A favourable outcome was no longer defined exclusively by being able to successfully diagnose and treat disease, but additionally now incorporated the client’s satisfaction with a case. That the author also appeared to be satisfied with the outcome was a clear demonstration of change in how she viewed her professional identity.

Earlier stories had demonstrated a significance of working alone to the new graduates’ identity. In contrast, this story suggested that discussing cases with colleagues now contributed positively to the storyteller’s perceptions of being a veterinarian. Earlier stories ignored the role of colleagues in offering clinical support, or saw them as antagonistic or judgmental (for example in KF’s November 5th story). Here, colleagues’ supportive and mentoring role was embraced, and working alongside colleagues was afforded a greater contribution to the sense of identity. It was interesting that the contribution of teamwork to
the veterinary identity developed in this way, as one might expect support from colleagues to be appreciated earlier on, and then gradually surrendered. Instead, the narrative suggests that the naive veterinary identity prioritised independence, and the value of collaboration is something that was appreciated after experience.

The gradual incorporation of complexity as something central to the veterinary identity, rather than being a peripheral feature, could also be seen in posts from other participants. This extract is from a discussion between three participants in response to being questioned “what being a vet is all about”:

“Try to provide the best medical care for our patients within the constraints of client expectations, client finances, time and my own knowledge and skills”

Vet JD, 4th January 2016.

“Plus psychiatrist!”

Vet FT, 4th January 2016.

“I think this was the element I was least prepared for! Just how much time I spend caring for client mental wellbeing as patient physical wellbeing!”

Vet MT, 4th January 2016.

FT was a participant who recognised the complexity of the veterinary identity quite early on in her narrative. During the initial stage of text analysis, FT’s euthanasia story (7th November) stood out as being different to those written by others at the same time. In her story, she described the challenges of managing multiple family members and concurrent emergencies as part of her story of this euthanasia. This was the first story I had read in which detailed information was included about other players in the experiences (beyond the patient), and where the storyteller’s evaluation of the situation was not based on whether diagnostic and treatment-oriented identity ideals had been met.

In another story written at around the same time, FT described feeling “out of her depth”, because of being put “in an awkward situation” by a colleague:

“A 9 week old kitten was brought, not eaten for a week since it was given 1st vaccination, severely dehydrated. All I can say is thank goodness for Vet Times articles and amazing nurses! Somehow we got a catheter in, managed to rehydrate according to the article, monitored blood glucose like crazy and over the course of the day the kitten went from almost dead to a little madam!! My difficulty was that the colleague who vaccinated the kitten had seen the kitten the night before and said it must be a vaccine reaction but will be fine overnight see [FT] in the branch tomorrow she will deal with kitten! So I had to deal with
owner, drugs company (who were really helpful surprisingly) and try to save the kitten!”

Vet FT, 7th November 2015.

As an example of complex identity construction, the broader elements of veterinary care were very evident in this story. Not only was the client focus incorporated, but the veterinarian was presented as an interprofessional team worker (extending “the team” to include the drug company), who works with wider contextual challenges, including occasions of conflict in veterinary team interactions. An understanding of the veterinarian as one who doesn’t know everything was also a significant element in the story. In this way, the story framed the veterinary identity in a way that was more similar to that of more experienced veterinarians (Armitage-Chan et al. 2016). It also demonstrated engagement with elements such as interprofessional collaboration, with which veterinary students have previously struggled to engage (Jackson and Armitage-Chan 2017).

Despite this early evidence for the appreciation of the complexity, the fragile nature of this self-identity understanding was evidenced by looking at a later story from FT. Here, the conflict between narrower, patient-focused identity values, and the perspective of the client was clear:

“My Christmas Eve was horrible filled with clients whose pets had been v/d* for the last X number of weeks and they decided the day before Xmas to sort it out so said pet doesn’t ruin Christmas essentially by making a mess... all wanted quick fix with no work up and no money spent so found myself giving far to (sic) much cerenia** for my conscience just to keep people happy... Got worse today... pts on a healthy but apparently snappy 7 month old American bull breed dog!! This is my second young healthy dog I have pts in the last months which basically is due to owners not training not castrating and having too big dogs to handle! O refused to rehome even though there was a place for the dog. I find it so tough when my heart is saying healthy dog this isn’t fair I really don’t want to pts but my head says I can’t prove this dog isn’t dangerous and it if bites someone then that is my fault!!!”

FT, January 4th 2016.

[*V/D = vomiting and diarrhoea, **Cerenia = an anti-vomiting medication.]

The strongest message here was the conflicting values between the veterinarian and the pet owners, which gave this story an overall negative tone. Although broader responsibilities were evident (responsibility to society for preventing dog bites, and to the profession for appropriate prescribing practice), the extreme nature of the value conflict (euthanasia of a healthy dog) appeared to have triggered a return to a narrower set of priorities: the “horrible”
nature of the day was determined by actions that compromised patient health or life in favour of the clients’ needs.

The structure of the RCVS Code of Professional Conduct is of interest here (https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/). Although it emphasises the veterinarian’s responsibility to clients, colleagues, public health and the profession, the advice when these are in conflict is that the veterinarian should “balance the professional responsibilities, having regard first to animal welfare.” In the context of FT’s narrative, it appeared that stress evoked by conflict and threat to personal and professional values resulted in a narrowing of identity priorities, disregarding the needs of the client and wider stakeholders (the client’s family, public health) to focus only on the welfare of the animal. Is this exclusive focus on the patient what the RCVS advocates in situations of conflict?

I have seen this Code of Conduct quote in postgraduate ethics essays where it is used to justify the veterinarian’s position, often advocating clinical diagnosis and treatment where these were not wanted by the client. This interpretation of “regard first to animal welfare” neglects the wide range of interventions that can be carried out to alleviate pain and suffering, while not progressing steps towards definitive diagnosis and treatment. Options for a veterinarian to negotiate a solution that abides by the Code of Conduct, while still supporting the needs of the client and wider stakeholders, include not only euthanasia, but also palliative treatments, and short-term use of pain relief. Although seemingly interpreted as a justification to prioritise diagnosis and treatment, having “regard first to animal welfare” does not necessitate this response, and it can be applied in the context of a more complex, relational-centred identity.

The consequences of extreme value conflict are also interesting to explore. It is at times of value conflict where dissonant actions are more likely to occur (the veterinarian sees no option but to carry out the client’s wishes). Social support and validation of identity are particularly important in times of identity confusion (Erikson 1980; Cote and Levine 1987), and the breakdown of the client-veterinarian relationship may make the veterinarian particularly vulnerable to negative self-judgment. It is particularly challenging to draw a sense of satisfaction from working alongside a client whose values and priorities are most conflicting with one’s own, an outcome which represents Kegan’s most advanced stage of identity development (Kegan 1982). Kegan described advanced self-understanding as leading to relationships being understood in terms of different values and expectations, with the sense of self being separated from one’s actions (Chandler and Kram 2005). In situations like the one in
FT’s story, a veterinarian who had reached this level of identity development could rationalise discordant actions, appreciate an action taken for the benefit of a wider community, and separate their action from their understanding and judgment of self. They would understand that they are not defined by the actions that become necessary, but by their own, self-defined morals and values. If social validation of the identity-behaviour disconnect is not available from the client, and the veterinarian’s identity is insufficiently developed to be able to rationalise their own actions, then support from peers and colleagues becomes particularly important.
4.2 Individual narratives.

Analysis of the participants’ stories as a group conversation contributed to the understanding of identity and its development. Key findings included the new graduates’ disease-focused expectations for their identity, the handling of complexity, and the way the client was portrayed within the veterinary identity. In the next stage of analysis, a small number of participants were selected to explore in more depth these conceptualisations of identity and how they were formed. Attention was focused on Ricoeur’s sense of “self”: comparisons between individuals to understand identity from the uniquenesses and differences that were identified.

In this second phase of text analysis, stories that had been used previously were examined again. Whereas initially they had been read to identify elements that were meaningful to the group, this time they were looked at through a different lens, concentrating more intensely on the individual, and re-reading each story in the context of others written by the same participant. This meant that the stories used in the group narrative often appear again in the individual narratives of this section. Exploring each participant’s stories with a focus on “self” instead of “sameness”, and reading them as part of the longer story of each individual’s ongoing experiences, provided deeper insight and understanding of the processes each participant experienced as they formed their identity.
4.2.1 Participant 1: JD’s story.

The first story I chose to follow was that of JD. The reason I selected her narrative first was because there were a number of individuals who I felt were particularly dominant in the group narrative, and I wanted to explore stories from a less vocal participant. I was worried that the group themes may be overly representative of two participants (KF and FT), and I was keen to explore in more detail the narrative of a different individual.

Ways of acting and ways of being.

The first story written by JD was in October, which was during her 2nd month of work. Of all the participants, her stories most emphasised the rapid change (in terms of responsibility and behaviours) from student to veterinarian. She described being sent, on her 2nd day, to see a young horse who had been stuck in a fence. It wasn’t a simple case, either in terms of the injury to the patient, which appeared to be a complicated wound, or in terms of the complexity of the overall situation. At this stage JD seemed quite positive about her situation and professional role: the overall tone of the story was very accepting, and although she mentioned that she didn’t feel prepared, the ending of the story was very positive. The lack of anger or frustration in the way the story was written suggested that although she was surprised and slightly overwhelmed to be sent to see this case, she doesn’t feel it was an abnormal or unreasonable expectation for a very new veterinarian:

My first real case was on my second day after being told I would be eased into practice... I got called to a young horse that had been stuck in a fence for an unknown amount of time. When I got there the yard was in hysterics, the horse had managed to create a 20cm long 10 cm wide lesion on her distal limb that went down to the bone. The periosteum was damaged and it looked like the extensor tendon had a near miss. Panic wasn’t the word, on the way to the call I had already pulled over and frantically researched wound management just in case I missed something but I wasn’t prepared for this. I ended up cleaning and flushing the wound out, bandaging and giving antibiotics. She has been on dressing changes every other day for 6 weeks now, I radiographed the limb last week as the lameness grade was worsening and the granulation tissue wasn’t quite filling the defect and there was a 5cm sequestrum which I then removed with my boss. She seems to be doing well and thinking of skin grafting once we have a healthy bed of granulation tissue.

Vet JD, 14th October 2015.
The focus on clinical diagnosis and treatment identified in the group analysis was also evident here: the wound, anatomy and healing were described in detail, and there was no “client story” presented. The situation was complex because of the emotions of the personnel present in the yard, but diagnosis and treatment were successfully achieved, enabling JD to appreciate a sense of satisfaction arising from the matching of identity priorities and actions.

Analysis of the group narrative had suggested the clinical focus to the stories represented the graduates’ idealised professional identity at this early stage of their career. In the wider literature, this is typically attributed to hidden curriculum influences, such as the emphasis on diagnosis and treatment in university examinations and in ward rounds, their prioritisation by accreditation bodies and their emphasis in the identities of specialist clinician role models (Apker and Eggly 2004; Estefan et al. 2016). Analysis of JD’s individual narrative unveiled a potential additional layer to the development of this identity. JD had been working for only two days when she saw this horse, and for around a month when she wrote the story. On the second day of work, and only a few weeks after graduation, there was likely to be a persisting element of “identity as student” in her ways of thinking. The way she constructed her story was presumably similar to the way she had been encouraged to think and speak as a student just a few weeks earlier. This connection between ways of acting (talking about cases) and ways of being (self-identity conceptualisation) was recognised by Billett in his discussions of workplace learning and identity:

“Individual experiences in social practices, such as workplaces, will incrementally, and at times, transformationally contribute to changes in their ways of knowing and sense of self (identity)” (Billett and Somerville 2004 Page 321).

“The formation and transformation of self appears to proceed through, and be directed towards, an entwining, intertwining and entanglement between the individuals and their social subjectivities, which can lead to the transformation of self and learning for and in the workplace” (Billett and Somerville 2004 Page 309).

Talking and writing about work in a certain way potentially exerted a powerful influence on how JD and the other new veterinarians conceived their idealised identities. According to Korthagen’s “Onion” model of identity, the inner self will inform an individual’s actions and behaviours, but the reverse is also true: actions will inform the sense of self (Korthagen 2004). It is therefore possible that JD’s actions as a student in the workplace (using very specific ways
to talk about cases in the clinic) informed her identity formation (only cases that were managed in the same, technically-focussed way in which they were spoken about were meaningful to identity development). This would suggest it was not simply observations of cases being discussed and managed by role models in the referral teaching hospital that informed the participants’ identities, but also the way in which, as students, they were encouraged to think and talk about their cases.

**Mistakes and fallibility.**

After her initial story, JD didn’t contribute to the next few conversations, and it was interesting to examine the next time she wrote about an experience. There had been several discussions in October and November about tricky and meaningful cases, but JD had not participated in these. However, a December trigger post mentioned making mistakes, and JD responded immediately. This timing was notable as often the participants took several days to post a response to a discussion trigger. Her post was also about a mistake:

*I have a huge mistake that haunts me, I saw a panicky owner with a lame horse that I started treating like an abscess after finding a draining tract at the fetlock. It was still lame the day after so I decided to radiograph, however this didn’t go to plan and I was struggling on my own with the owner. Eventually another vet came out and decided to tap its tendon sheath and it turned out to be septic... I had totally missed the signs. Luckily everyone was really supportive, unfortunately the horse was PTS after referral. It did also have a fracture – but this didn’t kill it. I then messed up the insurance forms for this client and caused her a load more hassle and I feel like this case is the gift that keeps giving. I dread the day I have to go back to her yard!”.

Vet JD, 1st December 2015.

The most interesting aspects of this story were not the content or story construction. Instead, the more significant elements were the decisions made by JD to write the story, and by the other participants to ignore it. The emotive statements suggested the event was very personally meaningful ("huge mistake that haunts me"; “dread the day”), but JD apparently did not feel motivated or able to write this story in earlier conversations about meaningful experiences. Instead, it appeared that a specific invitation to discuss mistakes was needed.

The lack of response from the other participants was very unusual. By this stage in the Facebook group, the participants were talking freely to each other. When a story was posted, the group typically commiserated with the challenges faced, congratulated the achievements,
asked questions and “liked” the messages. However, this post elicited no further discussion. Other stories about challenging situations had elicited supportive or sympathetic comments from other participants, in recognition that they had all gone through similar experiences. However, looking back through the Facebook conversations, none of the others had written about mistakes (or, more accurately, they had sometimes written about events that didn’t go as planned, but had not used the word “mistake” to describe them). It is possible that none of the other participants had made a mistake during this 8-month period, however the described level of independence and lack of supervision made this difficult to believe. So why did the others not respond?

In contrast to the discourse in the medical profession, there is little literature about veterinarians’ mistakes and errors. In medicine, despite strategies to promote a culture of openness, mistakes remain difficult to discuss: doctors report feelings of shame preventing discussion of mistakes, and that when they do seek peer support, colleagues’ lack of engagement in the severity of the situation hampers their ability to gain solace from these conversations (Garbutt et al. 2007; Bognár et al. 2008; Plews-Ogan et al. 2016). JD’s need for very specific “permission” to talk about her mistake aligned with the strength of the veterinary identity as “curer of disease”, and the difficulties faced when an experience threatens this identity. Complexities surrounding notions and acceptance of fallibility were identified in a previous study of more experienced veterinarians, with these participants simultaneously knowing they should accept their propensity for mistakes, but finding it difficult to cope with the perceptions of failure when they occur (Armitage-Chan et al. 2016).

This struggle to accept an identity of fallibility is almost certainly significant to the mental health challenges faced in the profession. The absence of further conversation, suggesting other participants felt uncomfortable, were unprepared to offer support, or were unwilling to talk about their own relevant experiences, was also concerning in this respect. JD wrote that she felt her colleagues were supportive, but this “support” had clearly been far from adequate in helping her understand and rationalise her experiences of professional fallibility. The fact that neither near-peers, nor more experienced colleagues, were able to offer support suggests veterinarians’ ability to support each other through mistakes and difficult cases is poorly developed.

*The emotional consequences of failing to realise the preferred identity.*
This mishandling of fallibility continued to be evident in the stories. Although the word “mistake” did not appear again, several stories showed the dejection that occurred when clinical management did not go to plan. If, as has been suggested, a veterinarian’s professional identity is closely linked to their personal sense of value, and this is built exclusively on making animals better, then failing to achieve this will have detrimental consequences for emotional health (Page-Jones and Abbey 2015).

One of JD’s next stories suggested this impact of chronic failure to realise desired professional ideals:

“My last day [before Christmas] was a week before Christmas and was full of dentals, vaccines and the obligatory wound. I feel I get rid of one wound case to get a new one to replace it. This one was a horse who had kicked through the partition of its stable and managed to get its fetlock and pastern stuck in the wood and had a small cut to start off with but the trauma caused the skin to die all around the pastern down to the coronary band. He also sustained a kick to the face and had CS relating to Horners for a few days until the swelling subsided. Luckily the eye wasn’t affected and the mouth seemed to be fine.”

Vet JD, 1st January 2016.

This story could have been told very differently. A dramatic wound, resulting in signs of nerve involvement, healed well with no residual damage to the horse’s eye or mouth. There was no mention of treatment, so presumably it wasn’t felt necessary to intervene. It was therefore seemingly a case for which “doing nothing” was the most appropriate action, and the wound healed without the need for further clinical intervention. This was better for the client (financially), and for the horse, who did not require invasive treatment.

Despite the advantages, this lack of need for more complicated veterinary care seemed to have prevented a sense of achievement being taken from this experience. The slightly despondent tone suggested a growing sense that JD’s work and her preferred professional identity were poorly aligned. She was clearly tired of seeing horses with wounds and felt these cases shouldn’t define her professionally. There was no mention of the horse’s owners, or challenges of the work environment. The complexity these added to the case (one could imagine the people involved were probably quite upset, and the veterinarian had a role in calming the client and providing reassurance that the injury was not more severe) had failed to provide a sense of career satisfaction.

JD’s Facebook profile indicated that she left this veterinary practice in August, just under a year after she joined it. This is a common issue in new veterinary graduates, and one that is
concerning the profession: only 34% of new graduates felt their first employment met their needs and over 40% of 2012 graduates had left their first position within three months (RCVS 2013). Although likely multifactorial, the chronic failure to realise inappropriately-developed identity goals may be prompting early career veterinarians to keep changing practice, in a quest to find a practice environment that aligns with their view of the veterinary identity. They may assume it is the specific practice that is the cause of their identity-behaviours misalignment, rather than an understanding of professional identity that is unrealistic.

**JD’s narrative**

What was learned from following JD individually? Closer analysis revealed that her identity development did not follow the progression identified from the group analysis, and instead seemed to stagnate. A naïve view of the veterinarian who uses their expertise to successfully treat disease and injury was reinforced by early exposure to a case where this was possible. However subsequent case experiences, where context was such that this identity could not be revealed, failed to trigger reflection and reshaping of identity. The naïve identity conceptualisation therefore persisted. JD’s experience of the mismatch between the role as perceived and as realised was similar to the medical trainees described by Pratt and colleagues, who had used this tension to successfully reconstruct their identity (Pratt et al. 2006). The potential “changing point” identified from one of JD’s stories in the group narrative seemed not to have had this effect, and may have represented an opportunity wasted. If JD had been helped to reflect on this experience, and to appreciate a broadening version of the veterinary identity, social validation of a reconceptualised identity may have occurred, preventing future identity confusion and the resulting dissatisfaction with self.

Negative consequences of the persistent narrow identity conception, and its failure to be aligned with the professional role, included the emotional and psychological consequences of chronic identity-behaviour misalignment (Taylor 1992). At the most extreme, a failure to live up to the “veterinarian as healer” led to negative self-judgment, potential for chronically low self-esteem, and a need to find a new employment practice.
4.2.2 Participant 2: KF’s story.

The second participant selected was KF. In contrast to JD, whose voice had been relatively quiet in the group analysis, KF was highly vocal. Similarly to JD, he also appeared to have quite an extreme conceptualisation of the veterinary identity, being highly technically- and patient-focused, and he seemed particularly dissatisfied with his experiences.

Identity, learning and environment.

KF’s stories had been used several times to exemplify the early narrow identity conceptualisation in the group analysis. In one story, he had written about offering further diagnostics for a patient in which he had identified skin disease during a routine vaccination consult, only to become frustrated and dejected when the owner declined this offer. His story of a challenging dentistry procedure that went wrong was also used, which demonstrated the presence of indicators of poor mental health when there was a failure to achieve patient treatment. Similarly to JD, the patient-focused approach to story construction appeared to persist through the research period, stories remaining highly clinical, focusing on technical aspects of patient management, and generally omitting the story of the client. KF seemed to draw a particularly strong sense of purpose from including highly technical details of his patients, suggesting a profound sense of self-understanding. Although this was potentially emotionally destabilising when his preferred identity was not realised, stories were written very positively, with a demonstrable sense of achievement, when clinical management went well. KF clearly understood very well his identity priorities (clinical management of a lot of complex cases), but any inclusion of working with clients, or navigating their personal stories, was completely rejected from his identity priorities and story construction.

“Worked seven overnights in a row, but had Christmas Eve off. Saw septic peritonitis, traumatic diaphragmatic hernia with an open chest, acute CHF, aspiration pneumonia, and some good old vomiting/diarrhoea”.  
Vet KF, 4th January 2016.

“Mental night. Eight inpatients and three emergencies within 10 minutes of each other. Acute CHF cat, pale shocky Cocker, and RTA Westie. CHF cat was responding to meds but was euthanized due to financial constraints and not wanting to do after care. Cocker went into opisthotonus and crashed after some fluid boluses. Westie currently stable and transferring to PDSA tomorrow. Thank mercy for good nurses!”

Vet KF, 17th February 2016.
Although a more positive tone was sometimes evident, the overall impression from KF’s stories was that he was frustrated with his new graduate experiences. This was particularly evident when he wrote about his experiences as a student, and how they had failed to prepare him for work:

“I most definitely would have wanted [species tracking in vet school]. I went to vet school with the sole purpose of being a small animal veterinarian. This was reconfirmed over and over again. I understood that we had to learn about all species because that is what the public expects from us, but the reality is that a large chunk of my education (which I paid an arm and a leg for) was taken up learning about things that were neither interesting to me nor useful for my future career... I am not convinced that any portion of my large [animal] and equine education has proved useful to my small animal practice. If anything it has made me worst (sic) because I had to devote a significant amount of time studying material that was very difficult to develop an interest in.”

Vet KF, 5th November 2016.

KF’s attitudes to his role and his education were fascinating. He seemed to infer that he would have been a better (and a more satisfied) veterinarian if he could have spent more time being taught information that was more overtly relevant to his career choice. He went on to criticise the time spent in the referral setting, explaining that learning in this environment did not help him to prepare for a general practice role. Unlike others (in particular FT, who is discussed next), he could identify no valuable learning from environments that were not explicitly for small animal veterinary teaching, whether this was time spent in the equine hospital, or learning that might occur in the workplace after entering work. Interestingly, like JD, KF also changed practice, seeing his preferred identity as a resident in a referral hospital, training to specialise. This role would certainly better align with his “diagnose and treat” identity, and reduce the complexity associated with working with variable client needs and expectations. It also reinforced the observation that learning was something KF felt to be restricted to specific learning environments, and that he needed to return to a university setting in order to further develop his expertise.

Unlike others identified in the group analysis, KF was therefore more similar to JD in the identity stagnation that was observed. He was similarly unable to use workplace experiences (such as euthanasia and being in sole charge) to trigger identity development. This, combined with KF’s conceptualisation of learning, raised a question of whether the ability to learn from
different environments and resources was linked to an individual’s ability to inform their identity from their environment. This is explored further in Chapter 5.

Another fascinating element to KF’s narrative was his response to being questioned how he decided to become a veterinarian:

“I was a waiter (that’s how I learned to talk to people and a big influence on my client communication today). On my lunch breaks I would go to the local zoo to relax... Over time I started to think that working with animals would be nice... I had always been heavily influenced by the human-animal bond, and my personal statement reflected that idea.”


This post was very surprising and misaligned with the general messages extracted from KF’s writing. He had never included the client’s story in any of his stories of experience, and the client was only ever portrayed as an obstruction. Yet the human-animal bond, and talking to people, were volunteered as two major reasons for wanting to join the profession. How had someone who was apparently so client-focused come to construct their identity in a way that completely ignored any relationship with the client?

There seemed to be a difference between the narrative identity constructed when KF was reliving an experience in story-telling, and that portrayed when he was talking in a more decontextualized, abstract sense. In the context of the clinic, KF’s identity seemed to be constructed on the prioritization of clinical diagnosis and treatment. Out of the context of the clinic (perhaps away from the stresses and pressures), he believed his professional identity to be built on client relationships and the human-animal bond.

This was interesting for two important reasons. Firstly, it highlighted the potential for a negative effect of environmental complexity on identity expression, or acting “true to self”, and this is explored further in Chapter 5. Secondly, there seemed to be a conflict between the disease-focused identity that was most apparent, and which was foreclosed by the hidden curriculum and university role models, and the decontextualized self-identity that was informed from personal ideals of a human connection. KF seemed to be unaware of this conflict, but it may explain some of the dissatisfaction he expressed when talking about his experiences.

**KF’s narrative**
On the surface KF’s narrative was similar to that of JD, and this was the message initially extracted from the text analysis. Like JD, little identity development could be detected over the course of the research period, and KF seemed to most closely exemplify Marcia’s foreclosed identity status: an identity had been conferred by the role models in the specialist clinic, and this was completely resistant to ongoing exploration and context-guided formation. However, various tensions were present in KF’s narrative, for example the insistence that he was “heavily influenced” by the human-animal bond, and his attitudes to education (he had seemed a very engaged student while at university). These tensions remained troubling as I progressed through the writing of Part 2 of this thesis, and KF’s narrative formed the basis of some of the deeper explorations into identity formation and its influences, such as the extensive power of the hidden curriculum, and the influence of contextual stress on identity-actions alignment. KF’s narrative is therefore significant mostly for the presence of these tensions, and how in narrative inquiry these lead to a deeper understanding of the phenomenon being studied. These tensions, and their implications, are explored further in Chapters 5 and 6.
4.2.3 Participant 3: FT’s story.

An identity constructed around managing challenges.

FT’s narrative was useful story to explore next, because she frequently seemed to contrast with KF. In her first two stories of experience, although the main “player” was the patient, the story construction was quite different to KF’s approach to story-telling:

“A case] where I have felt totally out of my depth and I was put in [an] awkward situation by other vets. The first was an elderly dog that had been presented to one of our branch vets... lethargic, not eaten for a week, white mm... The branch vet was on a half day [and he told me] just take bloods and do an abdo tap... having never done a tap before myself! It’s easy when you have done things before and I think that’s what older vets forget! PCV was about 10, got blood on tap so clearly bleeding internally... discussed all the options with the client including pts which owner opted for so came down to the practice with her 20 year old daughter who point blank refused to let her mum pts dog and wanted to take the dog home to die in his sleep. Cue an hour of the dog sat on daughter lap in quiet room and mother, daughter, father, brother, best friends boyfriend... all arguing between themselves over who was going to drag daughter away from the dog to allow the dog no more suffering! Very stressful day along with it being my first time sole charge with full consults and 2 other emergency cases to deal with!!”

Vet FT, 7th November 2015.

“My second tricky day was the following week when I was in a branch. A 9 week old kitten was brought, not eaten for a week since it was given 1st vaccination, severely dehydrated. All I can say is thank goodness for Vet Times articles and amazing nurses! Somehow we got a catheter in, managed to rehydrate according to the article, monitored blood glucose like crazy and over the course of the day the kitten went from almost dead to a little madam... My difficulty was that the colleague who vaccinated the kitten had seen the kitten the night before and said it must be a vaccine reaction but will be fine overnight, see [FT] in the branch tomorrow! So I had to deal with [kitten] owner, drugs company and try to save the kitten! Thankfully kitten survived and went off to her new home a few weeks later!!”

Vet FT, 7th November 2015.

In both these stories, despite their descriptions of difficulties and work stressors, FT conveyed a sense of satisfaction with her achievements. Although contextual challenges were evident, the frustration shown in some of the stories from other participants was lacking in these. In contrast, a sense of achievement could be seen, which did not come from a successful diagnosis, but related to the successful management of context: overcoming challenges relating to client disagreements, managing multiple simultaneous cases, challenging relationships in the veterinary team and balancing the needs of different stakeholders. FT’s
stories continued to demonstrate this awareness of the challenges of being a veterinarian, and in general they were told very positively, even at one point remarking how happy she was in her role.

**Engaging with wider stakeholders.**

In the group analysis one of the most significant findings related to the progressive development of complexity in the veterinary identity. Part of this included the recognition that being a veterinarian sometimes involved drawing satisfaction from working with the client, and that a sense of achievement could be obtained from realising broader parts of the professional identity than simply diagnosing and treating disease. A spontaneous story posted by FT early in January 2016 demonstrated an awareness that her role not only involved managing complexity associated with clients’ varying needs and emotions, it was also constructed around responsibilities to the business, and the practice management aspects of being a veterinarian:

*I was wondering what other people’s thoughts were on performing routine ops around periods when clinics are closed for a few days over Christmas. Had a long conversation with my boss about whether we should be performing things like bitch speys the day before xmas with the clinic essentially being closed for 3 days and the only options if complications occur being the ooh provider.....how would this affect a practice reputation with a client paying probably more in ooh fees than the cost of the neutering because the clinic is closed - when as it is a routine procedure could be done when the clinic is back open normal hours when you can essentially see the normal vets 7 days a week?*

*[ooh provider = Out of Hours veterinary practice, often charge higher fees and the vet/practice is unfamiliar to the client].*

*Vet FT, 4th January 2016.*

Students find it challenging to engage with the business needs of veterinary medicine (Armitage-Chan and Jackson 2017), and a common employer complaint is the lack of business awareness of new veterinary graduates (Veterinary-Schools-Council 2017). This story was therefore particularly notable, exemplifying that FT saw her identity as reaching even beyond the veterinarian-patient-client triad. Students seem to struggle to empathise with the needs of the veterinary business; similarly to KF’s view of complexity, they tend to see the veterinary business as presenting an ongoing conflict to their own values, providing an obstruction to their idealised goals of animal care regardless of financial limitations (Roder et al. 2012). FT’s engagement with practice management (the local reputation of the business and the
consequences of practice decisions for clients’ finances) seemed to represent a particularly broad version of the “broad” veterinary identity. Furthermore, the inclusion in the story of balancing conflicting needs and complex reasoning was something with which FT readily engaged, not requiring a specific trigger to prompt consideration of the needs of the veterinary practice.

A different attitude to learning.

On several occasions, FT included a reference to learning in her stories. This included asking for help from colleagues when a surgery was not going well, and (in the story above) looking up information in veterinary journals. Unlike KF, who seemed to blame his student education for not making him as good a vet as he could be, FT seemed to be of the mindset that knowledge was something she would continue to develop, and if there was something she was unable to do, she either asked for help or looked it up. In the discussion on species tracking in veterinary education, she wrote:

“I’m not convinced by total species tracking for final year as I do think we learn important skills on our rotations that are transferable. For example, I have got to radiograph loads in equine EMS* and rotations... learnt what settings needed changing to improve the image...”

[*EMS = Extra-Mural Studies; work placements performed during years 3-5 of the veterinary degree.]

Vet FT, 7th November 2015.

In response to a question posed: “What stands out from the past month?”, she wrote about her own learning during work:

“My normal now is being able to take [x-rays] using an old school wet processor! Having to work out settings that work for the machine without being able to tweak the images afterwards on the nice digital machines that I had learnt on was a massive learning curve but I am now [no] longer afraid of it and taking pretty awesome radiographs (even if I do say so myself!). No one ever told me you could take the needle off the end of the microchip plastic holder so I put the whole thing in the sharps thinking this is such a waste of space!!! When I saw one of the nurses take the needle off... what a revelation! It’s the little things!

Vet FT, 2nd December 2015.

Lastly, in response to a question posed: “Have your cases been as you expected them to be from uni?” she wrote:

I think a lot of my decisions are based on cases I have seen on EMS. I think being in the QMH makes you slightly biased towards what sort of cases you expect to
see... As a plus point I am currently treating a dog lymphoma case with chemo, the owner wants to do as much as possible to treat but can’t drive so referral isn’t an option. I called the RVC onco department who were amazing and really helped. I am also dealing with Chemopet who have talked me through risks, remission rates and times etc! Also FNAs in the QMH always seem to be great and diagnostic however I have noticed how many more cases are non diagnostic in general practice!!

Vet FT, 9th December 2015.

I asked her, in response to this point, whether she felt she should have had more time in general practice work placements, and less time in the referral hospital time during her student education:

“I think it’s a really tough balance... no matter how much you saw of either you wouldn’t be perfectly prepared for the real world... I agree that we come out with fresh minds and fresh ideas that help teach vets who have seen it all and that’s just fab and definitely needed both ways to help both new grad and mentor grow! I do think that Nottingham grads may feel better prepared for 1st opinion because they spend more of their rotations in a 1st opinion hospital!”

Vet FT, 9th December 2015, emphasis added.

These quotes emphasised two contrasting attitudes to learning between KF and FT: FT’s “No matter how much you saw of either you wouldn’t be perfectly prepared for the real world” and KF’s “(large animal and equine education) has made me worst because I had to devote a significant amount of time studying material that was very difficult to develop an interest in”.

FT seemed to feel she could learn from a variety of environments, transfer learning from ‘non-relevant’ areas, and continue to learn into her postgraduate working life. In contrast, KF seemed to feel if he could have spent more time learning ‘relevant’ material, he would have known more, and hence have been a better vet. The inference was that he felt all his learning should have been provided while he was a student, and this should have perfectly prepared him for the challenges of the veterinary career.

**FT’s narrative**

FT’s narrative was overwhelmingly one in which the conflicting values of different players were presented. Stories in which FT tried to identify her own viewpoint, by describing the different needs of all those affected by her decisions, demonstrated an active agency in constructing self-identity. If JD’s and KF’s narratives suggested stagnant identity development, were FT’s stories more indicative of identity development and change? If identity change could be
detected, this would provide an example of the process of identity exploration: the formation of a reconstructed set of values, in response to reflection on the different needs of the role as it was encountered.

FT had demonstrated from an early stage the ability to engage with the needs of others, and to rationalise her own set of values against these. This represents an advanced stage of identity development according to Kegan’s and Marcia’s frameworks. It is possible, therefore, that the most marked phases of FT’s identity change may have occurred before the research started and were not captured in the stories. However, the story in which FT incorporated the needs of the business in her decision-making may have been indicative of further identity development. As she obtained an appreciation of this additional element of complexity, her reflections on the needs of the business, and how they affected the client, may have represented her attempts to rationalise this new view into a reconstructed understanding of self, and an adapted set of professional values.

At this point it was evident that, despite suggestions from the group narrative, identity exploration and development were not easy to identify from the stories of individual participants. Next, the frame of analysis was therefore widened again, moving out from the narrow lens on individual participants, to see whether comparing individuals might help to further illuminate the process of identity exploration.
4.2.4. Identity exploration and participant-participant differences.

“A healthy sense of identity provides the individual with a subjective experience of well-being, of being at home in biological, psychological and societal contexts.” (Kroger 1993 Page 2).

Kroger’s quote serves as a useful reminder of the importance of identity for wellbeing, but what did she mean by a “healthy sense of identity”? Both the foreclosed and the achieved identity statuses are characterised by a good understanding of self-identity, but only in the achieved identity status has this been self-developed through a process of identity exploration.

While KF was considered typical of an individual with a foreclosed identity, FT seemed to show some characteristics of the achieved identity status, for example her sense of satisfaction with her professional actions and values, and her approach to managing complexity (Kroger and Marcia 2011). The differences between KF and FT seemed to suggest that their sense of wellbeing related not to their understanding of self (KF demonstrated a very good understanding of what was important to him), but to an understanding of “other”. Furthermore, while KF’s markers of emotional wellbeing were restricted to situations in which client and context were enabling to his identity priorities, FT’s stories suggested she could achieve satisfaction across a greater range of contextual challenges and alongside players with different needs.

This comparison mirrors previous comparisons between the achieved and foreclosed identity statuses (Kroger and Marcia 2011). While acknowledging that the foreclosed status has been associated with lower anxiety levels, the achieved status is associated with higher self-esteem, tolerance of ambiguity, and an ability to engage with the conflicting needs and values that arise between individuals. It was this ability to engage with “other” that seemed to help FT achieve a sense of satisfaction and emotional health in her professional role: seeing the client and wider key players not as obstructions to the realisation of her identity ideals, but as people whose differing needs and values were important to address in her decisions and actions as a veterinarian.

The difference between the development of an achieved and foreclosed identity status is that the achieved identity is reached as a consequence of identity exploration, and this process is neglected in foreclosed individuals. Comparing FT and KF may therefore shed light on identity exploration, and how it manifests in this context. Furthermore, if an assumption is made that
KF and FT exemplify some of the differences between veterinarians who struggle with career satisfaction and mental health and those who are able to thrive in the role, then examining the differences between them may also be useful for understanding some of the mental health challenges in the profession.

In the identity status interviews, career choice is used as an indicator of whether interviewees have explored identity alternatives, or rejected exploration and made an early commitment to their career choice (Kroger and Marcia 2011). Because of this, I asked the participants when and how they decided to become veterinarians. FT responded:

“I am one of those people that from a tiny age have always said I want to be a vet, apparently on my 7th birthday I took a horse figurine in my school bag and put it on my desk. When the teacher asked why I had this on my desk I told her it was because I was going to be a vet and needed it here to concentrate (always been stubborn minded!). I also took the longest route to get into VetMed as I didn’t get in at 18 or after my biology [degree]! 5 years later an MSc and PhD at RVC and teaching on the VetMed course and they finally let me in!”

Vet FT, 25th February 2016

From this story it was clear that even though FT had ample opportunities to explore alternate career options, there was no evidence that she had considered alternatives to a veterinary career at any stage. This is highly typical of veterinary students: most have selected veterinary medicine at a very young age, and they have not spent time seriously considering other careers (Tomlin et al. 2010). The conclusion would therefore have to be either that most veterinarians have, to some extent, a foreclosed identity, or career choice is not appropriate for evidencing identity exploration in this population, and the concept needs to be dissected further.

An alternate view could be taken if rather than career choice, exploration is revealed in the way individuals encounter the varied conceptions of professional identity. This could be modelled in the way an individual responds to Castellani and Hafferty’s professional identity model, describing the heterogeneity of professional priorities that exists within a profession (Castellani and Hafferty 2006). An example can be seen in the way specialist faculty in our institution view the teaching of their clinical areas, and their response to the suggestion that the content in their teaching needs to be more “Day One” or general practice-focused. While many are accepting of this view, and try to adapt their teaching accordingly, others maintain that what they are teaching is the “right” way of managing a particular disease, and it is important the students know this. I have also encountered an example when using Hafferty
and Castellani’s model in faculty development. Many residents and junior faculty have struggled to accept that it is appropriate to adapt their clinical decision-making to the needs of a client, because this conflicts so strongly with the value they have placed on practicing veterinary medicine according to the highest quality clinical evidence. Both of these examples suggest a struggle to accept equality in different versions of the veterinary identity. While there is an acceptance that, through necessity, other ways of practicing exist, these seem to be viewed as inferior to the “right” ways of practice of the specialist academician.

The high value placed on prioritising “best” diagnosis and treatment is also evident amongst students and general practitioners, who even though they don’t work (or plan to work) in speciality practice, maintain a view that this represents the superior veterinary identity (Armitage-Chan et al. 2016; Roder and May 2017). The Veterinary Surgeons Act states that veterinarians alone can perform diagnosis and treatment, which are therefore assumed to be the privileged acts afforded to members of this profession. Together with hidden curriculum influences, and a desire to treat animals nurtured from an early age, it is unsurprising that the participants in this research tended to enter the profession with a narrow, dualistic view of the “best” veterinary identity.

FT would have been exposed to all these influences, and yet seemed to have considered an alternative to this identity at an early stage in her career. Was identity exploration represented by this engagement with a different identity conceptualisation to the one that was so prevalent? If so, where and when did this engagement occur?

Even for one with an achieved identity status, the process of identity exploration is emotionally troubling. During this process, the individual engages with, and starts to incorporate a set of values that contrasts with their previous sense of self and cultural background (Kroger 1993). Looking for evidence of identity exploration might therefore be helped by looking for stories that convey a troubling sense of identity confusion, however FT’s stories did not seem to include any evidence of this.

Identity exploration has been described as reflection on how one’s prior understanding of identity is informed by a new context, with subsequent reconstruction of identity into a new configuration (Erikson 1959). The rethinking of prior values stimulated by a change in context may therefore be exposed by comparing the resistance to change in KF’s and FT’s identity priorities. In the case of KF, his identity values appeared to resist the needs and values of other players within his new environment. FT’s identity appeared to represent a better fit to the new
environment, with priorities being modelled on the significant players she encountered. However, this would also be expected in an individual with a diffused identity status. These individuals model their values and priorities on their immediate peers, so adapt quickly when they move into a new group (such as the transfer from student to graduate). This is done non-reflexively and does not involve identity exploration. It was difficult to see evidence of reflection on identity development in FT’s stories, so what evidence was there that her identity wasn’t simply foreclosed (perhaps though exposure to a different role model), or a representation of a diffused identity?

Much of the assumptions about FT’s achieved identity status were based on the end result: her ability to consider the values of others, and to do this while remaining cognisant of her own different priorities. While it is possible to argue that FT looked like one with a well-developed identity, this still didn’t explain where, how or if exploration had occurred, it only suggested that she was capable of engaging in this process.

Some evidence of identity exploration could be seen in the different ways KF and FT talked about learning and education. KF’s stories seemed to indicate that he was closed to the idea of considering alternate versions of being a veterinarian: he was only open to learning from those who modelled the veterinary identity he wanted to assume. In comparison, FT’s stories of learning suggested she was receptive to the views of different veterinarians in different roles. Initially I had interpreted this as suggesting FT believed a variety of different veterinarians (and veterinary nurses) possessed elements that were transferable to the veterinarian she aspired to be. However, it could also suggest FT was open to modelling her future self on a variety of role models, and during her learning experiences she was simultaneously considering the different values, priorities and ways of doing that were being demonstrated.

There was not enough reflective content within the stories to be able to make this distinction and determine whether FT’s engagement with different role models represented identity exploration. However, her comment about time spent in general and specialty practice rotations provided some clues about the possible occurrence of this process. While KF seemed to believe that only time spent in the general practice environment was useful for becoming a general practitioner, FT seemed to value both experiences. The following comment, taken from a quote in the previous section, suggested she believed being a veterinarian should incorporate a lifelong, continuous process of change and finding ways to incorporate new information into existing contexts:
“I agree that we come out [of specialist rotations] with fresh minds and fresh ideas that help teach vets who have seen it all and that’s just fab and definitely needed both ways to help both new grad and mentor grow!”

This possible link, between learning experiences and identity exploration, suggests more could be learned about identity exploration from working with veterinary students, and seeing how they negotiate the different professional values to which they are exposed during their early entry into the professional environment.

The last participant to be examined individually was JW. While the troubling sensation of identity exploration was not evident in FT’s stories, it was very evident in those from JW, whose stories suggested a stage of transition from an identity prioritising diagnosis and treatment to one that recognised greater complexity. This transition state is consistent with an individual persistently engaged in identity exploration, described by Marcia as being in a moratorium state. JW’s story may therefore be beneficial in understanding identity exploration and it is told in the next section of this chapter.
4.2.5. Participant 4: JW’s story.

JW’s stories suggested a constant state of turmoil. On some occasions, she seemed to be highly reflective and aware of a broader set of responsibilities within her professional identity; in others, she seemed to demonstrate the frustrations typified by KF, as she was unable to realise diagnosis and treatment priorities in the face of contextual challenges. Many of her stories indicated an apparent inability to determine the “right” viewpoint in a situation of complexity, and she often used the opinions of others (clients and colleagues) to define whether a situation had a successful outcome.

This awareness of different viewpoints, but an inability to commit to a self-position, is characteristic of Marcia’s description of the moratorium identity status (Marcia 1966). JW seemed to be actively living through the process of identity exploration, seemingly unsure whether she wanted to commit to a broader set of identity priorities or maintain a narrow prioritisation of diagnosis and treatment. On an early read, JW’s stories appeared to contain a high frequency of negative evaluative statements, however unlike in the stories written by KF and JD, these weren’t clearly related to frustrations with complexity and conflicting needs and seemed to have a different origin.

JW was a prolific contributor to the group. She contributed from the start, and immediately created conversations with the other participants (rather than contributing a single story of experience and then leaving the conversation). She also posted spontaneously, posing questions to the group. Narrative identity is built on the assumption that people tell stories to voice what is meaningful and significant to them; high levels of self- and identity understanding will hence facilitate the process of story-telling, whereas those with a poor understanding of self-values will struggle to identify something significant to talk about. The use of social media is a complex topic and is clearly multifactorial, but some research into the use of Facebook by adolescents has suggested posts are used to socially validate users’ emerging or desired identities (Zhao et al. 2008; van Dijck 2013). JW’s frequent contributions could therefore have suggested a strong understanding of identity and an awareness of what was meaningful and significant, characteristics of those in a moratorium state (Kroger and Marcia 2011).

On re-reading JW’s first post, the broader contextual elements of veterinary work were already evident in her identity:
“My first proper case is a 2 year old Springer Spaniel with enlarged left sub-mandibular lymph node but no other clinical signs. FNA followed by biopsy, awaiting results at the moment but possibly sterile lymphadenitis. Although I didn’t do the biopsy the other vets have kept me involved and I have been discussing results etc with the owner so do feel like it is ‘my case’... The results of the biopsy didn’t give a definitive diagnosis. The owners don’t want further investigation so a little frustrating!”


When discussing this story in the previous section, a number of conflicting elements were identified. Although JW showed the technical focus that was generally evident in the early stories, it was interesting that in terms of the case being significant to the author, the conversation with the client seemed more powerful in denoting ownership of the experience than carrying out the diagnostic procedure. There was identity confusion evident, with JW seemingly unclear whether the case imparted a sense of satisfaction. Being able to “discuss results etc with the owner” seemed to confer a potentially positive element to the experience, but the part afforded to the client was not sufficiently significant to continue the story (with a client-focused outcome) once the clinical parts of the story had ended.

JW then wrote several posts (in October and November) about a young puppy with acute kidney failure. Again, there were contrasting emotions evident in these stories. At times, JW seemed confident in her management of the case, and could draw on broad elements of the situation to identify a sense of satisfaction in her role:

“I recently worked my first weekend, of which Sunday was sole charge. Typically the Saturday was quiet so Sunday, of course was ridiculously busy. On the one hand I was pleased I had survived (with the help of lovely nurses)... [One case] in particular was a young puppy with acute renal failure that was unfortunately euthanased. I think it was the right decision considering the state the pup was in.”


However, in the subsequent comments, the case seemed to trigger doubts about her earlier conclusions:

“I wonder whether if I had more experience whether I would have advised the owner differently with regards to further investigation etc etc. I was wondering what your thoughts were on the structure of the vet course and whether it would be possible to specialise more in the final year with regards to SA, Farm and equine routes... I sometimes feel we are not as prepared as maybe we could be especially with regard to first opinion stuff.”

“My trickiest situation so far has been the puppy with acute renal failure I mentioned before. It was a difficult case and I was sole charge, but also trying to deal with an owner who wasn’t happy about how he had been previously been treated and who was very distressed with how ill the puppy was. I didn’t enjoy having to phone him at 11pm on a Sunday night to tell him his puppy might not make it through the night.”


It was interesting to consider these stories and to compare them to similar stories written by others in the group. The triggers that seemed to lead to a broader identity conceptualisation (being in sole charge, dealing with euthanasia) were both included here. In the November post it also became evident that the client was dissatisfied with care received previously (presumably from a colleague), which was a cause of complexity noted in FD’s stories. However, whereas FD seemed to build her identity around managing these situations of added complexity, JW seemed not to know whether to draw satisfaction from them. She obviously recognised these as part of the veterinary role, and felt sufficiently confident in their social acceptability to include them in stories told to an audience of fellow veterinarians. She also sometimes was able to identify that she had succeeded in managing these elements of broader complexity, for example when euthanizing the puppy, she acknowledged it was the right decision. However, part of her seemed to feel that she should have done something different, acting more similarly to the specialists in the university hospital (“I wonder whether I would have advised the owner differently with regards to further investigation etc”). She also obviously felt unprepared for managing this level of complexity, something she blamed on not being sufficiently well prepared at university (“I sometimes feel we are not as prepared as maybe we could be.”)

In this discussion of preparation for practice VJ again demonstrated her awareness of the broader role of the veterinarian. She never said that she felt underprepared in her knowledge of disease or technical skills, but she suggested spending more time in small animal first opinion practice would have been preferable for gaining competence in wider elements:

“There is now just too much for us to cover in each species area to do it properly... I do feel that the structure of the course could be improved to make us more prepared for our first jobs... I find this especially with [dermatology] – having an hour and a half in the QMH for a consult means you can do everything but trying to squeeze that into 15 minutes just doesn’t work and leaves me feeling like I haven’t done a particularly good job... When or if you should get clients to come back and duration of treatment are definitely things I struggle with. Also when clients refer to ‘the pink tablet’ – I have never used most of the medications I am dispensing to don’t really know what they look like! Trying to explain how to use panacur or pro-kolin (sic) syringes when you have never used them yourself is interesting!”
This quote was used in the group analysis to demonstrate the unfeasible expectations of the veterinary identity the graduates had built for themselves. Looking at it again in the context of JW’s narrative, it was notable how she demonstrated a realisation of the complexity of the veterinary identity, but that the expectations she left university with were so powerful that she couldn’t feel any sense of achievement unless she mirrored the achievements of her university role models. She therefore seemed to fit the classical description of the moratorium identity status: someone in a perpetual state of identity exploration, who has a well-developed understanding of identity and is highly reflective, but is acutely distressed by the failure to achieve an identity commitment. She was very aware of the identity of the specialist veterinarian in the teaching hospital, and she was aware of the necessary identity of the first opinion veterinarian, but she couldn’t work out how to relinquish one, in order to make a commitment to the other.

The next set of stories were interesting to examine together, as they lead up to a post JW wrote in March 2016 describing how unhappy she was in her role. In December she wrote a spontaneous post about seeing two cats, different cases and sad outcomes, but reflecting on her increasing competence in managing the complex professional role:

“I had 2 cases recently, both cats, both with masses... They came in on a weekend when I was on my own and having chatted to my boss later in the week when they were both back in for scans I was pleased that my diagnostic approach in each case had been as he would have done. I had difficult conversations with both sets of owners as it was not good news in either case but they both thanked me for everything. I spend a lot of time thinking and feeling that I don’t really know what I am doing/ I am not doing a particularly good job but these cases remind me that although I don’t know as much as the senior vets I am working with, I do know some stuff! And I am lucky in that my bosses are very approachable and happy to help.”

Vet JW, December 14th 2015.

A couple of days later, JW wrote that to her, a definition of being a vet meant:

“Try to provide the best medical care for our patients within the constraints of client expectations, client finances, time and my own knowledge and skills.”

Vet JW, December 18th 2015.

Both of these quotes suggested that JW was grasping the more holistic conceptualisation of the veterinary identity at this point. She could draw satisfaction and a sense of achievement from something other than diagnosing and treating the patient, and defined the veterinary
identity in the more complex sphere shown by more experienced veterinarians (Armitage-Chan et al. 2016). However, although she had developed this more complex and mature conceptualisation of professional identity, she still clearly relied on assurance from senior colleagues to validate her competence and performance. This may have represented an attempt to externally validate an emerging and still-fragile identity commitment (Erikson 1956). When moving from a narrow, treatment-focused identity towards a broader, more complex one, she sought assurance from role models to help her to commit to this.

In March 2016, JW wrote a story that revealed particular dissatisfaction with self:

“The practice I am [at] seems to be really busy. My working day is supposed to be 9-7 but I usually leave around 8-8.30. This past weekend I have been there till 10pm a couple of nights. I fully understand if you have an emergency surgery once in a while but I am finding it just general work load that keeps me late. I find I don’t have enough time to write my notes after each consult so end up having to do that plus phone calls at the end of the day... It gets to the point where I almost feel patient care is compromised because you are moving so quickly from one case to another and I am just thinking what can I do to move them on because I have so many people waiting. We have a formal rota and if you work a weekend you get days off but these days are different each week so it is hard to plan anything. We don’t do [out of hours] (but it feels like it sometimes!). Sorry for moaning, I do realise it is like this for everyone!... I know its something I’m not to let get out of hand, Just difficult when you want to do a good job.”


Several others responded, including KF who wrote:

“I do not think it is like this for everyone. It sounds as if you are not really getting any support on this and maybe getting taken advantage of. Do you think your practice would consider extending your consult time? Do you get many breaks in between consult blocks?”

Vet KF, March 8th, 2016.

JW responded:

“I do get a lot of support in general. This is just something that I have noticed has started to get a bit ridiculous lately and I need to take a bit more control of. I think I will be making more of my consults doubles again! Thanks for the tips!”


There were similarities between this story and JD’s story about her mistake. Like JD’s post, JW’s story was written in response to a specific trigger post, asking for information about workload. JW’s apologetic tone and the perception that it is “like this for everyone” suggested that she didn’t feel able to write previously about her work conditions, even though they were
obviously very significant to her, because of assumptions that others were coping and didn’t feel the workload to be significant.

A conflict was apparent in this story, between a rational sense of knowing she must look after herself, and a powerful sense of responsibility to maintain patient care. Leaving work on time and making plans for life outside work were devalued, and prioritised below patient care, not keeping clients waiting, and ensuring paperwork and phone calls were completed. The subservience of self and wellbeing to the responsibilities of being a veterinarian were concerning, and are likely widespread within the profession.

Was the heavy workload the cause of JW’s sense of dissatisfaction and distress? Like JD’s comment after her mistake, JW wrote that she considered she had a lot of support from senior members of her practice, but as in JD’s story, although this support was perceived, it did not seem to be effective. It was strange that both of these individuals commented that they work in a supportive team, but their stories clearly demonstrated that they lacked support in handling the complexities of their professional role. In JW’s story there was a sense that she felt it was her responsibility to address the workload challenges faced, and an assumption that everyone else was in a similar situation but more successfully managing it. This suggested a perception that she should be all-competent at managing every aspect of the professional role: not simply clinical decision-making and the complexities of the client and business, but also her own workload management.

**JW’s narrative**

JW’s stories, whether they were about managing her cases or managing her workload, demonstrated an ongoing struggle to commit to a well-defined sense of self. Unlike JD and KF, she seemed to appreciate the role of the veterinarian in working alongside clients and managing contextual challenges (particularly a very heavy caseload). However, she seemed insufficiently confident that this represented a valid veterinary identity, which seemingly prevented her building her sense of career satisfaction and achievement around these priorities. Without this self-identity commitment, she had no way to extract a sense satisfaction from her experiences, and every achievement was additionally viewed by considering the way others, with different identity priorities (such as the academic specialist), might see it.
JW’s heavy workload undoubtedly contributed to negative feelings about her role, and the heavy workload has been identified as a stressor and contributor to poor mental health in the wider profession (Gardner and Hini 2006; Bartram et al. 2009a). However, it wasn’t simply the workload that was causing distress, but a sense that she ought to be able to manage it. This suggested an identity issue may have been contributing to the emotional ill-health being demonstrated. A sense that others, with a different identity, were more capable of managing a heavy workload seemed to prevent any sense of achievement being felt from managing a busy day or challenging cases.

JW’s references to clients and colleagues providing approval for the way she managed situations suggested she was in need of an authority figure to validate her developing identity. In Kegan’s identity framework, stage 3 of identity development is described as a mature stage, in which individuals are able to appreciate complexity, understand a dilemma from multiple perspectives and make a decision that may be in conflict with their own priorities. However, they remain dependent on finding a role model for guidance and approval of their decisions (Kegan 1982). It is only by stage 4 that the self is defined completely independently of others, and the individual can make decisions that may be counter to the opinions of significant role models. For some reason, FT seemed to have graduated from university prepared to form her own identity, independently of others, whereas JW, who was similarly able to grasp complexity and understand identity alternatives, needed approval from “other” to be able to achieve this. To be able to make an identity commitment, and hence leave the state of identity moratorium, she either needed to find a role model who could validate her complex identity conceptualisation, or she needed scaffolding to support the necessary development of cognitive and emotional maturity to be able to do this herself (Kegan 1982). JW’s narrative is therefore helpful in further developing the understanding of educational needs in supporting identity development. Not only is it important to provide opportunities for engaging in identity exploration in different environments, but there is a need for development of higher levels of intellectual complexity, to be able to make a commitment in the face of complexity and uncertainty.

*Identity exploration*

Did JW’s narrative help understand the process of identity exploration? Analysis of all the stories in the context of the identity literature suggested identity exploration could be triggered by experience of tension, such as a role-identity mismatch, encountering emotional
complexity, or taking on responsibility for the practice. If the individual possesses an appreciation of alternative perspectives, this can stimulate reflection on prior self-identity conceptions in the novel context. JW’s and JD’s experiences revealed the importance of social validation at this stage; if social validation of fragile emerging identity conceptualisations is provided, a reconstruction of identity, informed by the new context, can occur. Failure to reflect on experiences, or an absence of social support, will prevent this identity development and result in a stagnant identity that is ill-matched to context.
4.2.6 Final notes.

Narrative analysis of the Facebook conversation text provided extensive new understanding of the veterinary identity. An important distinction was identified between those with a narrow identity, focused on diagnosis and treatment, and a broader, relational identity, incorporating contextual challenges and the conflicting needs of key players. While those with a broader identity seemed to be able to achieve satisfaction from outcome in different contexts, those with a narrow identity conceptualisation seemed to feel a greater sense of dejection and frustration, unless context enabled them to achieve their treatment-focused goals. The potential implications for helping to understand poor mental ill-health and career dissatisfaction in new veterinary graduates made this an important finding for the profession.

Many of the additional findings raised further questions or introduced aspects of veterinary professional identity that needed to be explored further. Examples included the potential dangers for mental health and career dissatisfaction that arise from seeing the client as counter to the veterinary identity, and the possible link between experience as a learner and the ability to engage in identity exploration. The tensions and paradoxes unveiled in KF’s narrative also needed to be explored further. For all these reasons, the end of Chapter 4 felt like a midway point in the understanding of veterinary identity, and further narrative exploration (Part 2 of this thesis) was needed to address these issues.

Chapter 4 also raised methodological questions. With the exception of some suggestions of identity exploration in FT’s narrative, the sense of identity progression that had been suggested in the group narrative appeared to be lost when individual stories were followed. I was cognisant of the risk that this may represent researcher bias, seeing something that I hoped was there, only for it to disappear when the stories were interrogated in more depth. Alternatively, it was possible that the narrow focus on the individuals, exploring stories more deeply for the role of context and players, resulted in a loss of the sense of chronology that was evident when the group was examined as a whole.

An additional explanation stems from the socially constructed nature of identity. It is possible that the complex version of the veterinary identity was socially constructed (particularly in those participants for whom it was more fragile), and it became less evident when stories were examined in isolation from their overall social whole. During identity change, social validation empowers individuals to express their vulnerable, newly shaped selves (Erikson 1980); some of the less vocal participants contributed stories later on in the 8-month conversation, in which
complexity in identity understanding was demonstrated. Infrequent stories such as these may have represented participants’ exploration and reconstruction of a broader identity understanding, empowered by the more holistic stories from FT and JW, but they were only evident when the stories were explored as a group conversation.

A final question arose that related to the identity statuses. While individuals were identified that aligned with descriptions of the achieved, foreclosed and moratorium statuses, there seemed to be little evidence of identity diffusion. JW’s prolific contributions were attributed to the deep understanding of identity that is associated with a moratorium state, carrying with it an ability to identity meaning and significance from the events in her experiences. Those with a diffused identity could be said to represent a direct contrast, with minimal self-understanding or appreciation of identity. Without this strong sense of self, it may be that such individuals were less likely to post in the social media discussions, as they were unable to extract what was meaningful or significant from their experiences.

There were several individuals who joined the group and never posted; there were also individuals who posted very occasionally, or only when highly specific questions were asked. ES was one example of these. She occasionally posted and generally seemed happy, but her posts were quite brief and lacked sufficient content to explore in more depth. During the original stages of text analysis her contributions had been ignored, being mostly dismissed as non-story world content. On reading them again, some characteristics of a diffused identity status could be seen, particularly a tendency to offer the opinion of the practice, rather than an individual viewpoint:

“[Health care plans]...I didn’t even know that was a thing... Oh goodness! Yeah we offer those, but we have changed ours recently and none of us are sure about them [sic].”

Vet ES, 24th January 2016, emphasis added.

When asked why the practice felt this way:

“We’ve changed from a single payment plan to a tiered system and the gold level has a yearly scale and polish. We don’t know if its ethical to recommend anaesthetics yearly as people will feel obliged to make use of what they are playing for”

Vet ES, 24th January 2016, emphasis added.

In these two comments, where there is an issue of ethical complexity (whether clients should be encouraged to pay for their veterinary care through monthly pre-paid instalments, even if
their animal doesn’t need some of the included treatment) ES seemed to have adopted the
group opinion, rather than consider for herself the multiple viewpoints of the stakeholders
affected (there are both benefits and risks to the client and the practice).

An inability to reflect on and engage with complexity is a characteristic of those with a diffused
identity status (Kroger and Marcia 2011). When a complex issue arises, such individuals are
reliant on their peers to make a decision. There are benefits to this; as seen in ES’s
contributions, such individuals are not troubled by this complexity, or the moral dilemmas that
are present. Because they won’t challenge the viewpoint of the group, they avoid conflict and
rarely encounter difficult social relationships, which makes it easy for a new graduate to fit
into the new professional group. Closer inspection of ES’s Facebook contributions shows these
to be predominantly about social aspects of her life (going out for lunch, an upcoming holiday)
and, when an experience at work was discussed, this was a complexity-free “good news” story
(an abandoned kitten that she and her colleagues were hand-rearing). Troubling tensions were
never evident in ES’s stories, and the emphasis was on positive social relationships, a priority
often evident in those with identity diffusion (Kroger and Marcia 2011).

ES’s lack of self-identity awareness, preventing recognition of identity conflict, meant her
identity development would also be characterised according to Tajfel’s group identity
description; furthermore, the ease with which she mirrored the ethical standpoint of those
around her would suggest an uneventful transfer from peripheral to central group
participation (Wenger, Etienne and McDermott 2002; Tajfel and Turner 2004). The benefits of
this, according to the theoretical frameworks, are that group identification and shared values
would confer a sense of wellbeing (Tajfel and Turner 2004; Kroger and Marcia 2011). The risks
arise from incidences of inter-group conflict, and when the individual is suddenly placed in a
situation of complexity, without support from peers. This was not possible to explore because
of the lack of contributed stories from those characterised by identity diffusion. However if
this is a significant route of identity development in the profession, the readiness to accept
“group think” raises concern about how easily messages based on inter-group conflict (such as
the client vs the veterinarian) may spread to become accepted rhetoric in new members of the
profession.
Chapter 5. Writing to Understand

Early conceptions of this chapter saw it as a final narrative of the findings from Chapter 4, however it proved a challenging chapter to write, and with each revision its purpose evolved. As a reconstructed story or “Grand Narrative” its aim was to describe the development of the participants’ veterinary identities (the narrative output of a narrative inquiry). It was then rewritten, as I realised I had started to write more of a reflection on my own understanding of identity than a description of the process experienced by the participants. As I continued to write, I realised what was actually happening was an ongoing grappling with the unanswered questions and unresolved tensions at the end of Chapter 4. Rather than a narrative of understanding, the further exploration in this chapter meant it represented a process of writing for understanding. Once this new chapter purpose was recognized, writing it needed to represent a process of writing narratively, through which the deepening of understanding of identity would most effectively be achieved (Clandinin et al. 2007). The lack of published examples of writing for understanding meant an absence of frameworks, and so the three narrative inquiry commonplaces (temporality, sociality, place) were used to guide the structure of the chapter into its five sections: the past, present, future, players and environmental context (Clandinin et al. 2007).

Using “Past, Present and Future”, and dividing the thesis into Parts 1 and 2, may suggest a linear process to both the understanding of identity and its presentation in the thesis. Indeed, using Polkinghorne’s description of narrative, and applying it to the concept of narrative as product, would suggest that the storied output would describe a chronological process of identity development (Polkinghorne 1995). The reality of this part of the thesis is that it is messy and non-linear. It represents the combination of a description of the chronological development of identity from student-hood to entry into work, integrated with a meta-level reflection on how this understanding of identity is progressively deepened by contextualising it in the literature and by returning to previously-held understandings of identity and veterinary work. There is a linear progression contained in the thesis as a whole, but this represents the iterative stages of deepening understanding, rather than a linear story of identity development. As such, the “setting” of Part 2 does not follow chronologically from the end of
Part 1. The timing instead returns initially to the pre-research beginning, to explore, through narrative writing, how an understanding of the past, then the present and future, contribute to further understanding of the identity formation process.

Part 2 of the thesis can be described as a meta-construct of identity understanding, exploring veterinary professional identity (the research findings, as well as the relevant literature and professional discourse) through a lens informed by the research experience. Some of the complexity arises because not only does the literature contributes to a better understanding of the research findings, but the research findings and experience contribute to a better understanding of the literature. When the construction of the thesis is viewed as part of the narrative experience of this inquiry method, the approach taken to writing and framing it needs to encapsulate this chronology of understanding: the repeat oscillations between data and discourse, each of which contributes further to the depth of understanding obtained.

This meta-construct starts by returning to the pre-research “I” of Connelly and Clandinin’s multiple researcher “I’s”, revisiting earlier-read literature but now considering it through a post-research lens (Connelly and Clandinin 1990). As the findings (“The Present”) and the future implications (“The Future”) are explored in a similar way, this process of looking again at the literature, findings and implications, all of which were examined in Part 1 of the thesis, unveils heightened understanding of the complexities of identity formation. A description of what was obtained from this process forms Chapter 6.
5.1 The Past.

“One can never step in the same river twice.”
Attributed to Heraclitus, pre-Socratic Greek philosopher.

It is important in narrative inquiry that temporality does not simply reproduce the chronology in which the research is written; instead it is an important part of thinking narratively. It is therefore important, when thinking and writing narratively, to look to the past, to understand the chronological context of the phenomenon under study. In order to understand better some of the tensions and complex identity issues raised in Chapter 4, it was necessary to revisit the understanding I had of veterinary identity and identity formation before I started the research, exploring it in the light of what I had subsequently found. This section is therefore different to the introduction and literature review, written prior to the research; it represents a process of looking back to this information to help inform further interpretations of the research findings.

Why is it useful to include this informed view of the past? During the research experience I was constantly aware of how the participants’ stories were not only changing my knowledge and attitudes of veterinary identity, but also my understanding of my own early career experiences, and of the literature I had read before I started. Gaining a deeper understanding included a process of exploring what more could be gained from looking at the “pre-research world”, examined with the benefit of the research findings. This account of the past is therefore an informed reflection, with literature and pre-research experiences selected for their ability to contextualise and expand understanding of the text analysis.
5.1.1 What did I expect the stories to say?

Planning this research included looking back on my own identity formation. I saw my professional identity as being a consequence of the challenges experienced when managing clients’ emotions and being the presumed leader of the veterinarian-client team. A memorable case from my early career involved a client who was around the age I am now. She had children and a mortgage (to my younger self she very much seemed to be the “adult” compared to my post-student identity), and her cat was unwell. Complex veterinary interventions were needed in order to pursue veterinary care, but the cat had a poor prognosis, even with treatment. Aged 24, and only days separated from my student life, I did not feel like the senior member of this partnership. Yet I can remember feeling that the client’s emotions were dependent on what I would say when she asked me what to do. I didn’t know what to do with this realisation and felt uncomfortable with this responsibility for my client’s emotional state.

In the introduction to this thesis, I wrote about the influence of the “Teaching in the Workplace” course provided by the Royal College of Anaesthetists, and specifically the section on non-technical skills and human factors. The discussions surrounding the detrimental effects of stress and fatigue on performance resonated when I reflected on the development of empathy with my clients, and how a sense that becoming aware of their personal needs and priorities clouded my clinical problem-solving. An emotional connection to clients’ needs meant that I struggled to do the “right” thing clinically, a feeling that has been echoed by other veterinarians (Armitage-Chan et al. 2016). I couldn’t enjoy the interactions with clients because I didn’t know how to factor them in to my clinical reasoning. This was why I enjoyed anaesthesia so much in my early career: I felt I could be “a good vet” (implement the science I had learned as a student), without feeling confused by the clients’ needs and their emotional welfare.

At the start of the research, I also anticipated that struggles with confidence in decision-making would be represented in the early career identity. When I first returned to veterinary teaching I taught a module on teaching clinical reasoning, and I frequently used the picture shown in Figure 2. I felt strongly that my veterinary education had failed to fill the gap between taught knowledge and skills (what a dedicated student could find in a textbook) and what was needed to function as a veterinarian.
Figure 2. The gap between veterinary education and being a veterinarian.
This expectation arose not only from my own experiences, but also from my observations of students during client simulations. When watching students in role-play classes, they often demonstrated a need for the “client” (an actor) to be the primary decision-maker. When faced with a dilemma, these students would describe various options, but would reach a wall when it came to decision-making, frequently finishing their dialogue by asking the “client”, “What do you think you want to go for?”. The message of shared decision-making appeared to have been strongly heard by our students, but it had been interpreted as a conceptualisation of the client as a customer, selecting their preferred product from a list of options. A similar discomfort with decision-making is also apparent when talking to practicing veterinarians about over-testing (the increasing use of unnecessary diagnostic tests). As is being recognised in medicine, this seemingly results from a need to defer clinical decisions to an “authority figure” (in this case a positive test result), rather than demonstrating confidence in clinical judgment (Greenberg and Green 2014). Perhaps it is driven by a fear of litigation, or simply by a fear of getting things wrong, but the students and veterinarians I talked to appeared very unwilling to commit to a professional decision without assurance from a perceived “authoritative” other.

The ability to proceed with treatment in the face of uncertainty is recognised as an important attribute of the veterinary general practitioner (May 2015), but it is challenging for students who seldom are given the opportunity to risk being wrong in their decisions. I thought that this under-developed confidence in decision making would manifest in professional identity formation, and I would see evidence of a desire to “fit in” or be liked by the client. I expected to see the avoidance of difficult decisions, and veterinarians aiming to please: carrying out the action favoured by the client or authority figure in the practice.

These reflections are important because they provide the lens through which I developed the research and interpreted the participants’ stories. I expected the participants to verbalise their struggles as they acquired responsibility for the emotional state of their clients and encountered conflicts between the needs of their client and their own ambitions to practice academic veterinary medicine. Post-research, I can see that this meant I expected the participants to all be like me. While some of them did demonstrate a sense of conflict between clients’ needs and the implementation of textbook veterinary medicine, others were more assured in their identity, more confidently committing either to academic-focused, or client-centred sets of priorities. There was thus more diversity than I had expected in how the graduates developed their professional identities, and how they incorporated an awareness of “other”. The recognition of this diversity, and the comparisons made between the different
participants, helped in the exploration of the different influences on identity formation and where education interventions may be beneficial. While some participants would have benefited from the social validation of an unfamiliar or fragile identity experienced during workplace identity confusion, others were particularly heavily impacted by the hidden curriculum, and would have benefited from interventions to manage this. The implications of these observations are explored further in Section 5.3, “The Future”.

Observing how some of the graduates successfully incorporated the needs of their clients into their professional identity also helped me rethink how I understood empathy. My own early career experience had led me to conclude that empathy with clients was a complicating factor, clouding my clinical judgment: a sentiment reinforced by the views of some of the veterinarians in my previous research (Armitage-Chan et al. 2016). In contrast, the research participants with the most well-developed professional identity showed me how, as a new graduate, it was possible to empathize with the client, and use this positively, as an aid to clinical decision-making. For them, client empathy helped the veterinarian negotiate a client relationship which helped, rather than hindered, complex decision-making. The resulting solutions not only better integrated the needs of all stakeholders, but also imparted a sense of satisfaction and successful outcome.

Fears that the new graduates would look to their clients for guidance in clinical decision-making were not confirmed in the participants’ stories. However it is possible that these behaviours are more apparent in graduates with Marcia’s diffused sense of professional identity. Because such individuals are unable to identify their views on their role, they might avoid situations (such as this research) where they are asked to do this. This route of identity development may therefore represent more of the graduate population than suggested by this research.
5.1.2 Expectations of the veterinary role.

I have spent very little time in veterinary general practice and I had conceived the general practitioner role as being rather repetitive, filled mostly with vaccination and neutering appointments. I’m not alone in this view: many of my specialist colleagues are often heard to say “I could never survive in general practice... I couldn’t bear all those boosters and dentals”. The participant stories proved us all wrong, with many stories of complex patients. At one point I asked the group where all the stories about routine appointments were; did they perhaps not think of these as worthy of writing about? They answered that these cases simply didn’t exist. Cases that were supposed to be routine weren’t, and if ever there was something simple, it came as such a relief that it certainly wasn’t perceived as dull or perpetual.

Interestingly, this mirrored an experience working with general veterinary practitioners enrolled on one of my continuing education courses. I asked them to define their “perfect day” in practice. Overwhelmingly they saw value in experiencing a significant number of simple, routine cases to balance the more challenging elements of their role. Vets and veterinary students will often say they want to be challenged by their job, that it is the intellectual stimulation that attracts them to the profession, but that they also want to do the job well (Tomlin et al. 2010). Perhaps the broader complex elements of the general practitioner caseload are such that without the routine elements it would be overwhelming and completely unmanageable.

This is an important message to feed back into veterinary education. As a result of being immersed in the specialist education environment of the university referral hospital, veterinary students appear to perceive general practice work as an inferior and mundane career choice (Roder and May 2017). The notions that routine cases represent a rare respite from the more typical complexity, that they provide an opportunity to develop relationships and empathy with clients, and that knowing a client well will facilitate the negotiation of their needs when a more complex situation arises, are not ones that are being relayed to students or emphasised within the culture of their education.
5.1.3 Personal and social influences on identity.

Pre-research, I had considered that an adherence to self-identity values, rather than being overly influenced by others, would reduce identity dissonance, enable the individual to act “true to self” and result in greater career satisfaction. The finding that those who successfully incorporated the needs of the client into their professional identity were the more satisfied in their role was therefore unanticipated. Not only was this finding highly influential for reshaping my teaching (see Chapter 6, and also Armitage-Chan and May: “Developing a professional studies curriculum to support veterinary professional identity formation”, in press), it also led to a change in how I understood the social identity literature and the influence of social context on identity formation.

Pre-research reading of the literature had suggested professional identity to be socially constructed, a process I had interpreted as most closely aligning with Tajfel’s description of group identity (Spears 2011). The influential paper by Cruess and co-authors described the professional identity formation of doctors as a process of adopting the ways of thinking of the profession (Cruess et al. 2014). Naïve reads of this paper seemed to imply a one-way process, which was only deemed to be successful if the individual moulded their values and behaviours on those of the profession. This was reinforced by Hafferty’s description of professional socialization, and the observation that medical graduates develop “a professional identity that depends more on current place and setting than on some underlying [pre-existing or personal] and shared experience” (Hafferty and Hafler 2011 page 20).

Although this was the way I had interpreted the literature, I was uncomfortable with the idea that a socially constructed professional identity was simply one that mirrored the identity of the new professional group. I intuitively felt more of an affinity for a Deleuzian model of identity development: the identity of a profession being in constant flux, adapting in response to the identity values of those joining it (Deleuze and Guattari 1987). It felt important that a profession adapts to the changing needs of society; this would be facilitated in a model allowing the profession’s identity to change, moulding to incorporate the evolving values of progressive cohorts of new entrants. The professional identity formation of a novice professional would then be a two-way process of identity negotiation, rather than a one-way process of imparting the profession’s identity onto new entrants. If identity formation was defined by adopting the ways of thinking of the profession, as seemingly implied by Cruess and co-authors’ model, then what would be the outcome of, for example, efforts to increase diversity, widening participation and gender balance? I saw it as a rather arrogant assumption...
that there would be no value in the identity preferences of new members contributing to the evolution of a profession’s priorities and values.

At this early stage, I considered that there would be positive consequences, for the professional and the individual, if identity formation included an emphasis on the retention of personal identity values developed prior to entry to the profession. However, I also recognised that the complex nature of identity formation, associated with the vulnerability of identity crisis, meant that social learning and identity validation from peers would be important for graduate development and wellbeing. There would clearly be benefits for graduate confidence and mental health if they felt a sense of belonging to a group of like-minded peers, rather than experiencing the troubling nature of identity difference and conflict within their group.

In an attempt to rationalise the potential value of individual difference, while at the same time realising the value and importance of social identification, I looked for different perspectives on social identity theory. *The Handbook of Identity Theory and Research* frames social identity development slightly differently to the messages implied by my reading of Hafferty and Cruess:

“A process of social identification with the groups to which we belong is an important element that connects us to groups, and that tells us both who we are and who we are not. A social identity is thus the product of a process of social categorization and of identification with the groups we belong to, which we then characterize as part of ourselves.” (Spears 2011 Page 203).

In this framework, the individual develops their identity through the recognition in themselves of favourable identity attributes shared by the group. There is greater acknowledgement that the individual enters the group with desirable identity attributes already in place, and the process of identity formation is not simply one of “acquisition” of attributes from the new group. The identity similarities within a group encourage the new member to view themselves and their group positively, enhancing sense of belonging, confidence and self-esteem, as well as contributing to positive social relations.

This conceptualisation of social identity formation appeared to address some of the concerns I had with the “one way” model of social identity formation. However, there remained the potential for detrimental consequences. A strong group identity can lead to tribalism between groups, as members’ positive self-worth and shared values lead them to struggle to engage with members of other groups (Spears 2011).
I saw this group identity model, and its strengths and weaknesses, as having much relevance to veterinary medicine. After a long period of study, and veterinary ambitions that have been in place since childhood, there is a strong sense of self-identity that comes with joining the profession (Page-Jones and Abbey 2015). “Fitting in” and aligning one’s sense of self with new professional peers would be expected to be highly valued amongst new veterinary graduates. Veterinarians define themselves by this group membership, and as a consequence, many cannot imagine themselves outside the profession, even when it is the source of stress, exhaustion and burnout (Jackson and Armitage-Chan 2017). Although not reported for veterinary medicine as it is for medicine, we also see evidence of veterinary “tribes” as teams of veterinary professionals with shared priorities and behaviours group together and experience conflict with other groups (for example specialist and general practitioners; veterinarians, veterinary nurses and receptionists). The online discussions used in our 2016 study (Armitage-Chan et al. 2016) demonstrated this, with one practitioner speaking about his frustrations with the reception team not valuing his priorities when he was busy and running late, and others telling stories of conflicts with veterinary nurses arising because of perceived differences in priorities and values.

An emphasis on strong group identity also risks contributing to the rhetoric that sees the client as the enemy. The literature surrounding veterinary stress, presented in Chapter 2, suggests veterinarians feel the client to be a leading contributor to their poor mental health and the “difficult client” is often portrayed as the worst part of the job (apparent in the media and social media examples cited in Chapter 4). In social media, the client is even viewed as a direct contributor to veterinary suicide: immediately after one such event, a prominent veterinarian wrote the following on her public Facebook page:

“Every day I speak to vets who are demoralised, demotivated and that have lost their passion for the job they wanted to do forever. It’s not their patients that do this on the whole, it is the humans that bring them in. We all know that 90% of our clients are wonderful but it is sadly the other ten per cent that we tend to remember when we get home at night. If you have a suspicion that you’re one of that ten per cent I’d like to ask you a favour. The next time you’re about to swear at your vet, abuse them, tell them they are worthless and that they don’t know what they are talking about because you’ve read something on the internet... just pause for a moment and think about the consequences.

Because if you do go ahead you might just be the straw that breaks the camel’s back. You might be the reason that the police have the heartbreaking job of knocking on the door of
someone’s parents’, husband’s, wife’s or children’s door and telling them that they’ve just lost the most important person in their lives.”

Public Facebook post, 1/11/17.

The finding in this research, that working in partnership with clients conferred wellbeing advantages, but seeing them as an obstruction to identity rendered individuals persistently frustrated and dejected with their role, made the emphasis on client-veterinarian difference and the “us vs them” rhetoric deeply concerning.

Rationalising social identity influences therefore became more complex. It seemed that a strong sense of group identity can feel empowering to members (e.g. a shared view of the client as not understanding the needs and priorities of the veterinarian), even if the values that are shared are detrimental to veterinarians’ wellbeing (the client as an obstruction to identity ideals). This complexity was recognised in well-functioning communities of practice, as the attributes of a strong group identity were described as simultaneously being both beneficial and detrimental to members’ growth and self-actualisation:

“Disorders often appear when some aspects of communities are functioning too well. In a tight community a lot of implicit assumptions can go unquestioned, and there may be few opportunities or little willingness inside the community to challenge them. The intimacy communities develop can create a barrier to newcomers, a blinder to new ideas, or a reluctance to critique each other. Like many human weaknesses, community disorders are frequently an extreme version of a community’s strength. The very qualities that make a community an ideal structure for learning – a shared perspective on a domain, trust, a communal identity, long-standing relationships, an established practice – are the same qualities that can hold it hostage to its history and its achievements. The community can become an ideal structure for avoiding learning.”

(Wenger, Etienne and McDermott 2002 Page 141).

Wenger proposed an alternative view, conceptualising group identity not as a set of uniform and rigid attributes, but as a negotiation of meaning:

“Building an identity consists of negotiating the meanings of our experience of membership in social communities. The concept of identity serves as a pivot between the social and the individual.”

What does this negotiation of meaning mean for the social construction of professional identity? Building an identity by “negotiating meanings” and seeing identity as a “pivot between the social and the individual” evokes Deleuze’s description of identity not as a descriptor but as a process (Wise 2005). Through this lens, identity is seen as a way of negotiating the conflicting needs of the individual, the profession and all stakeholders (the client, the profession as a business, the needs of society, political or governmental pressures). For the individual’s professional identity formation, their entry to the profession involves a process of reflection, as they negotiate entry and try to reconcile what is important to them, and how this will be enacted in the professional role:

“Practice entails the negotiation of ways of being a person in that context...”

The distinction between the individual who engages in this reflection and negotiation, and those who simply mirror the identity values of their new professional peers, represents the distinction between Marcia’s achieved and diffused identity statuses (Marcia 1966). How do these combined theories of negotiating meaning, taken in the context of the self-esteem benefits of social identification, help us to understand and better support identity formation in novice professionals?

A conclusion reached in Chapter 4 surrounded the fragile nature of evolving identities. The stories of those participants who seemed to attempt to negotiate a relational element into their professional identity, but failed to make this commitment, suggested these individuals lacked the social validation to confidently reconstruct their identities in this way. Building an identity by “negotiating meaning” requires reflection, but even if this reflection occurs, in some individuals it may be too troubling to result in identity reconstruction if the emerging identity is not socially valued. A strong group identity can therefore help identity construction and reconstruction if the shared group values incorporate reflection, understanding of complexity, and welcoming the uncomfortable feeling of change as new members enter with different professional values. This will enable fragile and vulnerable emerging identities to be socially validated, giving members confidence to explore meaning and commit to an evolving self.

This exploration of social identity construction provides a model for the important ways identity is socially constructed, incorporating the two-way processes of an individual
negotiating meaning, and the evolution of the values and priorities within a profession. However it also highlighted the importance of a change in professional culture for an appropriate identity to be socially validated. If the priorities within the profession remain focused on the technical aspects of diagnosis and treatment, rather than being oriented towards reflection, human relations, complexity and diversity, then the social construction of identity will persistently support, for most individuals, the validation of the biomedical identity conceptualisation. Furthermore, the pervasive rhetoric of the “client as enemy”, which is of concern for the mental health of the profession, is potentially strengthened by a non-reflective, static group identity model. Educational strategies, aimed not only at undergraduate students but also at changing professional culture, and which will emphasise the client as an integral part of the broader veterinary professional identity, are therefore of particular importance.
5.2 The Present: How social context influences identity.

5.2.1 The hidden curriculum.

A discussion of social context, and its effect on identity construction, is incomplete without including the hidden curriculum. Exploring the particular ways that the hidden curriculum influenced the participants in this research may not only help in understanding the different ways they developed their identities, but also guide interventions to manage hidden curriculum influences in the future.

The relationship between the hidden curriculum and the development of professionalism has been extensively described, most frequently with reference to the role modelling and learning of unfavourable or “unprofessional” attitudes in the clinic (Birden and Usherwood 2013; Warmington and McColl 2017). The hidden curriculum also acts at an institutional level. An over-emphasis of technical content in medical school assessments, hospital ward rounds and university research strategies all risk undermining efforts to promote a more relational, humanistic and context-sensitive professional identity (Cribb and Bignold 1999; Apker and Eggly 2004; Estefan et al. 2016; Cooke and Lemay 2017). The narrow, disease-focused veterinary identity seen in this research can easily be explained as a consequence of the hidden curriculum of veterinary education, where a similar emphasis on disease and treatment can be seen in teaching, assessments, ward rounds and institutional research. However, the specific ways the hidden curriculum exerted an influence on identity, and the differential ways the research participants were affected, suggests there is greater complexity to this issue. Rather than being passively influenced by the hidden curriculum, previous work has shown veterinary students to be conflicted by the tension that arises between the prioritised biomedical elements of institutional culture, and their need to integrate compassion and empathy into their professional identity (Roder and May 2017).

A tension that was encountered in this research was that the persistent narrow, technically-focused identity was found in the most highly engaged and high-performing student, and one who was vocal in his support of Professional Studies and “non-clinical” competences. A dedication to being valued and rewarded by the university and clinical educators had seemingly strengthened the biomedical identity despite fragile intentions, held prior to entering university, to demonstrate a more relational set of values. When selecting role
models, the attitudes and expertise of academic, specialist veterinarians were seemingly prioritised over those of the general practitioner.

This hierarchal positioning of the academic/specialist identity above that of the general practitioner is evident not only in students, universities and new graduates, but also in the general veterinary practitioners themselves (May and Kinnison 2015; Armitage-Chan et al. 2016). Although there is some recent recognition of a valued general practitioner identity (May 2015; Hargreaves 2016), the power of the hidden curriculum, and its emphasis on the disease rather than the human (clients and other stakeholders), seems to have led to the specialist representing the prized veterinary identity, even by those working in environments where this is neither possible, nor valued by the client. To a high-performing student, a goal to be the best veterinarian possible therefore equates to an identity constructed on the priorities of the academic specialist. This view is not simply constructed by the university and curriculum influences, but is prevalent in the culture across the profession.

If this culture is so pervasive, how did those who developed a different set of identity values escape its influences? Did they simply not care as greatly about academic achievement or being seen positively by academic faculty? When the two participants who most exemplified the narrow and broader identity variants were compared in Chapter 4, their engagement in identity exploration, and their resistance to the overwhelming influences that prioritise diagnosis and treatment, seemed to relate to their different attitudes to learning. While the individual who developed a narrow professional identity had appeared (as a student) to have engaged across the curriculum, he apparently viewed each element in isolation (and judged them as being of variable importance). In contrast, the “broader identity” individual was better able to make connections between diverse curriculum elements, and placed equal value on each of these. The different ways these two individuals engaged with their learning will now be explored in the next section.
5.2.2 Attitudes to learning and the use of social context to inform identity.

The development of a narrow set of identity priorities seemed to be associated with an attitude to learning that valued only certain, specific learning environments. In contrast, seeing learning opportunities in a variety of different contexts, including the graduate workplace and those environments not overtly related to the career aspirations of the individual, seemed to help the development of the broader identity variant.

Previous studies of veterinary clinical education have shown that some students seem able to use workplace learning experiences to engage with the more complex issues facing the veterinarian, while others only see these as an opportunity to learn technical competences (Matthew et al. 2010, 2012). Billett also identified that while workplace learning offers an opportunity to inform the development of identity, not all students use it in this way (Billett and Somerville 2004). In Korthagen’s “Onion” model of identity, learning behaviours are proposed to inform identity development, and Billett’s description of learning through practice is constructed around the active use of workplace activities to guide identity formation (Korthagen 2004; Billett and Somerville 2004). When identity formation was conceptualised from this literature in Chapter 2, discussion of these papers focused on engagement, and the need to intentionally use workplace learning opportunities to develop one’s identity.

In considering engagement, the influences of the hidden curriculum are such that a highly strategic student can focus their workplace learning on narrow curriculum areas (the technical skills and disease knowledge that is most valued in assessment and feedback) and still perform well academically. They will, according to university assessments, have appeared to engage well with workplace learning opportunities, because the behaviours they demonstrate will match the priorities of faculty and assessors, and their results will suggest high academic achievement. For a student who matches this description, workplace learning opportunities will reinforce the value of a disease-focused identity and they will selectively engage with those elements of the workplace that validate their view.

For the high-performing student who developed a narrow professional identity, it can be presumed that clinical faculty felt he engaged well with workplace learning opportunities. If it is engagement in the workplace that is important to identity development, why did this not transfer to the effective use of context to inform identity reconstruction after joining the profession? The hidden curriculum priorities of diagnosis and treatment make it important to distinguish apparent student engagement (success in assessments and being viewed positively
by clinical faculty) from the actual attitudes to learning expressed by this research participant: dissatisfaction with “irrelevant” learning environments and a difficulty integrating “non-clinical” competences (communication and the human-animal bond) into the contextual work of the veterinarian.

Comparing attitudes to learning was most revealing when the identity consequences of meaningful graduate experiences were examined. It may perhaps seem intuitive that a student who values learning across the curriculum and in different environments will be better placed to construct an identity built on a broader set of elements. However, what was more revealing was how the individuals’ different attitudes to learning had variably prepared them for using complex experiences in work to inform their identity. All the participants were exposed to common meaningful events, such as euthanasia and the experience of being left alone to run the practice. However only some of them were able to use these to inform a reconstruction of their professional identity.

Understanding the development of the broader identity conceptualisation includes trying to understand why some individuals were motivated to seek value across the curriculum, even in those areas that were not prioritised by the hidden curriculum, and why they were then more able to engage reflectively in complex professional experiences to inform their identity reconstruction. In Kegan’s and Marcia’ frameworks, the most well-developed stages of identity formation incorporate the individual being able to understand and engage with complexity (Kegan 1982; Kroger and Marcia 2011). The link between identity formation and engaging in complexity may offer some help in understanding individuals’ different responses to meaningful experiences, as well as further explaining the magnitude of hidden curriculum influences on their identity development.

Perry’s framework of intellectual development provides a model for developing complex thinking, guiding educators to develop students’ relativistic thinking and commitment in complex decision-making by the time they graduate (Perry 1999). Amongst academics, Perry’s framework seems to be a popular model; when I have used it in faculty development, most faculty tend to feel they have reached the most advanced stages of cognitive development, and assume they teach to this level, at least for their graduate students. A more critical look at our curriculum suggests an alternate view. I have met some first-year students who seem quite excited about the prospect of veterinary ethics and multiple “ways of doing”; they seem keen to become involved in debate and put out fragile feelers for raising different perspectives in their classes. Others, representing the majority of the class, are much more dualistic in their
approach, fearing differences of opinion and finding ethics and professional studies troubling because of the lack of uniformly correct answers (Armitage-Chan and Maddison, manuscript in preparation). Unfortunately, it is easy to see how the structure of the curriculum empowers those who yearn for simple correct answers, and fails to validate those who tentatively try more complex thinking. The early years of basic science teaching carry many messages of “proof” of biochemical and physiological concepts, and even in the clinical years, teaching (and assessment) are structured around the “single best answer” to a problem. Similar problems have been recognised in medicine (Cooke and Lemay 2017). Far from developing complex thinkers, we are likely perpetuating dualism.

Students who are successful in this curriculum will therefore not necessarily develop the complexity thinking required to achieve the most advanced stages of identity formation. When faced with troubling uncertainty, whether in the clinic, or when encountering different viewpoints during university education, they will hence defer to their notions of the “right answer”, selecting the perspective of a preferred role model, one who aligns most closely with their career aspirations, or the safety of the solution that will be rewarded through the hidden curriculum. Strategies to encourage the development of a broader identity conceptualisation would therefore be enhanced by encouraging complexity thinking and ensuring that the appreciation of complexity and multiplicity is rewarded across the curriculum. In this way, students would prepare for the process of identity exploration by learning to engage in the different messages encountered in different educational areas, reflecting on the different messages conveyed across different environments. They would then be better placed to reflect on complex experiences in the workplace, considering their own perspective against those encountered in different contexts. If successful, this approach would enable the intentional and reflective use of workplace experiences to stimulate identity reconstruction, as described in Erikson’s, Billett’s and Korthagen’s models.

It therefore appears that the effective use of workplace experiences to inform a broader identity reconstruction was dependent on the development of complex thinking as a student, which manifested as an appreciation of learning from different contexts and an ability to integrate disparate components of the curriculum. The development of students’ complex thinking, as a precursor to them being able to use complexity in the workplace to inform identity reconstruction, has important implications for curriculum design, and will be discussed further in Section 5.5.
5.2.3 Revisiting social and personal identity influences.

How does this analysis align with the social and personal models of identity construction? A student’s appreciation of complexity extends to how they view the validity of professional identity variants. Identity exploration is dependent on this appreciation of alternative identities, so that alternatives can be considered reflexively, and used to inform personal identity choices (Kroger and Marcia 2011). This process was evident in the participant described as being in a moratorium state (JW), who showed a conscious awareness of the differences between what was valued in the specialist identity, and the attributes valued by clients and colleagues in the general practitioner identity. In contrast, the possibility of an alternate identity being valued was not something that was evident in the individual with a narrow, foreclosed identity conceptualisation that was constructed on the priorities of the academic specialist.

The appreciation of complexity, its application in exploring identity variants, and the process of reflecting on identity negotiation and reconstruction could each be viewed as highly personal phenomena, occurring independently of socially constructed learning and development. In the negotiated social identity construction presented by Wenger (1998) the individual remains as a distinct entity, using social interactions to personally inform a reconstructed version of their prior self. The neglect of social influences on identity construction is a critique of the identity status model, but is this a valid criticism (Sneed et al. 2006)? How important is social identity construction to those who have developed high levels of critical reflection and complex thinking?

Even in those participants with a good understanding of self-identity, who constructed their identity to incorporate the values of others, there were occasions when value conflict led to distress. Certain strong identity values remained present in these individuals, which were seemingly resistant to complexity thinking: when these values were challenged, an alternate perspective could not be appreciated, and the distress of identity dissonance and value conflict resulted. At the end of Chapter 4, a conclusion was reached that preparing students to develop an identity in which dissonant actions in these extreme situations could be rationalised, without them being perceived as a failure to act true to self, represented the pinnacle of veterinary education and graduate support.

This level of identity development can only be developed socially. Even for one with an achieved identity status, there will always be interactions with “new” others, who possess
previously un-encountered identity values. This will be particularly true with changes in societal expectations of veterinary care, and the evolving priorities of new members of a profession. The ownership of veterinary practices by non-veterinarians (1996), feminization of the profession, and the increase in responsibilities afforded to veterinary nurses (2015) are recent examples where the ways of thinking and sets of professional priorities of those in the veterinary profession have been abruptly challenged. Social influences are therefore not only important to validate newly adapted self-identity understanding, but also to provide instances of “other”, through which reflection on the validity of self in a new context can be triggered.
5.2.4 Why are the identity findings important?

The research conclusions so far have rested heavily on the presumed benefits afforded by the broader professional identity conceptualisation. Changes to veterinary education that will support the development of this identity in veterinary students form the basis of the last section of this chapter (“The Future”). Is the prioritisation of the broad identity over the narrow variant a valid conclusion to make? Various peers (including veterinary specialist colleagues, and one of the reviewers of the paper, “Identity, environment and mental wellbeing”) have questioned this presumed inferiority/superiority, accusing it of being overly dualistic, and arguing that it instead represents context-dependence, the narrow identity variant representing an appropriate set of priorities for a specialist or academic role. Aside from the fact that in excess of 95% of veterinary students enter general practice (RCVS 2013), is this point valid?

Based on a model of heterogeneous professional identity, in which those with different sets of identity priorities co-exist and support the success of the profession, one could argue that the development of a technically-focused identity is equally important to developing individuals with a broader-focused one (Castellani and Hafferty 2006). Educators who are veterinary specialists frequently acknowledge that the competences they teach are not intended to be replicated in general practice, but they maintain that they represent essential knowledge for those who might one day choose to specialise. The wellbeing implications of the broader professional identity argue against this viewpoint, particularly for a profession that is increasingly troubled by poor mental health and suicide. It is beneficial for a graduate in any employment destination to develop a professional identity which views context as a professional challenge from which to draw satisfaction, rather than one that views complexity as an identity obstruction.

The view of the veterinary specialists, that they are not troubled by contextual challenges, is surprising. Although they admittedly encounter a more uniform set of environmental factors than the general practitioner, there are certainly varying client needs and financial limitations present within the referral setting. When identity has been developed as a result of engagement with alternatives, then an individual’s identity values can continue to be informed and adapted, by reflecting on the specific needs present in the work environment. Whether working as a generalist, specialist or in a different branch of the veterinary profession, there is thus less likelihood that the broad identity conceptualisation will be inappropriate for an individual’s work environment and contextual needs.
The wellbeing findings were a particularly important but unexpected finding in this research. The link between identity and mental health was known at the outset, but the expectation was that this would manifest in a fairly simplistic way, for example in distress resulting from identity dissonant behaviours (not being able to treat a patient because of financial limitations). It was more interesting to discover that frustrations and dejection arising from this identity dissonance could be reduced if an individual develops their professional identity, from one prioritising the animal, to one in which value is also placed on overcoming challenges relating to the client, business, colleagues and the work environment.

This finding is clearly important for veterinary education, and it is vital that the broader understanding of veterinary success is both embedded within the curriculum and addressed across the hidden curriculum, at student-contact and institutional levels. The steps needed to support the development of students in this way include revision of curriculum and assessment content, de-emphasising diagnosis and treatment, and raising the importance of elements such as client relations, communication, development of empathy, and working in a veterinary business. However, in addition, change needs to extend into the way students (and graduates) reason problems. As discussed above, curriculum strategies to encourage critical thinking are also needed to support graduate wellbeing and appropriate identity formation. This is a novel viewpoint for veterinary education, wellbeing strategies previously centring around lifestyle management and accessing support when needed (Spielman et al. 2015; Correia et al. 2017). Interestingly however, the association between complexity thinking and emotional wellbeing is not new to other areas (Gratton 2001; Zurmehly 2008; Flor et al. 2013).

It was not simply the ability to engage in the perspectives of other stakeholders that improved wellbeing and career satisfaction, but also the way challenges were perceived, whether arising from conflicts between stakeholders or representing a consequence of the work environment. All of the participants appeared to thrive when faced with a busy workload, and they could draw a sense of success after managing days in which multiple critical patients arrived simultaneously. The heavy workload was something that was seen as key to the veterinary identity in experienced veterinarians (Armitage-Chan et al. 2016), but has been identified as a source of career stress in other studies (Gardner and Hini 2006). The way challenges are perceived relates to many psychological factors. Amongst these, resilience to challenges and threats has been associated with an incremental mindset to learning (Yeager and Dweck 2012). It was therefore interesting to note that the graduates who showed markers of emotional wellbeing and satisfaction with their career also demonstrated growth attitudes to
learning: they saw learning as an ongoing process, felt there was something to be learned from any experience, and when faced with something they didn’t know, sought help or resources to aid their problem-solving. In contrast, the individual who was most foreclosed in his identity development, and was most troubled by contextual challenges, expressed dissatisfaction at not being taught everything he needed to be competent in practice. Fostering an incremental mindset to clinical and contextual problem-solving may therefore also help support the development of an identity associated with mental wellbeing.

The importance of the wellbeing findings extends beyond undergraduate education and into professional culture. Research into causes of veterinary stress and suicide are commonly performed, and this remains an active research area within the profession. Most of these are based on surveys surrounding what veterinarians find stressful, the conclusions of which risk contributing to the “client as enemy” rhetoric. Most report clients’ expectations as a common stressor (Gyles 2014; Nett et al. 2015). These articles often link this stress to suicide, and as such there is a significant risk that the wellbeing literature is interpreted to suggest that unreasonable clients lead directly to veterinarians’ deaths.

In this context, it is important to note that most of the participants in this research described stress in their work. If they were asked, either in a survey or as a trigger post in the Facebook group, what they found stressful about their work, it is likely that they too would include client-related challenges in their responses. This does not mean that they uniformly appreciated the client as a cause of distress and career dissatisfaction, it simply means all could recognise the client as a contextual challenge. The way client-related stress and challenges were perceived, and the impact of clients on the veterinarians’ overall mental health, were more related to participants’ identity conceptualisations than to the presence or absence of clients with challenging needs and values. It is important that the way wellbeing research is carried out and interpreted does not over-emphasise the stressors (the “be nicer to your vet” message expressed in social media), but instead focuses on strategies for developing a more challenge-oriented set of identity values.
5.3 The Players.

5.3.1 The role of colleagues and teamwork.

One of the surprises of this research was how short this section is. I have always thought veterinary medicine to be a highly sociable profession, not only working alongside clients, but also other veterinarians, nurses, assistants and receptionists. In contrast, the participants’ stories revealed a highly solitary set of experiences. Conversations with practitioners during continuing education courses and with students after work placements revealed a similar pattern: even where multiple veterinarians are employed in a clinic, it seems their appointment and surgery schedules mean they rarely cross paths, and opportunities for social interaction are seldom found.

The solitary existence of the new graduate veterinarians, in which not only interactions with other veterinarians were absent, but also those with nurses and other colleagues, has several repercussions. The participants’ stories depicted an absence of supervision and lack of social support for managing heavy workloads or discussing difficult experiences. There were also apparently no opportunities for collaborative problem-solving of complicated patients. We teach that mistakes and challenging cases should be discussed in practice rounds, and the RCVS, like the General Medical Council, advocates reflection on critical incidents. Without opportunities for team discussions, these learning opportunities are not available. Social support after a distressing case, and social validation during identity reconstruction, are apparently similarly absent. It may be that individual practitioners perceive they are learning from their mistakes and challenging cases through personal reflection. However, this neglects the depth of understanding that social reflection can achieve, incorporating additional perspectives and viewpoints, and improving the analysis of complex experiences and quality of learning (Baernstein and Fryer-Edwards 2003; Bernabeo et al. 2013).

Although they didn’t feature extensively in the stories, veterinarians do work with other, non-similar peers, for example nurses, reception staff, animal technicians and drug company representatives. During the working day, interpersonal interactions are more likely with these colleagues than they are with fellow veterinarians, many of whom rarely see each other (Armitage-Chan et al. 2016). Although these interprofessional interactions must occur, they weren’t sufficiently significant for the new graduates to include them in their stories.
An apparent absence of peers with whom to discuss challenging experiences has also been evident in during continuing education courses. When guiding groups of veterinarians to reflect on their challenging cases or difficult situations, a frequent theme in the feedback has been the value placed on being able to discuss experiences with like-minded peers. Why is such value placed on sharing experiences with other veterinarians, but not on discussing them with a close, but non-veterinarian, colleague?

This apparent veterinary tribalism, failing to see non-similar peers as part of the team, may represent a consequence of the hidden curriculum. Further consideration of this finding has revealed a large disconnect between the way teamwork is portrayed in our curriculum, and the way it was experienced in new graduate life. Teamwork is an expected day-one competence for the various North American, European and UK accreditation bodies, and accreditation requirements are typically met through a combination of didactically delivered teamwork theory and assignments set for group work (Lane 2008; Hazel et al. 2013; Channon et al. 2017). Although interprofessional education strategies have been advocated, there is little evidence that this is widely embedded in veterinary education (Kinnison et al. 2011). As such, veterinary students’ teamwork opportunities invariably involve them being placed in homogeneous groups. This framing of teamwork teaching, which culminates in assessing students on their teamwork in clinical rotations, likely fosters an expectation that teamwork means working alongside similar peers (Armitage-Chan 2016). When there are no similar peers in the practice, has the way we have framed teamwork teaching actively led students away from seeing non-similar peers as part of their team and social network?

Curriculum intervention is necessary to change the way veterinary teams are portrayed to students. In general, the universities providing veterinary medicine degrees in the UK do not offer veterinary nursing or animal technician courses, thus opportunities for classroom interprofessional teaching are limited. However veterinary students spend a lot of time “in the field”: 26 weeks of clinical extra-mural placements, final year clinical rotations and 12 weeks working on farms and in other animal handling sites (stables or kennels). All of these provide opportunities to engage with the wider animal care team, but this needs to be scaffolded through course assignments, classroom simulations, and the structure of rotation teaching. Strategies need to be developed to encourage students to meaningfully engage with veterinary nurses, receptionists, animal care assistants and farm workers as part of their university and external experiences.
5.4 Location and Context.

The scene of the stories was typically conveyed as the challenging clinic (busy, high emotions), or used to depict the solitary experience of the veterinarian (being placed alone in a branch practice or sent out alone to see a horse). As an element of professional identity, contextual content, such as the client or equipment limitations, was either internalised as part of the veterinary identity (something from which to draw a sense of satisfaction) or was rejected as an obstruction to identity priorities. The nature of the environment (busy, high workload, challenging clinical cases) was similarly handled; most participants seemed to thrive on the “challenging clinic”, and internalised this into their identity, however for some it was seen as overwhelming and unmanageable. This seemed to reflect notions of perfectionism and reluctance to acknowledge fallibility as part of the veterinary identity, with a perception evident that others were better able to handle this challenging environment.

An additional consequence of the “challenging clinic” arose when comparing stories written in or out of this context. In KF’s stories, comparisons between stories written about specific work experiences and those that were decontextualized and written about more abstract content revealed an influence of clinic pressures on identity expression, self-understanding of identity priorities and self-behaviours alignment.

The patient safety and contemporary professionalism literature both emphasise the influence of clinic complexity on the doctor. Stress, a high workload, fatigue, and conflicting values are all recognised as negatively impacting clinical reasoning, technical competence and professional behaviours, such as empathic patient care (Hales and Pronovost 2006; Martimianakis et al. 2009; Lesser et al. 2010). In KF’s individual narrative, the pressures of the clinic had somehow led to his personal values (built around client relationships and the human-animal bond) becoming subverted. These were replaced by a biomedically-oriented identity expression and self-understanding, which were more characteristic of the priorities in the hidden curriculum and professional culture.

KF’s narrative was particularly confusing because of his attitude to Professional Studies teaching. He had written that he was an avid attendee during Professional Studies sessions, and I can remember this of him when he was a student. Tension seemed to be created between the identity that he wanted to bring to the veterinary profession, and that which was praised by the professional culture. Out of context, KF was better able to recognise his own personal values and to identify goals for the type of veterinarian he wished to be. When re-
storying the pressures of the clinic, the perceived biomedical priorities of the profession and university role models seemed to impede KF’s self-understanding of his professional identity values. When experiencing pressures such as clients with different values, or financial and equipment limitations, the consequence was an identity in which technical and clinical excellence were exclusively prioritised.

Attention to the importance of context provided two conclusions. Firstly, it emphasised the significance of contextual pressures on the professional and highlighted that these pressures not only compromise technical and interpersonal competence, but also influence professional attitudes and priorities. Secondly, it unveiled a deeper question surrounding identity development. On the basis of his narratives, KF was assumed to fit the characteristics of a foreclosed identity status: difficulty empathising with other, limited identity exploration, and a set of identity values that were bestowed by the authority figures of his specialist educators. However, closer inspection suggested an influence of context on self-understanding and the identity that manifests. Away from clinical pressures, KF demonstrated awareness of identity alternatives and a more relational-oriented identity. When under pressure, the identity that had been foreclosed by institutional academic priorities took over, not only as evidenced by KF’s actions (which would imply a comparatively simple values-behaviours mismatch), but also by the apparent self-understanding of KF’s own priorities. When reading the stories this identity appeared completely authentic, with genuine distress associated with a failure to act according to a biomedically-oriented set of ideals. During these situations, a relational-oriented identity was apparently completely dismissed, and the only valid identity was based on technical competence, diagnosis and treatment.

Although expressed differently in the stories, the more relational identity present in the decontextualized stories appears similarly fragile to the identity concepts expressed by JW, during her attempts to gain social validation in identity exploration. The fragility of KF’s human-oriented identity ideals, which had failed to be reinforced by his academic role models, made them vulnerable to becoming suppressed when KF was under pressure. This narrative revealed not only the importance of identity validation from peers and role models, but also that commitment to fragile identities may be challenged by stress and external pressures.
5.5 The Future: Teaching and learning implications for veterinary education.

5.5.1 Who should teach veterinary students?

The main aim of this work was to guide improvements in veterinary education, supporting students to form an identity that enables them to practice with confidence, competence and resilience: confidence to make decisions in the face of conflicting needs, competence to do this ethically and find ways to uphold animal welfare in complex situations, and resilience to the stressors of the veterinary profession. There were many implications for veterinary education that arose from this work, and examples of curriculum change are summarised in Chapter 6.

This section represents an intermediate stage. Before curriculum interventions can be proposed, a deeper analysis is needed of the tensions and unanswered questions that arose in Chapter 4 and which have educational implications. This section, retaining the focus on writing for understanding, delves into the issues raised, exploring their origins and implications. This is a necessary stage before appropriate curriculum interventions can be designed.

A tension that is very relevant to current veterinary education discourse is whether specialist academic practices represent the right places to educate students destined to become general practice veterinarians. The newer veterinary colleges (such as those at the universities of Surrey and Nottingham in the UK, at Western College of Veterinary Medicine in the USA, and University of Calgary in Canada) teach using a “distributed” model (Fuentesalba et al. 2008; Gordon-Ross et al. 2014). Rather than building a university veterinary hospital, the university does not invest in its own clinical facilities, and clinical rotations take place predominantly in selected general practices outside the veterinary school. Many of the proponents of such a model argue that general practitioner competences are being taught by general practitioners.

My own university is one of the older models, with lecture halls, referral teaching hospitals and a farm sitting side-by-side on the same campus. The main output of this research, identifying that the complexities of a general practitioner identity seemingly conflict with the priorities of the specialist identity, seemed to question the validity of this education model.

While it is probably true that some of the diseases and presentations common to general practice are best known to those working there, it is a flawed assumption that students will necessarily achieve a broader, challenge-focused identity by being taught in general practice.

As mentioned earlier in this thesis, for many general practitioners, the biomedical-oriented,
diagnosis-focused identity remains the prized version, and the dejection that was observed in the stories when contextual obstructions prevented this identity is also familiar to experienced practitioners (May and Kinnison 2015). When presenting the broader identity model to practitioners in general practice it has been well-received, and they appreciate the value placed on developing client and colleague relationships and balancing conflicting stakeholder needs. However, although they may recognise these elements when they are presented to them, the sense of identity associated with working with (instead of against) clients, the challenges of heterogeneous values within the veterinary team, and the adaptation of clinical reasoning to suit different client scenarios are not concepts that are typically articulated, even by general practitioners, when they teach students on work placements. Instead, the hidden curriculum remains pervasive: students are directed to patients that have complete diagnoses and effective treatments, such cases being commonly regarded as the best teaching material. The solution is therefore not exclusively to have students spend more time in general practice; rather it lies in defining the broader, challenge-oriented identity as a valued and valid identity framework for those teaching students in any environment. The optimal educators to do this will be those who are able to embed into their teaching the needs of the various stakeholders in veterinary practice and the challenges of the work environment, regardless of the environment in which they work.
5.5.2 Superficial and deep conceptions of learning and identity.

The findings of this study suggested a link between favourable identity achievement, engagement with critical thinking (the ability to rationalise multiple perspectives against one’s own needs) and the development of Perry’s advanced cognitive skills, particularly the context dependence of reasoning and decision-making (Perry 1999). Although the theory of deep and surface approaches to learning has been criticized, the popularity of this model, and its tangibility to university faculty, means it is widely applied in the design of curricula and teaching strategies (Howie and Bagnall 2013). Curriculum design has been formulated around the assumption that students’ deep learning approaches will enhance their higher-level learning outcomes. In particular, strategies for promoting critical and relativistic thinking have been constructed on the message that a deep learning approach is compromised by attempts at broad curriculum coverage, and enhanced by strategies that allow students to select areas of interest for more focused study (Harden and Davis 1995; Mikkonen and Ruohoniemi 2011). The implementation of elective modules is one such strategy, aiming to develop students’ critical thinking skills in a way that is presumed to be absent or unfeasible in the intensive core curriculum of medical education (Harden and Davis 1995; Kusurkar and ten Cate 2013).

The trend towards early specialisation is another strategy that aims to reduce the heavy curriculum content for medical and veterinary students, and therefore encourage self-directed learning and deep learning approaches. Concerns about the vast content that students are expected to amass compared to the relatively narrow area in which they will ultimately practice have led to the promotion of curricula designed around more overtly “relevant” content in both the medical and veterinary fields (Radostits 2003; Walsh et al. 2009; Weatherall 2011). Concerns that this will reduce the exposure of medical students to the basic sciences and lead to inappropriately early specialisation decisions are widespread (Rees-Lee and Lee 2008; Weatherall 2011), however as yet there appears little advocacy of broad curriculum coverage to enhance integrated problem-solving and identity development.

When designing future curricula to support identity formation, a tension is reached between encouraging students to focus on an area of interest (thereby developing their critical reasoning skills) and encouraging them to engage across the wider curriculum. In this study, the participants that focused their attention on those areas of the curriculum they felt to be most relevant to their future careers seemed more likely to develop a narrow, disease-focused identity; those who engaged more widely, including in “non-relevant” areas, constructed their identity more broadly and seemed better able to critically reflect on contextual identity.
influences. A conundrum is therefore presented between different curriculum needs: attempting to reduce curriculum load amidst a rapidly expanding body of scientific and medical knowledge, the development of students’ self-directed learning approaches and critical analysis, and the importance, highlighted by this work, of encouraging engagement across the breadth of the curriculum.

Marton and Saljo’s original conceptualisation of deep and surface learning approaches was based on the context-dependent activities of the individual student, but the concept has since been expanded to describe activities of students across the curriculum (Case and Marshall 2004). In this research, participants’ favourable identity formation seemed to relate to their engagement across the entire curriculum, rather than to discrete subjects, and their ability to integrate and interconnect different (and often disparate) curriculum areas. Participant FT demonstrated that if she was struggling with a particular problem, she could draw on learning from a different curriculum area to adapt and apply. However well a student has engaged in a particular curriculum area, if they cannot make meaningful connections to other parts of the curriculum, they will struggle to problem-solve in this integrated way. This may partly explain some of the paradox of the engaged student (KF) who developed a narrow, technically-focused identity. Although he wrote that he enjoyed learning about ethics, communication skills and the human-animal bond, these subjects were not integrated into the teaching of his role models in the clinic, and therefore a motivation to perform well in clinical rotations failed to direct his learning in this way. He seemed to see these as discrete subjects, and not something that was integrated with the role of the veterinarian as a clinical problem-solver.

Two conclusions can be identified for future curriculum design. The first relates to the need for students to be able to integrate different parts of the curriculum. The embedding of professional concepts (communications skills, ethical and complex problem-solving, teamwork) into medical and surgical content is regarded as important for students to engage in these areas (Brater 2007; Birden et al. 2013). However, the need for integration extends beyond this simple “engagement” need (necessary to gain competence) and is necessary for the development of an appropriate professional identity. It is only by explicitly connecting apparently disparate content (clinical and basic science, clinical and scientific reasoning, parallel problem-solving across the species) that students will be encouraged to learn to think in an integrated way. An integrated approach to curriculum design is thus not simply important for applied problem-solving, but also for fostering an integrated way of thinking and identification. The graduate with a broad, challenge-focused professional identity had integrated into her identity medical and surgical problem-solving, as well as client
relationships, empathy, colleague interactions and the needs of the business. Those with a narrow identity conceptualisation had internalised only medical and surgical problem-solving; communications skills, business knowledge, ethics, and the human-animal bond were seen as desirable competences but were external to the core identity of the veterinarian.

The second conclusion relates to caution surrounding early specialisation and the move towards allowing veterinary students to “species track” (focus on either companion animals, food-producing animals or horses) early in their pre-graduate education. While it is not wrong to make attempts to reduce an ever-expanding curriculum, there is a risk that by allowing students to disregard “irrelevant” content, the overall message conveyed is a value of discrete focused content, and rejection of transfer and context-dependent application of knowledge. Content integration, transfer across curriculum areas and adaptation of knowledge in its application requires broad curriculum coverage by students and thus may be impeded by allowing students to “track” and focus on discrete areas.

Is it possible to achieve this broad curriculum coverage, while at the same time encouraging deep learning and critical thinking? Initially, students may need to adopt what are classically considered to be surface approaches as they attempt to gain some understanding across the expanse of their subject areas. Assessment and learning outcomes need to be mindful of this, particularly at early stages, and not require students to demonstrate excessive depth in isolated areas. Rewarding isolated depth in understanding would arguably encourage students to be strategic, focusing and over-performing in a preferred area to compensate for disregarded (less favourable) others. Graham Webb, in his critique of the binary nature of deep and surface terminology, described the movement from the part (isolated areas) to the whole as an oscillation between more surface and more deep learning approaches (Webb 1997). As students move through the curriculum, they will progress to deeper analysis of more focused study areas, facilitating the development of critical thinking and higher-order cognitive outcomes. It is crucial at this point that “the whole” is not disregarded and students are not funnelled into species or subject specialism. Repeated returns to the “bigger picture” of veterinary work will allow students to see where their newly found deeper understanding fits into the holistic and integrated problem-solving of the veterinarian.

The question therefore is not whether students should be allowed to focus on a particular area or be encouraged to learn the whole course. Instead, it is how to construct a curriculum and assessment strategy that supports an oscillation between coverage and depth, developing students’ competence in veterinary problem-solving and their more integrated identity. To be
able to “go deep” into an area of interest, the successful veterinarian needs to build on a broad overview, with sufficient coverage that they know what to look for when faced with a difficult problem to solve. Without this platform, or by failing to make the connections, their attempts to “go deep” meet with frustration: contextual challenges limiting the veterinarian’s attempts to pursue the isolated competence in which they want to excel. A graduate who has successfully learned in a more integrated fashion has this background of broad coverage, but can “go deep” in any area she finds herself in – she can explore advanced treatment regimes when called upon to do so, but equally can learn how to manage colleague conflicts or distressed families when these challenges are encountered. The “narrow” identity is one who can only engage in one curriculum area; the “broad identity” can engage in whichever areas are relevant to the overall management of a clinical case and all its broader complexities.
5.5.3 Connecting with the environment.

The final unanswered question to be explored in this section relates to how the graduates informed their identity from their environment. The ability to use experiences in the workplace, encountered as students and as new graduates, appeared vitally important for the development of a broad professional identity. All the graduates encountered similar experiences in the workplace, but only some of them used these experiences to inform their identity in this way. I saw this as an ability to “connect” with the environment for the purposes of identity exploration and development; those who were able to make this connection formed an identity that was informed by context, and those who were unable to “connect” retained an identity conceptualisation that was formed prior to exposure to the professional environment, and was uninformed by contextual challenges (Armitage-Chan and May In press b). Why was it that some individuals were able to use their environment to inform their identity, but others were not, and how does this inform the development of scaffolding strategies for veterinarians’ workplace learning?

As mentioned in the previous section, veterinary students spend a lot of time in the workplace. During this workplace experience, it would be hoped that students integrate their didactically taught knowledge from across the curriculum and apply it to the veterinarian’s work and identity (the set of priorities and values that directs a veterinarian’s decision-making and determines their satisfaction with a case outcome). The work published by Matthew and colleagues reports similar findings to those of this study: that while some students see workplace learning as an opportunity to explore concepts relating to professional judgment (the reasons why different veterinarians solve clinical problems in different ways), others only appreciate the opportunity to learn the technical elements of being a veterinarian (the way to treat a specific disease) (Matthew et al. 2010). A future curriculum development need therefore includes helping students to “connect” to the environment such that work placements can be used to explore contextual complexity and reflect on its implications for identity construction.

Returning to a concept introduced earlier, it is tempting to conclude that this broader, more complex view of problem-solving and identity is a general practice phenomenon, and exposing students to general practitioners would facilitate the development of a broader identity through role modelling of the relevant attitudes and behaviours. This rests on the argument that the general practitioner spends much of their time integrating the conflicting needs of the wider stakeholders in veterinary care, while the specialist tends to spend more time in an
environment where the needs of the client, veterinarian, patient and business are aligned. However, it is very important to consider whether those employed in general practice have all themselves developed a broader, complex professional identity, and more crucially, whether they know how to articulate this when talking to students.

In reality, the “just a general practitioner” phenomenon, in which veterinary general practitioners perceive their work to be inferior to that of the specialist, likely reflects persistent placement of the narrow, technically-focused identity above the broader, more complex version. A general practitioner teaching a student may therefore place little value on many of their cases (especially when considering them for teaching purposes) and choose to focus on the rare case for which the needs of the veterinarian, patient, client, business and practice team are all aligned, multiple diagnostics have been performed, a definitive diagnosis was reached and treatment successfully implemented. In contrast, cases for which the client has insufficient finances to persist with treatment, contextual limitations prevent the reaching of a definitive diagnosis, or where colleagues disagree about the best approach to treatment, are often disregarded when looking for teaching material, even by general practitioners for whom this type of case may represent the bulk of their workload. The identity that is being role-modelled in general practice may therefore, paradoxically, reinforce the narrower, “academic specialist” identity. Exposure to this environment therefore does not necessarily encourage a connection to its complexity for the purposes of identity development.

Educating the general practitioner workforce to be able to articulate a more complex take on their caseload therefore represents one strategy to improve students’ workplace engagement in identity development. However, in the veterinary profession, external general practice placements are unregulated by the universities, and students can choose to complete these wherever they wish (and with increasing student financial debt, they understandably tend to choose placements close to home, or where they can live and travel inexpensively). A culture change in the profession, celebrating the work of the general practitioner, would help, but for today’s veterinary students are more rapidly effective solution is needed. The most influential role models for the students (and graduates) remains the specialist veterinarians, who teach them not only during their clinical rotations, but also in the lecture halls and small group classes of the didactic years of the veterinary curriculum. How can these favoured role models help students to “connect” to the workplace environment to help inform the development of a broad professional identity?
At the Royal Veterinary College (RVC) we have attempted to scaffold students’ engagement and reflection on workplace complexity by implementing assignments to be completed during general practice placements (Armitage-Chan and May in press a). One of the challenges experienced in developing this teaching has been students’ perceptions of what they consider to be learning material. When presented with a clinical reasoning lecture, describing disease pathophysiology, rationale for diagnostic tests, and the mechanisms of treatment, students seem to easily find something tangible to learn. Although arguably not representing high-quality learning, the students know they can learn this material sufficiently well to pass the exam. In contrast, when presented with a lecture containing the fundamentals of ethical problem-solving and a framework for professional reasoning, and they are informed that they will need to complete a number of reflective workplace assignments to support their development in this area, they panic, and are distressed because it appears less clear what they need to know.

An institution-wide commitment to integrating concepts from the broader veterinary identity into teaching across the curriculum and during clinical rotations would help role model the implementation of these concepts into the work and identity of the veterinarian. Although the environment and decision-making of the academic specialist may be considered less complex and more uniform, there are ample opportunities where broader complexity can be modelled. Because veterinary work is paid for directly by the client, and because the patients as well as their owners are highly diverse, standardised approaches to disease management are not the reality for any veterinarian: even the specialist will have clients for whom treatment will need to be negotiated because of different attitudes to animal welfare, financial limitations or complicating family circumstances, and within the clinic there are frequent professional disagreements surrounding the optimal way to manage a patient. By clinical specialist faculty bringing these experiences into their teaching, not just in clinical rotations but in the earlier year didactic sessions, the broader complexities of veterinary identity may seem less abstract and more tangible to students. When faced with a workplace assignment encouraging them to look for and engage with this complexity, they may then be better prepared and more ready to see this material as part of their learning experience. Engaging with the client and contextual challenges would then be seen as integral to the identity of their role models, rather than something perceived as abstract or disconnected from clinical work.

When designing workplace reflective assignments for purposes of scaffolding identity formation they need to achieve certain goals: guide the student to see the validity of different ways of being, and help them commit to an action alongside a process of engaging with the
conflicting needs and beliefs of others. Rather than a reflective piece being focused on the
student (what did you feel about a particular incident?) or the veterinarian (why did the vet
choose to manage the case in this way?), it needs to be focused on “other”, asking the student
to explore the perspectives of the client and wider stakeholders in the decisions of the
veternarian. Asking them to commit to an action will help make this integrated reasoning
more overtly applicable to the veterinarian’s professional role: students often answer
professional reasoning questions by providing abstract lists of what could be done; instead
they need to internalise their role in determining what they will do in a similar situation.
Students need to feel confident that their engagement in such assignments will support their
performance, not only as veterinarians, but also in summative assessments and clinical
rotations, these representing such large hurdles for students that many cannot see beyond the
pathway to “being qualified”. This is unlikely to be achieved unless this approach to veterinary
thinking (incorporating the influences of stakeholders with conflicting needs and the
complexity of the environment) are embedded completely across teaching and assessment,
particularly by those the students most strongly associate with the moniker “a good vet”.
Chapter 6: Writing about understanding

The aim of this chapter is principally to summarise the findings of this research and explain how they can be applied. The aim is not to repeat the previous two chapters, but instead to provide some clarity about the findings of this narrative inquiry. One of the messages I have repeatedly conveyed is that in narrative writing, a deeper level of understanding is achieved through the act of writing about the phenomenon. It is difficult, perhaps impossible, to separate writing to understand from writing about understanding: the more one writes, the more they will understand. Narrative inquiry yields rich understanding about a phenomenon because of this narrative process, but for the reader, it may not be clear what this deeper understanding has unveiled, and how it differs from findings that may be obtained when using a different method. This chapter therefore additionally aims to demonstrate where the narrative process has contributed to a richer understanding of veterinary identity, its development and the implications for veterinary education.

The complexity of writing a narrative inquiry was very evident to me as I wrote the chapters of this thesis. Although Chapter 5 discussed and contextualised the findings in Chapter 4, the fact that this represented writing for understanding meant at its conclusion the thesis remained incomplete. It lacked a concluding discussion of the findings, particularly those achieved as a result of the construction of Chapter 5. This chapter, Chapter 6, aims therefore to be a piece of writing about understanding.

The chapter is divided into four parts. Section 6.1 presents research output that was developed from the primary stages of text analysis. Alongside the discussion of each major finding, a distinction has been drawn between the understanding that was initially obtained from systematic analysis of the text, and that which was developed following further narrative writing (i.e. from the process of writing chapters 4 and 5). Section 6.2 is similar, but here all the concepts discussed have arisen from the process of narrative writing. The process of retelling the participants’ stories in Chapters 4 and 5 prompted deeper reflection and analysis of their experiences, but it was when tensions were encountered in these stories that the greatest depth in understanding was unveiled. Clandinin described the significance of tensions in narrative inquiry (Clandinin et al. 2009), and when such tensions were encountered, this triggered reflection, a return to the literature, and rethinking ways that the stories could be interpreted. Section 6.2 presents the output of this process.
Section 6.3 then discusses another important element of narrative inquiry: how the research process will lead to improved practice. The ways in which professional identity might influence veterinary education provided a valuable focus during the stages of narrative writing, as I repeatedly asked myself why participants wrote a certain way, why it was important and what it meant for helping future students. This section is therefore intended to answer some of these questions and explain how the research findings have been and should be applied.

Section 6.4 is an analysis of the extent to which this research aligns with the approach to narrative inquiry when this is viewed as a highly specific methodology. Learning about narrative inquiry was as important an outcome to this thesis as learning about identity. This final section therefore presents this understanding.
6.1 The output from text analysis.

6.1.1. Two variants of veterinary professional identity, mental wellbeing and the “client as enemy” rhetoric.

One of the strongest and most utilisable messages from the initial text analysis of the participants’ stories was the existence of the two identity variations and their association with mental wellbeing. The broader, challenge-focused professional identity incorporated working alongside clients and colleagues, to make decisions that were favourable for animal welfare, the client’s needs, and the needs and limitations of the veterinary practice. When individuals identified themselves in this way, they were able to draw satisfaction from a wide range of experiences, including overcoming contextual challenges. This seemed to facilitate better mental wellbeing than was evident in those with a narrow identity conceptualisation. For “narrow-identity” individuals, their actions were only aligned with their identity values when a definitive diagnosis and first-choice treatment plan could be pursued, something that was a rare occurrence in the general practice employment environment. The client was not simply external to the professional identity, they were conceived as a persistent and frustrating obstruction to the realisation of patient-focused identity ideals.

These two identity variants formed the basis of further narrative analysis, as the Facebook text was explored further to determine why and how the two different identities had developed. This further narrative exploration revealed a concerning “client as enemy” rhetoric within the narrow identity narrative, as well as within the wider profession. This view of the client reinforced the apparent link between a failure to incorporate the client into the professional identity and a sense of dissatisfaction with one’s career; it also seemed to be a precursor to the perception that “unreasonable” client expectations lead to deleterious stress and increased suicide risk, a message with a loud voice in the wider current veterinary stress discourse.

When explored narratively, considering the varying perceptions of the veterinarian-client relationship alongside the different methods of identity formation generated further concern. Although a group identity model was not emphasised in the study findings, there was a suggestion that some veterinarians may form their professional identity in this way, by unreflectively adopting the views of their new professional group. Based on group models of social identity and Marcia’s diffused identity status, this process of identity formation will
confer wellbeing benefits by generating a sense of belonging and shared values with one’s peers (Tajfel and Turner 2004; Kroger and Marcia 2011). Evidence from surveys of stress in the profession, as well as from social and mainstream media, suggests the view of the client as the source of all difficulty is a particularly pervasive one. This therefore will be a message that is readily transmitted to an individual who lacks their own sense of identity and simply conforms to the values of the group. After a difficult interaction with a client, such an individual may be readily consoled by peers who reinforce the “client as enemy” message. The new veterinarian may temporarily feel better, as they are led to believe their difficult interaction was not the consequence of an underdeveloped relational focus, but the result of “clients never understanding the work of the veterinarian”. Based on this research, this view of the client is damaging for longer-term wellbeing, reinforcing their positioning as external and obstructive to the narrow veterinary identity, an understanding which was associated with career dissatisfaction and frustration. This is particularly troubling, as in the absence of educational grounding in critical reflection, value conflict and interpersonal interactions, the new veterinarian may believe that they are being made to feel better, and that peer support and shared views of the client have facilitated their wellbeing. In reality, they are being encouraged along an identity pathway that will impede the development of a more complex, challenge-focused and relational identity, and so will be much more detrimental to their mental health.

The link between career satisfaction and general mental health was not surprising. Other authors have identified that being a veterinarian is life-encompassing, and represents the way in which members of this profession define themselves (Page-Jones and Abbey 2015). As such, it may be predicted that success as a veterinarian would be interpreted as a sense of life success and wellbeing more generally. What was more significant from the findings was that an identity that was so focused on the presumed primary role of the veterinarian (managing animal health) was apparently so detrimental to the ability to feel satisfied with one’s work. As will be discussed later, the fact that this identity is so likely to be developed in students, as a product of the hidden curriculum, means it has important implications for veterinary education.
6.1.2 Identity formation and engagement with the environment: A preliminary model of veterinary professional identity development.

The formation of identity appeared to relate to individuals’ attitudes surrounding veterinary education, and how they engaged with their working environments to support their learning. The group shared common meaningful experiences (euthanasia and the first experience of being alone in the clinic), but only some participants seemed to use these experiences to incorporate the client and contextual challenges into their developing identity. The way participants talked about their learning also differed. In stories about not knowing how to treat a patient, or in the retelling of workplace experiences as students, varying attitudes to learning could be seen. Some participants demonstrated an ability to learn in different environments (equine and companion animal hospitals; referral and primary care practices; the graduate workplace as well as the university) while others described learning as only occurring in specific and highly relevant locations (the university and hospital rotations highly relevant to chosen career path). Similarly, some participants described learning from nurses, ongoing workplace experiences, journal articles and contact with referral institutions, whereas others felt their time at university should have provided them with everything they needed to know for veterinary work.

Examining the different attitudes to learning revealed that those who were more open to learning in different environments, and from varied resources, seemed more prone to constructing a broader professional identity. In contrast, perceptions that a university education should have all the knowledge for being a good veterinarian, and that clinical experiences away from their desired field of work were worthless, seemed to contribute to the construction of the narrow identity variant.

Being able to integrate learning from different experiences (such as small animal and equine clinical rotations, advice from colleagues in the clinic, and sourcing literature when faced with a challenging case) appeared to better prepare the participants for engaging with the complexity that is apparent in the workplace (clients with different needs, managing multiple cases simultaneously when alone, working with equipment and hospital limitations), and for integrating this into their identity. Where learning was conceived more narrowly, such as being restricted to overtly relevant clinical rotations and the environment of the university and its hospital, complexity present in the workplace seemed to be rejected from the veterinary identity and perceived only as a frustrating obstruction to disease diagnosis and treatment.
Analysing this finding narratively involved contextualising it within literature on workplace learning. The necessity of reflection to support experiential learning is well-known (Kolb and others 1984). Within the group of research participants, it was the critical nature of reflection which seemed to be the most important. Although this is a concept that is variably defined, it was the valuing of multiple perspectives, self-assessment of prior beliefs in the context of new events, and a contesting of the dominant belief system (the superiority of the biomedical identity) that seemed to be necessary for the participants to use their critical workplace experiences to inform identity (Mezirow 1998; Brookfield 2009). Analysis of the workplace learning of professionals has previously identified that not all students are able to use their in-context experiences to inform their identity (Billett 2007). Exploring why some individuals were able to do this, while others (some of whom had excelled in university assessments) were apparently resistant or unable to reflectively construct their identity, was aided by the recognition of the differences in attitudes and approaches to learning. Being able to value and integrate learning from different sources, and appreciate the different perspectives that are contained within these, suggested an attitude to learning that embraced complexity. In contrast, being unable to see any value in knowledge acquired from a less relevant learning environment, from nursing colleagues or from an experience with a client, suggested a rejection of complexity and an inability to integrate learning from different areas.

Although there is a risk of a circular argument, this contextualisation highlighted the presence of a link in the research participants between a broad identity construction, complexity thinking and student engagement that enabled integrated learning across broader curriculum and experiential learning opportunities. Integrating learning from different sources and engagement in complexity (multiple perspectives and the influence of context) appeared to better prepare the graduates for engaging in the complex elements of the workplace, using these to inform the reconstruction of a context-informed, broad identity understanding. In contrast, seeing learning as boundaried, engaging in chosen curriculum elements in isolation (such as separating clinical reasoning and Professional Studies components), and rejecting the complexity of alternate perspectives, seemed to prevent workplace experiences from being used to inform identity construction. The consequence of this was the persistence of a narrow identity variant that was foreclosed by the hidden curriculum, and for which there were minimal opportunities in the employment environment for the expression of aligned behaviours.
This led to the generation of a preliminary model for identity formation, the foundations of which were rooted in the intentional workplace engagement described by Billett and Bordieu, and in Marcia’s identity statuses (Marcia 1966; Lizardo 2004; Billett 2007). In this model, the use of critical workplace experiences to inform identity was proposed to require intention, cognitive engagement (reflection) and an affective connection to the clinic environment (authentically engaging in the needs of clients and others). A student is prepared for the ability to do this if they have learned to reflect critically, not only on their experiences but also on their personal viewpoint, and if they can engage in complexity thinking, incorporating the multiple perspectives available in this environment into their reflections. If this is the case, on entering the workplace environment, initially as a student and then as a graduate, they will be able to form a “connected self”: reflect on self-identity understanding in the context of the broader components of the professional environment. This represents an integrated psychosocial view of identity construction, such as described by Erikson and Wenger: critical reflection and engagement in the environment lead to the development of a negotiated self-understanding, in which professional identity is re-shaped, informed by the integration of the needs of self and the needs of others (Erikson 1980; Wenger 1998). Because the reconstructed identity is informed by context, aligned behaviours are not obstructed by the challenges of the environment; indeed, overcoming these challenges is integral to the context-informed, negotiated identity.

This pathway contrasts with less favourable routes of identity construction. Marcia’s diffused and foreclosed identity statuses were applied in the context of the participants’ attitudes to learning and complexity to understand two further approaches to identity formation. Both developed non-reflexively and without being informed by context. When a foreclosed identity, conferred by the hidden curriculum and professional culture, is sufficiently strong to prevent reflection on the needs of context, only those experiences within the work environment that align with the preferred identity conceptualisation are deemed relevant and worthy. The individual diverts all their attention to these, and to the rare situations where actions and outcome align with identity values (i.e. where a diagnosis and treatment are successful). Such situations reinforce the validity of this identity. In the more frequent scenarios, where contextual challenges prevent identity-aligned actions, there is a failure of reflection, the foreclosed, narrow identity persists, and frustration and dejection result. Context, rather than self, is blamed for the lack of career satisfaction.

Although there was relatively less evidence of diffused identity development, the risks of this pathway (in particular for the development of inter-group tribes and the “client as enemy”
perception) made it an important one to include. Identity development was proposed to follow an approach akin to behaviourist learning, in which values and behaviours are simply mimicked from peers and reinforced through the resulting sense of belonging and positive social relationships formed within the group. There is no critical reflection on context, and no self-understanding, and therefore, at least in the short-term, such individuals are not troubled by contextual complexity or opposing values encountered in clients or colleagues.

The three routes of identity formation, illustrated as individuals progress through workplace learning experiences, is shown in Figure 3 (Armitage-Chan and May In Press b). The model demonstrates consequences for the alignment of identity and behaviours, essential for an individual to experience a sense of satisfaction and wellbeing from their work (Taylor 1992).

This preliminary identity model had a number of limitations. It was developed after the initial stage of narrative text analysis, before the narrative writing of Chapters 5 and 6 of this thesis. It can therefore be used to highlight the additional understanding that this element of narrative inquiry provided. The anxiety and wellbeing implications of identity exploration, specifically based on the narrative of the “moratorium” participant (JW), were only naively understood at this stage, and they were neglected from the model. The wellbeing implications of identity development that were included are thus comparatively superficial, focusing uniquely on the differences between the narrow and broad identity variants. The model neglects the deeper complexities of identity and wellbeing, such as the consequences of persistent identity exploration, and the observed influence of identity on an individual’s ability to rationalise error and heavy workload (discussed in Section 6.1.3). Furthermore, the existence of a fragile identity stage, in which some understanding of the broader, complex professional identity was grasped, but social validation had failed to reinforce this identity as an acceptable and valued identity variant, had not yet been identified. This was a concept that only became evident after repeated narrative writing and retelling of the participants’ stories, particularly those of KF and JD. These participants showed some evidence of a broader identity understanding, only for this be undermined by the presumed superiority of the narrow professional identity.

An updated model of identity formation therefore includes social validation in addition to reflection on critical workplace experiences (Figure 4). This model represents current understanding of the ideal pathway to identity formation and was developed for the purposes of illustrating goals in curriculum design.
For the fixed and negotiated identity, connection to the environment (cognitive and affective engagement, reflection, engagement with complexity) is depicted by overlap between self and environment. For the fixed self, there may be some reflection and engagement, but this is restricted to favoured elements of the work environment. Career dissatisfaction results as there are minimal opportunities for behaviours to align with the understood veterinary identity. For the negotiated identity, extensive connection with the environment occurs, and this is reflective, resulting in a re-shaped, negotiated self in which environment is no obstruction to identity-aligned behaviours. Identity is informed by context, and for the veterinary general practitioner, will incorporate broad elements of the role and environmental complexity. Rarely, an intense value conflict may occur between “self” and “other”, in which behaviours are mis-aligned with self, but these are understood reflectively. For the behaviourist identity, there is no understanding of self and behaviours and attitudes are enveloped by the environment. There is no reflection on self, or engagement with environmental complexity, this connection is formed simply through mimicry.

Image reprinted from Armitage-Chan & May: The Veterinary Identity, a time and context model. Journal of Veterinary Medical Education; Currently in press.
The naïve identity represents the student before exposure to the clinic, whose identity will be a product of pre-veterinary school understanding of the veterinary role, combined with the influences of the hidden curriculum of pre-clinical teaching and assessment. For appropriate identity formation, opportunities for structured reflection provided after critical events in the clinic will enable the questioning of these prior assumptions, and the reconstruction of an identity that is informed by context. Particularly if the reconstructed identity conflicts with those of academic role models or the presumed valued identity within the profession, the reconstructed identity may initially be fragile, and be vulnerable to reversion if it is not reinforced. Social validation from role models and through curriculum strategies (such as integrating professional identity concepts across teaching and rewarding a relational focus in the clinic) will support self-understanding and the persistence of this identity in the complexity of the clinic.

6.1.3 Workload stress, error and their relationship to veterinary identity.

Given the concerns surrounding stress and mental health in the veterinary profession, it was worrying to see how personal stress, failure to cope and making mistakes were handled in the group discussion. There was a reluctance to talk about stress caused by a heavy workload and making mistakes, participants seemingly needing specific prompts to write about these issues. When they were able to write about workload stress or error, stories were met with a notable absence of support or responses from the rest of the group. There was seemingly an attempt to reject the propensity for workload stress and error from the identity of the veterinarian, these representing subjects that participants tried to avoid in their discussions.

It was interesting that it wasn’t stress in general that was handled this way, but only the unique feeling of stress associated with a high workload or making mistakes. When stories were told about other stressful events, where stress was conceived as a challenge to overcome (such as nerves surrounding surgeries that subsequently went well), rather than a failure to cope, this reluctance and discomfort to engage in discussion were not apparent. Stories of these types of stressful events were told positively, and met with positive responses from other participants.

During narrative text analysis, this raised concern about the presumed identity of the veterinarian as someone who can handle any extremes of work-related stress, without making mistakes or getting things wrong. It also demonstrated how ill-prepared the graduates were to support their peers in times of emotional difficulty. The uneasy way stress and error were conceptualised in the veterinary identity mirrored earlier work looking at identity in much more experienced veterinarians (Armitage-Chan et al. 2016). While the more experienced veterinarians showed wider development of the broader veterinary identity, this understanding of stress and error, and where it fits into the veterinary identity, seemed less able to develop, even with experience.

Further narrative writing unveiled an additional depth to this issue. Rewriting JW’s story revealed that this was not simply something that was difficult to discuss, but in addition may relate to the unease with which this participant committed to her professional identity. It wasn’t simply that error and the pressures of high workload were difficult to talk about; JW’s anxiety seemed to originate predominantly from a perception that others were better able to cope with a similar set of challenges. She seemed to feel that her own, fallible identity was inferior to that of a presumed “coping” identity that was perceived to be present in others.
This finding has similarities to the “just a general practitioner” phenomenon which has been described previously, and arises from a feeling that one’s own identity is less preferable to the identity of another (most typically the specialist practitioner) (Roder and May 2017). In Marcia’s and Kegan’s identity models, the most well-developed identity stages are those which demonstrate a sense of satisfaction with self and understanding of other, rather than perceptions of inferiority-superiority between identity variants (Marcia 1966; Kegan 1982). In this thesis, this concept has predominantly been used to define the responses of an individual veterinarian when they encounter conflict between their own professional priorities and those of a client or colleague during a critical event in the clinic. It could equally be applied to this scenario, in which the strengths and priorities of an individual’s identity can be rationalised reflectively and non-judgmentally against the strengths and priorities of another professional. Satisfaction with self would incorporate an acceptance of one’s limitations, whether these arise from the propensity for fallibility, an acknowledgement that, on occasion, the workload of the clinic is overwhelming, or a recognition of the context-dependence of the biomedical and challenge-focused sets of identity priorities (that the biomedical focus may be more suited to referral work, and that this cannot usually be replicated in a general practice environment).

The nuances of stress and its place within the veterinary identity are complex. Understanding of this was aided by the depth of insight obtained from the narrative process, although understanding remains incomplete. A comparison was made, in Chapter 5.2 (Why are the identity findings important?) between sources of stress identified in surveys of the profession, and the way stress was handled in the narratives of this research. While all the participants demonstrated some experience of stress in their professional lives, and all might have described interactions with the client as stressful, there were distinct differences in how this stress was perceived that seemed to relate to identity conceptualisations. When equipped with a broad, relational-focused identity, the stress of clients’ emotions and those with differing values and needs were told in the stories, but there was a sense of satisfaction evident from reaching a negotiated outcome that helped the client. In contrast, for those with a narrow, diagnosis-focused identity, the stress of the client’s values and needs was insurmountable, and contributed to frustration and dissatisfaction with outcome. Interestingly, for these individuals, the stress of a challenging clinical presentation was encountered more positively, and seemed to represent a prized element of the role.

Stress and perceptions of coping were therefore revealed as having an identity component, but more work is needed to explore this further, including the diversity of stressful events
within veterinary work, and how they are encountered differently by different individuals. A final point was the lack of preparedness to help colleagues that was evident from the stories. When stress, error and mental health are incorporated into the curriculum, the learning outcomes often include being able to help colleagues in need. This is intended to support engagement and motivation: the hope is that students feel it is personally relevant, even if they don’t currently recognise a need for this content to support their own mental health. The findings from the text analysis suggest this has not been effective. The new graduates demonstrated discomfort and ill-preparedness to help their peers when these issues were encountered, and therefore different strategies are needed to prepare graduates to offer this support.
6.2 The product of narrative writing.

6.1.1 Is the narrow identity variant inferior or simply different?

The labelling of one identity variant as narrow, and the inferences that this represented an inferior identity to one that was more broadly constructed, continued to worry me as I wrote Chapters 4 and 5. This tension was created in part because of the personal knowledge of the participants. The individual with the most extreme portrayal of the narrow identity was one who had been a strong advocate of professional studies, and who had written (in an abstract way) about their interest in the human connection and the importance of the human-animal bond. Although it felt uncomfortable to label this identity as inferior to the broader identity demonstrated by others, it was vital to highlight to the profession the potential impact of this identity on career satisfaction and mental health.

Not only was it uncomfortable to label this identity as “narrow”, it was also puzzling why it had arisen in such a seemingly engaged student. The repeated narrative exploration of the stories helped to unveil the narrow identity variant as one which was also highly dedicated to academic success, and therefore particularly vulnerable to the effects of the hidden curriculum. The identity that resulted would be prized by role models in the referral hospital and would lead to success in course assessments. This realisation helped to articulate a change in terminology for the two main variants of the veterinary identity. Rather than narrow and broad identities, the terms “academic/diagnosis-focused” and “challenge-focused” were developed, which have been used when disseminating this work to the profession (Armitage-Chan and May In Press c).

This terminology is not only less emotive than the comparatives “narrow” and “broad”, it is also more informative. The terms “academic/diagnosis-focused” and “challenge-focused” describe the priorities and values of the two identity variants. They also highlight the importance of the environment to professional identity. The labelling of the narrow identity as “academic” echoes Castellani and Hafferty’s terminology in their model of different professional identities (Castellani and Hafferty 2006). Here, “academic” describes not only the identity variant, but also the environment in which the individual will be best placed. Where clients and colleagues share similar priorities and values relating to veterinary care, there will be less conflict between the veterinarian’s goals, the needs of the client, and the limitations of context. Within an academic referral environment, the priorities and values of the academic/
disease-focused veterinarian will be mirrored by their colleagues (who have elected to work in this environment) and by their clients (who have chosen to seek veterinary care there). In a well-matched environment, even an individual with a narrow identity conceptualisation can experience career satisfaction and wellbeing, as the necessary actions to achieve identity goals can be implemented with fewer incidences of contextual conflict.

If the narrow identity is relabelled in this way, does that then make it an equally valid alternative to the broad identity, as suggested by Castellani and Hafferty’s model? Although not present in this group of participants, other versions of the narrow identity will exist. One example includes students who are extremely focused on animal welfare, and struggle to see how they can achieve career satisfaction when clients can’t afford any treatment, or where cultural values conflict with euthanasia. Such students also often struggle with the negative welfare implications of some of the high-tech and experimental interventions in a university hospital, and if they are unable to broaden or rationalise their identity, may be best suited to charity or shelter practice. Castellani and Hafferty’s model would suggest these are all equally valuable variants of the professional identity, providing a heterogeneity upon which the success of a profession is dependent.

The resolution of this “equality” tension was assisted by exploring another tension: whether the broad and narrow identity variants represent the general and specialist practitioner. This is the conclusion that some peers have taken from this research, interpreting it variably as a justification for the narrower outlook of the specialist, or as a celebration of the skills of the generalist. Although there is some merit in using the findings to support the general practitioner (and I have applied it in this way to help general practitioners understand and feel pride in the complexity of their role), it is an over-simplification, not least because it suggests that the specialist practitioner does not benefit from the broader, challenge-focus of the more complex professional identity.

The advantages of the broader identity relate to the relationship between identity, environment and career satisfaction. In contrast to those with a narrow identity, individuals with a more challenge-oriented set of priorities are able to engage with their wider environment, the complexities represented by the different stakeholders, and the challenges of context (busy workload, practice limitations, clients’ emotional distress) to achieve career satisfaction. This will be possible in whichever professional environment they choose to work. The conclusion that the broader professional identity imparts benefits on career satisfaction that are not dependent on finding a matched work environment has two important
implications for resolving these tensions: this identity can be viewed as superior to that of the narrow identity variant, and it is not restricted to the general practitioner. Even if such individuals choose to specialise, they will be less negatively affected by the challenges of context (which exist in any clinical environment); furthermore, they may experience superior levels of career satisfaction from their ability to engage at a deeper level with clients and colleagues who possess different values. The ability of individuals with a broad/challenge-focused identity to engage with their environment, and to use the complexity evident there to adapt and inform their developing identity, was an important finding. It is discussed further, in the context of curriculum implications, in Section 6.3.
6.2.2 How had the narrow professional identity arisen?

The diagnosis-focused, narrow identity variant can be viewed as a naïve understanding of the veterinary identity (Armitage-Chan and May In Press b). Pre-clinical students may naturally anticipate their role to be centred around the treatment of disease in animals, and this is reinforced by influences such as the portrayal of veterinarians in the media and wording in the Veterinary Surgeons Act. Rather than clinical education dispelling this myth, it is reinforced by the hidden curriculum: biomedical-oriented priorities in university assessments, faculty role modelling, institutional reward strategies and curriculum design (Apker and Eggly 2004; Hafferty and Hafler 2011; Binder et al. 2015; Hawick et al. 2017). It was frustrating to identify that our most ambitious students feel a need to build their identity in this way, in order to achieve high grades and favourable faculty recommendations, even when this involved the rejection of prior-held, more broad and complex identity ideals.

While it is to be expected that students apply to veterinary school because of a love for animals, it is interesting to note that additional aspirations include a desire to be challenged by the role, and because they want to work with people as well as with animals (Tomlin et al. 2010). The satisfaction achieved from working through contextual and stakeholder challenges, and from forming interpersonal relationships with clients to help them through difficult decisions with their pets, echoes Ryan and Deci’s theory of self-determination and wellbeing (Ryan and Deci 2000). In this framework, an individual can experience satisfaction through the achievement of competence (overcoming challenges), relatedness (forming positive human relationships) and autonomy (the ability of the individual to act in a way that aligns with their values and priorities). There are therefore great challenges within veterinary education. Despite the ambitions of our incoming students, and evidence from psychology defining satisfaction and wellbeing, the effect of the curriculum is to encourage the most dedicated students to build an identity that neglects their potential for career satisfaction.

To design a curriculum that supports the development of the broader, challenge-focused veterinary identity it will be necessary to explore further how naïve, fragile aspirations to be challenged and work with people developed into the narrow identity, constructed in response to clinic exposure and the influences of the hidden curriculum. Did this identity arise simply because of the influences of assessment and faculty role models? This would suggest beneficial interventions would be a change in assessment approach and strategies to alter the priorities modelled and rewarded by faculty clinicians. Although addressing this element of the hidden curriculum is essential, in reality the solution is likely more complex. The needs of
students to be challenged may be being met by their demanding and content-heavy curriculum, and they may perceive that struggling with clinical problem-solving fulfils their needs for intellectual stimulation. If this is the case, then curriculum load needs to be examined, as any attempt to introduce activities aimed at introducing complexity will overload students further and may be counter-productive. Interventions cannot be added to an already-full curriculum; instead the principles of the broader, challenge-focused identity need to be adopted into existing teaching and assessments, so the end result is a changed curriculum, not an extended one. It is very clear that curriculum strategies to encourage a broader view of professional identity need to be adopted institution-wide, into all aspects of teaching, case discussions, faculty recruitment and promotion, assessment and postgraduate training.

In one individual, there remained an interesting tension between a strongly diagnosis-focused identity evident in stories of clinical cases, and an idealised, more human-oriented identity told in stories narrated out of context. The conclusions reached in Chapter 5 were that the complex environment of veterinary work had suppressed fragile, human-oriented identity ideals. The hidden-curriculum generated, narrow identity was then not only the more consistently exteriorised, but represented the foundations on which career priorities and satisfaction were built. The negative effects on clinical reasoning and technical skills that result from stress and contextual complexity are well known (Scott 2009; Arora et al. 2010). Part of developing clinical expertise involves educating clinicians about these effects of stress on their performance, so they implement checks to identify and prevent errors. It is apparent that identity needs to be viewed through the same lens, teaching students to be able to reflect on their own identity ideals, and on how these are impacted by the challenges of context.

This finding also reinforces the need for the broader identity elements (such as client relatedness) to be supported and well-developed in veterinary education, and to be more widely valued in professional culture. If this was the case, social validation would render the more challenge-focused and human-oriented professional ideals no longer fragile, and hence more resistant to contextual stress and pressures. Those who had more successfully constructed a broader identity conceptualisation may have better resisted the effects of context on their identity, through a heightened self-understanding and more robust identity commitment. As such, they were able to manage stressful and challenging situations while maintaining a focus on the client and their needs. Stress is known to reduce empathy (Park et al. 2015); as such it may direct the veterinarian to focus on the “simpler” elements of their role (the diagnosis and treatment of disease), and to avoid the more complex elements (client relationships and the negotiation of shared decision-making).
6.2.3 Curriculum coverage vs critical thinking.

An apparent paradox arose during the writing of Chapters 4 and 5, which related to the tension between curriculum coverage and the development of critical thinking and higher cognitive skills. The initial text analysis had suggested that those who engaged across the whole curriculum were better placed to develop a broader professional identity, while those focusing on selected areas of interest, and disregarding less explicitly relevant material, constructed their identity more narrowly. The broader identity variant was also identified as more complex, integrating different perspectives and the influence of context into decision-making and identity values.

Although contested, the understanding of complexity is classically assumed to result from a deep approach to learning. This argument has been used by those who advocate elective modules and early specialisation, using these to encourage deep learning behaviours, higher levels of cognitive engagement and the development of critical thinking in focused curriculum areas (Harden and Davis 1995). Veterinary students have indeed been shown to adopt a deep learning approach when they select areas of the curriculum on which to focus, rather than when they attempt to cover the entire curriculum (Mikkonen and Ruohoniemi 2011). A paradox was therefore encountered when this was rationalised against the apparent advantages, in the development of a more complex, integrated identity, achieved from engaging across the curriculum.

Webb’s critique and deconstruction of deep and surface learning concepts helped provide a different viewpoint to this paradox (Webb 1997). Rather than building a curriculum that fosters a linear progression from broad to deep engagement, a curriculum designed around Webb’s oscillations between broad coverage and deeper analysis may better support the development of a broader identity. As discussed in Chapter 5, constructing this curriculum needs to allow students to repeatedly alternate between broad coverage and the development of complex thinking, each time returning to the integration of deep competences in a broader context. This would encourage a broad overview of the essential competences from each curriculum area, while not compromising students’ critical and analytical thinking.

The necessity of pan-institutional commitment to professionalism teaching is often described (Brater 2007; Wasserstein et al. 2007), but it is in examples such as this where the advantages become the most apparent. In the development of a curriculum to encourage complexity thinking and broad integration, it is vital that there is whole-institution commitment to this
model. Not only summative assessments, but also teaching strategies (clinical case scenarios and classroom examples) and formative assessment opportunities (case discussions on clinical rotations) need to be implemented such that deep engagement in a focused area is not valued more highly than the application of a broad, integrated knowledge base. Focused professional identity modules can be designed to foster multi-perspective thinking and provide the content necessary to engage with wider stakeholders in veterinary medicine (Armitage-Chan and Jackson 2017). However these efforts will be undermined, even in dedicated students, by parallel curriculum components that reward focused, deep engagement in clinical problem-solving, and which neglect the challenges of context and complexity of the clinic. If the overall institutional strategy is such that dedicated students can excel by over-performing in a small number of clinical areas, without needing to demonstrate a broad, integrated set of professional competences, they risk the development of a narrow professional identity, and a struggle to achieve career satisfaction in the complex environment of the clinic.
6.3 Improvement in practice.

Engaging in some of the tensions that arose in this narrative inquiry has already introduced areas for curriculum development and improvement in educational practice. Most notable is the need for institution-wide commitment to professional identity concepts, and this will not be repeated here. Instead, this section will describe interventions that have already been made as a result of this research and will discuss where future developments are needed.
6.3.1 Developing teamwork.

The absence of the wider veterinary team from the participants’ stories was an unexpected finding. Teamwork is a graduate skill that is required by the Royal College of Veterinary Surgeons, as well as European and North America accrediting bodies, and yet the teamwork teaching the students had received had apparently been rejected from the way the participants understood the team components of their role.

Those who developed a broader conception of the veterinary identity did, to a certain extent, incorporate other veterinarians and veterinary nurses in the construction of their stories. However, other team members that are known to be present, such as the receptionist and animal care assistants (non-nursing technicians), remained consistently absent. This was concerning not only for the implications on quality of patient care, and the benefits afforded by better interprofessional team working, but also because these wider members of the team were apparently disregarded as social peers, with whom work-related challenges could be shared. Further narrative exploration revealed a potential contribution from the hidden curriculum, and teamwork teaching that is focused exclusively on homogenous veterinary student study groups. Even in final year clinical rotations, where teamwork is assessed as part of the holistic “professionalism” grade, students tend to be assessed predominantly on how they have worked with the other students in their group, rather than with extended members of the veterinary team.

Strategies are therefore needed to improve teamwork teaching, and to frame teamwork to encourage interactions with extended team members. Interprofessional education would represent the ideal, however the organisation of veterinary education in the UK is such that veterinary medical students and veterinary nursing students tend to be educated at different universities. The RVC is an exception to this, and pilot interprofessional exercises have been attempted (Kinnison et al. 2011). However the number of veterinary students vastly exceeds the number of nursing students, and therefore logistical challenges surround the creation of small group interprofessional activities.

The veterinary curriculum does provide alternate opportunities for scaffolding interprofessional interactions. From the first year of study, students enter animal care establishments (farms, kennels, stables) and therefore immediately encounter a much more heterogeneous interprofessional environment than they are exposed to in the university. This can be overwhelming for students, who have experienced challenges with communicating and
forming social relationships during these placements. Although not directly representing clinical teams, they provide a valuable opportunity for reflecting on teamwork challenges. In recognition of the deficiencies of our teamwork teaching, reflective group blogs have been implemented at the RVC as a way to encourage students to reflect on their interactions with a heterogeneous team. After returning from placements, students discuss with their peers the challenges of teamwork and team communication. Facilitators then direct student groups to their taught teamwork theory, encouraging them to apply the principles to the challenges encountered.

This contextualisation of teamwork theory (particularly some of the challenges of working in unfamiliar and heterogeneous groups) represents a first step to improving students’ conceptualisation of the veterinary team. External clinical placements and final year rotations provide further opportunities for the expansion of this approach. Similarly to the complexity of the workplace environment and its relationship to professional identity, heterogeneous and interprofessional teams are easily accessible within the workplace, but the students’ views of teamwork, fostered through the hidden curriculum effects of their small group activities, have seemingly prevented students from meaningfully engaging with these opportunities.
6.3.2 Helping students to engage with the multiple stakeholders in veterinary work.

In recognition of the wellbeing advantages of the broader identity variant, curriculum changes have been implemented at the RVC that aim to encourage the development of this professional identity in veterinary students. One of the challenges experienced with professional studies teaching in the past was making the broader elements of the veterinary identity tangible to students. While all veterinary students appear able to engage in learning diagnostic tests and treatments, comparatively few seem to view internalising the priorities of the client and veterinary business as part of their learning (Matthew et al. 2010). Interestingly, this seems more complex than students simply prioritising clinical material over the broader professional competencies. In a study of students’ mindset to learning across the curriculum, we identified that students perceive excellence in clinical problem-solving to be achievable if they engage in the curriculum. In contrast, competence in resolving complex professional issues was seen as less attainable (Armitage-Chan & Maddison, presented at AAVMC 2017, manuscript in preparation). Students therefore seem to need much more guidance to help them engage with the broader elements of professional identity construction.

To address this issue, the focus of curriculum redesign has centred on professional decision-making (Armitage-Chan and May In Press a; Armitage-Chan 2017). This represents an attempt to make the broader professional identity elements more tangible to students and place them explicitly within the observable activities of the veterinarian. The curriculum model advocated above, based on oscillations between surface and deep engagement, demonstrates the need to start with lower-order learning outcomes in individual areas as students attempt to integrate their learning across the curriculum. The revised Professional Studies curriculum has therefore been developed accordingly, starting with discussion of veterinary dilemmas from the viewpoints of two conflicting stakeholders, in a largely decontextualized, classroom-based setting. Typical scenarios might include the conflicts between animal welfare and the needs of society when using animals in research or farming. Later, as students start to learn clinical reasoning, communication of conflicting viewpoints is introduced via classroom simulations and role play, and additional stakeholders are added, such as the needs of the business, and colleagues with different professional values. As students are exposed to the clinical environment (from year 3), they are guided to analyse the complex situations they experience in-context, such as different views on animal care, the limitations of finance, and the effects of a stressful environment.
To help students integrate multiple perspectives in their decision-making, their analysis of situations, and ultimately, in their professional identity construction, a professional reasoning framework has been developed and introduced to 3rd year students (Armitage-Chan, Best practice in professional identity development: Use of a professional reasoning framework; currently under review). This framework first provides students with a summary of the major stakeholders in veterinary care (the Professional Reasoning “Star”, shown in Figure 5). This is then used by students as they are guided through the various stages of professional reasoning: considering the needs of individual stakeholders, analysing the ways each may be advantaged or compromised by a professional decision, committing to a decision in a context of uncertainty, communicating the decision to all stakeholders, and determining actions for monitoring and following-up on their decision (Figure 6).

Although this framework can be criticised for reducing the complex construct of identity formation to a linear, step-by-step flow-chart, it aims to assist students in identifying where the less tangible components of their teaching are applied in the decisions and actions of the veterinarian. Elements such as the principles of veterinary business and the consequences of value conflict are signposted at the stages where they are most relevant to a veterinarian’s decision-making. Students can therefore actively look for evidence of these during workplace learning experiences, instead of them remaining hidden. The framework also provides scaffolding for an integrated approach to learning. Rather than seeing curriculum areas such as communications skills, ethics and teamwork as isolated competences, to be called upon when there is an explicit communication, ethical or teamwork challenge, the framework illustrates where application of these areas integrates more generally with routine veterinary decision-making. For individuals resembling KF, who engaged with communications skills and the human-animal bond as a student but seemingly rejected these from his understanding of the in-context veterinary identity, the framework better defines how expertise in these areas benefits the veterinarian in all of their actions and decisions, and not just those for which communication or the human-animal bond are explicitly relevant (“a human-animal bond issue”).

Colleagues have also recently utilised the framework for faculty development, and in their own student teaching. It may therefore have additional potential for making professionalism and professional identity concepts more tangible for educators, supporting the integration of these across their clinical teaching.
It is an important element of the framework that the veterinarian “self” is included as a stakeholder. Omitting the self (personal priorities and goals for professional life) may perpetrate the view veterinary work is an ongoing struggle to please all other involved parties, particularly the client and business (Armitage-Chan et al. 2016). The inclusion of the self is aimed as a prompt for the student to reflect on their own goals and values for their work, and to incorporate these into their decision-making. Equally importantly, it is also used to reinforce the multiple stakeholders, of which the self is one, that make up the veterinary identity. The aim is not to suggest that the needs of the self should supersede all others, but that the decision-making process is one of negotiation, balancing and integrating the needs of all parties. When students are taught this framework, an emphasis is placed on the fact that it is rare a decision can be made that benefits all stakeholders, and there will inevitably be occasions where the needs of other stakeholders mean the ultimate action conflicts with their own goals. An important element of teaching is therefore to help students to rationalise such situations and view the negotiation of stakeholder values as integral to their identity as a veterinarian, rather than viewing other stakeholders as a persistent obstruction to their own professional identity.
Figure 5: Stakeholders in veterinary professional reasoning: the professional reasoning star.

Image reprinted from Armitage-Chan: Best practice in supporting professional identity formation: Use of a professional reasoning framework. Journal of Veterinary Medical Education; Currently under review.
Figure 6: A framework for veterinary professional reasoning.
6.3.3 Curriculum interventions to support students’ engagement in identity formation.

The narrative findings demonstrated two important elements for curriculum design: students’ reflective and intentional use of workplace experiences to construct their identity, and the integration of professional identity concepts across the curriculum. The whole curriculum measures needed to support students’ complexity thinking (and hence their development towards the highest levels of identity development) were discussed in Sections 5.5.2 and 6.2.3. The application of the professional reasoning framework described in the previous section, and changes to assessment strategy, described in the next section, are also intended to support whole-curriculum integration and therefore re-shape hidden curriculum messages towards students’ more favourable identity development.

Within this broader scope of curriculum change, individual interventions can be made to support students’ own engagement in their identity formation, in particular during workplace learning experiences. The professional reasoning framework describes ones such approach, helping students to engage with the broader and more complex elements of the veterinary clinic, and use these to inform their veterinary identity. Additional interventions are needed to help students to form a “connection” with the workplace, encouraging their identity to develop according to the negotiated identity depicted in Figure 3. In this way, context and the workplace environment are integrated with identity development, and the set of values and priorities that result incorporate working with contextual challenges. Disconnection from workplace complexity, representing a failure to engage and reflect on the broader elements of the clinic, results in the formation of a strong boundary between identity values and the contextual challenges and needs of the workplace, represented by the fixed identity in Figure 3. This strong boundary, preventing context from informing identity, also results in the obstruction of behaviours that align with individuals’ priorities and values.

In the UK, the 26 weeks of clinic placement that students must complete in addition to their final year clinical rotations is ideal for scaffolding engagement with contextual complexity as professional identity develops. However, because students do not easily engage with the wider complexity of the veterinary role during these experiences, curriculum scaffolding needs to be designed to foster this environmental connection. Carefully designed reflective assignments can be used to achieve this, guiding students to see how the complexity of the clinic is integral to the work of the veterinarian, rather than a persistent obstruction to it.
Currently at the RVC we have implemented three such assignments. One, at the start of year 3, is a “future possible selves” assignment (called “My Perfect Day”) and is intended to prompt students to consider what outcomes will constitute their own career satisfaction. In most cases, students have used this to reinforce their desire to be challenged by difficult situations, and to remember the human elements of why they wanted to be veterinarians (many, for example, speak about helping clients through difficult decisions). However, it also provides an opportunity to identify students who are starting to develop a narrow, disease-focused identity; appropriate feedback can be given to prompt such students to reflect on the wider elements of their future role.

Subsequent assignments are intended to guide students to see these wider elements when they visit the clinic; one is specifically targeted at the role of the veterinary business in the life of an early career veterinarian (Armitage-Chan and Jackson 2017), and in the last, students are asked to analyse a situation they experience, based on multiple parts of the professional reasoning framework. They may, for example, analyse a communication between the veterinarian and client, but should also include the contextual stresses the veterinarian may be under, the values of the client, concerns about veterinary costs or implications for the wider veterinary team.

These formative assignments represent a first step, but they need to be part of an institution-wide strategy for students to engage with the complexity of the veterinary environment. As discussed earlier, this will necessitate faculty who integrate the complexities of context into problem-solving and case discussions in clinical rotations. Although general practitioners on external placements may be skilled at integrating the challenges of context into their actions and decisions, they may not realise the benefits of making this explicit to visiting students. A profession-wide adoption of the value of the broader professional identity is therefore needed to help students see where this is evident in the practice they observe.
6.3.4 Rethinking professionalism assessments.

The assessment of professionalism is a substantial subject, the extent of which cannot be covered completely here. However, there are some important implications for assessment that arise from this work. For the purposes of assessment, professionalism can be divided into three elements: a personal attribute, an interpersonal process, and a societal phenomenon (the professional according to their function in society) (Hodges et al. 2011). This model is useful for developing veterinary students’ assessments and considering where the assessment of professional reasoning contributes to the more holistic professionalism construct.

Interpreting the three elements for the veterinary profession, professionalism assessment can be differentiated into personal attributes and behaviours amidst the challenges of the clinic (including the negotiation of identity priorities into the professional context), interpersonal competences such as communication and collaboration with clients and colleagues (including engagement with different perspectives) and the veterinarian’s obligations to society (ethical and complex decision-making surrounding animal care and welfare).

To meet all of these components, a single assessment of professionalism is clearly inappropriate, and across medical education, assessments have tended to combine reflective methods (such as portfolios or critical incident reports) with behavioural assessments (multisource feedback) and integrated client simulations (for example assessing communications skills, history taking and clinical reasoning). However, within clinical veterinary rotations, both in the hospital and on external placements, students are still typically given a single, global grade for their professional competences (alongside those for clinical knowledge, and technical skills).

The curriculum interventions described in this chapter most closely map to the professional as a societal phenomenon: the veterinarian’s role in ethical and multiple stakeholder decision-making. In our institution, written examinations aligned with this aspect of professionalism have been implemented, in which students are asked to reason professional complications alongside clinical scenarios. While our experience suggests this integrated clinical and professional reasoning is developing positively in written examinations across the curriculum, the development of assessments to support professional identity in clinical rotations represents a much greater challenge. Despite the implementation of a framework to guide rotation leaders to incorporate the broader professional identity (Armitage-Chan 2016), anecdotal evidence suggests faculty have instead retained a focus on professional behaviours in their clinical rotation assessments. When assessing students on their professional
competences, feedback and assessment have remained focused on criteria such as enthusiasm, participation in the rotation and undefined professional behaviours. Reasons given for failing students include their reluctance to participate in the rotation, apparent disengagement and “unprofessional behaviours” (unpublished data collected from collated student feedback reports).

While this demonstrates an ongoing need for faculty development in the integration of identity concepts into clinical rotation activities, it highlights an important issue relating to professional behaviours. Students whose professional conduct lapses are more likely to experience professional misconduct as graduates (Papadakis et al. 2005). There is therefore an obligation to correct unprofessional behaviours and prevent from graduating those students whose behaviour is persistently unacceptable. In this context, it is important not to overlook the influence of the clinical environment on students’ behaviours and attitudes in the clinic. An appropriate assessment strategy needs to help students develop their identity and aligned behaviours, with feedback directed at supporting the demonstration of desirable behaviours amidst the challenges of the clinic.

To help address issues surrounding assessment, the ways professional identity is integrated into rotation teaching also need to be reviewed. If students are to be assessed on their complex problem-solving skills, engagement with wider stakeholders and contextual demonstration of professional behaviours, then they need to be given opportunities to practice and demonstrate these skills. In the current model of rotation teaching, there is a fairly standard approach to student activities. Students typically interact with the client to take a patient history, perform a physical examination, and be questioned by faculty or residents on their clinical reasoning and the diagnostics they would like to perform. They may then assist with (or watch) surgical or diagnostic interventions. They also interact with veterinary nurses in the wards when administering treatments or providing care for their patients (veterinary patients need to be walked!). A rethinking of this model is needed, so that the students’ activities, their opportunities for practicing competences and receiving feedback, are all better aligned with the roles and responsibilities of the new graduate, and the desired identity development. A clearer set of learning outcomes and assessment criteria on which rotation activities are based would also make it more transparent to students what they can expect to be assessed on and help them to engage in the activities expected of them.

As discussed, case discussions and problem-solving should be broadened to incorporate the needs of the business, differences in opinion between clinicians and other colleagues and the
values and needs of the client. It is perhaps more challenging to approach the redevelopment of rotations to incorporate development of (rather than just assessment of) behaviours in the clinic. Students react adversely to the assumption that professional attributes and behaviours can be “taught”, especially didactically. Attempts to provide teaching scenarios exemplifying veterinarians’ lapses in professionalism tend not to be engaged with at any depth, students generally finding it difficult to empathise with those involved, and perceiving simply that they would not get themselves into a similar situation.

Teasing out the construct of “unprofessional behaviour”, as described in students’ feedback, is a necessary first step. What do faculty mean by this? What are the standards of behaviour that they want to see in students, and what is unacceptable and indicative of rotation failure? When they describe students as disengaged, non-participatory or having an “unprofessional attitude”, are they seeing apathy, a genuine lack of interest, behaviours masking a lack of knowledge or confidence, specific learning differences, or personality traits such as shyness? When trying to help students understand the influences of clinic complexity on their behaviours, and on the link between identity ideals and externalised attributes, it is unhelpful to students to label them as unprofessional or disengaged, without helping them to explore why their behaviours suggest this. Reflective practice is important in the development of this self-awareness, but it is not reasonable to expect this level of reflective competence to develop without expert facilitation. Reflective activities surrounding behaviours in the clinic (such as reflective feedback conversations during rotations) need to be structured and involve trained facilitators.

It is clear that the assessment of professional behaviours needs to be distinguished from students’ multi-perspective problem-solving. Although neglected in this discussion, assessment and opportunities to demonstrate communication and collaboration need to be included as a third distinct element, which together with clinical reasoning and practical skills, are collectively integrated into the roles and actions of the veterinarian. Most importantly, the elements of professionalism and professional identity can no longer be assessed under a single grade for professional competences. Instead, clinical rotation assessment needs to be constructed on a larger number of outcomes, which together help students in the formation of a professional identity suitable for graduate employment and professional wellbeing.
6.4 Have I done narrative inquiry?

The study and exploration of narrative inquiry was an important part of this PhD. Critiques of those who describe narrative-based research as narrative inquiry have centred around the assumption that the same depth of understanding can achieved without adhering to narrative inquiry’s specific elements. This section therefore explores whether the requirements for narrative inquiry have been met, such that the depth of understanding obtained can be defended.

**Narrative as both phenomenon and method.**

“It’s no use going back to yesterday, because I was a different person then.”

From “Alice’s Adventures in Wonderland”, Lewis Carroll, 1865.

Clandinin and Connelly emphasise that in narrative inquiry, the definition of “what is narrative” extends not just to the type of data, but also to the phenomenon under study. Some have interpreted “narrative as phenomenon” as necessitating that the data collected is narrative text. However, continued re-reading of Clandinin and Connelly’s work revealed that rather than describing a type of data, “narrative as phenomenon” is a descriptor of the research experience:

“Thinking relationally, then, is part of thinking narratively and of thinking narratively as a narrative inquirer... In narrative inquiry we intentionally come into relation with participants, and we, as inquirers think narratively about our experiences, about our participants’ experiences, and about those experiences that become visible as we live alongside, telling our own stories, hearing an other’s stories, moving in and acting in the places – the contexts – in which our lives meet, We intentionally put our lives alongside an other’s life... As narrative inquirers, we become part of participants’ lives and they part of ours.”

(Clandinin 2013 Page 23).

“Narrative as phenomenon” could therefore be interpreted as the narrative experience of collecting the data, and “narrative as method” as the process of narrative writing to gain understanding. However, even this may represent an over-simplification. The understanding of experience as the phenomenon under study introduces an important connection between
“narrative as phenomenon” and “narrative as method.” According to the quote above, narrative inquiry is performed by engaging in a narrative experience with the research participants, and by thinking narratively throughout the process. Understanding is not simply obtained from the analysis of participants’ stories, but from the combined experiences of living alongside the participants and thinking narratively throughout the data-gathering and writing phases. “Narrative as method” is therefore not simply the approach to interpreting and analysing the data, but describes the approach to entering into the relational experience with the research participants, as well as the way writing the whole narrative inquiry (not just the “Grand narrative” product) is undertaken.

“We live by stories, we also live in them... If we change the stories we live by, quite possibly we change our lives.”
(Okri 1997), Page 46.

How does one make sure the research process is a narrative experience? Okri’s quote has been used by Clandinin to describe the process of narrative inquiry, and it is a useful one for answering this question. The co-construction of understanding that is part of narrative inquiry requires a long-term relationship between researcher and participant in the narrative research process, and not one that is encapsulated within single transient interviews or autobiographical accounts. Okri’s statement that “we live by stories, we also live in them” describes the participatory nature of the researcher in the inquiry. The storied place in which the researcher lives during data collection will change him or her, and this change is part of the narrative method, and part of thinking narratively. The narrative experience is “temporally continuous and socially interactive” (Connelly and Clandinin 1990 page 4) and trying to understand it as a static state neglects the part of narrative inquiry that emphasises learning from a lived-in, storied experience.

The inevitable change that results in the researcher from their living a narrative experience was an important element of narrative inquiry and one that needed to be conveyed in the construction of this thesis. Living alongside the participants in their story of identity development resulted in changes in how I viewed the veterinary identity and its development, and writing about it resulted in further change. Much as Alice saw that it was “no use going back to yesterday” in her Adventures in Wonderland, I could never be the same person with the writing of each chapter as I was when I started the research. If narrative inquiry is dependent on thinking and experiencing narratively, then not only was it important to feel
satisfied the research had been done in this way, it needed to be captured in the way the thesis was assembled.

Articulating the processes of narrative inquiry was a particular challenge. I felt for much of the research period that this was only described conceptually in the literature, with limited concrete examples on which to base my writing. During the research I continued to search the literature for examples, trying to answer how narrative inquiry is performed, how the findings are used to construct a narrative, and how the understanding achieved is presented in the reporting of the research. By drawing on frameworks others had used, I hoped to justify rigour in my methods and defend my conclusions.

**What does narrative inquiry look like? The quest for published examples.**

To identify examples of research that adhered to Polkinghorne’s “narrative analysis” and Connelly and Clandinin’s emphasis on relational experience and participant collaboration, I looked for narrative research that incorporated time and context, and methods that described the conversion of experience to a written narrative output. What was found resembled a narrative inquiry jigsaw puzzle. While some texts (e.g. McVee 2005) included the framework used for text analysis, others, such as Tsui (2007), showed only the final narrative.

I had used Hollingsworth’s narrative inquiry to guide my approach to data analysis, and it made sense to return to this paper to see how the research had been framed in its publication. It was interesting to see that she had experienced many of the same issues as I had encountered. This included a change in the way relationships with her participants were understood as she formed her research group and as this group evolved. While these relationships were initially viewed hierarchically, both by the participants (who understood the relationship to resemble student-teacher), and the author (who felt the relationship was one of researcher-subject), what developed was the more collaborative researcher-participant “equals” that is important to participatory research:

“Politically, the move to the conversational format for support and research involved a shift in power from my previous role as the teachers’ course instructor. I had to change my interactions so that I was no longer telling [students] what I knew (as the group’s “expert” on the topic of reading instruction) and checking to see if they had learned it. I had to develop a process of working with them as a colearner and creator of evolving expertise through nonevaluative
conversation. To accomplish this shift, I had to be still and listen; I had to struggle publicly with what I was learning. Our change in relationship now required that I look at transformation in my own learning (as a researcher and teacher educator) as equally important in determining the success of teachers’ knowledge transformations.” (Hollingsworth 1992 Page 375).

It was interesting to note that Hollingsworth struggled with this change in relationship. I had felt a similar tension when the group became more autonomous and self-directed in the discussion topics. I had been concerned that the uncontrolled entry of other participants, as well as the choices made in what they talked about (neglecting many of the questions that I really wanted them to answer) would compromise the quality of the results, and prevent important interpretations being made about identity and its development.

This concern was described by Hollingsworth in the challenges she experienced when synthesising the experiences of the group into a narrative of findings. As in my participant group, the complexity of the research approach meant that experiential stories were not conveniently restricted to the area of study interest, instead entering into the “other” lives of the participants. Synthesising the narrative then becomes tangled and messy, with wider context interfering with the “clean” research story.

Although it was reassuring to see other authors struggling with the challenges of narrative inquiry, there was little direction provided in this paper suggesting how to resolve these, and how to go about the process of narrative construction. How were the diverse stories of the participants, at times diverging from the research questions, assembled and constructed into a narrative output?

Ollerenshaw and Cresswell (2002) focused their paper on this “restorying” process of narrative construction. The inclusion of context was particularly emphasized, describing the need to incorporate elements that are “both personal and social. This means that to understand people (e.g. teachers, students, and administrators), one examines their personal experiences as well as their interactions with other people. Continuity is related to learning about these experiences, and experiences grow out of other experiences and lead to new experiences. Furthermore, these interactions occur in a place or context, such as a school classroom or a teacher’s lounge.” (Ollerenshaw and Creswell 2002 page 339).
To achieve this combination of personal and social, Ollerenshaw and Creswell followed a systematic and precise formula for their narrative reconstruction. While the approach to text deconstruction and reconstruction was interesting, it was too incomplete to be of use for either guiding the construction of my narrative, or for analysing the rigour of the approach I had taken. The published work included only extracts of the narrative; there was no sense of the researchers’ account of their whole experience, or what they had learned from it. Like many examples of narrative inquiry, the larger document reporting the complete methods and findings was referenced only as an unpublished doctoral dissertation.

Somewhat uniquely, Tsui presented the complete narrative of her research within her published paper (Tsui 2007). It was presented as a chronological story of the research participant’s identity formation, as told by the researcher (author of the paper). The narrative was interspersed with frequent quotes from the participant’s reflective diary and face-to-face storytelling, and was divided into subheadings detailing the various temporal stages of identity development. In this way, the narrative presented was similar to Chapter 4 of this thesis.

This paper provided a useful example of a complete narrative output of narrative inquiry. However, perhaps as a result of the space afforded to the printing of the complete narrative, the methods of data collection and analysis were brief compared to those described elsewhere, and it was unclear how the narrative output had been derived from the field texts and research experience. The paper described this as a collaborative process, achieved through the dual process identity framework proposed by Wenger (1998). Identity formation was described as a process of identification (belonging: engagement, imagination, alignment) and negotiation of meanings. It is possible that the narrative construction was achieved through a process of collaborative retelling of the participant’s experiences, through the lens of this theoretical framework, but further details of this process were not included. A similar approach to describing the construction of the narrative was taken by Golombek and Johnson, who described the use of Vygotsky’s sociocultural theory to understand the internal cognitive activity of teacher development resulting from their social interactions (Golombek and Johnson 2004). Quotes from the participants’ reflective writing were provided, but there was no further detail on how a narrative approach was applied to the research or narrative construction.

In general, the extended narrative inquiry literature was found to comprise these incomplete published reports of the narrative inquiry experience, coupled with various articles about narrative inquiry. Writings about narrative inquiry typically referenced the specific methods
used only as unpublished doctoral theses (e.g. Clandinin and Connelly 1987 and Enns-Connolly 1985, both cited in Connelly and Clandinin 1990; Pushor 2001 cited in Clandinin, Pushor and Orr 2007). In one chapter written about narrative research, several published examples of approaches exemplifying Polkinghorne’s “analysis of narrative” were referenced, however when “narrative analysis” was described, this was presented only conceptually, with no specific examples referenced (Kramp 2004).

This review of the literature had been both comforting and frustrating. It was apparent that other authors had also struggled with how to present their complete narrative inquiry, particularly within the limitations of published work. However, without easily accessible, publishable examples of how the methods and findings were framed, the construction of the narrative and framing of the output could not simply be based on others’ published reports.

**What is narrative inquiry and what is not? Guidance from the narrative inquirers.**

At this stage I was beginning to wonder whether the practice of narrative inquiry was something that was more conceptual than concrete: a way of describing how to think about research, but not a methodology that could be implemented in a well-defined form. I decided to return to authors such as Connelly, Clandinin, Polkinghorne, Reissman and Chase, whose work about the practice of doing narrative inquiry I had read at the start of my research. I wondered whether, with more of an overview of examples of narrative research, their writing would now help me better evaluate whether research (my own and others’) adhered to the specific components of narrative inquiry.

Compared to the superficial understanding of narrative as method and narrative thinking that I had gained from reading this literature previously, the experiences of reading about narrative inquiry, and working through and analysing my own research, provided a better understanding of these concepts. Whereas before I started, some of the descriptions of narrative inquiry seemed to invite wide interpretation, and the development of “anything goes” research methods, this time around they felt highly specific.

In “Narrative Inquiry: Multiple Lenses, Approaches, Voices” Susan Chase had followed a similar path to the one I had:
“In preparation for writing this chapter, I gathered and read as many examples of what might be called narrative inquiry as I could, and I wrestled with various ways of defining the contours of narrative inquiry, both past and present.” (Chase 2005 Page 58).

Chase described the wider interpretations of narrative inquiry as arising from the varying definitions of narrative: “Qualitative researchers now routinely refer to any prosaic data as narrative”. (Chase 2005) Smith’s “State of the art in narrative inquiry” drew similar conclusions, describing the plethora of different interpretations and research methods that have come to be grouped under the umbrella concept of narrative inquiry (Smith 2007).

In trying to rationalise this “broad vs narrow” view of narrative inquiry, I returned to Connelly and Clandinin’s definition:

“Arguments for the development and use of narrative inquiry come out of a view of human experience in which humans, both individually and socially, lead storied lives. People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Viewed this way, narrative is the phenomenon studied in inquiry. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as phenomena under study.”

(Connelly and Clandinin 2006 Page 477, emphases added).

It is easy to see how this definition had been used as a license to permit a broad spectrum of research approaches to be termed “narrative inquiry”. Built on the wide interpretation of the word “narrative”, as text that tells the story of experience, and incorporating Polkinghorne’s “narrative analysis”, researchers have interpreted Connelly and Clandinin’s description to generate a view that narrative inquiry is any research that uses storied data to study experience.

I have now taken the opposite view. Through Connelly and Clandinin’s examples and descriptions, it is possible to see that they conceive narrative inquiry as something highly specific and rigidly defined: the study of experience by thinking narratively. According to Bruner, narrative thinking is contextual and individual (Bruner 1986). If narrative inquiry represents inquiry performed by thinking narratively, then the next question is whether I had
done this. To answer this question, I decided to explore Connelly and Clandinin’s view of narrative inquiry in more detail.

*Narrative Inquiry as understood by Connelly and Clandinin.*

“*Narrative inquiry is the experiential study of experience.*” (Xu and Connelly 2010 Page 354)

“A way of thinking narratively about experience.” (Xu and Connelly 2010 Page 353)

The more I read, the more I understood the frequently repeated mantra of narrative as both phenomenon and method. Rather than these being separate entities, I now understood them as being inseparable. The emphasis in Xu and Connelly’s paper on narrative as experience demonstrated that it is experience that is simultaneously both phenomenon and method. The narrative inquirer researches experience by experiencing it, and by thinking narratively about it. Although this felt an advancement in my own understanding, it remained very conceptual and didn’t help with either framing the research in the thesis, or understanding the part of data analysis encompassed by narrative construction.

Returning to Connelly and Clandinin (1990) helped me better understand the methods that were being described. This paper breaks down the experience of narrative inquiry into a series of numbered stages:

*Stage 1: Starting the research: the “narrative” researcher-participant relationship.*

The way the researcher-participant relationship is constructed is an example of how the research is performed “narratively”. Important elements are the collaborative researcher-participant relationship and the empowered participant voice. I initially interpreted an empowered participant voice as one that freed the participant to speak in a way that is undirected by the researcher, and therefore that the researcher left the participants alone to construct their stories:

“In narrative inquiry it is important that the researcher listens first to the practitioner’s story, and that it is the practitioner who first tells his or her story... The practitioner, who has long been silenced in the research relationship, is given the time and space to tell his or her story, so that it too gains the authority and validity that the research story has long had.”
However, in a narrative view of data collection, the construction of the story is a collaborative, relational process:

“Narrative inquiry is, however, a process of collaboration involving mutual storytelling and restorying as the research proceeds.” (Connelly and Clandinin 1990, page 4, emphases added).

Studying experience “narratively” means the researcher is not simply studying the life of the participant as a disconnected onlooker. Instead, the experience is seen as a collaborative activity: living, storying and re-storying the experience together, as the researcher and participant experience it together. Taking “a narrative view of the phenomenon under study” (Clandinin 2013, page 38) means that in narrative inquiry, thinking narratively is “a way of understanding and inquiring into experience through collaboration between researcher and participants, over time, in a place or series of places, and in social interaction.” (Clandinin 2013, page 38).

**Stage 2: Progressing the research: living “narratively”**.

The complexity of narrative as simultaneously describing both the experience under study and the nature of this experience is further evident in the way the experience unfolds. The researcher and participants are described as entering a “storied” existence: they are “living their stories in an ongoing experiential text and telling their stories in words as they reflect upon life and explain themselves to others” (Connelly and Clandinin 1990, page 4). They are described as entering a “narrative”: an experience which is understood by both through the stories they tell to each other. These mutual stories inform both researcher and participant about their experiences, the effect of which will be to influence both researcher and participant in their future experiences. As part of a narrative research experience, the researcher therefore needs to maintain a constant awareness of the multiple stories present in a lived research experience: the past stories of the researcher and participants, the stories co-constructed by researcher and participant as they try to understand their shared experiences, and the “research story” of the researcher as he or she thinks about what they have learned and how this will inform their future. Connelly and Clandinin describe this as the “Multiple I’s” in narrative inquiry:
“We are, as researchers and [participants], still telling in our practices our ongoing life stories as they are lived, told, relived and retold. We restory earlier experiences as we reflect on later experiences so the stories and their meaning shift and change over time. As we engage in a reflective research process, our stories are often restoried and changed as we, as [practitioners] and/or researchers “give back” to each other ways of seeing our stories. I tell you a researcher’s story. You tell me what you heard and what it meant to you. I hadn’t thought of it that way, am transformed in some important way, and tell the story differently the next time I encounter an interested listener or talk again with my participant.” (Connelly and Clandinin 1990 Page 9).

One of the key elements of researching and thinking narratively was therefore to maintain an awareness of the changing researcher “I”: as the research experience continued, my understanding of the experience of becoming a new veterinarian was changing, as was my understanding of the narrative inquiry process.

**Stage 3: Re-storying the experience: writing “the narrative”**

Restorying the experience by reconstructing the narrative felt the most challenging part of the experience of narrative inquiry, because of the lack of guidance in the literature. However, the important elements of the experience of narrative inquiry can also be applied to the process of writing the narrative. These important elements have been described as the three “commonplaces” of narrative inquiry: temporality (the past, present and future), sociality (the relationship between the personal and the social), and place (the spatial context in which the experience was located) (Clandinin et al. 2007).

In this thesis, the three commonplaces of narrative inquiry provided a useful reference point to guide the writing as an example of thinking narratively. Part 2 of the thesis was constructed around the issue of temporality in the research experience, emphasising the change in understanding that developed as the research progressed, and how this influenced the reinterpretation of the participants’ stories. Considerations of sociality and place provided different viewpoints from which to view identity change and its implications. Players and context were important to consider not only for their influence on identity, but also in how the research findings would be interpreted by others in different situations.

The relational nature of the researcher-participant relationship, and the use of the narrative inquiry commonplaces, helped provide indicators of where this research adhered to the
principles of narrative inquiry. Despite this, it was hard not to get to the end without still wondering whether the research represented narrative inquiry in the way Connelly and Clandinin intended. It was therefore interesting to read a paper co-authored by Clandinin, in which the authors argued for greater clarity surrounding what “counts” as narrative inquiry. The authors’ reflections on their own developing methods, as well as those of others, seemed to have informed their own views on a research approach that they themselves had developed:

“What is apparent in the development of narrative inquiry, however, is how interwoven narrative ways of thinking about phenomena are with narrative inquiry as a research methodology.”
(Caine et al. 2013 Page 575).

Initially I was surprised at the thought that those who had authored the textbook on narrative inquiry might still be describing their evolving understanding of it. However, this fits Levi-Strauss’s view of the bricoleur, in that the narrative inquiry pioneers remain continued scholars of their own research methods. It also helped to explain the way narrative inquiry is defined, simultaneously both highly specific but also at times vague and open to interpretation. Those who have performed narrative inquiries during this period of development can perhaps be forgiven for their diversity in interpretation of the methods:

“The diversity in the ways in which what is called narrative inquiry is taken up both enriches and concerns those of us engaged in narrative inquiry. Without a clear sense of the epistemological and ontological commitments for those of us working in the field, much is blurred and becomes tension-filled.”
(Caine et al. 2013 Page 575).

In the more recent work on narrative inquiry, these tensions have become increasingly featured (Clandinin et al. 2009; Estefan et al. 2016). Attending to tensions has become an important component of narrative inquiry, perhaps as essential to the defining of narrative inquiry as the three commonplaces. In 2009, Clandinin pointed to the tensions present in the lives of teachers as a useful focal point for reconstructing the narrative:

“Moments of tension can be used as moments to look forward and backward and inward and outward with an attentiveness to place or places as a way to begin to write research texts.”
(Clandinin et al. 2009 Page 84).
This paper was one of the rare ones to tackle the construction of the narrative, and it was interesting to see the process they presented. This was the first mention I had seen of “interim research texts”, which were written by the narrative inquirer as a starting point for extracting meaning from the field texts. The interim texts were then described as being used, in combination with “various research experiences” to construct the final narrative. Although I had not deliberately followed this pattern, the stage of interim narrative pieces to help write a wider-reaching final narrative was one that I recognised from the writing of the group and individual narratives in Chapter 4. As a result, this helped to frame the redrafting of this (and subsequent) chapters.

One might reasonably ask, if these papers were available, why I had not used them originally, to frame and shape my approach to data collection and constructing my narrative? This worried me initially, and I wondered why it was only at the latter stages of my PhD that I had engaged with this literature, particularly as I knew I had spent time at various points during the 4 previous years exploring narrative inquiry papers. Clandinin describes the process of narrative writing as an iterative process (Clandinin et al. 2009), and I recognised a feeling of better understanding the narrative inquiry papers after I had collected and analysed my own data, and having tried to construct my own narratives. As described by Clandinin and co-authors, the understanding of narrative inquiry (of researching narratively) is also an iterative and experiential process, and I wasn’t able to engage with the reported challenges and analyses of narrative inquiry until I had tried to do it myself.

*Have I done narrative inquiry?*

At the end of this thesis, can I answer the above question? The research was performed experientially and collaboratively, and the participants were empowered by their “ownership” of the Facebook group: the membership, and what they chose to talk about. The analyses of the Facebook data and of the research experience were performed narratively, according to Mishler’s and Polkinghorne’s conceptualisations of narrative analysis (Mishler 1990; Polkinghorne 1995). Although there was no definitive final narrative, the story of identity development was reconstructed and explored according to the narrative inquiry commonplaces, ensuring the incorporation of time and context. The research was also utilization-focused, remaining cognisant of the implications for practice, in accordance with
the emphases on utilization and practitioner improvement described by Connelly and Clandinin (Connelly and Clandinin 1990).

There are risks in the process of narrative inquiry that the researcher becomes too embedded in their own role within the “narrative plot”, and the power of the narrative can lead to falsehoods occurring in the narrative interpretation (Connelly and Clandinin 1990). Connelly and Clandinin write that one of the “multiple I’s” in the research process must therefore be one of narrative critic, and the researcher must create distinction between their roles as storyteller and critical analyst. By highlighting the reflective components of the thesis, I have tried to emphasise where meta-level, critical reflection on the methods and findings have been employed (the “narrative critic”), as a contrast to the writing representing “narrative storyteller”, the personal interpretations of the research experience. Triangulation with studies of medical professional identity and the limited literature on the veterinary profession (particularly the sources of stress and mental ill-health) provide some assurance of the validity of the findings, however it is impossible to eradicate completely the fact that the experiences and stories told will be interpreted through the lens of my own experience, identity values and priorities.

An area in which this research has diverged from narrative inquiry as described is in the collaborative reconstruction of the narrative. Many narrative inquirers describe the shared process of reconstructing the research story and checking the findings with their participants (Hollingsworth 1992). Ethically, I felt very challenged by this. Although in many ways the participants were “like me” and we shared the experience of understanding entry to the profession, obviously there are elements that only I brought to the group. These included being a member of the profession for a longer period of time, and hence having a more reflective understanding of the process of professional becoming; the experience of educating veterinary students; exposure to some of the larger discourses within the profession and within veterinary education; and knowledge of the relevant literature. These additional “researcher elements” provided the necessary tools to be able to draw conclusions from the participants’ stories. But they also meant I had a different perspective on the findings compared to the research participants.

Given that such an important finding in this research related to the link between identity and mental health, I was very nervous of sharing these narratives with the participants. I was worried they lacked the experience of the profession (and of life) to be informed they had markers of poor emotional health, especially as those who seemed to show most signs of
frustration also seemed to be the most oblivious to this (because they tended to blame context when they were frustrated, and hadn’t grasped that others were more content in the same role). I don’t have enough long-term contact with the participants to be able to support them through the potentially destabilising process of informing them that their frustrations relate to their own conceptions of their identity, rather than being a consequence of (for example) an ill-equipped practice or “difficult” clients. More mature vets, when told of these research findings, find them very reassuring for analysing their own anxieties surrounding their role, but these are not the people who have been involved in the research, and so it is less personally affective.

Was it ethical to exclude the participants from this process? There is an argument that it may have benefited them to be involved. However, recognising a need to re-conceptualise one’s own identity represents part of the identity “crisis” and it would be arguably less ethical to risk triggering this realisation without being able to offer the support to manage it. I was aware that the two individuals who most seemed at risk from an identity-context mismatch had changed jobs, moving into more specialist practices, where it was likely the environment would be more favourable to their identity ideals. Although I still had concerns, I was somewhat reassured that the individuals might now be in an environment with less identity-context dissonance.

There remains the argument as to whether it was appropriate to withhold information about the participants, and I had to address this when it came to publishing some of the findings. I spent a long time debating how to achieve this, while remaining cognisant of the wellbeing and personal rights of my research participants. This period of reflection proved very beneficial and helped me to further develop my understanding of the observed link between identity development and context. This development in thinking about identity, explained further in Chapter 6, placed responsibility for identity development less on the individual and their personal attributes, and more on the decisions they had made about the aspects of their veterinary professional life which they most value. The potential negative impact on the participants, that they may see the “narrow” identity conceptualisation as a personal failing, has therefore been developed and I now recognise it more as a consequence of education and the hidden curriculum (see Chapter 5). This period of reflection has therefore helped reframe the research findings into something that is more appropriate to share with the participants and the profession as a whole.
Chapter 7. Conclusions

The conclusions to this thesis relate not to the nature and development of veterinary identity, nor to the implications for education. Both these areas have been covered extensively in Chapter 6. Instead, I would like to reflect on how the findings contribute to the discourse on professional identity formation, and in particular, what new input they provide to the discussion.

In some ways the research provided nothing new. The output of the narrative inquiry was predominantly focused on the educational implications, reflecting the aims of the research for improving practice in this area. The most important findings here were the importance of whole-curriculum (and whole-institution/whole-profession) embedding of professional identity concepts, the influence of the hidden curriculum in developing a less favourable, biomedical professional identity variant, the need for students to reflect on their developing identity (and curriculum interventions to support this), and the value of fostering critical thinking to graduates’ identity development. These are not new ideas, therefore what does the research bring to this literature?

The narrative approach to inquiry (the narrative experience of data collection, analysis, interpretation and construction of meaning) is intended to deepen the level of understanding obtained about a phenomenon and this is where the research output has been the most informative. Rather than simply reaffirming the importance to identity formation of the hidden curriculum, reflection and critical thinking, the findings have revealed the specifics of why and how these are important to the veterinary profession. The “case examples” generated from the participants’ narratives have provided context to some of the more abstract principles of professionalism education. This has helped members of the profession (colleagues involved in curriculum design, academics and general practitioners who teach students, veterinarians who are themselves struggling with the challenges of the veterinary work) to engage in the processes of teaching professionalism for the purpose of developing professional identity. The risks of an inappropriate identity formation (permanent dissatisfaction with self, an inability to integrate the needs of client and business into decision-making) appear more tangible than the less well-defined consequences of failing to integrate professionalism into teaching. Most importantly, the mental health discourse in the profession means that the risk of producing graduates whose identity conflicts with their work environment is regarded as something observable and real; producing “unprofessional” graduates has always appeared a more minority issue to many involved in veterinary education.
The hidden curriculum can be taken as an example of this contextualisation and depth in understanding. Prior literature has demonstrated the hidden curriculum to impart unfavourable behaviours and an erosion of empathy onto students. At a deeper level, it promotes an emphasis on the biomedical elements of the doctor or veterinarian’s education, leading them to prioritise medical and surgical knowledge above their broader professional competences. To most clinical educators, this matched their own ranking of priorities, and therefore it wasn’t perceived (by many) as a major issue. The context provided by this research has provided specific examples of how this affects our profession, and why it is important. It is not simply that graduates are produced who prioritise medicine and surgery in their learning, leading to grumbles from graduate employers that our graduates are not “practice-ready”. Instead, graduates are produced who are set up for failure: the hidden curriculum has not simply affected their competence, but their ability to achieve satisfaction from their career. Furthermore, the realisation that the effect of the hidden curriculum is greatest on our “best” students (those who seem to engage the most and who excel in assessments) has been particularly impactful in understanding the need for change.

The research has also provided a better understanding of the change that is needed with respect to the hidden curriculum. Whereas before, to many veterinary educators this seemed to relate predominantly to professional behaviours in the clinic, it is now possible to demonstrate specific examples of hospital dialogue, ward rounds and didactic teaching that can either support or compromise appropriate identity formation. Rather than simply incorporating the hospital environment, the manifestation of the hidden curriculum can be demonstrated at all levels of veterinary education, from the materials available to prospective veterinary students, to the selection of those students who, upon graduation, receive favourable letters of recommendation from faculty. The research has demonstrated how and why each of these stages influence identity formation; it has also yielded more concrete examples of strategies to try to overcome this issue.

For the intended audience of this research, the risks of inappropriate identity formation are perhaps more impactful than the benefits of a broad, challenge-focused identity, and it is here that the narrative approach to the research has also been of benefit. Whereas the differences between the two identity extremes (the narrow and broad identity variants) could be articulated quite early on in the process, the more nuanced complexities of an inappropriate identity development only became evident later on. Distress caused by failing to commit to an identity, and the identity components of stress arising from heavy workload and error,
represent complexities of the veterinary identity that are likely important to the veterinary mental health discourse. Alongside the negative mental health implications of the narrow identity variant, these findings provide an additional layer to previous understanding of poor mental health in the profession. Previously, this understanding has been obtained predominantly from surveys of the profession. Heavy workload and the influence of the client have been identified as key stressors, but there was previously little understanding as to how and why these affected some veterinarians more than others. The mental health implications of identity therefore offer a new angle from which to view veterinary stress and wellbeing, which was not previously a component of this discourse in the veterinary profession.

The “client as enemy” was a particularly important finding with respect to the mental health discourse. Review of the mainstream and social media revealed quite extreme views in the way clients are perceived by veterinarians (including, in one social media blog, the major source of veterinary suicides). Again, this was a concept that was familiar in previous literature: client expectations have been noted as an important source of stress in various surveys. The identity implications not only revealed why and how the client represented a source of stress to some (“narrow identity”) veterinarians; also unveiled was an understanding of how an inappropriate route to identity formation (devoid of self-understanding and reflection on identity) may strengthen this source of stress, as social influences reinforce the rejection of the client from the identity priorities of the veterinarian. This notion again highlights the difference between the decontextualized knowledge that was available before, and the context that has been provided by this research. The identity literature describes how a poor understanding of self and an identity formed without reflection and identity exploration may contribute to anxiety and distress. The “client as enemy” example adds context for the veterinary profession, illustrating why self-identity development is important and how social validation of inappropriate identity elements (for example through the hidden curriculum or professional culture) can lead to poor mental health. This provides evidence for curriculum planners (at both undergraduate and postgraduate levels), emphasising the need for inclusion of professional identity concepts in curriculum design.

What does the research contribute beyond the world of veterinary education? The contextual understanding provided by this research, with examples emphasizing the importance of professional identity and a formation that is dependent on reflection and an integrated curriculum, adds to the literature describing professional identity in the education of teachers, nurses, social work and the law (Beauchamp and Thomas 2009; Miller 2010; Brooks 2011; Johnson et al. 2012). The recognition that appropriate professional identity formation is
dependent on the development of complexity thinking and context-dependent, multiperspective problem-solving, while already evident from Kegan’s identity model, may be beneficial in directing curriculum design beyond the veterinary and healthcare sciences. Furthermore, the ways in which reflection appeared to be beneficial, guiding engagement in the complexities of the workplace, which otherwise may not be recognizable when curriculum and assessment pressures direct students to the more technical and dualistic elements of the professional role (the “right” answer to a question; the “best” way to resolve a particular case type), would be expected to be of value in any profession.

The research findings reaffirmed the psycho-social nature of identity formation. Although Eriksonian models of identity formation incorporate the troubling nature of identity exploration and crisis, the social validation of a post-reflection, fragile professional identity represented a contextualised view of this process. Examples from medical education, such as the “Healers Art” course, demonstrate the value of socially validating relational, caring-centred identity elements, which often represent the naïve, aspirational professional identity with which students entered their education. What was evident from this research was the need for the social validation of an emerging but fragile professional identity, which was appropriately informed by the complexities of context, but was only recognised after entry to the workplace as an independently working and autonomous professional. The psychosocial nature of identity development was therefore represented by the social influences acting on the student during their university education (which was dominated by the effects of the hidden curriculum), reflection on critical incidents experienced in work, and a need to validate the reconstructed identity that results (a process that mirrors Erikson’s identity crisis). Although some graduates were able to commit to a context-relevant professional identity more easily, and may have successfully negotiated identity reconstruction with less need for social scaffolding and support, it is important to recognise that others needed social identity validation at a stage in their careers when mentoring is withdrawn. The prevalence of the “just a general practitioner” phenomenon within this sector of the profession suggests the need for validation of this identity is widespread.

The final conclusions relate to the process of narrative inquiry. Much of this thesis was devoted to the exploration of this research methodology, and an exploration of the extent to which the methods used remained true to the conception of narrative inquiry described by Connelly and Clandinin (Clandinin 2007). A notable deviation in the methods compared to previously described examples was the absence of personal contact with the research participants, the “shared experience” not happening side by side in a common physical
location (such as a teacher’s classroom) but in the virtual space of the social medial platform. Of the examples of narrative inquiry located in the literature, many represented examples of researching teacher education or identity, and were performed by the researcher positioning themselves in a school, typically over a prolonged period of time. In addition, the majority of examples found, like this one, were performed as doctoral research. Does this mean narrative inquiry is restricted to those who have a prolonged period of time in which they can immerse themselves in the lives of the research participants? For many researchers, this may mean that once they have completed their doctorate, they will struggle to be able to devote the time needed to immerse themselves in a similar experience again. The use of a social media platform to collect data provided a way that narrative inquiry could be performed alongside other academic roles. Other “short cuts” (such as using occasional participant interviews) have been criticised for deviating from the experiential nature of narrative inquiry. The use of social media to foster a shared researcher-participant experience may provide an approach to narrative inquiry that enables it to be performed without the need to physically enter a new or distant environment, without compromising the depth of understanding obtained.
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Appendices

Appendix 1: Dissemination of research.

Presentations

Why is identity important to veterinary education? Lecture; Annual meeting of the American Association of Veterinary Medical Colleges; Washington DC, March 2018.

The hidden curriculum of identity formation. Workshop; Association of Medical Educators in Europe; Helsinki, August 2017.

Learning to be: The influences of education on professional identity formation. Research presentation; Association of Medical Educators in Europe; Helsinki, August 2017.

What are the professional competences? Plenary lecture; Annual meeting of the European Association of Establishments for Veterinary Education; London, May 2017.

Cultural competence begins at home: students’ and curriculum influences on engagement.

Plenary lecture; Annual meeting of the American Association of Veterinary Medical Colleges; Washington DC, March 2017.

Identity, environment and mental wellbeing. Research presentation; Royal College of Veterinary Surgeons Mind Matters Symposium; Edinburgh, January 2017.

Designing a curriculum to support professional identity formation. Workshop; Veterinary Educators Collaborative; Calgary, June 2016.

Assessing professionalism in clinical rotations. Workshop; Veterinary Educators Collaborative, Calgary, June 2016.

Narrative inquiry into the identity of novice professionals using online posts as a data source. Research presentation; 3rd International Narrative Inquiry Conference; Galway, March 2016.

A conceptual framework for teaching professionalism in the workplace, created during a faculty development workshop. Poster presentation, American Association of Veterinary Medical Colleges; Washington DC, March 2016.


Professional and non-technical skills for the practicing veterinarian. Lecture; London Vet Show; London, November 2015.
“Show me the professionalism”: Using role-play to assess veterinary professionalism. Workshop; Veterinary Education Conference; Cambridge, July 2015.

Veterinary Professional Becoming: Using narrative to conceptualise identity and its formation. Research presentation; Association for the Study of Medical Education; November 2014.

Peer-reviewed publications

Armitage-Chan, E. Best practice in supporting professional identity formation: Use of a professional reasoning framework. Journal of Veterinary Medical Education; Currently under review.

Armitage-Chan, E, & May, S. A. Identity, environment and mental wellbeing. The Veterinary Record; In press.

Armitage-Chan, E, & May, S.A. Developing a professional studies curriculum to support veterinary professional identity formation. Journal of Veterinary Medical Education; In press.

Armitage-Chan, E, & May, S.A. The veterinary identity: a time and context model. Journal of Veterinary Medical Education; In press.


Armitage-Chan, E. Human factors, non-technical skills, professionalism and flight safety: their roles in improving patient outcome. Veterinary Anaesthesia and Analgesia 41 (3), 221-223, 2014

Non-peer-reviewed and invited publications


Appendix 2. Example of a story collected during the first research attempt.

The puppy who nearly wasn’t
by CW- Thursday, 5 March 2015, 2:17 PM

A few weeks ago I saw a rather unwell puppy. Now, the back story here is that the client had bought this puppy as a replacement for one who had been put to sleep 3 weeks previously, and said dog had been a case I had handled with metastatic anal adenocarcinomas.

So imagine my horror when presented with their vomiting, totally flat, 2 month old puppy with white gums and a mass in its abdomen first thing in the morning.

Cost was an issue. Quite a big issue. In fact, at various points in the day there were arguments and heated discussions about costs between the owner and her husband, between myself and my practice manager and between just about everyone involved. Clearly the puppy had an intussusception and was going to require surgery if it was to stand a chance, and equally clearly this was going to be expensive; best estimates placed the bill around £1,000 and this for an uninsured puppy that they had only owned for 3 days.

There was a great deal of umming and erring, although the owner did consent to have the puppy in on fluids and analgesia while she discussed the case with her other half. A couple of hours and no clinical improvement later (indeed the puppy was deteriorating) I had to call her to tell her that a decision really was needed. Either the puppy was put to sleep or we went to surgery right away, anything else was not going to be fair. An agreement was reached to operate and see how bad the situation was, the client could not afford to pay more than around £600 and so gut resection was out of the question but a simple open and close reduction we could scrape under the £600 mark for the sake of keeping the puppy alive.

Of course, by the eternal rules of the universe that exactly the cases you desperately wish would go well never do, when the intussusception was reduced there was a large section of necrotic gut, blood clotted in the arteries and serosa tearing over its surface and black. I called my boss in (who was on hand to help me given that this was my first gut surgery) and asked him to offer them a payment plan. I knew the owners had said to euthanize on the table. I knew the bill was likely to exceed even £1000. And a knew that the rational, logical solution was to euthanize the puppy given how short a time they had owned it for. But I also knew in my gut that they did not really want that, that they wanted to fight for this puppy who had now assumed the mantle of their previous dog and so meant much more to them than any old puppy. The boss thought I was a bit mad, and that they would do better to start over with a new puppy than throw good money after bad on this one (which they bought over the internet from a shady character), but he consented and phoned the owners to offer not only a payment plan but with a definitive £900 bill which I knew would mean capping the bill once it reached it. I could have hugged him (if I wasn’t sterile).
The owners said they had to discuss it then call us back.

8 minutes is not a long time. However, when you are standing over the immobile body of a tiny puppy with its life (and dead bits of gut) in your hands, it is quite long enough to convince yourself that if the owner cannot pay you are more than willing to have them sign it over and take the puppy home for yourself. 8 minutes is too long to wait to euthanize it on the table, long enough to form a connection yourself. And 8 minutes was how long the owners to decide that they couldn't bear to do anything less than everything for this puppy.

The surgery was stressful. The recovery more so. Through the night we had pyrexia and tachycardia, we had regurgitation and diarrhoea, we had drugs for nausea, antibiotics, drugs for pain, glucose, drugs for reperfusion injury. All of this was relayed to me at home by the night nurse who knew how hard it had been to tear myself away and go home, knowing that when the owner had visited shortly after surgery her parting words to me had been, "please, you can't let him die now."

He didn't die. indeed, I not only sent him home 4 days later, (still inappetant but more lively, still scrawny but showing an interest in life and with pink gums and wounds healing well) I also had the pleasure of giving him his first vaccinations this week. The owner is ecstatic. She has not a second of doubt that he is worth every penny, and to see him run around my consult table, chew my fingers (and apparently eat everything he can at home) I have no doubt either that it was a life worth saving and a corner worth fighting for a payment plan. Cases like that are what get out of bed in the morning, where you actually had the chance to save the life of a wonderful pet, owned by wonderful people. And if you told me there was a job that gave you more satisfaction than that I would call you out for a liar.
Appendix 3. Sample text analysis.

Main Line Story Event: What is the experience?

- What are meaningful events to newly qualified vets?

First cases

- My first real case was on my second day after being told I would be eased into practice…
- My very first consult was a vaccine consult, but noted on exam that there was some mild hair loss around the lumbar spine. Lots of grooming that spot at home.
- Painful on palpation. Suspected some hyperesthesia.
- Owner wasn’t too bothered and didn’t want to pursue any work up.
- My first real case was on my second day after being told I would be eased into practice…
- My first proper case is a 2 year old Springer Spaniel with enlarged left sub-mandibular lymph node but no other clinical signs. FNA followed by biopsy, awaiting results at the moment but possibly sterile lymphadenitis. Although I didn’t do the biopsy the other vets have kept me involved and I have been discussing results etc with owner so do feel like it is ‘my case’.

Positive tone – “although I didn’t do the biopsy… the other vets have kept me involved” I have

- Postnatal care is a very good opportunity for growth.

Return to normal

- I can completely identify with your comments of the to-and-fro-ing between client and vet who actually knows what they are talking about!
- Having to pop out to check with senior vet, then back to discuss plan with owner, then back to vet etc etc doesn’t really fit into a 15min slot!
other day for 6 weeks now, I radiographed the limb last week as the lameness grade was worsening and the granulation tissue wasn't quite filling the defect and there was a 5cm sequestrum which I then removed with my boss. She seems to be doing well and thinking of skin grafting once we have a healthy bed of granulation tissue.

Tone = positive. A successful case despite lots of statements suggesting otherwise (hysterics, panic, frantic, not prepared, lameness worsening).
Story told with a mixture of dramatic emotions and challenging case details.
Players = author (vet as treater but also unprepared educationally), horse (severely injured), “yard” (panicked), boss (helped). Also clinical details.

The tone is positive when the vets can perform diagnostics and treatments, but flat when they can’t. In CJ and EK narratives the focus is on clinical details; interestingly in VI’s narrative it is the link with the client which makes it significant. All demonstrate a clear priority and value placed on treating the patient, and this is well aligned with the messages they receive in their education. A successful and meaningful case is defined by being able to diagnose and treat.

Also positive impact of supportive colleagues: EK works in an isolated role (overnight vet) – there is no mention of support from others in the practice, eg the nurses working with him or those working different shifts.