“I wish I was someone else.” Complexities in identity formation and professional wellbeing in veterinary surgeons.

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Abstract

Background: There is widespread concern surrounding veterinarians' mental health. Upon entering the profession, early career veterinary surgeons encounter colleagues with diverse and conflicting identities, manifesting in their differential prioritisation of definitive clinical treatment, interpersonal interactions, or the commercial success of the practice. In other professions, poor wellbeing arises from confusion between these conflicting identity discourses, as new professionals attempt to identify role models aligned with their own identity beliefs. New veterinarians' wellbeing may thus depend on their negotiation of different identities, as they construct their own sets of professional values and determine the type of veterinarian they wish to become.

Methods: Identity formation was explored narratively using veterinarians' social media stories.

Results: Poor professional wellbeing appeared to arise from identity confusion: failure to consistently commit to either the dominant diagnosis-focused discourse valued by academic role models, or a relational discourse, emphasising working through contextual challenges such as varying client needs. Workplace stress appeared to magnify the dominance of academic priorities in self-identity understanding, worsening identity confusion. Also concerning was the positioning of the client "as enemy", obstructive to veterinarians' identity goals. Social dialogue, intended to provide support during veterinarian-client conflict, potentially reinforced rejection of the client from the veterinary professional identity, strengthening a context-inappropriate, non-relational identity. This worsened identity confusion between the prized "diagnostic identity" and the locally valued relational identity, and was detrimental to wellbeing.

Conclusions: Interventions are required, within veterinary education and postgraduate continuing professional development, that encourage reflection on identity and reinforce the value of relational identity attributes.

Running title: Complexities of veterinary identity

Keywords: Professional identity, narrative inquiry, mental health, veterinary education, reflection.

Introduction

Concerns surrounding veterinarians' mental health are well documented (1,2). The veterinary workplace contains many stressors, with a heavy workload, heightened emotions and high client expectations all proposed as potential contributors (1,3). Early research suggests some veterinarians construct their identity on the basis of overcoming these frequent challenges and experience enhanced wellbeing (4). However, little is understood as to why some such individuals achieve this, some find the workplace aversive but are able to accept it, yet others experience it as a source of significant mental harm. Exploring the nuances of identity formation more deeply may contribute to further understanding of the relationship between identity construction and professional wellbeing.

Mental health represents a complex, multidimensional psychosocial construct, of which identity issues represent one element (5). Identity self-understanding (*I know what is important to me*), and identity-behaviour alignment (*I can remain true to myself in my actions and decisions*) impart a sense of wellbeing that contributes to positive psychological health (6–8). It can therefore be argued that wellbeing will be supported by encouraging veterinary students' self-awareness of their identity values and helping graduates to align their actions with their values, particularly within the complex environment of the clinic. However, beyond this, the interrelationship between identity and wellbeing becomes more complex, with often contradictory messages.

Particularly within the psychology literature, cohesion in one's identity is often positioned as integral to wellbeing (9,10). Within this framework, identity is rooted in one's moral values and beliefs (the understanding of what is personally important), and there is emphasis on the importance of adherence to a consistent set of values and beliefs, regardless of social context (i.e. in whichever environment and group of people the individual finds themselves). A non-coherent or fragmented identity arises when an individual experiences identity confusion (a poor understanding of their own identity priorities), or through the

experience of dissonance, when there is a perceived need to occupy *multiple selves:* aligning identity with different sets of beliefs. For the veterinarian, this may occur when working with variable clients' needs (e.g. financial limitations) or values (e.g. varying prioritisation of animal health). Other authors argue that the pursuit of identity coherence, achieving a consistent identity across all contexts, is futile, and that since identity is constructed through social interaction, an individual's identity will necessarily be in flux, depending on the situation, and the values and behaviours of those with whom the individual is interacting (11).

While an extensive analysis of the contradictions between cohesive and multiple identities is beyond the scope of this paper, it is valuable to consider what this means in terms of conceptualising identity with respect to wellbeing. The availability, to an individual, of multiple identities that are presented in different social situations has been described as inevitable within contemporary society (12). The individual is thus described as infinitely versatile, presenting different versions of self, for example as parent, colleague, manager, employee, son/ daughter (and online), with no negative psychological repercussions. However, counter to this argument is the view that one's identity is defined by one's (consistent) goals and values, which provide grounding and a stabilising sense of wellbeing as the individual moves between different (and often difficult) situations (13). There is a need to tease apart the importance of flexibility and adaptability (so the veterinarian is able to function in different situations without experiencing identity dissonance) from the importance of possessing a consistent set of identity values that impart a moral compass and unvarying sense of what is important (14). It is also important to separate identity understood through one's core beliefs from identity understood through one's external behaviours, which are sometimes assumed to be intrinsically connected (15). For the veterinarian, understanding the relationship between identity values and external behaviours is important for reasoning identity-dissonant behaviours and preventing moral distress associated with these (such as the act of euthanasia when one's belief systems would advocate for clinical treatment). While an individual may need to temporarily exhibit dissonant behaviours (e.g. to empathise with a client with whom one's values conflict), this is not the same as altering one's

values to align with the situation. In terms of an individual's identity formation, being able to engage with the different identity discourses present in the workplace, consider these reflectively and use them to adapt and evolve professional identity may be considered integral to healthy identity development (7). However, the more chameleonic altering of identity values according to whichever peers are currently closest (in order to gain peer approval and fit into a group) implies a poor understanding of what is personally important and may lead to identity confusion. This complexity has been explored elsewhere in greater detail within the context of the veterinary profession (16).

Professional identity is a specific example of self-identity in the workplace context. It is inherently contextual and social, formed through and enacted within social interactions in the veterinary workplace. Professional identity formation occurs through the process of joining a new community, whose members demonstrate group values and behaviours (both at the level of the profession, and within the more immediate group, for example the culture of the veterinary practice). This social element of professional identity means that identity cohesion, as well as a sense of belonging and social acceptance, require the individual's identity priorities to become continuous with what is valued within the new group (17). Without this coherent sense of *self in context*, identity dissonance may arise from misalignment between self-identity and group identity, for example when role models conflict with new graduates' professional ideals (18).

On entering work, professional identity formation will transition from an understanding of professional priorities and goals formed as a student, to a re-shaped version influenced by the norms, challenges, behaviours and expectations of the workplace. This transition occurs at multiple identity levels (19), each of which may result in troubling confusion. Identity understood through practice (the work that is performed) may differ from that anticipated, as the university-emphasised scientific model of disease presentation, diagnosis and treatment contrasts with the reality of patient ambiguity and clinical uncertainty (20). Identity understood at the level of personal values may also become confused, as the graduate tries to make sense of

122 the heterogeneous set of sometimes conflicting priorities and values that are held by different
123 members of the profession, with members differently prioritising clinical expertise,
124 interpersonal relationships or the commercial stability of the practice (21,22). At the
125 organisation or profession level, the assumed sense of status and heightened self-esteem that
126 comes from joining a long-aspired-to professional group may be elusive, paradoxically
127 increasing stress and anxiety (11). As identified in other professions (19), the sense that being a
128 veterinarian is an important part of self-identification is notable (23), but this may exacerbate
129 the negative psychological consequences of career distress or un-met professional ideals.
130
131 As professional identity is explored and re-shaped in response to these multi-layered
132 influences, interactions with clients appear to be particularly powerful, with the veterinarian's
133 role and personal sense of success being moulded by these (20,24). Social interaction influences
134 identity not only through the incorporation of role models' values (25), but also through the way
135 the individual is seen by others (in effect, the *way I see myself* will be informed by *the way*
136 *others see me*) (11). Veterinarians have spoken of their need not only to achieve their own high-
137 reaching goals, but also to obtain approval from their clients (20). Clients' perceptions of the
138 veterinarian are thus influential in their identity construction, but at the same time, client
139 expectations represent a significant source of stress (3). The positioning of the client with
140 respect to the veterinarians' evolving self-understanding therefore appears crucial, and merits
141 consideration alongside the influences of university teaching and professional role models.
142
143 The formation of professional identity from a naïve student identity is therefore
144 complex, occurring at multiple levels through interactions with diverse others, frequently in
145 difficult situations. An elongated, staged process might therefore be expected. The stresses of
146 the workplace environment, which include clients' differing needs and values, means the
147 graduate may initially find it simpler to occupy multiple selves, not only in work and out of
148 work contexts (to dissociate their enforced work behaviours from their idealised professional
149 self), but also when interacting within different work spheres (for example the identity

150 presented to managers, nurses and different clients) (26,27). Such a strategy arguably simplifies
151 identity work, with the individual adopting a set of values that allows them to work most
152 effectively with whichever clients or colleagues they are temporarily working. Described as
153 identity compartmentalisation (26), this represented a coping strategy for managing the
154 complexity of early healthcare careers in previous studies, manifesting as an early focus on
155 technical competence rather than on caring and empathy (27,28). Prior notions of the
156 professional self (e.g. the doctor they aspired to be) were temporarily relinquished when
157 working in certain contexts.
158
159 It could be argued that the ability to compartmentalise one's identity may confer
160 wellbeing benefits, such as being able to distance one's idealised sense of self from that enacted
161 in a stressful workplace (in effect, being a *different person* in and out of work). However, for
162 many veterinarians, self-identity is inextricable from professional identity (23). This may, of
163 course, contribute to the mental health issues within the profession, however the close
164 association between individuals' sense of self as a veterinarian and as a person means that the
165 identity fragmentation arising from a compartmentalised identity may have negative
166 consequences for professional and personal wellbeing. Nystrom's model of identity
167 compartmentalisation progressing to integration may therefore be preferable, whereby the
168 individual constructs a personal set of identity values that they are able to consistently integrate
169 across all contexts (26).
170
171 Early attempts to articulate the veterinary identity suggest different discourses exist,
172 notably the contrast between an academic identity, focused on definitive diagnosis and
173 treatment, and a more relational identity, emphasising individualised problem-solving according
174 to clients' varying needs (24). Individuals' career satisfaction and resilience appeared to depend
175 on their identification with an identity discourse that could be enacted within their work
176 environment, with enhanced wellbeing in general practice being found in those demonstrating a
177 more relational identity (24). This current analysis aimed to explore the relationship between

identity formation and wellbeing more deeply, by focusing on two individuals whose poor emotional health appeared to contradict the conclusions of this earlier study. The analysis explores the extent to which these individuals' wellbeing was influenced by their identity cohesion: the consistency of their identity self-understanding across different contexts.

Methods

Methodological framework: narrative inquiry

This study represents a continuation of work reported earlier. A narrative inquiry was performed to explore the experience of entering the veterinary profession, using the social media stories of a small group of veterinary graduates (24). Within narrative inquiry, to achieve depth in understanding, an important analytical step is narrative reconstruction: the rewriting of participants' experiences by the researcher (29). The required narrative writing is an iterative process, and is often used to further explore tensions identified during initial text analysis (30). In this current study, narrative reconstruction was used to explore identity tension and paradox identified in initial text analysis, particularly where individuals' poor professional wellbeing could not be explained using the identity conclusions drawn for the wider research participants.

Frequently used in identity research (31–33) narrative reconstruction represents an interpretivist, constructivist methodology and the identity interpretations are thus inevitably influenced by the researcher. Although potentially introducing researcher bias, the researcher being from the same field as the participants is positioned as a strength: the experiences being analysed are familiar, and the researcher's insight into these will enhance analytical and interpretive depth (29,34). The use of "member checking" is sometimes advocated so participants can verify researcher interpretations (35). However, this carries the assumption that participants' interpretations of their own identity will be more valid than those of the researcher, which is not universally accepted (36). Although it could be argued that the researcher may enforce an inauthentic identity construction upon the participants, member checking was not

used in this research. Instead it was assumed that the researcher's understanding of identity and extended experience within the veterinary profession would confer interpretations that would be at least as valid (if not more so) than the participants' own.

Stories have been used in research according to a number of methods, however not all of these achieve the analytical depth of narrative inquiry (37,38). Narrative reconstruction was therefore performed according to Connelly and Clandinin's principles, designating narrative as both "*phenomenon and method*" (29). "Narrative as phenomenon" described the data source (the participants' experiences and Facebook stories). "Narrative as method" described the experiential nature of the Facebook group, a process of "[*coming] into relation with participants… [as] we intentionally put our lives alongside an other's life… we become part of participants' lives and they part of ours"* (39). Classically achieved by the researcher working alongside the participants (34), this approach to narrative inquiry was not deemed possible for this research, due to the wide geographical distribution of veterinary graduates. Instead, the entry into participants' lives was achieved as completely as possible through the establishing of a virtual social media space for story-telling. Efforts were made to generate a non-hierarchal, collaborative, shared space for discussion, for example through the researcher acting as a participant and contributing their own stories of experience, the participants being empowered to direct the narrative through the un-prompted telling of their stories, and participants' freedom to recruit peers into the group.

Narrative also described the approach taken to narrative reconstruction: the three narrative inquiry commonplaces: (temporality, sociality and place) (38,40) were used to create story subheadings; from these, participant narratives were reconstructed using Mishler's description of narrative analysis (34). In this framework, the iterative process of narrative reconstruction involved repeat cycles of describing the tensions identified during earlier analytical stages, and then positioning these in the context of wider literature and professional

discourse. The final storied output corresponded to the re-storied narratives that have been described previously (32,41,42), and it is this which forms the Results section of this paper.

Identifying identity: a conceptual framework

To make interpretations about identity construction, identity was understood according to Ricoeur's principle of narrative identity and Marcia's identity statuses (43,44). Narrative identity describes the assumption that when an individual retells a story of their experience, they will emphasise those elements that are most personally meaningful, either because they align with one's identity priorities, or because the events told are in direct conflict with these (43).

Marcia's framework describes four different ways (*statuses*) that an individual's identity is self-understood. Individuals may develop a clear understanding of their own identity priorities through a process of engaging and empathising with alternatives. Such individuals, described as demonstrating identity *achievement,* tend to exhibit high levels of wellbeing, and are untroubled by others possessing conflicting values (7). Others may develop a clear understanding of their own identity, but without engaging meaningfully with alternatives. Their identity is then *foreclosed* by a strong role model or other social influence; such individuals find it difficult to empathise when others possess different values. A third variant experience identity *diffusion*: such individuals have no attachment to personally meaningful identity elements and mould themselves according to the values of their current social group: they prize the experience of social cohesion over retaining personal values. Lastly, some individuals experience a status described by Marcia as being in identity *moratorium*. Like those with a well-developed identity, these individuals engage in understanding multiple identity discourses. However, unlike those individuals with an achieved sense of self-identity, a state of moratorium describes the distressing experience of being unable to define a consistent set of personal values with which to self-identify. Identity confusion and high levels of anxiety result (7).

The earlier, preliminary stages of narrative analysis of participants' stories had revealed two distinct discourses. A "diagnosis-focused" identity described individuals who appreciated career satisfaction only when achieving a definitive diagnosis and successful treatment. A "challenge-focused" identity was more relational in nature. These individuals were able to appreciate a sense of success from helping to design individualised solutions for clients, even if this compromised the veterinarian's ability to come to a certain diagnosis or apply the most effective treatment (24). Career frustration was evident in those with a diagnosis-focused identity when contextual elements (particularly conflicting client needs and values) obstructed extensive diagnostics and treatments. This dualistic conceptualisation of early career identity was likely an over-simplification of the relationship between identity and wellbeing, and additional tensions, unattributable to contextual obstruction of identity goals, were evident on further analysis of certain participant's stories. The narratives of two particular graduates (referred to using the pseudonyms Jane and Karl) were identified as being of particular interest.

These two participants were selected because they demonstrated frequent distress and poor emotional wellbeing, yet (at times) they both engaged with the relational, challenge-focused identity that had previously been associated with greater satisfaction and resilience to workplace challenges. They thus failed to closely fit the conclusions made at the end of initial text analysis, as well as demonstrating (at different times) engagement with both relational and diagnosis-oriented identity discourses. A lack of identity cohesion was therefore considered as a possibility for both participants. Their narratives were analysed further, using iterative narrative reconstruction, to explore identified contradictions with previous work, and deepen understanding of identity coherence and its impact on wellbeing.

Results

Participant Jane: Distress arising from identity confusion.

Jane's stories suggested frequent engagement with conflicting identity discourses, at different

times emphasising diagnosis-focused and relational priorities. When a relational identity was apparent, Jane demonstrated satisfaction from working through difficult situations with clients, and balancing clients' expectations against the challenges of financial and time pressures. An emphasis was placed on forming positive client relationships, and a sense of satisfaction demonstrated from achieving a human-oriented outcome, despite limited technical expertise:

> *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 had been the same 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'm 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 do know some stuff!*

In contrast, a diagnosis-focused identity was evident when technical competence and successful diagnosis were valued more highly, and Jane became disappointed when these could not be achieved:

> *[One case] in particular was a young puppy with acute renal failure that was unfortunately euthanised… I wonder whether if I had more experience whether I would have advised the owner differently with regards to further investigation etc etc… I sometimes feel we are not as prepared as maybe we could be especially with regards to first opinion stuff.*
>
> *My first proper case [was] a 2 year old Springer Spaniel with enlarged left sub-mandibular lymph node… FNA followed by biopsy… the results of the biopsy didn't give a definitive diagnosis. The owners don't want further investigation so a little frustrating.*

Jane's stories suggested a frequent perception that others better exemplified her idealised professional identity. She valued the attributes of others more than her own: graduates of universities where students spend more time in first opinion practice, specialist veterinary practitioners, first opinion practitioners with more experience, and veterinary nurses. Although

this may simply be interpreted as a lack of confidence in her own skills, or a productive reflection on how others may handle situations differently, analysing these stories as a complete narrative revealed the idealised professional identity to represent an unachievable and artificial construct, combining the prioritised competences of the academic specialist, veterinary nurse, general practitioner, experienced clinician and better prepared new graduate. This construct was clearly not based on a single role model. Instead, it seemed to suggest Jane's appreciation of relational attributes when working through complex situations with clients (particularly in her valuing of veterinary nurses and time spent in general practice), but her inability to eschew the "diagnostic expert" status of the academic specialist.

An understanding of different identity discourses may be beneficial in triggering reflexive engagement in context-informed identity formation. However, Jane was seemingly unable to reject the diagnosis-focused identity, even though she was aware the pursuit of definitive diagnosis and best-prognosis treatment (regardless of client and patient need) was often inappropriate for her employment context. Whichever set of identity values she realised through her actions, she seemed to feel they were persistently inferior to those of an assumed superior other.

Jane was understood as resembling Marcia's moratorium status (7). She valued the attributes of veterinarians working in different spheres of the profession and recognised their differing strengths. However, she was unable to commit to a consistent set of self-priorities that were coherent with her general practice employment context, and this manifested as an ongoing dissatisfaction with self. The assumed superiority of the academic practitioner meant Jane would always value priorities constructed around definitive disease diagnosis and best-evidence treatment, even though she recognised this as inappropriate for her clients. Social validation of relational attributes, located within clients' gratitude and colleagues' feedback, were insufficient to overcome the perception that the diagnosis-focused identity discourse demonstrated by academic role models represented the preferred veterinary identity.

The frustration and career dissatisfaction demonstrated by diagnosis-oriented veterinarians working in a mal-aligned environment was initially attributed to a failure to reflect on context during identity formation (16). However, Jane demonstrated this reflection in her appreciation of relational identity attributes. Instead, persistent identity confusion appeared to originate from the dominance of the academic discourse in professional culture, with "diagnostic expert" persisting as the only way by which a "good vet" could be understood, despite this being in conflict with the positive messages received from clients and colleagues. Persistent identity confusion, preventing satisfaction with self, appeared to represent a significant barrier to Jane's career satisfaction, limiting feelings of professional wellbeing.

Participant Karl: Contextual stress conferring vulnerability to the dominant identity discourse

Early text analysis of Karl's stories suggested a diagnosis-focused set of identity priorities foreclosed by the dominant academic discourse. Known to the researcher as a highly ambitious student, he was initially presumed to have been particularly vulnerable to hidden curriculum influences: assessments, teaching priorities and role models that emphasise diagnosis and treatment. Modelling such an identity would have been socially rewarded through favourable interactions with academic role models. His graduate stories were typified by chronic career dissatisfaction, initially attributed to contextual elements obstructing the alignment of professional actions with academic priorities:

> *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.*
> (Quoted from Armitage-Chan & May 2018b, page 3).

Veterinary students are defined as high-achievers (45) and this initial text analysis raised concerns about the vulnerability of perfectionist-prone students to a dominant discourse

that appeared detrimental to career satisfaction and wellbeing. However, despite Karl's ambitious and high-achieving nature, characterising his identity according to academic priorities had presented a paradox. Karl had been known to the researcher as a student, as he was highly engaged in the more relational elements of the professional studies curriculum. In Facebook "side-stories" (those not told about specific events), Karl repeatedly reaffirmed these beliefs in client-oriented education. His diagnosis-focused identity was therefore puzzling, and all the more so when he told the following story:

> *I was a waiter… that's how I learned to talk to people and a big influence on my client communication today…. I have always been heavily influenced by the human-animal bond, and my personal statement reflected that idea. It was a big talking point during my interview with [2 professors]. That idea was powerful enough for me to undertake a degree in biology so I could apply to veterinary school.*

Like Jane, Karl seemed to aspire towards two conflicting identity discourses, and in his wider narrative demonstrated chronic dissatisfaction and poor professional wellbeing. In Karl's stories however, closer inspection suggested his multiple selves were context dependent. When his stories demonstrated a diagnosis-focused identity and a sense of frustration, these were told in context: the style of writing suggested an emotional re-living of clinical experiences, they were positioned in the clinic and described specific clinical events. In contrast, stories about prioritising relational care were constructed in a more abstract way. They were about general beliefs, or memories of values and priorities held in the past. Rather than being situated in the stress of the clinic (complicated by client interactions, heavy workload and time pressures), they portrayed decontextualized understandings of relational self-priorities. Karl's identity priorities therefore appeared to be constructed on relational care when he was un-stressed by the complexities of the clinic, but on the dominant diagnosis-oriented discourse when he was afflicted by workplace stress. He seemed unaware of this conflict, appearing genuinely frustrated at not being able to emulate academic role models when rejecting relational priorities from his stories.

Karl's narrative construction seemed to suggest that the complexity of the work environment affected his identity coherence: his ability to remain true to his relational-oriented aspirations. Stress and complexity in the clinic have been previously identified as negatively impacting technical, clinical and relational skills (46–49), as well as relational behaviours such as empathy and compassion (50,51). If clinic stress prevents the necessary reflexive practice to negotiate one's identity ideals into the workplace, then this may have forced Karl to demonstrate simpler, diagnosis-oriented aspirations, rather than engage with the more complex skill of balancing patient needs against relational, client-oriented care. Despite the resulting client conflict, and the rejection of personally meaningful relational beliefs, when under stress it was perhaps simpler to self-identify according to the more dominant diagnosis-oriented identity discourse, for which social validation and approval could be sourced from recent university role models and the priorities of the academic curriculum. Distress associated with identity dissonance would be an expected consequence of this chronic identity fragmentation.

To overcome the diagnosis-focused discourse would require a complex process of negotiating personal beliefs into a professional culture where these were neither explicitly emphasised by academic role models, nor highlighted in the curriculum. It would not be surprising if the necessary reflection for this process was challenged by clinic stress. The achievement of identity coherence was therefore disturbed, as the contextual stress of variable client needs prevented Karl from reflecting on his identity priorities in context. Karl demonstrated an ability to reflect on his self-identity priorities out-of-context, but it is reflection on contextual self that is necessary for the more challenging process of negotiating the coherent self into a complex environment. Subversion of relational identity aspirations in favour of diagnostic priorities occurred as a result.

The "client as enemy": Social validation and commitment to undesirable identity beliefs

Karl's and Jane's stories demonstrated how the power of the hidden curriculum (role models and curricular priorities) elevate the positioning of a dominant identity discourse that is non-coherent with the general practice employment context. These social identity influences exert a powerful effect on personal identity aspirations, resulting in an identity that is socially constructed, rather than representing a balanced negotiation of psycho (self) and social considerations. Social elevation of a context-inappropriate identity was also identified when the positioning of the client in participants' stories was explored more deeply. In multiple stories the client was portrayed not only as a frustrating obstacle to achieving academically-oriented ideals, but also as possessing values that were in direct conflict to those of the veterinarians. The client was repeatedly understood as someone whose needs were devalued in comparison to the veterinarians' priorities and challenges, and represented an ongoing source of dissatisfaction:

> *If I hear "why should my animal have to suffer if I can't afford to pay the vet bill" one more time… Some people and their sense of entitlement.*

> *When I first started we had a client in shouting at the vet being very abusive that he was just going to let her cat die because she was on benefits. No, she had been given options but none of them involved it being free! This lady also had 3 other cats all unvaccinated not neutered and constantly breeding! Pets are not a God given right, and yes medical treatment costs money!!*

Contextualising this observation within the veterinary media revealed a pervasive *client as enemy* rhetoric. Traditional and social media articles within the public domain frequently depicted clients as failing to understand the needs of the veterinarian, even attributing veterinarians' suicide to their treatment by clients:

> *Client demands can be trying, too… many exert unfair pressure. People expect miracle workers… Society has become so used to immediate service and instant gratification, but we can't always give that. Vets are also pushed to perform their services at no cost. 'Sometimes people get mad if they can't pay… They say if you*

loved animals, you'd do it for free.'… [This vet] has seen her fair share of nasty online comments and worries about the effects of cyberbullying [on vets].

Taken from the Santa Barbara Independent, March 2018, after the suicides of two young veterinarians in the area. Available at: https://www.independent.com/news/2018/mar/08/veterinarian-suicides-reflect-quiet-professional-c/

Marcia's status of identity diffusion describes individuals who are particularly vulnerable to social identity influences and tend to adopt the belief systems of peers. Identity becomes wholly socially constructed, with positive wellbeing and self-esteem arising from being a member of a group who share values and opinions. However, within this model there is also a risk of detrimental *group think,* if deleterious beliefs are reinforced. This appeared to be particularly relevant when applied to the veterinarians' positioning of the client.

Like diagnosis-oriented priorities, *client as enemy* represented another dominant identity discourse that was frequently validated within professional culture. The extent to which this discourse negatively influences psychological health may depend on individuals' self-identity understanding. It may represent a transient frustration in those who otherwise construct a sense of satisfaction from forming positive client relationships, particularly in challenging contexts. However, in those individuals whose self-identity understanding is more vulnerable to social influences, this *client as enemy* message may persist as an ongoing rejection of relational priorities from identity construction. This was particularly concerning in view of the earlier observation that those identifying with more relational attributes experienced higher levels of career satisfaction and markers of mental wellbeing (24). The temporary feeling of wellbeing experienced when peers validate the view of "client as enemy" is then arguably outweighed by the risks of long term poor professional wellbeing arising from chronic client conflict.

Discussion

Analysing the narratives of two individuals provided a depth of inquiry into identity confusion and incoherence that was not evident when the research participants were considered as a group. Karl and Jane seemingly existed in a state of confusion between a socially-elevated diagnosis-oriented identity, and a more locally and personally valued set of relational beliefs. Karl seemed to place high value on relational attributes but failed to consistently maintain this sense of his identity when experiencing clinic pressures. Jane recognised she was providing a valuable service to her clients when acting according to relational identity attributes, but she was unable to reject the diagnosis-focused identity that was emphasised in her education. In both cases, this led to a persisting, context-inappropriate, diagnosis-oriented identity, and dissatisfaction with self that extended beyond appropriate self-critique.

The dominance of the diagnosis-oriented identity has been identified previously within veterinary professional culture (4,20,52,53). This dominant discourse is reinforced by hidden curriculum influences similar to those identified in medicine: teaching and assessment that emphasise single best approaches to clinical reasoning and neglect alternate, client- (or patient-) focused adaptations (54,55). Its survival in veterinary culture is despite efforts to re-orient veterinary education towards more client-focused competences (56–60). The negative wellbeing implications of rejecting a more relational professional identity are unsurprising; positive social interactions are key to wellness and flourishing (61). While these could temporarily be sourced from colleagues who share a common "client as enemy" identity, responding in this way to client conflict prevents the more complex process of informing identity through reflexive engagement with conflicting client needs. This positioning of the client "as enemy" thus not only prevents the beneficial consequences of positive client relationships, which can provide significant career satisfaction; as shown in Jane's and Karl's stories, the dominance of this discourse meant it overpowered client-oriented identity aspirations.

Karl's narrative of identity formation followed the process described in early career nurses (28) and doctors (27) who experienced identity confusion when they encountered

conflicting carer and expert identity discourses. Adopting a simpler, fragmented, student-like identity, focusing on learning diagnosis and treatment, provided a temporary means of coping with the new professional environment. Despite this coping mechanism, the nursing and medical graduates became frustrated with actions that were dissonant to their priorities until they were able to construct a coherent self-identity that incorporated both carer and diagnostic expert. This process of identity cohesion was achieved through reflection on their own self-priorities and how to negotiate these into the professional environment. It was also dependent on local (rather than cultural) validation, obtained from carefully selected colleagues who role modelled the more elusive attributes of carer as well as diagnostician. It is unknown whether Jane and Karl will eventually achieve this identity cohesion, but this was not evident within the research period. The ability to re-shape identity to form a context-informed version of self may underpin the observation that some veterinarians thrive despite encountering the same contextual stressors as those who experience poor mental health (62).

This interrelationship of personally valued identity and social influences, and the reflective practice and social validation required to bring these together, represents the psychosocial process of identity formation shown in Figure 1. An individual's pre-contextualised (naïve) identity, built on personal aspirations, becomes confused when a critical incident is encountered, such as tension between self-identity priorities and the needs of the workplace. Reflection on identity and its relevance to the work environment can lead to a re-shaped, context-informed version of self. This represents Erikson's model of self-reconstruction after a period of identity crisis (63). We had previously assumed that failure to re-shape identity in this way was a result of inadequate reflection (16). However, Jane and Karl demonstrated reflection on contextual needs, but their context-relevant identity seemed to represent a stage of identity fragility, with local social validation being inadequate to overcome the more dominant diagnosis-oriented discourse. The fragile identity was hence rejected.

Figure 1 highlights where interventions may support the formation of a cohesive professional identity and promote wellbeing. Reflection on self-priorities in the context of wider workplace needs, as well as social validation of relational attributes, need to be sufficient to overcome the power of the dominant diagnosis-oriented discourse. It is the complex process of integrating diagnostic- and relational discourses that is the aim of this process; the earlier study (24), as well as those in nurses and doctors, demonstrate that wellbeing is achieved through identity coherence (successful integration of diagnostic and relational priorities), rather than through identity fragmentation (rejecting one or other discourse).

Reflection is increasingly being incorporated into professional education, but *reflexive* practice (reflection on self and its relevance to context), and the incorporation of identity and engagement with multiple perspectives, require higher levels of reflective competence than analysis of skills and behaviours (64). Educational approaches that validate multiple alternate ways of doing (or being) are needed to support this level of reflection; there is little point engaging in the identity motivations for one's actions if only a single action is regarded as correct. This higher-level approach to reflection is developmental and requires scaffolding and ongoing engagement on behalf of student and educator.

The explanation of why some veterinarians are able to thrive in the veterinary workplace while others are not remains challenging. Individuals' capabilities for reflective practice and their propensity for being able to reconstruct their identity according to context-relevant relational cues may be a factor. There may also be differences in individuals' vulnerability to dominant social influences. A persistence of diagnostic-oriented ideals (whether consistent or context-dependent) may reflect particular vulnerability to the effects of the hidden curriculum, for example highly ambitious students who strategize this as a way to achieve high grades or favourable recommendations from clinical faculty. Rejection of the client during professional identity formation may also reflect enhanced susceptibility to the social norms of professional peers (who may habitually discuss clients in a *them and us* manner), perhaps

because of a lack of confidence in one's different and personally-constructed values. Empathizing with clients is often challenging, due to the complexities of human interaction when at least one party is very upset (due to the impending loss of a pet) or highly stressed (due to finances or the logistics of caring for an unwell animal). Rather than engage reflectively with this challenge, the dominant voice of the professional group may make it simpler to align with peers than with clients, rejecting the client from professional identity construction.

To overcome graduates' vulnerability to these social influences, social validation of relational attributes alongside clinical expertise needs to be provided through role modelling by university faculty, appropriate attention in teaching and assessment, and within workplace learning opportunities (65,66). Case discussions (both in the clinic and in the classroom) need to focus on examples in which client-oriented adaptations have been made, rather than exclusively selecting those with complete diagnostic evaluations and successful treatments. The way the client is discussed also merits attention. Social validation of a relational identity may be enhanced through dialogue, within veterinary practices and online, that emphasises client empathy rather than conflict. This needs to be reinforced not only within the experiences of veterinary students, but also in continuing professional development, such as within the Certificate in Advanced Veterinary Practice. Social validation of a relational-oriented identity therefore needs to occur at all levels of the profession in order to reorient professional culture away from the unique prizing of diagnosis-oriented goals.

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Figure 1: Professional identity formation

Legend:

Professional identity formation represents a psychosocial transition from student (pre-context) self to context-relevant professional. When experiencing identity conflict, reflection on personal values and how they are negotiated alongside workplace needs results in an emerging fragile context-relevant identity. Social validation is necessary to support development towards a coherent, consistently-held re-shaped identity. Non-reflection on critical incidents, or inadequate social validation, may result in reversion to the naïve sense of self, which is constructed upon the dominant diagnosis-focused identity discourse (solid lines). Reflection without adequate social validation seemed in this study to result in persistent identity confusion (dotted lines).