Professional Identity Development in New Graduate Veterinarians

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Authorship and access statements

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person or material that to a substantial extent has been accepted for the award of any other degree or diploma at Charles Sturt University or any other educational institution, except where due acknowledgment is made in the thesis. Any contribution made to the research by colleagues with whom I have worked at Charles Sturt University or elsewhere during my candidature is fully acknowledged.

I agree that this thesis be accessible for the purpose of study and research in accordance with the normal conditions established by the Executive Director, Division of Library Services or nominee, for the care, loan, and reproduction of theses, subject to confidentiality provisions as approved by the University.

Name         Emma Scholz

Signature

Date            15 July 2018
**Paid editorial assistance**

Paid editorial assistance was obtained from Dr Robert Trevethan with the written approval of my supervisor.

Dr Trevethan’s area of academic specialisation is not similar to my own. Editing of the thesis was limited to formatting, grammar, and style and did not alter or improve the substantive content or conceptual organisation of the thesis. Where advice was provided on matters of structure, exemplars only were given. All final decisions regarding format, grammar, and style, and any inaccuracies in this thesis are mine alone and are not attributable to the copy editor.
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Ethics Approval

Permission to conduct this research was sought from, and granted by, Charles Sturt University’s Human Research Ethics Committee, approval number 2013/040.
Publication and conference presentations

Journal article

Conference presentations


Abstract

The first year of practice after graduation for veterinarians has been described as “make or break”, with new graduates being eligible for unrestricted registration, permitted to practise without formal requirements for supervision and to work in widely diverse practice contexts. In the context of a fast-changing contemporary society that combines contested human–animal relations, almost universal access to information at a mouse-click, and accelerated development of advanced technologies, I sought to understand how new graduate veterinarians develop their professional identity during their first year of practice.

I located professional identity in a sociocultural theoretical framework as a phenomenon of professional practice that is developed and made visible through the sayings, doings, and relatings that occur in and about practice. The possibilities for agency for individual practitioners are shaped by the mediating social, cultural, and material preconditions in which the practice is enacted. A blended research design of social constructionist and dialogical narrative approaches enabled me to explore the rich, complex, and dynamic phenomenon of professional identity development. I engaged repeatedly with a group of 11 new graduate veterinarians through multiple in-depth interviews and a period of workplace observation over their first year of practice. In conducting the research, I sought to gain a deep understanding of participants’ practice contexts and their own interpretations of their practice experiences, Furthermore, I explored how participants developed and sustained their identity through holding their own in telling narratives of their experience.

The key contribution of this research is a dynamic, relational, and agentic model of professional identity development that comprises three underpinning dimensions, enabling processes, and a product. The first dimension, practice capability, is a sense of assuredness and responsibility within the social, cultural, and material conditions that comprise practice architectures. The second dimension, an orientation to moral authenticity, represents ongoing alignment of personal values with professional norms and standards. The third dimension, pragmatic professionalism, signifies deliberate, action-oriented, situated practice, and suggests the possibility of future emergence of wise practice. In the model the three dimensions are operationalised through the processes of storytelling and critically reflexive dialogue.
Professional identity is made apparent and intelligible by finding and using the product, professional voice.

The findings of this study point to the importance of explicit awareness of and support for the development of professional identity in new graduate veterinarians and in preparing undergraduates to become practitioners. The model of professional identity development I have created is a resource for use in educational and practice settings to inform development of practices and pedagogies that foster awareness and opportunities for relational, agentic, morally guided dialogue as well as reflection and critique of practice experiences. Areas for further research include exploration of appropriate pedagogies and practices for identity development and further illumination of the social contexts in which veterinary practice is enacted.

This study makes a unique contribution to the scholarly literature in veterinary education. It also adds, more broadly, to the interdisciplinary field of professional practice-based research and professional identity research.
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate</td>
<td>A veterinarian employed within a veterinary clinical environment, but not in a business ownership role.</td>
</tr>
<tr>
<td>New graduate</td>
<td>A veterinarian, generally held to be within 1 year of graduating from veterinary university and becoming eligible for veterinary registration. Registration is unrestricted, with no formal requirement for supervision or further qualification.</td>
</tr>
<tr>
<td>Veterinary intern</td>
<td>Veterinary internships may be offered by universities, or by privately owned specialist clinics. There is no formal definition of the work conditions or outcomes to be expected from a veterinary internship. Interns are fully qualified veterinarians, but they may carry little formal case responsibility, working instead under the direction of senior clinicians. There is no formal definition of the work conditions and expected outcomes of an internship may be a recognised qualification or less tangible professional benefits such as a reference from an esteemed supervisor or professional contacts that may open up the possibility of a pathway toward specialisation.</td>
</tr>
<tr>
<td>Veterinary nurse</td>
<td>There are no formal restrictions on the use of the term <em>veterinary nurse</em> in Australia. Veterinary nurses may possess vocational education qualifications or may have no formal qualifications at all. Veterinary nurses may combine reception and nursing duties.</td>
</tr>
</tbody>
</table>
CHAPTER 1

Introduction to the Research and Its Context

The interdependence of veterinarians and the professional context in which they engage with their practice is integral to this research. This introductory chapter grounds my thesis in its context. The genesis of the research in my own personal professional experience as a new graduate veterinarian is synthesised with literature that identifies the new graduate period as developmentally significant. I contextualise the research at different levels, beginning by characterising contemporary societal conditions and then focusing on veterinary practice specifically, exploring issues that impact on veterinarians in general, and new graduate veterinarians in particular. I make the case that there is a gap in our understanding of new graduate veterinarians and their development and that professional identity is an appropriate lens through which to explore that gap. I present the questions that guided the research and conclude with an overview of the research approach and a guide to the structure of the thesis.

1.1 Rationale for the research

This thesis is an exploration of professional identity development in veterinarians during their first year of veterinary practice employment, a period that represents a steep learning curve that occurs outside the formal educational setting. When I made the move from clinical veterinary practice into educating undergraduate veterinary students, it was almost two decades since I had been a new graduate veterinarian, but that experience remained vivid for me. As a newly graduated veterinarian in 1993, I found myself astonished and taken aback at my lack of preparedness for the enormous change that had occurred. Suddenly, I was “a veterinarian” when I had, just weeks earlier, been “a veterinary student.” During my years in clinical veterinary practice, I retained a clear memory of that shock and my gradual and painful realisation that graduation was not the finishing post I had expected but instead was only a milestone. Two decades after my own graduation, when the university close to my family farm opened a veterinary school in 2004, I began to seriously consider becoming a veterinary
educator. When I began teaching veterinary undergraduates, I became a dweller in two worlds as an academic with a background in general practice. One of my strongest motivations was, and remains, a desire to see new graduates better prepared than I was for embarking on their career in veterinary practice.

Professional and scholarly interest in the first year graduate emerged during and beyond the 1990s with the publication of findings from a longitudinal study by a respected Australian veterinary educator, Trevor Heath (2000, 2005a, 2007b, 2008). Heath identified the first year of veterinary practice as a period of immense challenge with long-term career and personal consequences. He further suggested that there had been a significant change in how new graduates experienced their initial period following graduation between the middle to the end of the twentieth century.

Veterinarians who graduated in the 1950s and 1960s felt little stress and considerable satisfaction, despite the hard work, the poor facilities, and their own limitations. The reason: these were the conditions they expected when they signed up—it was what veterinarians did, they were veterinarians, and therefore this was what they did. (Heath, 2006, p. 149)

In the contemporary developed world, it would be quite unusual for a new graduate veterinarian to work as a sole practitioner, but as late as the middle of the 20th century many veterinary graduates did commence working as sole practitioners, with no access to collegial support at all, either moving into a town with no existing veterinary services or being employed by a dairy cooperative to meet the veterinary needs of the cooperative members (Malmo, 2011). Nonetheless, reflections by some of that cohort on their initial career experiences some decades later were expressed in strongly positive terms. Heath identified graduates of the late 1980s and early 1990s as the group who found their initial career experiences most stressful (Heath, 2005b). I was one of that group; my classmates and I lived experiences similar to those reported by Heath’s cohort. Since Heath’s work appeared, further research has supported his assertion of the importance of that first year, with other authors going so far as to describe the year as “make or break” (Gilling & Parkinson, 2009). Institutions such as professional associations, universities, and registering bodies have made ongoing efforts in their various domains to address the variability of the experience for new graduates and their employers. These efforts have included new graduate seminars, mentoring schemes, and a lecture-free university final year. Nevertheless, the first year continues to be challenging.
The first year of veterinary practice is dense with changes and firsts, with beginnings, cycles, and endings. It is punctuated by events and milestones that are not necessarily evenly spaced, commencing with the sudden transformation from veterinary student to fully registered new graduate veterinarian. The complex, fast-paced practice setting, with its multiple demands, its emergencies, its clients and animals, and its colleagues and their human frailties, combine to present complex challenges in diverse and unpredictable ways. Meeting the challenges of professional practice, taking on responsibility, making and enacting decisions about ill-structured problems in conditions of partial information, are all matters for wholehearted engagement with issues beyond the purely technical, including professional ethics, economic interest, duty to people and animals, and shared ideas about standards. They are, in fact, issues of professional identity, about individual and shared meanings about what it is to be a veterinarian, and to do as a veterinarian does.

1.2 Introducing the research context: Veterinary practice in a changing world

In contextualising this research study, I focused primarily on the veterinary profession and veterinary education within Australia, the setting for the research. There are, however, marked similarities with models of veterinary education and veterinary practice in the United Kingdom and other countries with a British colonial history. Indeed, the Australian veterinary schools’ accreditation standards still include the Royal College of Veterinary Surgeons’ list of graduate Day One Competences (Australasian Veterinary Boards Council, 2016). The impact of globalisation as a cultural force that impacts on daily life at all levels from the personal to the societal (Giddens, 1999) means that international perspectives and influences are pervasive today within the veterinary profession, the community more broadly, and even within the experiences of the participants in this study, all of whom were located within Australia for the entirety of their first year after graduation. Such international perspectives refer primarily to the developed world, and particularly the English-speaking world. I set the scene, therefore, in the context of the Australian veterinary profession, but also draw on international perspectives and resources. The study, therefore, is of relevance and interest beyond the Australian setting.

1.2.1 Scoping veterinary practice

Veterinary practice is associated with health, welfare, production, and performance in a diverse range of nonhuman animal species. It can occur anywhere humans interface with animals,
being linked with domestication in a wide variety of species for different purposes such as food, fibre, labour, entertainment, and companionship. This means that veterinarians engage with animals individually and collectively as well as with their human owners and custodians. Contemporary veterinary practice encompasses an astonishing diversity of tasks, settings, goals, and purposes. The common companion animal species include dogs, horses, cats, avian birds, fish, and rabbits, but also a widening range such as snakes, lizards, and rats. Horses and dogs may function as performance or companion animals. Food- and fibre-producing animals include cattle, sheep, goats, pigs, and poultry. Veterinarians are called upon to examine and treat native and introduced species of wildlife, most commonly subsequent to an unfortunate encounter with humans and their society.

Most recognisably, veterinarians undertake the investigation, diagnosis, medical and surgical treatment, prevention, and control of disease at the level of individual patient or collective (herd, flock, enterprise) level. Beyond investigation and treatment of disease and injuries in animals, veterinarians pursue other goals that may include maximising profit from commercial animal production or performance in sporting animals while upholding high standards of animal welfare. Veterinarians also have significant roles in dealing with behavioural issues that may be of minimal concern to the animals but unacceptable to their owners and management of reproduction to maximise productivity, encourage development of desired genetic traits, and control populations of unwanted animals. Outside clinical settings, veterinarians are employed in research and teaching in universities or in pharmaceutical and agribusiness industries in research, product development, and marketing. Various levels of government employ veterinarians in roles involved with the design, implementation, and monitoring of biosecurity or food safety measures at a regulatory level for reasons of public health or international trade security.

Currently, the majority of Australian veterinarians practise in privately owned clinical settings (Australian Veterinary Association, 2015). However, such a relatively simple statement belies the complexity that sits behind it, as management of animal health depends on the status and value of the animal, the owner’s wishes and capacity to pay for veterinary care, and the expertise and facilities at hand for the veterinarian. An animal emergency centre in a major metropolitan city is staffed around the clock with veterinarians and nurses, in-house diagnostic laboratory equipment, and imaging facilities. By contrast, the veterinarian on after-hours duty in a clinic in a small rural town may have worked a full day before, and be scheduled
for a full day after, a night on call, have no access to diagnostic laboratory facilities at night, and have no support staff to call on to help with emergency cases. Until the 1990s, legislation required that a veterinary practice be under the ownership of one or more registered veterinarians. In recent years, relaxation of those regulations has seen the emergence of corporate veterinary businesses, with the largest of these Australian entities being listed on the Australian Stock Exchange, owning almost 200 veterinary clinics and employing 650 veterinarians (Greencross Ltd., 2017).

Diverse institutions at national and state levels are involved in governance and leadership for the veterinary profession. Each Australian state and territory has its own legislation governing the conduct of veterinary practice and its own statutory body responsible for the registration of veterinarians, the licensing of veterinary hospitals, and the investigation of complaints. The Australasian Veterinary Boards Council (AVBC) is a supranational organisation comprising membership from the veterinary boards of each Australian state and territory as well as New Zealand. The AVBC is responsible for accreditation of Australian veterinary schools, accreditation of veterinary specialists, and examination of international veterinarians for the purpose of determining eligibility for Australian registration (Craven, 2004; Craven & Strous, 2004).

Graduates from any Australian veterinary school are eligible for registration with the registration body in their state, with accreditation of veterinary schools rendering their qualifications registerable (Australian Veterinary Boards Council, 2016; Craven & Strous, 2004). Each university has its own list of graduate attributes, guided by shared lists of competences developed by accrediting bodies (Collins & Taylor, 2002; Royal College of Veterinary Surgeons, 2014b). There are seven veterinary schools in Australia, with two schools each in New South Wales and Queensland, and one in each of the other states. Table 1.1 contains a list of some key features of each of the Australian veterinary schools.
Table 1.1
Australian Veterinary Schools, 2018

<table>
<thead>
<tr>
<th>University</th>
<th>State</th>
<th>First student intake</th>
<th>Degree conferred</th>
<th>Duration in years</th>
<th>Undergraduate entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Sturt University</td>
<td>NSW</td>
<td>2005</td>
<td>BVet Biol&lt;sup&gt;b&lt;/sup&gt;/BVSc&lt;sup&gt;b&lt;/sup&gt;</td>
<td>6</td>
<td>Y</td>
</tr>
<tr>
<td>James Cook University</td>
<td>Qld</td>
<td>2006</td>
<td>BVSc</td>
<td>5</td>
<td>Y</td>
</tr>
<tr>
<td>Murdoch University</td>
<td>WA</td>
<td>1980</td>
<td>BSc (Vet Biol)&lt;sup&gt;c&lt;/sup&gt;/DVM&lt;sup&gt;d&lt;/sup&gt;</td>
<td>5</td>
<td>Y</td>
</tr>
<tr>
<td>University of Adelaide</td>
<td>SA</td>
<td>2008</td>
<td>DVM</td>
<td>3</td>
<td>N</td>
</tr>
<tr>
<td>University of Melbourne</td>
<td>Vic</td>
<td>1909&lt;sup&gt;e&lt;/sup&gt;</td>
<td>DVM</td>
<td>4</td>
<td>N</td>
</tr>
<tr>
<td>University of Queensland</td>
<td>Qld</td>
<td>1936&lt;sup&gt;f&lt;/sup&gt;</td>
<td>BVSc (Hons)</td>
<td>5</td>
<td>Y</td>
</tr>
<tr>
<td>University of Sydney</td>
<td>NSW</td>
<td>1910</td>
<td>DVM</td>
<td>4</td>
<td>N</td>
</tr>
</tbody>
</table>

<sup>a</sup> Bachelor of Veterinary Biology.  
<sup>b</sup> Bachelor of Veterinary Science.  
<sup>c</sup> Bachelor of Science, Veterinary biology major.  
<sup>d</sup> Doctor of Veterinary Medicine.  
<sup>e</sup> School closed 1928-1964.  
<sup>f</sup> School closed 1942-1945

Globally, the structures and processes of veterinary professional education have been largely modelled on the example of human medical education. Pedagogical and curricular turns and developments in the medical education field, including the temporal separation of preclinical from clinical studies of medicine and surgery within courses, have generally preceded those in the veterinary domain (Caple, 2011; Cooke, Irby, & O’Brien, 2010; Dunlop, 2004; Gardiner & Rhind, 2013). Recent years have seen developments such as a lecture-free final year, introduction of early clinical experience, and integrated pedagogical strategies such as problem-based learning (Abbott, 2009; Baguley, 2006; Schull, Morton, Coleman, & Mills, 2011). Other significant features of veterinary education include a longstanding and strong focus on clinical workplace learning. That clinical education may occur in university-owned teaching hospitals, and also in veterinary workplaces external to the universities, as clinical extramural studies (British Veterinary Association, 2009; Taylor & Barnes, 1998) or distributed models of clinical education (Fuentealba, Mason, & Johnston, 2008; Hashizume, Hecker, Myhre, Bailey, & Lockyer, 2016; Scholz, Trede, & Raidal, 2013).

The Australian Veterinary Association is a national professional association formed in 1921, with membership open to veterinary students and veterinarians eligible for registration in Australia, and associate membership categories for retired or nonpractising veterinarians.
In 2016, the Association reported its total membership to be 9,273, with 6,153 veterinarian members (Australian Veterinary Association Ltd, 2016). In its 2017-2021 strategic plan (Australian Veterinary Association, n.d.), the Association described its purpose as comprising three strands: to support veterinarians, to speak for the veterinary profession, and to strengthen collegiate relationships so that members can support their communities.

1.2.2 Social conditions for professional practice

Contemporary global conditions have been characterised in diverse ways in recent years, all with a common underlying perception of unprecedented change and uncertainty. Such conditions have been explored as liquid modernity, a vivid characterisation of social conditions that captures feelings of uncertainty and ambiguity, with social structures melting and being recast with unprecedented speed (Bauman, 2007). The significant drivers of liquid modernity are held to be intertwined forces of globalisation and individualisation that decouple power from politics and devalue connection, solidarity, and community. The ensuing weakening of social structures and collective responsibility creates conditions of unanchored uncertainty, with the responsibility for risk, error, and failure devolved to individuals. Under such conditions, flexibility is to be valued over steadfastness, and fear and anxiety seem rational responses (Bauman, 2005). Sharing many of the issues and implications of liquid modernity, Barnett described conditions of supercomplexity as they impact on professional university education and professional practice (Barnett, 2000, 2008). Supercomplexity constitutes a qualitative distinction from conditions of complexity. Under complexity, sufficient resources can solve problems that arise, whereas supercomplexity is characterised by competing and incommensurable frameworks for understanding (Barnett, 2000). That means that even if infinite resources were available, problems associated with supercomplexity would not be amenable to resolution. The defining conditions for supercomplexity are described as contestability, challengeability, unpredictability, and uncertainty. Professions, including medicine, have suggested they function in an age of complexity, uncertainty, and reflection (Dornan, McKendree, & Robbé, 2011). Under those conditions, professionalism is challenged by competing discourses of managerialism, entrepreneurialism, and consumerism and there are calls for criticality and creativity in order to retain independence, standards, and an ethical grounding (Barnett, 2008). Whether framed in terms of liquid modernity or of supercomplexity, contemporary social conditions have an impact across society, and professional groups such as veterinarians experience them in particular ways. Veterinarians,
collectively and individually, perceive the impacts of liquid times through their experience of changes that include advances in technologies and knowledge, demographic and political shifts, globalisation of agricultural markets, and environmental and climatic variability. They are shaped by the history and traditions of their own profession as well as the cross currents from other professions and sections of society (Enticott, Lowe, & Wilkinson, 2011). Importantly, they are buffeted by changing human–animal relations in society, with dynamic, variable, and contested human attitudes to, and legal status of, animals.

Debate and discourse about the challenges and opportunities for veterinarians in the present, and projecting to the future can be framed in various ways by different stakeholders. Institutions such as professional associations, registering bodies, and veterinary schools have their own interests to promote and defend. In the following section, I explore some of the contemporary issues with which the veterinary profession is concerned, based on literature and commentary. A comprehensive analysis of the veterinary profession and its concerns are beyond the scope of this thesis, so I focus on specific issues and demonstrate their salience to new graduates and their experience.

1.3 Being veterinarians in conditions of supercomplexity

1.3.1 Professionalisation: An ongoing struggle for position and reward

Although there is a web of connected and contested issues and challenges that can be described as related issues of professionalisation and professionalism, I will confine myself here to a discussion of how an occupational group, in this case veterinarians, comes to see themselves and to be accepted by the community as a profession. Collective and individual self-perceptions, and societal validation, are dimensions of professional identity. I explore veterinary professionalism separately in Chapter 2, as an identity-related, practice-based phenomenon (Mossop, 2012; Mossop & Cobb, 2013).

The emergence of professions in general, and the veterinary profession in particular, can be linked to wider global trends associated with the development of the institutions and structures of modernity, including the development of nation-states, the rise of the rule of law, and the evolution of financial instruments. For those involved with animal health, specific processes of agricultural and economic development, property rights, concerns with public health, and changing legal and cultural status of animals also played a major role (Greene, 2010; Liddon,
Chapter 1 // Introduction to the Research and Its Context

Professionalisation represents the process by which a group comes to recognise itself and be recognised by its community as having some coherence, by means of shared understandings, standards, and responsibilities (Evetts, 2014). Veterinary history, as told from within, can be cast as a steady advance, with inevitable and smooth progress through stages marked by the work of founding fathers—who were, until very recent years, all male—in creating structures and institutions, and in advancing knowledge (Dunlop, 2004; Dunlop & Williams, 1996). Alternative accounts present a struggle for recognition, status, and reward in which powerful countervailing voices, chance events, and human frailties all played their roles (Fisher, 1993; Greene, 2010). Given that some still reject the notion that veterinarians can be described as professionals on the basis that the doctor–patient relationship is incommensurable with those of veterinarians and their patients (Moline, 1986), the story of struggling for professionalisation should not be seen as complete.

Human medicine is cited as a so-called paradigm profession (Moline, 1986), a designation associated with significant benefits for doctors in terms of public status, economic reward, and claims to self-determination and trustworthiness. From that perspective, being a profession appears to be a designation to be pursued and guarded assiduously. Paradoxically, overtly seeking to improve status and reward may be counterproductive for aspiring occupational groups. Making the most of associations and professional relationships with a classic profession such as medicine may be seen as a powerful means for an occupational group to build a case for professionalisation. Veterinarians can point to many of their foundational and pre-clinical sciences and emphasise their clinical medical and surgical activities as exhibiting common ways of knowing and practising with their human medical counterparts (Mossop, 2012). When veterinarians align themselves with doctors, their efforts represent a process of positioning with cultural, political, and economic implications.

One dimension of that positioning relates to the relative remuneration of veterinary practice in comparison with human medicine. Professions and economics are somewhat uncomfortable bedfellows, with one of the features of achieving the status of a profession in the eyes of the community being the expectation that professionals will place their duty to their clients or patients above their own financial interests. On the other hand, there is a reciprocal expectation that professionals will be rewarded for that trust, both financially and in terms of prestige and autonomy. Salaries for veterinary graduates are among the lowest of all professions (QILT, 2018), and they rise relatively slowly thereafter. For professionals, it can be uncomfortable to
discuss and debate tensions between service, bonds of community, scarcity of resources, and economic interests and imperatives. The public has a perception of veterinary fees as being very high, and many people would be surprised to learn that veterinarians are relatively poorly paid. In countries with significant government funding of primary health care and hospitals and solid medical safety nets, people are largely cushioned from the high costs of human health care. Veterinarians perceive a significant mismatch between their clients’ perceptions of high veterinary costs and their own experience of modest financial reward for long hours of often arduous work, expectations of competency across multiple species, and responsibility to provide 24-hour emergency care (Clarke, Knights, & Finch, 2016; Macwhirter, 2002; Vet Futures, 2015).

Although Evetts made a legitimate point in describing attempts to be precise about definitional boundaries of professions as “a time-wasting diversion” (Evetts, 2014, p. 31), there are ramifications for occupational groups in achieving that status in terms of position and reward. When the Australian Veterinary Association nominated economic sustainability of the veterinary profession as one of its five strategic priorities (Australian Veterinary Association, 2016) they tapped into a powerful yet problematic cultural issue within the profession. Pride in being perceived in altruistic and selfless terms competes with emerging beliefs that the ensuing lifestyles may be incompatible with a sustainable and satisfying professional career in contemporary social conditions. The economic tensions alive within the profession are linked in complex ways to ideas about professionalism but also to community understandings of responsibility for animals’ welfare and health in circumstances of changing human–animal relations. There is a tension between community desires for animal welfare to be prioritised and the lack of a social safety net when the user-pays system fails.

1.3.2 Changing human-animal relations

Development of practices associated with animal survival, health, production, and performance follow changes in the conduct of human social life. Utilisation by humans confers a value on animals, whether material, economic, cultural, or emotional, and notions of ownership or stewardship locate responsibility for husbandry tasks (Curth, 2010; Parsonson, 1998). In the contemporary developed world, veterinarians’ responsibilities toward animals are located at the interface of animal welfare science, codified regulatory frameworks, and ethical considerations about responsibilities to other people and the moral status of animals. As a
result, veterinarians go about their daily work in a complex and contested philosophical landscape with concrete implications for their practice (Rollin, 2006; Swabe, 1999; Tannenbaum, 1993).

Mounting empirical evidence of animal sentience and intelligence supports a philosophical view of veterinary ethics as a focus of conflicting interests (Tannenbaum, 1993), with animals and humans each having legitimate interests and moral claims that are not easily balanced. In developed countries like Australia, an increasingly urbanised population with unprecedentedly high standards of living has fuelled an increase in companion animal ownership. At the same time, urban populations are almost entirely unconnected with the livestock industries that produce their food, a phenomenon that has been described as “post-domestication” (Bulliet, 2005), meaning that the majority of the general population have little to no direct experience with, or understanding of, farming practices. The closeness and love that people feel toward their pets supports a discourse that portrays companion animals as part of the family (Crawford & Balzer, 2017; Korsgaard, 2007). There are economic opportunities for veterinarians in harnessing the willingness of companion animal owners to invest in health care for pets, an investment that may extend to costly interventions, preventative health care, and extensive end-of-life care.

At times of pressure, however, there remain significant inconsistencies in people’s behaviour and attitudes toward animals, both individually and at a community level (Serpell, 1996). Bernard Rollin, a prominent animal ethicist has suggested that ethical challenges for veterinarians frequently rest in a choice between two professional practice models (Rollin, 2006). The first is analogous to a motor mechanic, with the veterinarian following a client’s instructions in relation to an animal patient that is viewed as the client’s property. The second option, and the one that Rollin advocated, is the model of the paediatrician, for whom the patients, who may be completely unable to speak for themselves or give informed consent, nonetheless represent the focus of the professional practitioner’s responsibility, and whose interests have primacy over those of their guardians (Rollin, 2006). In spite of the self-evident attractiveness of the paediatrician analogy for veterinarians when compared with that of the mechanic, it offers limited guidance for veterinarians in enacting their practice when situations arise in which animal and human interests are in tension or conflict. Regulations governing veterinary practice and animal management, as well as broader community norms and
expectations, create conditions in which veterinarians are required to balance human and animal interests in specific situations and advise and enact appropriate courses of action.

### 1.3.3 Wellness challenges for veterinarians and veterinary students

A plethora of evidence in recent decades points to serious problems of wellness within the veterinary profession (Cardwell et al., 2013; Halliwell & Hoskin, 2005; Milner, Niven, Page, & LaMontagne, 2015; Ogden, Kinnison, & May, 2012; Tran, Crane, & Phillips, 2014). Rates of mental distress in practising veterinarians have been reported as being significantly higher than in the general population. Mental distress includes measures of anxiety, depression, burnout, suicidal thoughts, and substance abuse (Bartram, Yadegarfar, & Baldwin, 2009; Harling, Strehmel, Schablon, & Nienhaus, 2009; Hatch, Winefield, Christie, & Lievaart, 2011). These findings are mirrored in veterinary students (Cardwell et al., 2013) and new graduate veterinarians (Halliwell et al., 2016). At the extreme end, suicide rates for veterinarians are globally higher than those in the general population, and also higher than in other high-risk professions (Bartram & Baldwin, 2010; Jones-Fairnie, Ferroni, Silburn, & Lawrence, 2008; Milner et al., 2015). Perceived stigma is reported to be a barrier to effective help-seeking for mental health challenges in veterinarians and veterinary students (Bartram & Baldwin, 2010; Cardwell et al., 2013), a finding consistent with evidence from the medical profession (Dyrbye et al., 2015). The perception of stigma is not necessarily irrational in an environment where the concept of “fitness to practise” may be interpreted or operationalised in overly rigid terms as complete freedom from impairment (Royal College of Veterinary Surgeons, 2014a; Snow, Harvey, & Cocking, 2014).

Research findings and personal experience generate a disturbing collective sense of a profession with a crisis of wellness in its learners and its practitioners. Complex relationships between individual characteristics, environmental conditions, stressors, and protective factors mediate wellbeing for students as well as for practising veterinarians (Bartram et al., 2009; Cardwell & Lewis, 2017; Halliwell & Hoskin, 2005; Weston, Gardner, & Yeung, 2017; Williams, Arnold, & Mills, 2005). Commonly cited reasons for distress in veterinary students and veterinarians include interrelated issues such as high workload, fear of failure or error, long and arduous hours of work and the emotional cost of routinely performing euthanasia (Bartram & Baldwin, 2010; Collins & Foote, 2005; Hafen, Reisbig, White, & Rush, 2006, 2008). Further research, however, brings into question the directness of the link between activities such as
performing euthanasia and the rate of veterinarian suicide (Ogden et al., 2012; Tran et al., 2014).

Some ask whether the veterinary profession is attracting and admitting individuals with the appropriate qualities and resilience to cope and thrive despite the demands of becoming and being a veterinarian. Some go as far as to assert personality type to be a better predictor of occupational stress than is environment (Dawson & Thompson, 2017). Identification of perfectionism as a personality trait linked to high levels of psychological distress in practice potentially supports a focus on individuals (Crane, Phillips, & Karin, 2015). Indeed, it was recently asked whether the “demand for extremely high academic performance from medical and veterinary medical students attracts a particular group of driven, perfectionist individuals who are prone to anxiety and depression” (Rhind & Grant, 2017, p. 1). Studies have suggested higher levels of distress, depression, and anxiety in female veterinarians and veterinary students (Fritschi, Morrison, Shirangi, & Day, 2009; Hatch et al., 2011; Shirangi, Fritschi, Holman, & Morrison, 2013). I explore gender in the veterinary profession in the following section but make the point here that the association of gender with increased levels of distress could be interpreted in varying ways. For some, it may be assumed that women experience greater stress than do men within the same environment, while others may interpret these findings as reflecting quite different, gendered experiences for male and female veterinarians (Irvine & Vermilya, 2010).

In a recent editorial in a special edition of the *Journal of Veterinary Medical Education* about veterinary mental health and wellbeing, the question was asked whether it is perhaps time to move on from “studying the rain to studying the umbrella” (Rhind & Grant, 2017, p. 1). The authors suggested that the rain represents the stressors that lead to poor mental health and further asserted that those stressors have been thoroughly characterised. The focus for research could turn instead to the umbrella, representing strategies that support resilience and wellbeing as well as the qualities of resilient individuals. Although there is merit in the image of an umbrella in the rain to create a vivid metaphor, its usefulness is seriously limited by what it fails to include, namely the relational interdependences between individuals and their contexts in veterinary practice. That point was made very clear in a recent publication arising from ethnographic research in veterinary clinics in which the authors identified fragility in the sense of competence, even among experienced veterinarians, linked to persistently strong but unhelpful beliefs about the possibilities for certainty and predictability in their science-based
models of clinical practice (Clarke & Knights, 2018). These veterinarians in turn enacted their portrayal of competence to their clients in ways that underplayed uncertainties. The authors asserted that “the dominant focus on clinical matters and the scientific model renders vets vulnerable and anxiously attached to a perfectionist stance” (Clarke & Knights, 2018, p. 2). The findings of this study represent a sophisticated analysis that avoided locating problems solely in either individuals or their contexts.

There are diverse ideas and documented examples of programs and measures to support wellbeing for veterinarians, representing a focus on the umbrella of the metaphor described in the previous paragraph. These include mentoring programs (Australian Veterinary Association, n.d.) and mindfulness interventions. In the United Kingdom, the Mind Matters Initiative, funded by the Royal College of Veterinary Surgeons is a national organisation that provides training, resources, and events for veterinarians, support staff, and students in diverse strategies for wellbeing and mental health (Royal College of Veterinary Surgeons Mind Matters Initiative, n.d.).

Although limited robust outcomes-based evidence is available when it comes to strategies for supporting wellbeing in veterinarians and veterinary students, there is a place for rich and informative research to explore the intertwinements of people and their practice and educational contexts. Researchers are beginning to uncover deeply held beliefs and expectations among veterinarians about belonging, perfectionism, uncertainty, and error (Cardwell & Lewis, 2017; Clark, 2016; Clarke & Knights, 2018; Kinnison, Guile, & May, 2015; Oxtoby, Ferguson, White, & Mossop, 2015). The need for appropriate support and mentoring, especially for learners and novices, is well accepted, but much more remains to be understood about what constitutes a supportive workplace environment or a veterinary educational environment that supports wellbeing as well as development of capability (May, 2008).

1.3.4 Gender in a “feminising” veterinary profession

The veterinary profession remained numerically male dominated until well into the second half of the twentieth century, but demographic change occurred rapidly and has been a global phenomenon. By the late 1980s, 50% of undergraduate veterinary students were women and they now comprise 80% of veterinary graduates. This change in the gender balance has been
the subject of considerable debate and commentary within the profession. Overt expressions of sexism are no longer acceptable, but a continued undertone of ambivalence can be detected. Commentators and authors of opinion pieces have speculated about whether increasing numbers of women veterinary graduates represent challenges for the profession, linked with difficulties in recruitment outside metropolitan areas, with the relatively low level of remuneration for veterinarians, or with the economic impact of mental health problems (Irvine & Vermilya, 2010; Nicholls, 2014; Smith, 2002, 2006; Smyth, 2014).

In discussing the increased numbers of women in the veterinary profession in Australia and elsewhere, the term “feminisation” has been used (Allen, 2016; Australian Veterinary Association, 2013, p. 5), but it has been suggested that feminisation in the veterinary profession can actually serve to reinforce and perpetuate gendered assumptions and traditional gender roles and position both women and men accordingly (Gherardi & Poggio, 2007; Irvine & Vermilya, 2010). As an example, the commonly espoused strengths of female veterinarians in relational and caring qualities can be positioned as being inimical to qualities required for economic success and career enhancement (Lofstedt, 2003). In spite of the fact that women have contributed at least equally to graduate numbers for around three decades, they continue to be significantly underrepresented in senior and leadership roles (Castro & Armitage-Chan, 2016; Henry & Jackson, 2015; National Australia Bank Ltd, 2009). The presence and extent of a gender pay gap in the veterinary profession has been repeatedly demonstrated, although its existence remains disputed by some (Bamford, 2018; Lincoln, 2010; Smith, 2002; Waters, 2018).

Despite some research exploring gender differences in various phenomena related to veterinary practice (Castro & Armitage-Chan, 2016; Fritschi et al., 2009; Hatch et al., 2011; Heath & Lanyon, 1996; Heath & Niethe, 2001; Mastenbroek et al., 2014; Meehan, 2014; Schull et al., 2011), there remains almost no scholarly literature focused on women’s experience of gender in the context of veterinary education and practice.

1.4 New graduate veterinarians: Omnicompetent or dangerously inept?

Concern with, and interest in, new graduate veterinarians has been a feature of professional commentary and research for some years. On the one hand, there are “demands from employers and from the community that the system is producing graduates that are suitable for
contemporary workplaces” (Craven & Strous, 2004, p. 103). On the other hand, there is the finding that “some graduates emerged from their first year as confident, competent members of the practicing profession. Others lacked that confidence. Many of these had changed jobs after only a few months … For those in the latter group, it was clear that their experiences had been both painful and personally destructive” (Gilling & Parkinson, 2009, p. 214). In the apt words of a recent research study that included a policy analysis of institutional and professional resources relating to veterinary graduates, there is a marked and concerning “dichotomy between viewing newly-qualified vets as being omnicompetent on graduation, set against viewing them as almost dangerously inept and in need of serious supervision” (Perrin, 2016, p. 272). That dichotomy, setting ideas about competence in opposition to vulnerability and risk, forms the background, if sometimes unvoiced, to calls for research involving new graduate veterinarians.

In the first section of this chapter, I presented a quote from Heath (2006), reporting that the veterinary graduates of the 1950s and 1960s experienced “little stress and considerable satisfaction” (p. 149), despite the fact that many of them practised in conditions of extreme isolation. “It was what veterinarians did, they were veterinarians, and therefore this was what they did” (p. 149). Regardless of the potential retrospective distortion provided by reflection on experience after up to half a century, those words represent a strong assertion of professional identity and of a startlingly rugged self-sufficiency. Despite the expectation that there will be support available from senior colleagues, veterinary graduates remain eligible for unrestricted registration with an immediate possibility of unsupervised practice and no requirement for further formal education. Unlike their medical colleagues, there are no further formal compulsory educational milestones. The concept that explicitly guides expectations around new graduates and their preparedness for entry to professional practice is that of competence (van der Vleuten, 1996; van der Vleuten & Schuwirth, 2005), with universities and accrediting and registering bodies embracing a collection of Day one competences (see Appendix A) that are held to represent a standard of entry-level practice that can be expected of veterinary graduates (Royal College of Veterinary Surgeons, 2014b). Competence can be evaluated from the perspectives of diverse stakeholders, including students and graduates (Jaarsma, Dolmans, Scherp nier, & Van Beukelen, 2008), employers (Miller, Hardin, Cowart, & Ellersieck, 2004), accrediting and registering bodies, clients, and educators. Stakeholder perceptions may relate to comparisons between the perceptions of graduates and those of their employers (Bachynsky,
Dale, Kinnison, Gazzard, & Baillie, 2013; Rhind et al., 2011; Schull, Morton, Coleman, & Mills, 2012).

The impact of practice context on how new graduate veterinarians experienced their first year of practice was suggested by the influential longitudinal study by Heath that I introduced in the first section of this chapter, in which two cohorts of students from the University of Queensland veterinary school participated in regular questionnaires beginning with their entry to the veterinary course and extending until 20 years following graduation. Publications relating to new graduates arising from Heath’s longitudinal study began appearing in the veterinary literature in the mid 1990s and extended to include aspects such as career development and gender (Heath, 1998, 2002, 2007a, 2007b; Heath & Lanyon, 1996; Heath, Lanyon, & Lynch-Blosse, 1996; Heath, Lynch-Blosse, & Lanyon, 1996). It is now almost 30 years since Heath’s participants were new graduates, and the veterinary practice world is very different. Nonetheless, his work remains much cited and many of his findings continue to resonate. Even 15 years following their graduation, the impact of highly variable initial career experiences was apparent for his participants.

It was clear … that their first job, especially the level of support and encouragement they received, had played a major role in their attitude to veterinary practice and to their career overall. … Despite a general satisfaction with their original decision to study veterinary science, only about half would do so again. (Heath, 2007b, p. 288)

Heath highlighted support and encouragement as features of a first veterinary position that were highly consequential for development and experience. Institutions such as the Australian Veterinary Boards Council and the Australian Veterinary Association explicitly recommend appropriate support and mentoring for new graduates (Australian Veterinary Association, n.d.; Australian Veterinary Boards Council, 2016). In the Australian higher education context, veterinary schools are tasked to “produce veterinarians who have been trained to work in any sphere of veterinary science — the ‘omni-potential veterinarian’… [although] there is recognition that new graduates need more experience and on the job training before they are fully competent” (Craven, 2004, p. 25). Whether it is possible to define or to experience what it is to be fully competent is open to question and has been challenged by recent research that highlighted the fragility of the sense of competence even in highly experienced veterinarians (Clarke & Knights, 2018). The pace and processes for graduates' introduction to independence
in their practice are almost entirely decided and enacted at the local workplace level, but there is scant information about what constitutes adequate support or appropriate scaffolding toward independence in different practice contexts (Routly, Dobson, Taylor, McKernan, & Turner, 2002). Indeed, in the context of contemporary veterinary practice characterised by increased specialisation, the explosion of research knowledge, and technological advances, the notion of independent practice becomes increasingly problematic. Networking, collaboration, sharing ideas and opinions, and knowing when and how to seek and offer appropriate support have become core practice activities for veterinarians at all levels of experience. Research over recent years has identified experiences in practice for novice veterinarians being highly variable in terms of such factors as support and guidance within the practice team, development of graduates’ confidence in themselves as professional practitioners, management of errors (Mellanby & Herrtage, 2004), and expectations of the graduates’ progression to working with minimal supervision and carrying a full caseload. So marked were these variations, and so influential on the personal and professional future of the novices that the first year after graduation has been described as “make or break” (Gilling & Parkinson, 2009).

Despite clear indications that research exploring mutual interrelationships between new graduate veterinarians and their practice contexts is urgently needed, the dominance of individualistic models of veterinary practice persist. Veterinary educators operate within university contexts where processes and policies are aligned with individual models of practice. One example of an individualistic model of veterinary practice, based on attributes of individual graduates including procedural competence, disciplinary knowledge, communication skills, and self-management, underpinned a phenomenographic study into conceptions of, and approaches to, veterinary practice in new graduates (Matthew, Ellis, & Taylor, 2011). Despite gathering qualitative interview data with new graduate participants, the research approach excluded consideration of the enabling and constraining role of context. When a participant reported that his or her approach to practice was “just show up and get thrown into consults … do my hours, do as little overtime as I can get away with” (p. 175), the quotation is presented as an exemplar of a low quality approach to practice characterised by “reactive strategies that aim to meet minimum professional obligations and employment requirements” (p. 175). Alternative readings or further exploration could point instead to emotional upheaval, professional disillusionment, and incipient burnout, and prompt inquiry about the practice conditions under which that participant was working.
Influential voices have the capacity to frame the dominant discourse and limit the terms of debate, so that other voices are scarcely heard. In Section 1.3, I explored some of the key issues that are of interest to the veterinary profession in contemporary times, including change and contestation in human–animal relations, complexities and challenges of professionalisation, wellbeing, and gender. New graduates are a particular subset of veterinarians, with specific areas of vulnerability, but the issues discussed are pertinent to the veterinary profession more broadly and contribute to the practice settings they encounter and their place in the profession they join.

1.5 Overview of the research

1.5.1 Identifying the gap

In outlining the gap that this research filled, I identified a need for research that deeply explores how development occurs for new graduate veterinarians in the context of the first year of practice. Current professional educational practice and policy is dominated by assessment and endorsement of knowledge, skills, and attitudes. Lists of competences and criterion- and standards-based grading systems may provide necessary guidance for teachers and learners in educational settings, but they are concepts that also foster specific beliefs about equivalence between individuals and about how learning and development are understood and supported. When veterinary students graduate and leave the formal educational setting, institutionally supported structured and processes for development may fall away, but their associated concepts and understandings remain dominant. That dominance can become unhelpful, contributing to confusion about how learning and development might occur in the absence of teachers, assessment, and grades. Exploring developmental phenomena like identity allows inclusion of the situated, unique richness of professional practice experiences and the meaning that individuals make of their veterinary practice experience. It supports a dynamic balance of responsibility for development on individuals and others around them and allows a plurality of goals and paths for development. The resulting broadening of understanding about development offers tools and concepts that are helpful in both educational and professional workplace settings.

Having recognised that the professional workplace context was distinct to the formal educational setting, and that there were some key issues for the profession they are entering, I pointed to a clear and pressing need for research that seriously explored the mutually
interrelated engagement between new graduate veterinarians and their local workplace context as well as with wider professional and societal issues. As with their professional colleagues, new graduates make their way in conditions of supercomplexity, and research was needed that brought individual practitioners and contextual factors into one carefully theorised frame.

I identified a relative absence of research that places new graduate veterinarians themselves at the heart of the research. As the newest members of the profession, they also represent its future and while their voices have not been entirely absent from scholarly research, their contributions had largely been muted and constrained. There was a significant gap in the veterinary scholarly literature relating to how new graduates make their way and make meaning of their experiences in the supercomplex veterinary practice world and I identified that gap as being related to professional identity.

1.5.2 Research goals and questions

The goal of this research was to deeply explore the experiences of new graduate veterinarians in a way that paid due attention both to the diversity of their practice settings and experiences and to the personal meaning they made of their engagement with their practice experiences. My research interest lay in exploring the complex nature of people’s practice experiences and using those understandings to inform practice in and beyond the formal educational setting. I therefore chose to make the development of professional identity in new graduate veterinarians the focus of this research.

The core research question I asked was:

How do new graduate veterinarians develop their professional identity during their first year of practice?

I supported this question with three research subquestions:

- How do new graduate veterinarians interpret their engagement with their practice conditions as being influential in their development as veterinarians?
- How do new graduates develop their self-understandings as veterinarians?
• How do new graduate veterinarians hold their own in telling stories about their practice experiences?

1.5.3 Overview of research approach

The research was located in the interpretive paradigm, underpinned by a social constructionist epistemology in which knowledge is understood as being created through engagement with the social world. Adopting social constructionist epistemological and ontological perspectives further positioned language and discourse as being powerful tools for conferring meaning, and relational processes as providing a conceptual bridge between the individual and the social dimensions of phenomena. I harnessed the meaning-making role of narrative and the socialising influence of the concept of dialogue in designing a blended dialogic narrative research study. The research approach offered opportunities for eliciting rich and layered accounts of experience that paid due attention to new graduate veterinarians’ voices while making visible complex social relationships between people and their professional practice contexts.

Eleven new graduate veterinarians were recruited as participants for the study. Data collection occurred via the techniques of semistructured interviews and workplace observation. The participants were interviewed approximately 2–4 months after they started working. A period of workplace observation was conducted around half way through the year, with a second interview on the same occasion. A final interview took place toward the end of the year.

1.6 Structure of the thesis

This thesis consists of seven chapters. This first chapter has introduced my interest in the experience of new graduate veterinarians as one of the motivations for embarking on this research. In establishing the professional and societal context, I have provided the background to the research and justified the choice of professional identity development in new graduate veterinarians as the research focus.

Chapter 2 provides a detailed and rich theoretical framework for exploring veterinary professional identity that draws most significantly on sociocultural and practice theories. Veterinary professional identity is explored as an inherent dimension of veterinary practice. Professional practice in general, and veterinary practice in particular, are theorised in depth,
underlining the mutual constitution of individuals and the social world through participation in practices and taking into consideration important concepts including knowledge, institutions, ethics, and embodiment. Making meaning of professional practice experiences is highlighted as a crucial dimension of being a veterinarian, and the tools through which people make meaning of their experiences, especially narrative and dialogue, are identified and explored.

Chapter 3 presents the social constructionist epistemological and ontological underpinnings of the research, justifying and explaining the blended dialogic narrative research approach. The conduct of the research is explained, including selection of participants, data collection, and analysis. Ethical considerations and quality criteria for evaluating the conduct and findings of the research are presented.

The findings of the research are presented in Chapters 4, 5, and 6. The first two of these chapters comprise the findings of a thematic data analysis, with Chapter 4 focusing on the development of practice capability and Chapter 5 on the quest to achieve moral authenticity while exercising pragmatic professionalism. Chapter 6 relates to a dialogic analysis process that identified the role of professional voice in making meaning of practice experiences. The data excerpts in Chapter 6 are selected lengthy stories from participant data relating to significant practice experiences.

In Chapter 7, I draw together the research findings and consider them in the context of the theoretical framework and the literature. I answer my research question and present the product of this research, namely the professional voice model for professional identity development, and explain its constituent parts. I identify implications for professional education for practice and directions for further research. I critique the research and conclude by reiterating its significance and novelty.

1.7 Significance and contribution of the research

This research makes a significant contribution to the literature on professional identity development, a topic of current scholarly and professional interest. In social conditions of change, complexity, and uncertainty, engaging in veterinary practice is more than just mobilisation of knowledge accompanied by application of technical and professional skills. The professional voice model offers conceptual tools for planning and enacting developmental
opportunities for veterinary educators in professional university settings. Equally important, the model is grounded in the workplace setting in which veterinary students will ultimately practice as graduates, and so it is relevant to educators, practitioners, and professional institutions in enriching and augmenting understandings of development that continues to occur in and alongside veterinary workplaces.
Locating Professional Identity in a Practice Theory Framework

Having introduced the veterinary setting in which this study is located, I now turn to developing my theoretical framework for professional identity within veterinary practice. I begin by framing veterinary practice in social practice terms and then present professional identity as a phenomenon of that practice. Green (2009a) noted that *practice* is often used as a stop-word, in unreflective ways, and indeed the veterinary literature makes liberal use of the word *practice* in largely colloquial ways with scant theoretical basis. At times, an approach consistent with everyday usage in the veterinary profession is adopted explicitly and deliberately, as when Mossop and Cobb (2013) used *practice* to denote the business or setting in which veterinarians work, as in “the veterinary practice that provides their employment” (p. 224). Matthew and colleagues elaborated a specific conceptualisation that she termed “veterinary professional practice” along 10 dimensions: professional conduct, disciplinary knowledge, procedural competency, problem-solving ability, communication skills, interpersonal relationships; financial acumen, self-management, career management, and lifelong learning (Matthew et al., 2011). Although a useful starting point, such a list is an example of what Kemmis described as a preponderance of conceptions of practice focusing on “what is in the heads of individual practitioners” (Kemmis, 2011, p. 3). Instead, he argued for the value of diversity in understandings of professional practices and how they are developed, sustained, and enacted.

In this thesis, I use the term *practice* in a specific and theoretically underpinned way. I begin by providing a number of conceptual tools and orientations from the developing and multidisciplinary tradition of scholarship that has been described as practice theory (Hager, Lee, & Reich, 2012b; Schatzki, 2012). I will use those tools to frame professional practice as a subset of social practices with a number of key features. Finally, I will outline how understanding veterinary practice within a social practice framework offers deep and rich opportunities for exploring identity development.
2.1 Practice theory and social practices

An increasing, though disparate, community of scholars across disciplinary boundaries including anthropology, sociology, philosophy, and cultural studies has engaged seriously with the theoretical notion of practice(s) in understanding human social life (Bourdieu, 1977; Giddens, 1979; Green, 2009c; Hager et al., 2012a; Kemmis, 2011; MacIntyre, 1981; Schatzki, 2002). Perhaps best thought of as a family of theoretical orientations, one thread that runs through the work of practice theorists is the effort to reach a “holistic way of thinking that integrates what people do, where they do it, with whom and for what purpose” (Boud & Hager, 2012, p. 22). Such a description suggests unlimited domains of human social life, certainly not restricted to professional practice, to which a practice lens may be applied. Some practice theorists cast their net widely, and a distinction has been made between what have been called more inclusive accounts of practice and those that are more exclusive, in the sense of pertaining specifically to the professional practice context (Hager, 2012). Conceptual resources from three inclusive accounts of practice are particularly relevant to the way I have chosen to frame veterinary practice. The first is provided by the philosopher Theodore Schatzki (Schatzki, 2002, 2012; Schatzki, Knorr-Cetina, & von Savigny, 2001). The second is from the sociocultural theory of situated learning (Lave & Wenger, 1991; Wenger, 1998). Third, I include Alasdair MacIntyre’s neo-Aristotelian framing of practices as being definitive of the virtues, both intellectual and moral, that constitute the purpose of a good life (MacIntyre, 1981).

Schatzki did not describe his work as a practice theory, preferring instead the term “site ontology” (Schatzki, 2002). He suggested that his thinking provides explanatory resources that may prove useful in empirical studies, and that is the way in which Schatzki’s work is used in this thesis. The understandings from Schatzki’s work that inform the theoretical framework of this thesis are the organisation of the social world, the primacy of practice, and the understanding diversity in the notion of relations. The human social world, for Schatzki, is a mesh of interrelated orders and practices that “hang together” (Schatzki, 2012, p. 2). Orders consist of arrangements of entities in which they are positioned, relate and possess meaning. Entities may be humans, nonhuman animals, objects, and artefacts. A practice is considered to be “an open-ended, spatially–temporally dispersed nexus of doings and sayings” (Schatzki, 2012, p. 2). The idea of the primacy of practice (Green, 2009b) reminds us that social practices are held to be foundational for understanding how the social world is organised, and that
includes phenomena commonly understood through an individual, or psychological, lens. Such phenomena include agency, knowledge, and identity. Relations are important for understanding how orders and practices hang together, and Schatzki reminded us that not all relations are interactions and that they may be mediated by nonhuman entities. One type of relation, prefiguration, represents “how the world channels forthcoming activity” (Schatzki, 2002, p. 44). Prefiguration can constrain or enable, and so human agency is possible but bounded (Schatzki, 2002, 2012).

The second set of concepts on which I have drawn is the theory of situated learning, grounded in research about learning among African tailors and apprentice butchers in the United States (Lave & Wenger, 1991; Wenger, 1998). Although a learning theory and not specifically a practice theory, this work leads us to the fruitful concept of communities of practice, by exploring how newcomers enter and become part of a group. According to Lave and Wenger, “a theory of social practice emphasises the relational interdependency of agent and world, activity, meaning, cognition, learning and knowing” (1991, p. 50). The notion of community of practice is dependent on engagement and participation in practices where the group shares a common purpose, a domain of practice, and resources such as tools, artefacts, and know-how. The centrality of the group means that identity is fundamentally located in relations whereby “identity, knowing and social membership entail one another” (Lave & Wenger, 1991, p. 53). In an extension of the original work about communities of practice and situated learning, Wenger suggested that identity was to be found in a nexus of memberships of multiple communities of practice (Wenger, 1998). The communities of practice framework has been critiqued and expanded since its publication (Hughes, Jewson, & Unwin, 2007), with particular criticism of the lack of attention in the original work paid to power relations within and between communities of practice, the possibility of discriminatory or oppressive communities, and the influence of social and historical contexts. The chief contributions for this thesis are the notion of relational interdependence between individual and the world (Lave & Wenger, 1991) and the strong alignment of participation in, and belonging to, communities of practice with identity (Wenger, 1998).

MacIntyre (1981) offered a conception of practices as the foundation for decisions about the good life for individuals and for humans collectively, abbreviated as the good. Drawing on ancient philosophy and mythology, MacIntyre built an account of moral theory around practices and virtues. For MacIntyre, practices are what define and constitute the virtues, hence
guiding judgement about and orientation to the individual and collective notion of the good. Conceptually somewhat distinct from the good, MacIntyre further elaborated a notion of two varieties of *goods*, representing the standards of activities that are undertaken as part of participating in practices as well as the personal qualities and technical abilities required for the practice. External goods are defined as benefits that may be obtained or attained in various ways, and not specifically within the context of a particular practice. An example of goods external to practices is monetary reward—conducting a veterinary consultation may result in the acquisition of a certain sum of money as the consultation fee, but the same sum can be acquired in other ways that have no connection with veterinary practice. Internal goods, by contrast, are held to pertain to skill or excellence in a particular practice. For example, developing capability in hearing and characterising heart murmurs in dogs is inherent to veterinary practice and can be acquired and practised in no other way.

According to MacIntyre, practices are partly defined and constituted by the goods internal to them, but they also live in the communities of their participants and have their own standards of excellence. In this scheme virtues, both intellectual and moral, are the qualities that enable the development of goods internal to practices. The good, considered collectively, is to be found in striving for the goods internal to the practices in which humans participate together. The good for a veterinarian is to be found in striving for the goods internal to the practice of being a veterinarian, and the intellectual and moral virtues to be practised are those that lead toward these goods.

MacIntyre’s moral theory of practices has a strong temporal dimension at both individual and collective levels. At the individual level, he suggested that there is a narrative unity to a human life. The stories that people tell have a moral purpose and serve to unify the self. “I can only answer the question ‘What am I to do?’ If I can answer the prior question ‘Of what stories do I find myself a part?’” (MacIntyre, 1981, p. 216). At the collective level, he named tradition as a central concept in practices that evolve and develop cumulatively within a community over time. The present is only meaningful in reference to the past and “to enter a practice is to enter into a relationship not only with its contemporary practitioners but also with those who have preceded us into the practice” (p. 194). The normative idea of standards of excellence relating to a practice means that there are rules and authority pertaining to such standards of what is right and good, and that those who join submit to that authority. Such authority is not
necessarily codified, and it is not beyond critique as I will discuss below; nonetheless, striving for the good requires an attitude of respect towards the good as represented in standards.

MacIntyre was careful to distinguish between practices themselves and the institutions that he described as the social bearers of the practice, and he was also careful to warn against conflating the two. Institutions, according to MacIntyre, are primarily concerned with the goods external to the practice. Although practices cannot flourish without their institutions, whether those be professional bodies, sporting clubs, or veterinary hospitals, there is a tension between institutions and their practices because “the ideals and the creativity of the practice are always vulnerable to the acquisitiveness of the institution. … The essential function of the virtues is clear. Without them, without justice, courage and truthfulness, practices could not resist the corrupting power of institutions” (MacIntyre, 1981, p. 194). The important concepts from MacIntyre for this thesis encompass the individual and collective notion of the good, of goods internal and external to practices, of standards of excellence, of traditions, and of the distinction between practices and their institutions.

With this conceptual framework in place I turn to more exclusive accounts of professional practices as a subset of social practices. In one such example, Kemmis and Grootenboer asserted that Schatzki materialised ideas of practice and that Lave and Wenger socialised them (Kemmis & Grootenboer, 2008). I concur and add that embedding of ethical dimensions is also critical and inherent to an account of professional practice that embraces material, social, ethical, and temporal dimensions.

### 2.2 Professional practices as a subset of social practices

Applying the tools and concepts of practice theory within a specifically professional practice domain has elicited a subset of social practices that have been termed exclusive accounts of practices (Hager, 2012). Scholars, largely those involved with the education of undergraduate professionals, have explored professional practice in diverse ways including contexts of learning and change (Hager, 2012; Hager et al., 2012a), of professionalism (Kanes, 2010), and of education (Higgs et al., 2010). Green (2009a) suggested that an adequate theorisation of professional practice draws on two broad scholarly traditions which he framed as being post-Cartesian and neo-Aristotelian. The neo-Aristotelian tradition focuses on aspects such as forms of knowledge and practice as a moral and ethical undertaking, while the post-Cartesian
perspective problematises rationalism and highlights the constitution of subjectivity in discourses and practices. Of the three inclusive accounts of practices I discussed in the previous section, Schatzki’s is located in the post-Cartesian domain as are Lave and Wenger’s. MacIntyre’s account, on the other hand, is explicitly neo-Aristotelian. Prolonged and conceptually rich engagements with professional practice urge a respect for diversity in understandings and an acceptance of ambiguity and illimitability (Green, 2009c; Hager, 2012; Hager, Lee, & Reich, 2012a; Kemmis, 2005, 2009, 2011; Kemmis & Grootenboer, 2008).

In constructing a theoretical account of professional practice to underpin this study, I have drawn largely on several recent accounts. In introducing an edited book, Understanding and Researching Professional Practice, Green (2009a, 2009c) offered a deceptively simple list of four ways in which professional practice can be approached and described. The first is in terms of practising a particular profession, highlighting features such as discipline-specific knowledge, characteristic activities, and ways of seeing the world. In that way, one might think of the boundaries between what doctors and nurses do in a hospital. Second, professional practice can be explored in terms of practising professionalism, with the focus on distinctions between how the doctors and the nurses view the world and their sense of their place in it. Third, professional practice is a distinct moral and ethical undertaking, with cores of service and responsibility to others. Finally, of course professional practice is professional, not amateur, and there is material exchange for the activities involved. These interpretations appear unproblematic and even obvious until they are further scrutinised and operationalised, when complexities, situated understandings, and tensions are revealed.

Kemmis has offered a sustained and valuable engagement with theoretical ideas about professional practice characterised by pleas to respect diversity in understandings, to develop diverse foci and methodologies for researching practice, and to embrace the illimitability of professional practice (Kemmis, 2009, 2011, 2012; Kemmis & Grootenboer, 2008). For analytic purposes, Kemmis has provided two similar, but distinct synoptic frameworks for professional practice, one with 14 key features and the other with seven. They share many commonalities and it is illuminating to explore the ways in which he has arranged and rearranged the features, subsuming the original 14 into the subsequent seven. Hager et al. offered their own list of five principles from a perspective that clearly emphasised embodiment and brought sociomaterial dimensions of practice into the foreground, explicitly aiming to problematise practice (Hager
et al., 2012a). All four typologies are presented in Table 2.1 as a resource to support my own presentation of the key features that I present as my framing of professional practice.

Drawing on and synthesising the perspectives of the above engagements with professional practice, my own characterisation is that professional practice is a multi-dimensional social phenomenon. It is characterised by arrangement in characteristic practice architectures and mutually constituted individual and extra-individual dimensions (Kemmis & Grootenboer, 2008). The theory of practice architectures provides a way of thinking about and exploring professional practice in ways that draw on Schatzki’s concepts, supplementing Schatzki’s foundational description of practices as consisting of sayings and doings (2002) by adding relatings. That addition encompasses the notion that there are practice-related activities in each of three dimensions, social-political, cultural-discursive and material-economic, in which the activities of professional practice can be grouped. The sayings constitute the cultural and discursive dimensions of practice, with overtly expressed or unspoken understandings about knowledge, about how things are done and how to understand and be understood. In the material and economic dimensions, professional practices involve human bodies, objects, tools, and money. In foregrounding relatings, Kemmis brought social and political dimensions into the frame, with practices existing and developing within social relationships, such as communities of practice, and always mediated by power relations. The practice architectures represent the positions and relations in which the sayings, doings and relatings hang together. Schatzki’s writings repeatedly referred to practices using terms that conjure concrete material objects, such as mesh, hanging together, and arrangements. Kemmis and Grootenboer (2008) extended that material image by introducing the term practice architectures, bringing to mind vivid images of walls and doorways, good and poor design, and unexpected outcomes that may not have appeared in the original plan.
### Table 2.1
**Key Features of Professional Practice**

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<tbody>
<tr>
<td>Practising a particular profession</td>
<td>Have intention and meaning</td>
<td>Have intention and meaning</td>
<td>Embodied practical rationality</td>
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<tr>
<td>Practising professionalism</td>
<td>Values</td>
<td>Structured</td>
<td>Sociomaterial</td>
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<tr>
<td>Ethical undertaking</td>
<td>Shaped by mediating preconditions</td>
<td>Situated</td>
<td>Embodied and relational</td>
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<td>Distinct from being an amateur, involves material exchange</td>
<td>Structured discursively</td>
<td>Temporal</td>
<td>Exist and evolve in historical and social contexts</td>
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<tr>
<td>Structured socially</td>
<td>Systemic</td>
<td></td>
<td></td>
<td>Emergent</td>
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<tr>
<td>Structured materially and economically</td>
<td>Reflexivity and transformation</td>
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<td>Informed by theory</td>
<td>Involve diverse forms of reasoning</td>
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<td>Structured historically</td>
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<td>Exist through cooperation and professional institutions</td>
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<td>Unfold in action</td>
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<td>Embodied and situated</td>
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<tr>
<td>Utilise practical reasoning</td>
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<td>Transformative</td>
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<tr>
<td>Involve reflexivity</td>
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\(^a\) Individual and extra-individual dimensions are embedded within each feature
Thinking of professional practices in terms of practice architectures represents an acceptance that the individual and extraindividual social, cultural, and material dimensions of professional practices mutually shape one another, and consequently also represents a rejection of both unbounded individual agency and of all-powerful social structures. Phenomena of practice are individual and they are also shared, a point well made when we are reminded to consider professional practice “as constituted not only in the knowledge and reflection of the practitioner, but also through historical processes of material, social, discursive and material formation which embrace the practitioner, the practice setting, and the practice itself, as codified for example in the guild or the profession” (Kemmis, 2005, p. 408). Communities of practice are collective entities that are representative of the mutual constitution of the individual and the extraindividual, with individual practitioners being shaped by, while also shaping, the community and the practice. The actions of any individual practitioner are guided and prefigured, although not wholly determined, by the practice architectures they encounter. Practice architectures can be enabling or constraining, and they can be experienced in different ways at different times by different people. In veterinary practice, a weekend duty roster in which only one veterinarian is scheduled to work each weekend may be experienced as welcome extra leisure time by an experienced veterinarian accustomed to working independently, but as a struggle to manage difficult cases alone for a new graduate. Practice architectures may be very apparent, as is the case in the cultural dimension with the legislation governing veterinary practice. On the other hand, in the same dimension there may be invisible, yet very powerful, understandings of “the way we do things around here”.

Particular practice architectures may be very stable and long-lasting, or they may be ephemeral and dependent on fast-changing contextual conditions. Either way, they represent the mediating preconditions in which practice is enacted, and they carry important implications for individual practitioners (Kemmis & Grootenboer, 2008). This does not mean that professional practice is predetermined. If that were the case, there would be no human agency, and choice and responsibility would be terms shorn of meaning. Acknowledging that practice has mediating preconditions allows appropriate recognition of the modesty of possibilities for individual agency. In addition, Kemmis reminded us that changing professional practice requires changes “outside the heads” (2005, p. 421) of individual practitioners. Those changes include changes to the discourse in and of the practice, changes to the relationships enacted and sustained within the practice, and changes to the material and economic arrangements
under which the practice is carried on (Kemmis, 2005). Such change is scarcely possible when professional practice is framed and researched within a purely individual frame.

Bearing in mind the overarching concepts I have discussed, there are a number of specific dimensions with which I critically engage in conceptualising professional practice.

2.2.1 Professional practice is relational practice

Asserting professional practice to be relational practice may be perceived in a somewhat limited sense pertaining to interactions and communication with colleagues and clients in the course of professional practice (Matthew et al., 2011). Conceptualising professional practice as relational goes beyond the importance of interpersonal relations and interactions toward something more profound about the intentionality of all its sayings, doings, and relatings. When veterinarians speak, they speak to, about, in response to, and in anticipation of, something and someone. They may even be joining a dispersed professional conversation undertaken over spans of time and distance with others who are not present. Equally, when they lift a cow’s foot, they do so in relation to a specific animal, to the facilities available to use for restraint, and the help they may have available. Such concrete, everyday examples illustrate the relational interdependence of individuals and the practice and the impossibility of either in isolation (Billett, 2006). Becoming a professional practitioner is a transformative process, and transformation entails altered relations. Those altered relations are directed outward to others and the world but also inward, toward the self. Relations are a foundational concept in practice theory, with the understanding from the work of Schatzki that the social world can be understood in terms of practices and in terms of arrangements of entities. He further explained the latter as “the context-forming arrangements into which co-existing humans are woven encompass artefacts, other living organisms and things in addition to people. … Entities of these first three sorts are as much components and determinants of the layout of social life as are people” (Schatzki, 2002, p. 21). Importantly, for the way I use the term relations in this thesis, I refer to human, animal, and material entities. In terms of a practice theoretical perspective, any of these can relate, occupy positions, and possess meaning.

Conceptualising relational practice in this theoretically informed way has profound implications for how professional practitioners and educators practise. For example, evidence from discourse analysis of professional interactions in workplaces suggests that “relational
practice is constructed as ‘gendered’ workplace practice” (Holmes & Marra, 2004, p. 378) and thereby marginalised from the dimensions of practice that are valued and rewarded. Evidence that relational domains of practice carry gendered undertones were discernible in research indicating that, in order to assert their professional legitimacy, female veterinarians displayed “eagerness to distance themselves from the caring, nurturing side of veterinary medicine and to emphasise their more clinical interests” (Irvine & Vermilya, 2010, p. 76). Ongoing efforts to incorporate and prioritise relational domains of practice are further hampered when they are framed in terms of nontechnical (Nestel, Walker, Simon, Aggarwal, & Andreatta, 2011) and “soft” skills (British Veterinary Association, 2010). In the example of a recent systematic review of professional skills in veterinary practice, conducted with a positive orientation towards relational practice, the researchers resorted to framing their search in negative terms, with “professional (non-technical) competencies … primarily defined by exclusion, as those veterinary competencies that are not discipline-specific technical knowledge or technical psychomotor skills” (Cake et al., 2016, p. 551). For this review, evidence about professional competencies was derived from 3 sources: Frameworks created by experts, surveys of stakeholder perceptions and empirical evidence. Synthesising the three types of sources, the authors created a broad-ranging master list of 28 professional competencies, ranging from communication skills to recognition of the human-animal bond. Skill in communication was the only competency supported by all categories of evidence. Most of the skills on the list were not supported by any empirical evidence, with exceptions including empathy, relationship-centred care, self-efficacy, and business skills. Nonetheless, the empirical evidence that was available was quite sparse and of relatively low quality. Competencies perceived to be of importance by stakeholders, expert consensus, or both, were awareness of limitations, professional values, critical thinking, collaboration, and resilience (Cake et al., 2016).

It is striking to review the competencies that Cake et al. (2016) explored through a social practice lens. Despite their primarily individualistic focus, it becomes clear that the list represents professional practice in relational—including, but not limited to, relationship-centred—terms. Additionally, far from representing domains of practice that are separate from clinical knowledge and skills, they are embedded within, and essential for, everyday practice, and especially so when practitioners are required to bring their capabilities into unfamiliar contexts.
2.2.2 Professional practice has meaning and purpose

Meaning and intention attach to all the activities that comprise practices as conceptualised in this research, distinguishing those activities from random activity and having significance from the macro-level to small actions. Recalling the practice theory of Schatzki, practices are the contextual arrangements in which entities, whether human, animal, or material, possess meaning (Schatzki, 2002). Individual and shared ideas about meanings and purposes in professional practice have important implications for its conduct. Those meanings are not inherent, but instead are created and can be negotiated socially, culturally, and materially. For example, creation of a case record, a daily activity of veterinary (and other professional) practice, can serve all or any of the following purposes: informing colleagues about a case, a prompt to inform future decision-making, a means of ensuring legal compliance, a protection against possible complaint or litigation, or an argument for a particular course of action.

Green suggested that “practising professionalism” is one useful way of conceptualising professional practice (Green, 2009a), and the notion of professionalism itself is a meaning-laden concept in which complexity and contestation can be manifest in professional practice. Professionalism has been characterised, and subject to critique, as a distinct logic, an approach focused on the meanings attached to activities such as division of labour, educational programs, and ideologies in professional settings compared to contexts of bureaucracies and markets (Castellani & Wear, 2000; Evetts, 2011a, 2011b; Freidson, 2001). A thorough elaboration of the concept of professionalism is outside the scope of this research but its salience lies in meaning-making within and about professional practice. Activities of examining animal patients and diagnosing apparently routine cases entail active processes of making meaning, as do pondering ethically challenging professional dilemmas or making career decisions. In choosing from the available repertoire of words to discuss diagnoses with clients or to announce their intention to change jobs, veterinarians make their meanings visible to themselves as well as to others. I return to meaning making and professionalism later in this chapter, using professionalism as a lens through which professional identity can be explored (Monrouxe, Rees, & Hu, 2011).
2.2.3 Knowledge and ethics are intertwined in professional practice

The concept of a discipline-specific body of knowledge continues to be regarded as one of the defining characteristics of a profession, setting the boundary between those who are in and those who are outside the professional community. The close, complex, and problematic relationship between professional practice and knowledge has been identified and explored by diverse scholars (Eraut, 1994; Hager et al., 2012b; Higgs & Titchen, 2001; Kemmis, 2005; Schön, 1987). Within and beyond the veterinary profession, a crisis continues to gather momentum for professional knowledge that is grounded in questioning how and by whom knowledge can be acquired, evaluated, and deployed (Barnett, 2000; Maccabe, 2017). Furthermore, in conditions of supercomplexity, it becomes unsustainable to hold that theoretical and skills-based knowledge can be certain, context-free, and morally neutral, with professional ethics as a distinct domain of professional practice.

Drawing on MacIntyre’s virtues-based account of practices, making decisions about what constitutes right action means blurring conceptual distinctions between what is correct and what is good. Determining what is right, or appropriate, is framed in terms of the internal goods of the practices in which people engage, and those internal goods are collectively defined and developed as intellectual, technical, and ethical virtues that uphold standards of excellence specific to that practice. With the notion of internal goods in mind, practitioners can begin to engage with the ethical commitments at the heart of professional practice (MacIntyre, 1981), and to bring professional knowledge and the ethical commitments of professional practice into a unifying conceptual frame. It is not an easy task to engage with practice in this way, as it is a formulation that explicitly demands ongoing effortful engagement with questions of ethics from day to day, and resists rule-based approaches. Furthermore, if excellence and ethics are inextricably linked, ethical commitments are held to be embedded in all dimensions of practice and not held apart from the knowing and the doing. “Practice, and professional practice in particular, is therefore both an intellectual and a moral enterprise” (Hibbert, 2012, p. 65). I would clarify Hibbert’s statement to emphasise that professional practice is simultaneously an intellectual and a moral enterprise.

For professions that have successfully grounded their authority in individualistic perspectives of scientific knowledge and evidence dominated by metaphors of knowledge in terms of acquisition and transfer, there can be considerable resistance to making space for
additional perspectives. Professional and community trust in standards, quality, and rigour may be perceived as being dependent on maintaining metaphors of professional knowledge that highlight certainty and objectivity. Viewing professional knowledge in more complex terms, as comprising a dimension of the practice architectures of specific professional practices, need not be construed as a threat to its legitimacy or its standards. There have always been difficulties in characterising and analysing the nature, scope, and limitations of professional knowledge (Clarke & Knights, 2018; Malterud, 1995, 2001), with dissonance between the acknowledged limitations of certainty and carefully crafted public-facing presentations of not knowing. Managing and dealing with uncertainty in a controlled and confidence-inducing manner has been identified as a task for fledgling doctors to learn (Lingard, Garwood, Schryer, & Spafford, 2003; Spafford, Schryer, Lingard, & Hrynchak, 2006), and a tolerance for ambiguity has been suggested as a quality that could support both veterinary and medical students to manage uncertainty and limitations (Hancock, Hammond, Roberts, & Mattick, 2017; Mamede, Schmidt, Rikers, Penaforte, & Coelho-Filho, 2007).

Exploring the idea of not knowing as a dimension of professional knowledge is of particular relevance in the context of research involving novice practitioners, reflected by the inclusion in the Royal College of Veterinary Surgeons’ list of day one competences that a veterinary graduate be able to “demonstrate [the] ability to cope with incomplete information, deal with contingencies, and adapt to change” (Royal College of Veterinary Surgeons, 2014b, p. 6). Furthermore, graduates are expected to “demonstrate that they recognise personal and professional limits, and know how to seek professional advice, assistance and support when necessary” (Royal College of Veterinary Surgeons, 2014b, p. 6). Not knowing poses problems for professional practitioners, characterised by conflicting interests, uncertain goals, incomplete information, and resource constraints. Addressing these problems requires making decisions with moral dimensions. Such problems are often only partially addressed by recourse to lists of appropriate behaviours prescribed by the codes of conduct articulated by professional institutions (Australian Veterinary Association, 2011).

An organising framework for conceptualising professional knowledge that is consistent with the points I have made in this critical discussion is that of practical reasoning (Kemmis, 2005; Montgomery, 2006). Practical reasoning enacts phronesis, an intellectual virtue that explicitly links knowledge and ethics through “deliberation that is based on values, concerned with practical judgement and informed by reflection. It is pragmatic, variable, context-dependent,
and oriented toward action” (Kinsella & Pitman, 2012, p. 2). Practical reasoning extends and enriches, rather than dilutes or dismisses, the propositional and the technical dimensions of professional practice (Montgomery, 2006). Rich accounts of knowing and practice include tacit knowledge, embodied practical action, and ethically informed practical reason (Kinsella, 2010; Kinsella & Pitman, 2012) that are neither curtailed nor constrained by not knowing or by the vicissitudes of circumstances. In previous sections, I have discussed professional practices as social practices in which individual and extraindividual dimensions, including the dimension of professional knowledge, are mutually constitutive. Practitioners reach beyond the reservoir of their own professional practice knowledge, drawing on life experience as well as understandings of the intentions, values, and interests of the self and others, as well as everyone’s understandings of the situation at hand. In doing so, practitioners can seek the “saliences”—those elements or dimensions that present themselves as being useful in addressing the issue of current interest (Kemmis, 2005).

The exercise of practical wisdom, then, is a goal for professional practitioners that blends or integrates knowledge and ethical commitments in the same frame (Kinghorn, 2010). There is even institutional acknowledgement, with the Royal College of Physicians asserting that “so much of medicine's unpredictability calls for wisdom as well as technical ability” (Royal College of Physicians, 2005, p. xi). A full discussion of practical wisdom, or phronesis, is outside the scope of this thesis, dealing as it does with novices as they begin their professional career. Nonetheless, it represents a powerful aspiration for those whose professional practice combines intellectual, physical, and ethical dimensions in the exercise of practical reasoning (Hibbert, 2012; Kemmis, 2012; Kinsella & Pitman, 2012; MacIntyre, 1981).

### 2.2.4 Professional practice is situated, temporal, and embodied

Taking a theoretical perspective in relation to professional practice means explicitly accounting for its material nature. Without abandoning abstract notions such as competence, evidence, or professionalism, a rich understanding of veterinary practice needs additional conceptual tools that allow deliberate exploration of how actual people do tasks involving other people and animals in specific settings, with the time they have available, and using the tools they can muster. Keeping the situated nature of professional practice in mind means that we acknowledge that it occurs and unfolds in specific instances of practice, involving the particular arrangements that comprise its architectures. Although generalities and principles may be
espoused, and, indeed be necessary and helpful, the actual activities of practice exist in the
particular and the concrete. The practice situation is not incidental to the practice, but, instead,
its mutual interdependence with the individual is constitutive of it.

Time is understood in diverse ways when theorising professional practice. There is
objective clock or calendar time intersecting and overlapping with perceived or experienced time
(Bluedorn, 2002). Appointments are made, priorities set, and deadlines met or missed on a
daily basis. The hour it takes for a veterinarian to drive out to a farm emergency is an hour in
which that veterinarian cannot be doing other tasks and is an hour in which a farmer may be
waiting anxiously with a sick animal. Time is, however, also history on an individual and a
collective level. People make meaning of their experiences through narrative to themselves or
to others, a narrative telling that imposes its own temporality onto experience (MacIntyre,
1981; Williams, 2009). Professional practices develop over time, and traditions shape
possibilities for how things are done, including development of institutions such as professional
bodies. At the same time, technological innovation, societal change, and new ways of knowing
effect change in the professional practice, whether rapid and transformative or slow and
evolutionary. The immediate and distant histories of the practice are relevant and reach into
the present. One of the implications of the importance of historical context is a tension in
professional practice between continuity and change on diverse levels from the individual to
the global.

Acknowledging that practices are always embodied is a reminder that practices are enacted
and that the sayings, doings, and relatings of practice involve the whole person. The materiality
of veterinary practice was strongly evident in an ethnography by Hamilton (2013) set in a rural
veterinary clinic:

The vets expressed that handling blood and other bodily productions when
conducting surgery on the farmyard was not considered to be ‘dirty work’…
perhaps because it was mitigated by the practical skill of wielding precision tools
to enact highly skilled care. (Hamilton, 2013, p. 273)

For the farm veterinarians in that study, their knowing was embedded in the skilled doing
and enmeshed in the setting of their practice. Equally important, however, was the embodied
knowing and doing “exhibited most explicitly in the subtle ways [the veterinarians] used their
own human senses of touch, smell and sight to diagnose and understand [the animals they treated]” (Hamilton, 2013, p. 269).

Acknowledging the situated, embodied, and temporal nature of professional practice affirms the notion that professionals are more appropriately envisaged as possessing capability to practise in novel and unique situations than as being competent in a context-free sense. The notion of competence and competency-based professional education has been influential for decades. However, despite its utility for educators, competencies carry certain limitations when considered with respect to situated, temporal, and embodied practice. Those limitations relate to the implication that competencies are stable and context free. In the medical context it has been suggested that in contemporary times the notion of educating for capability may be more helpful, where capability is framed as the “extent to which individuals can adapt to change, generate new knowledge, and continue to improve their performance” (Fraser & Greenhalgh, 2001, p. 799). In such a conceptualisation, capability encompasses the different ways in which individuals can choose to mobilise their resources and engage with practice in familiar and new contexts as conditions change over time.

In conclusion, I offer an account of veterinary practice as comprised of sayings, doings, and relatings in individual and extraindividual dimensions, and as socially, culturally, materially, and economically structured. Individual practitioners’ actions are enabled and constrained, but not determined, by the preexisting structures of the practice arranged in practice architectures. Veterinary practice is shaped and influenced by its history and traditions as well as being subject to contemporary social, cultural, and material conditions. Relations are central to the ways in which veterinarians enact and experience their practice and relations also represent theoretical bridges and practical tools that support veterinarians in coming to understand the interwoven social, cultural, material, and economic dimensions of their practice. The meanings that are attached to the purpose and goals of veterinary practice entail notions of professionalism and an active engagement with meaning making as a part of daily professional practice. In deciding on and guiding professional judgements about what is right and good in veterinary practice, there are complex interrelationships between knowledge and ethical commitments, represented in the form of embodied practical reasoning and enacted in specific times and places. When veterinarians make decisions, act, and account to themselves and others for their actions in the course of their daily practice, they are engaging with veterinary practice. Sometimes with purpose and deliberation, but at other times unreflectively or through habit,
they are also engaging with what it means to be themselves and also to be veterinarians and their engagement is therefore a matter of professional identity. In the remainder of this chapter I link my theoretical concepts of professional practice with the notion of professional identity.

2.3 Understanding identity

In framing a conceptual model of professional identity for my thesis, I first trace out the theoretical underpinnings of identity as an umbrella term within which professional identity sits. I articulate my sociocultural, dialogical perspective on identity as being conceptually well aligned with my framing of professional practice and with meaning making as a necessary dimension of participating in practices.

Professional identity is a concept that draws on diverse disciplinary traditions such as philosophy, psychology, anthropology, sociology, and cultural studies. These disciplines overlap and share concepts but they have distinct concerns, norms, and ways of coming to understand the world. Furthermore, identity is also an everyday word that does significant, and usually unnoticed, cultural work. We are named, grouped, described, and evaluated by ourselves and by others as a matter of course. The unity understood to comprise people and their identity or identities can sit uncomfortably with the diverse, even conflicting, roles and contexts in which human beings live. People navigate their way through settings in which their identity is framed very differently in terms of profession, gender, ethnicity, role, interests, political commitments, and geography. Bauman’s (2007) term for contemporary fast-changing social conditions, liquid modernity, was introduced in Chapter 1. Bauman (1996, 2009) claimed that working to develop and sustain identity has become an ongoing and obligatory task for the individual in liquid modern conditions and a consequence of societal individualism. In everyday usage, and also in interdisciplinary research, differences in conceptions of identity can reflect core, and often unspoken, paradigmatic beliefs and understandings. Identity is an expression of ontology, which may struggle for acceptance as an object of legitimate empirical research (Somers & Gibson, 1994). It has been repeatedly noted that identity can act as a stop-word, and it may be that its versatility and ambiguity are features that can lead to lack of focus. Nonetheless, those same features point to its possibilities and richness for researchers with an interest in professional identity (Flum & Kaplan, 2012), but only if interdisciplinary studies of professional identity clearly elaborate their theoretical foundations (Akkerman & Meijer, 2011; Beauchamp & Thomas, 2009; Monrouxe, 2010; Monrouxe & Poole, 2013). For this research,
I draw to a significant extent on a sociocultural theoretical framing of identity as a dialogical and developmental phenomenon (Holland, Lachicotte, Skinner, & Cain, 2001).

People tell others who they are, but even more important, they tell themselves and then try to act as though they are who they say they are. These self-understandings, especially those with strong emotional resonance for the teller, are what we refer to as identities. (Holland et al., 2001, p. 3)

The two sentences quoted above form a compelling introduction to the account of identity provided by Holland et al. (2001). Importantly, they highlight the plurality and intersecting nature of identities within and between people. In blending a recognition of the power of social structures and discourses, but also reserving a space for people to actively and creatively play a part in developing their own identity, Holland et al. provided concepts that inform the important dimensions of identity that I discuss in the following sections. These dimensions include the complexity of a self that is inward-facing, but also only has meaning in relation to others, the possibilities and limitations of human agency, the need to organise and confer meaning on experience using language, and the critical significance for people of the processes and discourses of identity.

2.3.1 The relational nature of self

Identity reflects the ways in which people name, characterise, and understand themselves and one another within, and in relation to, the social world. It is always entwined with selfhood and what it means to be a self. Questions of identity may be framed in existential terms as responses to the question, “Who am I?” (Giddens, 1991; Taylor, 1989), but the apparent simplicity of such a question belies its depth. Unless disrupted in some way, daily life is conducted as if the idea of a unitary self, distinct from all others, is unquestionably the case. Some concepts of identity have been framed as a divide between conceptions of self in modernity and the postmodern world. Modernity is presented in terms of Enlightenment-influenced beliefs about rationality, about the potential for upward social mobility following the Industrial Revolution, and legal conceptions of personhood in democratic nation-states (Chappell, Rhodes, Solomon, Tennant, & Yates, 2003). The archetypal Enlightenment “I” is presented as a knowing, conscious, rational agent, based on assumptions of the self as a stable, continuous individual who has access to a direct, experienced, independent reality. Phenomena such as actions and ideas are held to occur and originate either internally or externally to the
self. However, such a view does not survive close examination, as “one is a self only among other selves. A self can never be described without reference to those who surround it” (Taylor, 1989, p. 35). People talk, they sing, they read, they play games, and fight and do business, as well as think. All of those activities are identity-shaping and at their core social and relational. Those activities shape and develop people’s identities, mediated through ideas, language, and power (Chappell et al., 2003; Gee, 2000). When a self is defined in terms of relations, whether to other selves, to groups, or even to nonhuman entities, there can be no clear distinction between phenomena that are considered to be internal or external to that self. It may be a part of carrying on everyday life to act as if there are distinct boundaries between the interior and the exterior of selves, but the duality is recognised as committing “necessary violence to the complexities and subtleties of being” (Jenkins, 2010, p. 47). The use of the term “violence” is strong in this context and draws readers’ attention to the significance of the distortion to complex social phenomena that can be wrought by unreflective use of language. Such violence may be justified in the imperative to carry on daily life, but its artificial nature should not be forgotten. Returning to the “Who am I?” question, Giddens suggested it arises and is addressed continually, representing a reflexive rewriting of the self, achieved through discourse and interaction with others (Giddens, 1991).

Mead, an influential founder of symbolic interactionism, addressed the problem of boundaries within a relational view of self through developing a concept of self as other, a self that is under continuous development through social interaction and the use of symbols (Mead, 1934). Although Mead largely used the term self rather than identity, his work has been extended from a social practice theory perspective. Identity, in so-called “Meadian” terms, was presented as being multiple and located in the social practices in which the self is engaged. Such an identity may contain paradoxes and contradictions and does not aim for stability or even necessarily coherence (Holland & Lachicotte, 2007). The use of meaningful symbols can be found in behaviour, not only in words, but also in acts and gestures. In the process of self-formation, such words, acts, and gestures are at first signs in interaction but then come to be seen in reference to the self (Holland & Lachicotte, 2007; Holland et al., 2001).

Accepting that one can be a self only in relation to others poses a conundrum for understanding. That conundrum can be addressed in various ways. Poststructural perspectives on identity have utility in highlighting the importance of language and discourse (Gergen, 1994), and even equate identity with discourse, asserting that “identities are names we give to
the different ways we are positioned by, and position ourselves within, the narratives of the past” (Hall, 1994, p. 394). They critique theorizations of identity based on notions of a stable self, or on social relations, or on dialectical relations between the two. Instead they frame identity as narrative and based on reflexive and relational processes (Chappell et al., 2003).

Holland et al. described a concept of self as relational but also as having meaning on an individual level, “developing at an interface, within the interplay between the social and embodied sources of the self, in what might be called the self-in-practice” (Holland et al., 2001, p. 32). The sociocultural perspective they presented allows for identity to provide a sense that a self is both centred and decentred. The self develops by means of drawing on socially derived discourses and is embedded in diverse social practices. The significance of the relational nature of self and the processes by which it informs identity form the subjects of the following sections.

### 2.3.2 Mediated agency

Agency relates to the choices people make in what they say and do and is a complex but foundational concept in understanding the social world and human behaviour. Agency can be most helpfully understood as a capacity to act, but not as being a property or characteristic of a person (Emirbayer & Mische, 1998). If identity development is to be understood as a dimension of participating in social practices, and if it is at once to signify something important about both individuals and about groups, a quandary arises for theorists and for empirical researchers when it comes to the fuzzy boundaries between individuals and their social and cultural contexts. The extent to which individuals or social structures are considered to be instigators and drivers of action that mould and shape people and their behaviours reflect beliefs and views about agency.

Agency and identity are linked in important and complex ways and the possibilities and the limitations of agency have profound implications for identity. From a sociocultural, practice-based perspective, the mutual constitution of the individual and the social means that possibilities for agency are mediated by means of sociomaterial setups, through cultural norms, through individual dispositions, and through complex interrelationships of some or all of those elements (Holland et al., 2001). Practices, including professional practices, are structured in characteristic ways in social, cultural, and material dimensions. Traditions, relationships,
understandings, and material setups channel ways of acting and always do so within the context of power relations. With the individualistic rhetoric of professional practice placing emphasis on individual practitioner agency through use of terms such as autonomy and competence, the modesty of the possibilities for individual agency in specific practice situations can be experienced as a surprise. The limitations of agency need not, however, be a cause for people to view themselves as disempowered.

Our strengths come significantly from our history, our experiences largely from the vagaries of chance. But by seizing the opportunity to leverage and frame these experiences, we gain agency over them. (Gardner, 1997, p. 152)

Professional practitioners bring their own unique combination of experiences, dispositions, and capabilities, and they encounter practice situations that are novel and specific. There is much that they are unable to influence but understanding agency as constrained constitutes a reminder to be aware, curious, and alert to opportunities for agency, or “pools of autonomy” (Barnett, 2008, p. 200) as they present themselves. Such opportunities offer “crucial analytic leverage for charting varying degrees of manoeuvrability, inventiveness, and reflective choice shown by social actors in relation to the constraining and enabling contexts of action” (Emirbayer & Mische, 1998, p. 964).

Holland et al. (2001) drew on the Russian literary theorist, Bakhtin, for their sociocultural account of agency within their practice theory of identity. Dialogism and the concepts of Bakhtin are developed further in discussing methodology in Chapter 3, but the important theoretical concepts here are associated with the creation of a space for individual agency through the process termed self-authoring (Holland et al., 2001), a form of dialogue that takes place on both the individual and social levels. When occurring within the individual, dialogue is termed inner speech. There is agency in deciding what to tell, to whom, and how to tell it. The telling, then, is an action that develops, sustains, and transforms identity and influences future engagement in practice. The exercise of self-reflexivity through inner speech can mean that “by subjecting their own agentic orientations to imaginative recomposition and critical judgement, actors can loosen themselves from past patterns of interaction and reframe their relationships to existing constraints” (Emirbayer & Mische, 1998, p. 1010). Self-authoring is dialogic, embodied, and embedded in social practices as the individual develops an internalised
sense of the responses and social judgements of others. The space for agency in enabling critique and improvisation in practice is a critical identity development process.

### 2.3.3 Identity as meaning-making

The activity of making meaning is held to be fundamental to what it is to be human (Bruner, 2004; MacIntyre, 1981; Williams, 2009) as people arrange and reconstruct experiences, objects, actions, and relations using the understandings and resources they can draw on to make sense of themselves and their world. Those who contend that narrative is inherent to the human condition (MacIntyre, 1981) support this position through the claim that “it is only through narrative that we understand ourselves as active entities that operate through time” (Abbott, 2008, p. 130). Through linking narrative with self-understanding, scholars have made the case that making meaning through narrative is a way of developing and sustaining identity (Giddens, 1991; Laitinen, 2002; Somers & Gibson, 1994).

There are disciplinary traditions and debate about the use and meaning of the term narrative. For some, narrative represents a structure or form of text with particular features, while for others narrative is a way in which coherence is created from the flow of human experience (Abbott, 2008; Riessman, 2008). The scale of narrative may be explored at many levels, from a brief one-sentence recounting of an event to the notion that humans seek to impose a narrative unity on their lives as a whole. The purpose of narrative can be considered in various ways, including as organising time, as providing evaluative judgements, and as positioning the self and others. Some poststructuralists adopt a perspective in which fragmented and ever-changing identities are located in discourses within structures of power. In such a view, identity and narrative are not just connected concepts. Instead, identity is held to be narrative (Chappell et al., 2003). Meaning making and identity may remain linked, but identity becomes a purely linguistic phenomenon, uncoupled from individuals and agency (Gergen, 2005, p. 100).

For this research, narrative is framed in a broad and inclusive way as comprising individual processes of making meaning out of experience and participation in social and professional practices. Such a notion reiterates that making meaning is an important and necessary activity of human social practices and, furthermore, is at the same time within practices but also about practices. Narrative may be stories of experience that are shared but it may also be an inner process through which people organise and recast their experiences. In doing so, they can be
said to “‘author’ the world” (Holland et al., 2001, p. 170), but even when they are doing so in innovative, novel, or even iconoclastic ways, their constructions draw on collective meaning systems developed and sustained over time. A dialogic perspective on identity allows due respect to be paid to the role of discourse and shared narrative resources but provides a space for people to make meaning about themselves as well as the world through finding ways to use available resources and strategies. They can therefore author themselves as they author the world, making identity development simultaneously inward- and outward-facing (Holland et al., 2001).

2.3.4 Moral dimensions of identity

It has been suggested that identity represents an ongoing response to the question, “Who am I?” (Giddens, 1991; Taylor, 1989) and Taylor elaborated more fully on the implications of that question in explicitly moral terms.

[The question of who one is] can’t necessarily be answered by giving name and genealogy. What does answer this question for us is an understanding of what is of crucial importance to us. To know who I am is a species of knowing where I stand. My identity is defined by the commitments and identifications which provide the frame or horizon within 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. In other words, it is the horizon within which I am capable of taking a stand. (Taylor, 1989, p. 27)

Identity is presented here as a matter of great consequence for people, with the potential to be a frame that supports important judgements about what is good and right, and about what constitutes the good life. The evaluative dimension of the development of identity means that people make choices about what they value and seek to pursue. In doing so, and in making meaning of those choices, they spin their life story into a continuous thread, as articulated by MacIntyre when he stated that “generally to adopt a stance on the virtues will be to adopt a stance on the narrative character of human life” (MacIntyre, 1981, p. 135) as a central idea in his moral theory. Taylor approached wholeness and the moral dimensions of identity from a slightly different angle, focusing on the notion of authenticity. For Taylor, authenticity has

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1 The term “species” is used here to mean a particular type of a larger concept. Taylor’s sentence could be paraphrased as his assertion that knowing who he is constitutes one aspect of knowing where he stands.
explicitly social roots and, despite being individually interpreted, “is not the enemy of demands that emanate from beyond the self; it presupposes such demands” (Taylor, 1991, p. 41). Taylor’s framing of authenticity was explicitly moral and normative and founded on notions of orientation to the good that incorporated a sense of history, of being a citizen, and of being in relation. He rejected the legitimacy of disconnectedly individual pronouncements about what is worthwhile and true, arguing that “justifying in the name of authenticity a concept of relationships as instrumental to individual self-fulfilment should also be seen as a self-stultifying travesty” (Taylor, 1991, p. 22). Taylor’s point here is one that has importance for this research, restating and reinforcing a position that authenticity and identity are both inherently relational. In this way, attempts to justify using other people as means to an end in the name of a quest for authenticity are dismissed, and the legitimacy of such a self-centred use of the term is rejected.

2.3.5 Understanding identity in dialogical terms

There is value in considering identity in terms of continuity, believing ourselves to be the same person that we were last week and last year. Human life is lived, commitments are made, and responsibilities are assigned based on the understanding that “we have to be able to respond to the imputation of strict identity. I am forever what I have been at any time for others” (MacIntyre, 1981, p. 217). Nonetheless, the possibility of transformation, of becoming something or someone new through desire or necessity, entails emergent notions of identity. Abandonment of either the essentialist perspective or the possibility of transformation seems to entail an impoverishment of the human experience.

Humans are both blessed and cursed by their dialogic nature—their tendency to encompass a number of views in virtual simultaneity and tension, regardless of their logical incompatibility. (Holland et al., 2001, p. 15)

A sociocultural perspective allows the location of identity in more than one space and asserts that it is necessary to reject neither traditional essentialist views of identity nor constructivist perspectives that locate an ever-changing identity in discourse communities. The identity theory expounded by Holland et al. was described as a dialogical and developmental practice theory of self and identity, with identity emerging in the individual through interaction with others in the cultural and material world (Holland & Lachicotte, 2007; Holland et al., 2001).
Drawing on ideas from Mead, Vygotsky, and Bakhtin, these authors proposed that identity is at once collective and individual, a view consistent with my framing of veterinary practice.

Dialogue is central to identity because it makes relations visible in the form of language. That important point is understood to be distinct from suggesting that relations are present only in language as would be the position proposed by poststructural theorists. The collective is represented by symbolic forms that provide resources that enable and constrain the developmental processes of self-making. Such resources play their part in sustaining power relations and social positioning. Dialogue is also to be understood as a means for understanding the relational self so that identity allows for multiple sites of the self, a self that is grounded in social practices. Framing identity in dialogical terms allows for incoherence and instability to sit alongside unity and continuity (Holland et al., 2001) and for plurality to coexist, intersect and come into conflict with singularity (Monrouxe, 2010). Cultivating the capacity to carry on, to engage in the world, and make meaning of that engagement in the face of such ambiguity seems apposite in conditions of supercomplexity.

### 2.4 Professional identity

Professional identity and its development are of interest in the general professional education research literature, with interests including the ways in which students balance their learning experiences with their anticipated professional future in different disciplinary contexts (Reid, Dahlgren, Petocz, & Dahlgren, 2008), the role of workplace learning in development of professional identity and professionalism (Trede, 2012), and understandings of the definition, scope, and theoretical underpinnings of the concept of professional identity (Trede, Macklin, & Bridges, 2011). In exploring research into professional identity, it becomes apparent that there are patterns and trends within and between academic and professional disciplines over time. Different professional groups have their own research communities, often with their own journals in which to publish. They frame their questions and methodologies through the lens of their history, their position in the community, and their particular issues and interests. Such issues and interests may be perennial within a particular group or may have emerged under particular circumstances. Large-scale societal, technological, and political change impacts all professional groups, although in different ways.
Empirical research into professional identity and its development is overwhelmingly concentrated in temporally small segments of the professional life course. As a developmental phenomenon, there are particular stages of the professional life course that are held to be particularly fruitful or important for identity research. Although the undergraduate professional education period is one, the transition from formal education to employed professional practice is another critical developmental period in which issues of professional identity and its development are particularly salient.

A strong theme in professional identity research reflects a sense of fast-changing societal and political conditions that provide challenges to professions and professionals. In Chapter 1, I introduced descriptions of contemporary social conditions as supercomplexity and liquid modernity (Barnett, 2008; Bauman, 2007). Such influences have impact on government policy and societal norms, but their effects are also felt down to the level of workplace relationships and personal professional choices. Professional identity research that focuses on conditions of social change may reflect a sense of vulnerability and threat, or alternatively a challenge to entrenched positions of privilege and power.

I begin by exploring what is known about professional identity development within the veterinary profession before turning to other professions, highlighting the much larger bodies of literature about professional identity in the medical and teaching professions. I acknowledge, but do not engage with, professional identity research in diverse professional groups such as the health sciences (Clouder, 2005; Edwards & Dirette, 2010; Wilding & Whiteford, 2008), engineering (Tonso, 2006), law (Francis & Sommerlad, 2009; Sommerlad, 2007), and policing (Campbell, 2012). I have selected the medical and teaching professions because they both have significant bodies of professional identity research that have been developed over more than a decade. There are, therefore, emerging patterns and debates to explore, including theoretical conversations about the meaning and implications of the concept of professional identity. The medical and teaching professions are distinct from one another in diverse ways beyond their daily activities, encompassing shared understandings about knowledge, people and the world, self-understandings, and their respective positions in the community. Veterinarians share common ground with both doctors and teachers in ways that have resonance for professional identity. The underpinning scientific knowledge of the structure and function of bodies; the techniques, medicines, equipment, and terminology of the clinic; and the discourse of health and illness present clear parallels between the veterinary and medical settings. The teaching
profession has struggled with status and autonomy, while graduate teachers assume responsibility rapidly and publicly for their own classroom, in a transition that shares some features with that of veterinary new graduates. I engage specifically and critically with the notion of professionalism as it relates to professional identity across different professional groups and conclude by stating the theoretical framework that informs this research.

2.4.1 Professional identity in veterinarians

In the veterinary profession, professional identity is beginning to emerge as a topic of research interest, but as yet the body of literature about veterinary professional identity has been noted to be almost nonexistent (Allister, 2015). One study has focused specifically on professional identity in new graduate veterinarians, one on veterinary students and new graduates, and there were two more in which professional identity was a focus.

Armitage-Chan and May (2018) undertook a study of professional identity in new graduate veterinarians with an aim to support mental health and career satisfaction. They used a narrative inquiry methodology, framing professional identity in psychological terms, representing how a combination of individual veterinarian’s moral views, professional priorities, and values were mobilised in making decisions and acting in veterinary practice. Drawing on data from posts made to a private social media group by new graduate participants, Armitage-Chan and May distinguished two modes of professional identity in which their participants recounted practice experiences. The first, and one that dominated during their very early practice experiences, was a diagnosis-focused identity in which technical features of patients and their illnesses dominated the accounts. Where contextual dimensions featured, they generally represented barriers to a straightforward resolution to the case at hand and a source of frustration to the participant. The second mode was framed as a challenge-focused professional identity. In this identity, although technical competence remained salient, contextual dimensions of practice were specifically included in the narrative as part of the experience and a potential source of satisfaction. Particularly when contextual aspects hindered the attainment of an optimal diagnostic or treatment outcome, the challenge-focused identity recognised the exercise of capability in complex circumstances and challenging environments (Armitage-Chan & May, 2018). Interestingly, Armitage-Chan and May proposed that the diagnosis-focused identity was modelled on an academic clinician role model previously identified within the medical profession (Castellani & Hafferty, 2006). They further suggested that such an identity proved
problematic to align with the circumstances of the general practice work setting for most graduates. The challenge-focused professional identity is a novel concept, and one that is suggested to perhaps be particular to the veterinary profession.

A recent doctoral thesis that explored professional identity development in veterinary students and new graduates in the United Kingdom displayed a comparative approach (Perrin, 2016). First, analysis of documents from veterinary organisations suggested the existence of an institutional rhetoric on the so-called “good new graduate” veterinarian. The author posited that alignment of that ideal with the experience and motivations of final-year veterinary students and new graduates was influential in the presentation of veterinarians as being an extremely bonded occupational group, very academically able, and of high ethical standing. Less positively, the institutions and the novices shared an expectation of veterinary practice as involving long hours with heavy personal demands and little allowance for vulnerability and weakness. The author further identified areas of dissonance between the institutional rhetoric and the perspectives of the new graduates and students. First, although the institutions consistently portrayed the veterinary profession in terms of scientific rigour and clinical skill, the novices expressed their practice model in terms of care and vocation. Second, this research identified the contradictions apparent in the institutional literature about the capabilities of new graduate veterinarians that I identified in Chapter 1 as representing a “dichotomy between viewing newly-qualified vets as being omnicompetent on graduation, set against viewing them as almost dangerously inept and in need of serious supervision” (Perrin, 2016, p. 272). Both the tradition of the hard-working veterinarian and the dissonances between rhetoric and reality were suggested as possibly being involved in the well-documented issues around wellness and mental health in the profession. Perrin was critical of institutional rhetoric that promotes a view of veterinary practice that is not well aligned with the goals and values of the profession’s junior members, although her acceptance of official publicly-facing documents as a mirror of institutional and professional culture fails to account for the increasingly well-recognised influence of the hidden curriculum (Mossop, Dennick, Hammond & Robbé, 2013).

Of the two other studies addressing veterinary professional identity, the first explored perceptions of participants in a novel web-based continuing professional development module for practising veterinarians (Armitage-Chan, Maddison, & May, 2016). The module was novel in that its explicit goal was development of professionalism through opportunities to explore and discuss ethically challenging scenarios. Drawing on concepts from the medical
professionalism literature, the authors framed professionalism as being multidimensional, related to a social contract, but also balancing diverse stakeholder interests. Their early findings, derived from analysis of online discussions, related to complexity in decision making, challenges to a sense of competence, understanding competing expectations, and acting within constraints and uncertainty. The authors presented these preliminary findings under a title that posed a bold question: “What is the veterinary professional identity?” The study reflected a largely individualistic perspective about veterinary practice, although being part of a team was suggested to be a significant component of professional identity. The authors argued that the participants in their study perceived that a veterinarian was someone who could balance multiple responsibilities and work in an environment with unpredictable professional challenges. The authors were troubled to note that, notwithstanding the participants’ understandings of their own fallibility, they maintained a view that veterinarians are, or ought to be, infallible experts. Participants openly recognised the impossibility of that ideal, but it remained powerful nonetheless, possibly reflecting shared assumptions about competence as a binary concept. It will be interesting to see the direction taken for further evaluation of this novel continuing professional development program, although the lack of a clear theoretical framing of the concept of professional identity and its relationship to professionalism is a weakness. The notion that there could be a singular veterinary professional identity is perhaps attractive for those who are asked to teach, assess, and certify, but seems difficult to justify in contemporary conditions of supercomplexity (Barnett, 2008).

Illustrating the power of language, the last of the professional identity studies in the veterinary literature focused on the capacity for identity as a notion to be adapted to different interests and purposes. Framing the topic as exploring career identity in the veterinary profession, the author began, “The veterinary industry is transforming” (Page-Jones & Abbey, 2015). Use of the terms career and industry in place of professional and profession signalled that the authors located themselves in the discipline of organisational studies, and indeed they cited one goal of their study as being for veterinary organisations to recruit and retain staff. Identity was framed as an organisational management tool to “generate competitive advantage through their people by working towards organisational and individual identity congruence” (Page-Jones & Abbey, 2015, p. 436).

The four studies discussed above were undertaken by researchers who have a close association with the veterinary profession, being either veterinarians or veterinary nurses. By
contrast, there are a small number of studies conducted outside the professional practice literature in which veterinarians were selected as research participants by researchers in the other scholarly traditions. A sociomaterial ethnography conducted with a cultural-studies orientation in the context of a rural veterinary clinic focused on issues of power and cultural capital, with individuals positioned as veterinarians or as nonveterinary support staff based on their relation to material objects, such as scalpel blades and dirty laboratory equipment (Hamilton, 2013). A group of organisational studies researchers used a questionnaire with a psychological approach to compare professional identity in veterinarians who were working in what they termed veterinary medicine organisations with those who were working in nonveterinary medical organisations (Johnson, Morgan, Ilgen, Meyer, & Lloyd, 2006). For these authors, nonveterinary medicine organisations included government agencies, pharmaceutical companies, and nonclinical academic positions. The researchers’ categorisations may be problematic and better framed as clinical and nonclinical organisations, but the findings from their study suggested that participants who worked in the nonveterinary medicine organisations identified more strongly with their immediate workgroup and profession than with the organisation, while employed veterinarians in veterinary medical organisations identified more strongly with their organisation and workgroup than with the profession.

There was an unexpected benefit for my research arising from the paucity of professional identity as a topic in the veterinary literature. That deficit meant that I began this study with an understanding that I would need to scope the literature beyond my own profession. By scrutinising professional identity in other professional groups, I came to a deeper understanding of how differences in professional cultures as well as assumptions and interests guide research and practices of professional identity within and beyond educational settings. Furthermore, I also came to understand how local and societal contexts impact on different professional groups. In contemporary liquid times, characterised by rapid social and technological change with deep areas of uncertainty about the nature of knowledge and professional practice, it was illuminating to explore the professional identity literature outside my own profession. In interrogating how different professional groups frame their questions and methodologies through the lens of their history, their position in the community, the discourses they draw on, and their particular issues and interests, I deepened and broadened my concept of professional identity development in new graduate veterinarians and I discuss these below.
2.4.2 Professional identity in medicine: A paradigm profession

The small number of studies associated with professional identity in veterinarians, with the oldest published only 5 years ago, is dwarfed by the sizeable professional identity literature in the context of human medicine. I have previously pointed to the characterisation of human medicine as a paradigm profession, a powerful notion that holds the medical profession up as the example that at least partially defines the concept of profession (Moline, 1986). Medicine occupies a unique place in the public mind and imagination, and it interfaces with people at some of the most vulnerable and momentous periods of their lives. Doctors, their actions, and their issues are in the public space as news and there are high expectations that doctors will combine technical, intellectual, and moral excellence with calm, civility, and common sense.

Medical education has been described as a self-altering course of study (Montgomery, 2006), referring to the depth of personal change and challenge involved in becoming a medical professional. Exploring how to incorporate holistic personal and professional development into the medical educational setting is prompted by the idea that “competency is not enough” (Jarvis-Selinger, Pratt, & Regehr, 2012). Even more specifically directed toward professional identity was an influential declaration that “the most overlooked aspect of professional preparation [is] the formation of a professional identity with a moral and ethical core of service and responsibility around which the habits of life and mind could be organized” (Cooke et al., 2010, p. ix).

The professional identity literature in medicine reflects no struggle for doctors to assert their status as a profession. Their position as the archetype of a profession affords considerable societal influence and economic reward as well as entailing the obligation on doctors to behave and practise with diligence, expertise, and care. Institutions such as professional associations, accrediting and registering bodies, and universities that support and sustain the profession have strong motivation to understand professional identity and support its development. At a collective level, that can mean exploring relations between doctors and the communities they serve, linking professional identity to the notion of a social contract (R. L. Cruess & Cruess, 2008) and public trust (Monrouxe, 2009). With clearly defined boundaries of responsibility at all levels from undergraduate student up to specialist doctor, the development of professional identity is presented as a more gradual process in which socialisation fosters a sense of group membership (R. L. Cruess, Cruess, Boudreau, Snell, & Steinert, 2015).
At an individual level, professional identity research can focus on character in individual doctors, on models of practice and their implications for identity, and on relationships between professionalism and professional identity. In educational settings, the research focus rests on the complex intersections and tensions between learning, development, and professional identity (Boudreau, Macdonald, & Steinert, 2014; Dornan, Pearson, Carson, Helmich, & Bundy, 2015; Helmich & Dornan, 2012; Helmich et al., 2017; Monrouxe, 2009; Rees & Monrouxe, 2010; Vågan, 2009). The medical profession is a tightly bound and influential professional group, albeit with varied domains of practice, and professional identity research addresses questions of shared understandings about ethics, responsibility, tradition, behaviour, trust, and character. Furthermore, addressing professional identity can implicitly or openly reinforce or challenge existing assumptions or structures of power, privilege, and vested interests in the medical profession and in the relations between doctors and those with whom they work, whether patients or other health care workers (Bleakley, 2006, 2011). There is much at stake in maintaining a position as a paradigm profession.

Changing times and social norms, however, may be presented as demanding a radical re-evaluation of tightly held professional traditions and for pushing high status professions like medicine out of taken-for-granted and comfortable positions of privilege. Loss of trust in professionals has been cited as a prompt for professional identity research (Monrouxe & Rees, 2012), with some authors strongly arguing for a democratising agenda in medical education based on transformation of power, identities, and physical locations, with professional identity considered to be an emancipatory tool (Bleakley, Bligh, & Browne, 2011). Power and gender are also themes in the discursive construction of identity (Lingard, Reznick, DeVito, & Espin, 2002; Rees & Monrouxe, 2010), with routine clinical activities like clinical rounds presentations representing opportunities to model and learn how talk constructs competence in the development of professional identity in medical students (Lingard et al., 2003).

The intertwinement of the personal and the professional can be viewed uneasily in a profession for which objectivity, certainty, and competence are tightly held as hallmarks of professional position. While outwardly directed benevolence toward their patients and society can be framed in terms of character and stable traits, emotion carries connotations of subjectivity and loss of control. Dealing with patient emotions may be a necessary task for doctors to consider, but the emotions of doctors and medical students have been described as “the ever-present absence” of medical education (McNaughton, 2013), a phrase that captures
a paradoxical sense of discomfort with the centrality of emotion to medicine. Emerging research on emotion and other deeply personal dimensions of medical student learning and professional identity development (Dornan et al., 2015; Helmich, Bolhuis, Laan, Dornan, & Koopmans, 2014; Helmich et al., 2017; Rees, Monrouxe, & McDonald, 2013) have advocated “acknowledging the full range of negative to positive emotions and making them an integral and essential part of identity development” (Helmich & Dornan, 2012, p. 133).

2.4.3 Teacher identity: Blending the personal and the professional

Teacher professional identity is dominated by research foci including the development of teachers’ professional identity, the dimensions that characterise the professional identities of teacher, and the discursive representation of teachers’ professional identities through talk and stories (Beijaard, Meijer, & Verloop, 2004). Development of a professional identity has been described as among the most challenging of tasks facing novice teachers who assume responsibility for their classroom and students in a very public way (Beauchamp & Thomas, 2011; McCormack, Gore, & Thomas, 2006). Sources of tension in professional identity development included the change in role from student to professional practitioner, conflict between the support new graduate teachers sought to provide for their students and the support they were able to provide, and tensions in perceptions of learning to teach could (Pillen, Beijaard, & den Brok, 2012, 2013; Pillen, den Brok, & Beijaard, 2013; Ruohotie-Lyhty, 2013). Diversity in experiences and settings means that local workplace context is influential for professional identity development (Somerville & Rennie, 2012). Framing professional identity development for novice teachers as a process of “learning to live well” (Thomas & Beauchamp, 2007, p. 229) is a strong assertion of the centrality of identity for entrants to professions, and attrition of new graduate teachers has even been framed in terms of identity (Schaefer, 2013).

The breadth of issues and dimensions asserted to be associated with teacher professional identity is considerable, incorporating self, the role of discourse and context, emotions, the role of agency, and the responsibility of educational institutions for identity development (Beauchamp & Thomas, 2009). Professional identity in teachers is frequently framed in holistic terms, as “teacher identity” (Akkerman & Meijer, 2011; Beauchamp & Thomas, 2009, 2011; Buchanan, 2015; Lasky, 2005; Søreide, 2006, 2007), a phenomenon that is distinctive in comparison with professional identity literature in other professions. Research that highlights emotion (Zembylas, 2003), vulnerability (Lasky, 2005), and wellbeing (Day & Kington, 2008)
has signalled a strong acceptance of the view that teacher identity involves a whole-hearted personal commitment that is deeper and broader than purely the deployment of professional skills and knowledge (Day, Kington, Stobart, & Sammons, 2006; Rodgers & Scott, 2008).

Rapid social change is experienced as a challenge to professionals and can be expressed in dramatic terms as an “assault on the professions” (Beck & Young, 2005). Research into teacher identity indicates that the intertwining of the personal and professional dimensions of teaching, along with teachers’ sense of accountability to competing stakeholders, magnifies their sense of threat (Day et al., 2006; Thomas & Beauchamp, 2007). Vulnerability and loss of agency may be experienced as an existential threat to the professional identity (Lasky, 2005), with vulnerability representing a complex emotional experience that can elicit feelings of trust and openness or, conversely, powerlessness and anxiety. Although opportunities can be created for agency in exercising a sense of self, the personal and professional cost of doing this has been suggested to be higher than it may once have been (Buchanan, 2015; Clandinin, Downey, & Huber, 2009).

Careful theorisations of professional identity development in school teachers trace the emergence of postmodern characterisations of teacher identity as being a response to the vulnerabilities imposed by contemporary social and political conditions. Different work settings provide different resources for identity negotiations, highlighting the roles of both agency and context (Vähäsantanen, Hökkä, Eteläpelto, Rasku-Puttonen, & Littleton, 2008), with discourse analysts uncovering the ways that teachers use talk to position themselves and make claims about identity (Cohen, 2008, 2010; Søreide, 2006). The complex process through which women navigate the gendered discursive tools at their disposal in order to hold their own in workplaces has been identified (Pfafman & McEwan, 2014). Furthermore, professional identity has been suggested as a tool for transformational change in professionalism in contemporary educational environments characterised by an audit culture (Mockler, 2005, 2011, 2013).

Where discourse analysts and others working in the strong poststructuralist tradition have proffered teacher identity as a collective tool for transformation, others have highlighted the loss of human agency that is entailed in such an approach. Informed by sociocultural theory, a dialogical understanding of teacher identity seeks to acknowledge the importance of relational and interactional dimensions of identity without a complete jettisoning of concepts like unity,
continuity, and individuality (Akkerman & Meijer, 2011; Beijaard et al., 2004). In that tradition, prior experience, influence of context, and factors involving practice can exist alongside individual agency in professional identity development of new graduate teachers (Flores & Day, 2006), and mediated agency is identified as a tool for addressing vulnerability in professional identity development (Lasky, 2005). At the same time, the poststructural influence is still apparent in understanding that individuals are discursively positioned within structures of power. The notion of “I-positions” represents a tension between the agency of humans to author themselves and the internalisation of social suggestion (Holland et al., 2001). Acknowledging tensions between the individual and the social, continuity and discontinuity, and singularity and multiplicity, Akkerman and Meijer defined teacher identity as an “ongoing process of negotiating and interrelating multiple I-positions in such a way that a more or less coherent and consistent sense of self is maintained throughout various participations and self-investments in one’s (working) life” (Akkerman & Meijer, 2011, p. 315).

### 2.4.4 Professionalism and professional identity

I have introduced professionalism in a previous section in the context of meaning associated with professional practice, following the example of Green (2009a). Professionalism and professional identity are terms often linked, and even used in interchangeable ways. In this section, I explore their intersections and distinctions in order to specify how the notion of professionalism informs this research.

A rich engagement with the idea of veterinary professionalism comes from Mossop, who framed the concept in relation to medical professionalism, articulating commonalities but also important and consequential distinctions in the veterinary setting associated with diversity in human–animal relations in society, with a complicated balance of responsibilities and accountability (Mossop, 2012; Mossop & Cobb, 2013). Mossop’s work focused on defining veterinary professionalism in order to appropriately and meaningfully incorporate its teaching and assessment for undergraduate veterinarians (Mossop, 2012; Mossop & Cobb, 2013). Her argument, that it is difficult to have debate about a phenomenon without creating a discourse through careful definition and framing of concepts, is convincing and she clearly acknowledged debate and dissent in professionalism frameworks. She suggested, while not stating explicitly, that a list of expected behaviours is insufficient for a comprehensive notion of professionalism due to the extraindividual dimensions of the phenomenon. Mossop framed
professorship as being constituted in its demonstration rather than as an abstract trait or possession. While there is enormous value in such a framing, the resulting model is remarkably outward facing, with a relative lack of attention to self and professorship. Consistent with her purpose of informing university teaching and assessment in university educational settings, Mossop’s professionalism model does contain normative personal attributes: honesty, altruism, communication skills, personal values, autonomy, decision-making skills, manners, empathy, confidence and knowing limits, efficiency, and technical competency. However, Mossop’s conception of professionalism lies in a combination of such personal attributes enacted in the interrelated contexts of clients, animals, society, and practice.

The challenge that Mossop described in seeking shared understandings about professionalism in order to inform discussion, debate, research, and teaching is identified beyond the veterinary profession. A wryly humorous image of “educators in search of a definition” (Monrouxe et al., 2011, p. 587) suggested a group of lost explorers united by little more than their shared acknowledgement of the importance of their goal. In the context of medical education, it was recently suggested that when the term professionalism is used “the clouds of confusion descend” (Irby & Hamstra, 2016, p. 1606), an indicator of the complexity of the notion. In an effort to part the clouds, the authors offered a useful approach to professionalism comprising three conceptual frameworks: virtue based, behaviour based, and identity based. They elaborated on the assumptions, beliefs, and discourse that underpin each of the frameworks, and they concluded that a rich conception of professionalism requires careful attention to each (Irby & Hamstra, 2016).

Virtue-based and behaviour-based conceptions of professionalism are perhaps the most familiar and longstanding frameworks in use, even if not explicitly characterised in those ways. Virtue-based conceptions of professionalism rest on concepts such as moral character and the embodiment of traits such as respect for others. In the medical profession, as an example, the frameworks adopted may be expressed as the profession’s social contract with society (R. L. Cruess & Cruess, 2008; S. R. Cruess, 2006), or as the “good doctor” (Bennett, Solomon, Bergin, Horgan, & Dornan, 2017; Cuesta-Briand, Auret, Johnson, & Playford, 2014), and viewing medical education as personally transformative (Kinghorn, 2010; Montgomery, 2006).

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2 Mossop used the term “practice” in a concrete sense to represent a specific veterinary business or workplace. Her sense is the predominant way in which the term is used in the veterinary profession, but it is distinct from the theoretical sense in which “practice” is used in this thesis.
Dominant for many years, this view reflected assumptions that professionalism arose through individual internalisation of the qualities and the ethical commitments that merited societal trust and respect.

Despite the attractiveness and ongoing influence of virtue-based notions of professionalism, increased public awareness of risk, demands for accountability, and reduced trust in previously authoritative institutions have favoured the emergence of behaviour-based models of professionalism. Gleaned from the professional and educational literature, the dominant presentation of professionalism has been in terms of desirable attributes and expected behaviours for professional practitioners, collectively defined but considered to be individually held and displayed (Ginsburg et al., 2000; Hilton & Southgate, 2007; Howe, Barrett, & Leinster, 2009). In particular, such models are unsurprisingly popular in educational settings where behaviour is assessed, evaluated, and remediated (Jha, Brockbank, & Roberts, 2016; Lucey & Souba, 2010; van Mook, de Grave, van Luijk, et al., 2009; van Mook, de Grave, Wass, et al., 2009; van Mook, van Luijk, et al., 2009). Characterising professionalism in terms of desirable individual behaviours and character serves as a signal to the public that the relevant occupational group belongs (or seeks to belong) in the professional domain and that it can be trusted and held accountable. The general community comprises one audience for a behaviour-based framing of professionalism, while another audience consists of individual practitioners and learners. Explicit guides and tools can be created that list behaviours and attitudes expected from professional practitioners and facilitate identification of lapses in professionalism (Jha et al., 2016; Lucey & Souba, 2010). A critique of the lists and traits approach to professionalism can be found in the literature relating to professional education, with the argument that a “tick-box” mentality attenuates the complexity of professionalism (Fish & de Cossart, 2006). It may be unwarranted to label all individually focused approaches to professionalism education as tick-box, but the critique has merit in pointing out gaps in an individualistic conception of professionalism. An emerging body of research in professions that reflects a recognition that “far from being composed of a simple list of appropriate behaviours, dress and attitudes, professionalism is an extremely value-laden term with societal, institutional, historical and contextual expectations built into it” (Martimianakis, Maniate, & Hodges, 2009, p. 830). Critical perspectives defy normative definitions of professionalism in terms of lists of individual behaviours, instead presenting a more complex and contested picture in which individuals act and react within the possibilities offered by their context. A complexity view of professionalism guided the development of a theoretically informed framework for assessing
veterinary professionalism during student clinical rotations, with such research contributing a welcome acknowledgement of context dependence and variability in understanding and enacting professionalism (Armitage-Chan, 2016).

Although Irby and Hamstra (2016) explicitly acknowledged that different professionalism frameworks arise in different discourse communities, they did not engage with how the language and discourse of professionalism may be explored as social construction and means of social control (Castellani & Hafferty, 2006; Hargreaves, 2000; Martimianakis et al., 2009). In this critical vein, Castellani and Hafferty posited medical professionalism to be a complex social system organised into “clusters” around 10 dimensions of autonomy, professional dominance, commercialism, altruism, technical competence, interpersonal competence, social justice, the social contract, lifestyle, and personal morality. Most controversially, these authors critiqued the public face of medical professionalism presented by educators and leaders of professional institutions as perpetuating a so-called “nostalgic professionalism”, characterised by a primary focus on autonomy, altruism, interpersonal competence, and personal morality. Other suggested clusters of professionalism include entrepreneurial professionalism, which the authors asserted is not new but has become more prominent in recent years. Entrepreneurial professionalism emphasises commercialism, autonomy, and technical competence. It resonates with liquid modernity and competition in a globalised world, and pays little attention to altruism, sustainability, and humanity. A numerically significant but low-profile cluster was described as “unreflective professionalism”. Such a characterisation is perhaps overly disparaging of those who are busy being engaged in professional practice and may be underrepresented in public debate and leadership. The authors suggested that, in the context of the medical profession, unreflective professionalism is characterised by a focus on autonomy, interpersonal competence, and personal morality, with commercialism and the social contract much less important (Castellani & Hafferty, 2006). It would be unwise to directly map a typology from one profession to another, but veterinarians are not exempt from the evolving professionalism discourse and social change that influences divergence in the medical profession’s engagement with professionalism.

There is no research that specifically explores veterinary professionalism from the standpoint of virtue-based notions of professionalism, but I suggest that the profession displays a culture that valorises high workload and equates competence with freedom from error to a degree that is no longer a good fit with social conditions of supercomplexity and liquid
modernity. It is time to critically reflect on the nature of the veterinary social contract and the characteristics of “a good vet,” and the extent to which they reveal pervasive and powerful shared virtue-based understandings of veterinary professionalism (Clarke & Knights, 2018). Such shared understandings can reflect diverse goals and purposes and are neither wholly positive nor wholly negative. When unexplored and taken for granted, they are not open to critique or debate and can be used in ways that exploit the vulnerable and silence dissent.

The theoretical orientation of Irby and Hamstra’s third professionalism framework (Irby & Hamstra, 2016) is somewhat vague. On one hand, the authors mentioned identity development as occurring on an individual level, but also collectively within a community of practice. On the other hand, strategies for teaching, and for remediation, reflect a predominance of strategies that can be overly individualistic, such as reflective writing, or taken for granted, as is often the case with role modelling. Irby and Hamstra defined professionalism as identity formation in somewhat circular terms, as “a developmental process that describes how physicians in training take on increasing levels of professional identity … being socialized into thinking, acting and feeling like a professional” (2016, p. 1606). For the purpose of my research, although I find the “three frameworks” characterisation of professionalism useful, I enrich it with a sociocultural theorisation of professional identity and extend it through introducing a critical perspective. I concur with Green who concluded that professionalism “is to be understood as a practice phenomenon, a matter therefore of practice and identity” (Green, 2009a, p. 6).

I assert that each of the three professionalism frameworks informs professional identity development, but I do so without conflating the concepts of professional identity and professionalism. Notions of character, virtues, and professional independence remain resonant despite the challenges presented by a knowledge society, with increased specialisation, risk awareness, and erosion of trust and the bonds of community. I do not share the disdain that some show for many of the characteristics of so-called “nostalgic professionalism”, such as autonomy, altruism, and morality. Agency and ethical commitment require skilled deployment of available resources within conditions of supercomplexity, such that “the critical professional … ducks and dives amid discourses … but does so not aimlessly, but strategically” (Barnett, 2008, p. 201). I do concur with a call for greater awareness of the complexities and ambiguities of professionalism and an understanding that professional identity in contemporary social
conditions is a question of the “actual social character of professionalism” (Barnett, 2008, p. 195), a call that is well aligned with a practice-based perspective of professional identity.

2.5 Framing professional identity in veterinary practice

For the purpose of understanding professional identity development in my research, I adopt a social practice approach to veterinary practice and a sociocultural orientation to professional identity as a dimension of that practice. I continue to use the singular term “identity”, in the understanding that a dialogical framing of the term acknowledges multiplicity and intersecting identities within and between people. The framework for identity that I have developed makes the case that identity matters in veterinary practice and that professional identity is therefore a worthwhile phenomenon to explore for those who are curious about the social world and about how people make their way in the specific world of veterinary practice. Social practices provide the resources through which practices and discourses of the self can be realised and form the preconditions that mediate human agency. MacIntyre asserted that as humans participating in social practices, we all “enter upon a stage which we did not design and we find ourselves part of an action that was not of our making” (1981, p. 123). Practice architectures represent the professional stage on which new graduate veterinarians find themselves. Those arrangements constrain but also afford opportunities for agency by which people make choices that are meaningful for their identity. Modest though the contribution of that agency may be, it nonetheless represents a crucial space through which people can make themselves and their practice world. Their possibilities for action are influenced by the mediating preconditions that comprise the practice architectures in which veterinary practice is situated, as well as on their own personal values, capabilities, and dispositions. Veterinary practice has intertwined and complex commitments to ethics and disciplinary knowledge and veterinarians engage with both through practical reasoning, ultimately aspiring to the exercise of practical wisdom.

Professional identity development in this research refers to implicit and explicit dialogical and developmental processes of identification that reflect and shape the self and relations with the social world. Dialogue represents the way in which relations can be made visible. Identity, both individual and collective, is mutually constituted through dialogue with self and others and engagement with the material, economic and political worlds.
The authorship of their practices does not lie solely with these new graduates, or with experienced professional practitioners, or even with the whole of their profession—current and past. The authorship of practices is also enabled and constrained by the discursive, material, economic, social and political arrangements that form an exoskeleton of mediating preconditions around the practice- and the practitioner—here and now limiting the possibilities of practice in some ways and pushing practice beyond existing limits in others. (Kemmis, 2009, p. 34)

The processes of professional identity development are manifest in the sayings, doings, and relatings of veterinary practice and are formed and enacted over time through the choices veterinarians make in engaging with and coming to an understanding of their professional practice. Through making meaning, they author themselves and their professional practice. Veterinarians are called upon to engage personally and purposefully with meanings that paradoxically, while largely shared, are not given, but must instead be created. Making meaning of practice through dialogue and narratives is a powerful way in which veterinarian can exercise their agency even, or especially, when they feel most constrained.
Methodology

In this chapter I first present the research questions that guided this research. I then explain the research paradigm within which the research was conducted and the ontological and epistemological underpinnings of that paradigm. I discuss and justify the methodological choices that I made and conclude the chapter by presenting and discussing the quality criteria and ethical commitments by which this study can be evaluated.

3.1 Research questions

My research was guided by the following core question:

How do new graduate veterinarians develop their professional identity during their first year of practice?

Having framed identity as being developmental and relational, located in social practices, and being significantly formed and represented in dialogue, three subquestions were developed to help explore the core question:

- How do new graduate veterinarians interpret their engagement with their practice conditions as being influential in their development as veterinarians?
- How do new graduates develop their self-understandings as veterinarians?
- How do new graduate veterinarians hold their own in telling stories about their new graduate veterinary practice experiences?

3.2 Philosophical framework

3.2.1 Paradigms

A set of beliefs about reality and how the world can be known represent a way of thinking that constitutes a paradigm, or world-view. Paradigms are shared by groups of people, such as
researchers, practitioners, communities or social groups, and are culturally powerful in shaping what is considered acceptable, possible, and praise-worthy (Kuhn, 1962). Locating research in a particular paradigm means taking a position on ontology, on epistemology, and consequently on appropriate research designs. Ontology, or the study of reality, is framed in the question, “What is?” Epistemological questions go on to address knowledge: “How can what is be known?” Depending on the responses to those questions, there are ensuing methodological implications for the appropriate ways and means by which people can come to know, and to be able to regard, this knowledge as credible. Paradigmatic beliefs shape the type of research questions that will be asked, the approach taken in order to answer those research questions, and the criteria used to judge the quality of the findings. In other words, a coherent study is embedded within its paradigm—whether explicitly articulated or not.

Articulating a clear paradigmatic position should be a task for any researcher, but for this particular study there is a further imperative for doing so. I am a member of a profession in which scientific knowledge and method have provided the foundation for its very existence, for its valued knowledge base, and for its public reputation. The primacy of the positivist or postpositivist paradigm is held to have served the profession and society well. Those who work within the positivist paradigm assume an objective reality independent of the researcher and that knowledge is held to be a correct interpretation of that reality. The positivist paradigm serves well to answer certain research questions; in particular it has proved suitable for empirico-analytical approaches to research, resulting in many of the technological, clinical, and material advances that make contemporary living conditions possible. The positivist paradigm is neither good nor bad, but it does remain dominant in basic and clinical research in veterinary practice and its assumptions govern much of our common sense, everyday discourse.

For this study, I sought to deeply explore a complex, relational, and situated social phenomenon as interpreted by the people who experience it. I was frustrated at reading reports of questionnaire studies that purported to draw generalised conclusions about people’s experience while disregarding the unique, the situated, and the personal. As a result, my focus on deep understanding and on making meaning in the lived context of practice located this study in the interpretive paradigm. I have had to reconcile my ongoing position as a member of a science-based profession and my emerging position as a social science researcher, attempting to develop an attitude of mature respect for a plurality of ways of knowing and understanding. It is also necessary for me to aim to engage meaningfully and respectfully with
colleagues who hold firm paradigmatic views very different to mine. My goal is not to become mired in the so-called “paradigm wars”, but to convincingly argue that in seeking a deeper understanding of a social phenomenon such as professional identity it is legitimate and even an imperative to conduct rigorous research that is situated within other paradigms.

3.2.2 Interpretive paradigm

The interpretive paradigm draws on a long tradition of philosophy and scholarship concerned with “culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998, p. 67). This tradition includes diverse strands of phenomenology and hermeneutics, developed most significantly in Germany in the nineteenth and twentieth centuries. That period, following the Enlightenment of the seventeenth and eighteenth centuries, represented a time of technological and scientific advance as well as industrial and political dynamism (Hobsbawm, 1973).

One of the foundational beliefs of those who work within the interpretive paradigm is that human action is meaningful and that grasping meaning in terms of human phenomena must be done from the perspective of those involved. Interpretive researchers adopt a stance toward knowledge that acknowledges a multiplicity of possible meanings and they therefore cannot adopt an objective epistemology. The interpretive paradigm can to some extent be framed as a critique of the foundational principles of positivism, although such a negative characterisation does not do justice to the complexity and diverse possibilities of an interpretive approach. Interpretive research has as one of its goals to understand and one purpose of that understanding is to inform social action (Crotty, 1998). However, while interpretivist researchers often offer a critique of positivist conceptions of the world and human practices, it is within the critical paradigm that social change is an explicit goal. In this research, I open opportunities for new interpretations about veterinary practice and what it means to be a new graduate veterinarian. That new understandings offer the potential to challenge dominant assumptions and enable social change is something I readily acknowledge and welcome but have not set as a specific goal for my study.
3.2.3 Epistemological and ontological perspective: Social constructionism

I adopted a social constructionist epistemological perspective to guide my research approach, with conceptual language derived from the tradition generally accepted to have begun with the publication of Berger and Luckmann’s *The Social Construction of Reality* (1967). Social constructionism does not map neatly within paradigmatic boundaries. It represents a family of philosophical understandings in diverse disciplines. The commonalities between different variants of social constructionism have been presented in terms of four basic tenets (Gergen & Gergen, 2007). The first is the social construction of the real and the good. That foundational principle means that knowledge is contingent, dependent on context, and constructed through interaction in the social world. I have already touched on this point in discussing social practice theory at the beginning of Chapter 2, and Schatzki’s “site ontology” also has significance for the philosophical framework of this study. For Schatzki, social practices underpin knowledge, and reality is to be found in the entities (people and objects) and relations that comprise practices (Schatzki, 2002).

The second main pillar of social constructionism lies in a rejection of the positivist notion that language is a mirror of reality (Rorty, 1979). Instead, and turning that idea on its head, language confers meaning. A foundational understanding of the interpretive paradigm is that primacy and power is accorded to language. Related to the centrality of language in creating rather than reflecting reality, the third tenet refers to discourse being by nature political and pragmatic. That means that dialogue and language do things in the social world.

Fourth, social constructionists question the privileged position of the individual, and instead assert the significance of relational processes as opposed to individual minds. Rather than viewing the social world as a collection of individuals, it is held that only through relations can we have the idea of individuals (Gergen & Gergen, 2007). Phenomena that we assume to be individual are actually first social (Schatzki, 2012; Vygotsky, 1978), a relationally ontological view that is consistent with my sociocultural framing of professional identity (Holland & Lachicotte, 2007; Holland et al., 2001).

In choosing a research design approach consistent with the philosophical underpinnings I have explained, I sought a deep engagement with people who were experiencing the phenomenon in question and to understand their interpretations of specific, concrete
experiences in their own unique practice context. Furthermore, I sought a dialectical research focus on the complex but mutually constitutive notion of individuals within their social practices (Billett, 2006; Holland et al., 2001). Those considerations lay behind my choice of narrative and dialogue as underpinning concepts in the research approach.

### 3.3 Research approach: A dialogic approach to social constructionist narrative research

In order to frame the dialogical and narrative approach I adopted in this research, I begin by tracing narrative research as a very broad tradition. I then locate the present study within that tradition by introducing the concepts and tools of dialogic narrative research (Frank, 2012; Riessman, 2008; Sparkes & Smith, 2008; Squire, 2013). The dialogic narrative approach I adopted demonstrates theoretical coherence with the philosophical social constructionist foundations of my research.

Using concepts of narrative as part of the theoretical framework to illuminate my research phenomenon as I have done in Chapter 2 does not necessarily entail a narrative research approach. However, in the context of this study I have drawn on narrative theory and practice for both theoretical and methodological guidance. It is not possible to neatly separate the theoretical from the methodological senses of the term because they are intentionally tightly aligned, interacting and informing one another. For the sake of clarity and precision, however, I will make a distinction. When I use the term narrative, I am referring to the theoretical concept introduced in Chapter 2, familiar to scholars since antiquity and intrinsic to identity development. When I am discussing methodological terms or implications, I use the term narrative research.

#### 3.3.1 Narrative research

Narrative research is emerging, cross-disciplinary, and draws on multiple scholarly traditions for its underpinnings. It is, in fact, an umbrella term that describes a range of research approaches with diverse disciplinary origins (Clandinin, 2007; Czarniawska, 2004; Holstein & Gubrium, 2012; Polkinghorne, 1988; Riessman, 2008). The disciplinary origins of narrative researchers include literary theory, sociolinguistics, hermeneutics, and structuralism (Czarniawska, 2004). Narrative research has emerged alongside and as a dimension of the interpretive and critical research paradigms, being concerned with understanding situated, social, and relational phenomena. An emphasis on interpretation is frequently accompanied by
a concern to hear and honour the experiences of people who lack power and voice in the world (Chase, 1995).

I concur with Moen, who described narrative research as comprising variously “a frame of reference, a way of reflecting during the entire research process, a research method and a mode of representing the research study” (Moen, 2006, p. 2). It is insufficient to represent a research study in which participants tell stories as necessarily being a piece of narrative research, a point made strongly in critique of contemporary narrative research (Atkinson & Delamont, 2006). Despite the dominance of espoused nonpositivistic perspectives amongst narrative researchers, it has been argued that the valorising of the personal story without context actually serves to perpetuate dominant assumptions about personality, agency, and life stories (Atkinson & Silverman, 1997). Narrative researchers need to address issues relevant to individuals and their social context, about the risk of uncritical celebration of story, and about whether there is a place for human agency in narrative research.

Riessman (2008) has suggested that narrative researchers should carefully and reflexively take up a position with respect to key elements of their approach. These elements are:

- The theoretical and epistemological underpinnings of the research approach.
- How narrative is being defined and used in the study.
- The attention that is being paid to narrative form and language, and also to local contexts and to wider social discourses.
- The focus and the unit of analysis.

I have already addressed the first of Riessman’s points by explaining the underpinning social constructionist epistemology for this research. In the following sections I will frame narrative as being experience-centred, rather than solely event-centred. I will then integrate the narrative research approach I have used in terms of the interface between individuals and their social world. Finally, I will argue that a purposeful shift in the focus and unit of analysis is consistent with dialogical narrative research. These four key elements comprise the philosophical foundation that underpinned the conduct of this research as a dialogical narrative study.
3.3.2 An experience-based orientation to narrative research

In outlining the development of the narrative research tradition in chronological order, narrative research texts often begin by referring to the pioneering work of Labov and Waletzky in the 1960s. In the structural definition of Labov and Waletzky, a text could be described as a narrative if it contained a certain number of narrative elements such as complicating action and resolution (Labov & Waletzky, 1967). Questions of how narrative may be defined are much older; indeed, it has been suggested that a single action or event can constitute a building block of narrative, albeit a quite thin one (Abbott, 2008). Such debates are formal in nature, underpinned by an event-centred understanding of narrative.

Research approaches based on event-centred understandings of narrative have been critiqued on several accounts. First, such understandings have been described as being overly restrictive, with calls to pay attention to “small stories” that yield rich opportunities for studying identity (Georgakopoulou, 2006b). Furthermore, beyond the notion of small stories, rich qualitative data can be consistent with a theoretical framing of narrative that is significant for the tellers in conveying “who they are”, and yet does not relate to a specific event (Squire, 2013). If, instead, narrative is viewed as being related to human experience of time and action, indeed of involvement in social practices, the scope of what can legitimately be viewed as the kind of data that can be the focus of narrative research broadens.

Consistent with my framing of narrative in Chapter 2, for this study, its data, and interpretation, I have adopted a broad and inclusive definition of narrative that focuses as much on a philosophically pragmatic conception of what narrative does as on a more formal or structural view of what a narrative is. In deciding what constitutes a narrative, I am guided by my theoretical framework in which narrative is suggested as a fundamental way of making meaning from the world and from human experience in time and action, a view in which narratives of events can also constitute narratives of experience (Bruner, 2004; MacIntyre, 1981; Polkinghorne, 1988).

According to (Squire, 2013), there are four dimensions of an experience-based conception of narrative:

- Narrative is sequential and meaningful.
• Narrative is the key means by which people make sense of their experience.
• Narrative is both representation and reconstruction.
• Narrative is associated with change, development and transformation.

The first dimension reminds us that temporality is always important, not only in the immediate sense of taking turns in conversation or selecting the order of events in telling a story. Instead, narrators may contribute to their personal narratives about an experience at different times in an interview, or even on different occasions entirely. In addition, creation of sustained relationships of engagement with context is important. The second consideration is that narrative is a key means of human sense-making and that human understanding is relational and dialogical. Each telling, or even private reflection about an experience, is a unique dialogical situation, so there is no sense in which a story would or should remain the same in revisiting. Third, narrative already reflects a reconstruction that mediates experience. As an interpretation of interpreted experience, narrative does not provide direct access to human experience, an insight that carries significant implications for how research data are viewed and interpreted. The ways in which stories are told and retold, or told from different perspectives, are worth exploring and understanding. Finally, and importantly in this study of identity development, narrative is associated in complex ways with change, transformation, and development. Narratives raise themes of intense interest in a fast-changing world. These themes can have important consequence for individual graduate veterinarians as well as for the people and institutions around them.

3.3.3 Narrative research, the individual, and social practices

Challenge and contestation in coming to understand the world in terms of individual processes or socially determined structures has been a central concern of this thesis in relation to professional practice and professional identity development. I discussed these concepts in Chapter 2. Narrative research approaches comprise yet another arena in which the challenge of balancing individual and social phenomena is under vigorous debate. A typology of varieties of narrative research has been suggested along a continuum according to the degree to which the individual or the social dimensions of identity are privileged (Smith & Sparkes, 2008). At one end of this spectrum, the “thick individual, thin social” pole, are studies that seek to discover what goes on in people’s heads via psychodynamic, internal processes of construction. Narrative researchers in this tradition believe that they can come to know those internal
processes—feelings, identities, and understandings—through the stories a person tells (Connelly & Clandinin, 1990). The narratives make the internal explicit, even if they do so through and under strong influences from the social and cultural realm (Sparkes & Smith, 2008). Critique of such narrative constructivism addresses the notion that narrative data provide some kind of window to the interior of a person, yielding direct and unique access to experience (Atkinson & Delamont, 2006), ignoring context and perpetuating an overly individualistic view of the social world. At the far end of the narrative research spectrum, “thick social, thin-individual” varieties of narrative research may be almost discourse analysis. Researchers in this strongly social constructionist narrative tradition do not focus on internal processes. Instead, the narratives they research are discursive actions that have effects in and of themselves in the social world, rather than reflecting a privileged inner world (De Fina, 2013; Georgakopoulous, 2006a).

Rather than locating my own study at a midway point on the continuum that Smith and Sparkes (2008) described, which would represent a compromise between extreme social and extreme individual perspectives, I suggest instead that a relational view is consistent with my social practice theoretical framework. If I view practices as being the site of the social (Schatzki, 2002) and being at once individual and extra-individual (Kemmis, 2005), it is consistent for me to describe my research focus in dialectic terms, as individuals-in-their-social-practice (Holland et al., 2001; Holland & Lave, 2009). The participants in this study are individuals, but as professional practitioners they both formed and were formed by their practice. They exercised agency in making their choices, finding their way, and telling their stories, but they did so within the mediating preconditions in which they practised. The composition of narrative is a constructive activity that uses available cultural resources, including discourses and values, consistent with the practice view of identity I have presented in Chapter 2, as expounded by Holland et al. (2001). On one hand, I see individuals, each with a unique experience and set of dispositions and capabilities to bring to their first year of practice. I adjust my focus and then I see the context in which they find themselves: the setups, people, and ways of being a veterinarian that are made available to them. Although the individual is decentred in my sociocultural perspective, he or she is not removed. Instead, the person is in the practice and the practice is in the person. One of the powerful dimensions of narrative research is that, with care, such a refocusing is possible, and a dialogical approach can support that process.
Adopting a dialogical approach to narrative research meant beginning from the premise that key phenomena such as language, knowledge, thought, and even self are inherently relational, situated, and co-constructed. That statement reflects a foundational concept notably explicated in the work of Mikhail Bakhtin (Bakhtin, 1981; Bakhtin, Voloshinov, & Medvedev, 1994), an early 20th century Russian literary theorist. The first and foundational insight from his writings is the impossibility of a single voice, or of an individual language. Instead, for Bakhtin, voice only has meaning in relation to other voices. Those others may be past or present, abstract or audible, single or collective, internal or external: Any voice comprises many others, and is already in dialogue. Bakhtin referred to speech acts as a collective term to signify written or spoken language, and the basic unit of speech acts as an utterance. All utterances respond to others and are made in anticipation of further responses. Bakhtin’s notion of heteroglossia encompasses the social nature of all communication by which others are present within thought, action, and knowledge. There is some contestation about the meaning of heteroglossia, complicated by translation from the original Russian, but the term can be understood as the existence of multiple ways and tools for speaking and being understood. Certain ways and tools belong to specific groups and can be used to signify group membership, mediate power relations, and position others. Importantly, heteroglossia is found in a single utterance, and so brings collectivity and the cultural world into individual speech acts (Bakhtin et al., 1994; Holland et al., 2001).

3.3.4 Enacting the research approach

Despite the richness of Bakhtin’s conceptual writings on dialogism, he offered neither examples of nor guidance about its use in empirical research. In recent decades, Bakhtin’s concepts have been interpreted and operationalised in diverse disciplinary contexts (Akkerman & Meijer, 2011; Frank, 2005; Loftus & Higgs, 2010; Skinner, Valsiner, & Holland, 2001). Heteroglossia can be expressed in terms of the more accessible, if not entirely comparable, notion of multivoicedness in order to be mobilised as a research strategy (Aveling, Gillespie, & Cornish, 2015; Elbaz-Luwisch, Moen, & Gudmundsdottir, 2002). Heteroglossia can be extended to include and influence inner speech, form of dialogue that has been introduced in Chapter 2 in discussing the mediation of agency in identity. While not uttered aloud, inner speech is nonetheless influential for identity, involves multiple voices, and illustrates the primacy of the social within arenas commonly accepted to be individual (Holland et al., 2001). A compelling argument for the value of dialogical narrative research was mounted by Arthur
Frank, along with suggestions for enacting dialogical narrative research that supports the methodological commitments he has advocated (Frank, 2005, 2012). The value of a dialogical narrative approach for Frank is the opportunity to explore complex social phenomena in a frame that encompasses the individual and the social in light of the understanding that many voices, actual or generalised, past or present, are represented in any voice.

A dialogic approach guided this study throughout the research design process in making decisions about participant selection, data collection methods, and data analysis. I kept the concepts of dialogism in mind throughout the research process so that when I observed and interviewed participants, I understood that our words were not ours alone, but that the voices of others were always present. The stories contained in the data of the participants were not solely their own, but also created in relation to their practice context (Aveling et al., 2015; Frank, 2005, 2012; Holland et al., 2001).

### 3.4 Research design and method

#### 3.4.1 Participant selection

I chose to explore the first year of veterinary practice, a time marked by a sudden transition to professional responsibility and accountability. The annual seasonal cycle is important in metropolitan veterinary practice, but particularly significant in rural settings with particular activities, diseases, and management practices occurring at specific times of the year. After a full annual cycle of seasons, a graduate will have gone through the traditional busy period, whether that is a calving season or the warm weather peak in itchy dogs.

In seeking to answer questions about professional identity development and about how new graduate veterinarians made meaning of their concrete and specific experiences, for a number of reasons I chose to engage directly and repeatedly with those experiencing the phenomenon. First, as introduced in Section 3.3.3 above, I have discussed professional identity as a phenomenon of individuals within their social practice contexts, developed and sustained in dialogue and especially in construction of narratives of experience. Second, in dialogical terms, people and voices are understood as being mutually constitutive. The cultural resources that are made available through participation in social practices make speech, thought, stories, and selves possible. For this study, then, a choice of individual new graduates as participants did not entail a position at the “thick individual, thin social” pole of narrative identity studies.
When participants spoke, whether with clients or colleagues in the course of their practice, or in interviews with the researcher, there were multiple voices present in each utterance. Furthermore, dialogue is also present in an individual’s story, and even in unspoken thought, so that, through a dialogical process of inner speech described as “authoring the self”, an individual can create space for agency that carries significance for identity (Holland et al., 2001). Given the considerations I have elaborated here, I did not consider that collecting data directly from others around the new graduate participants would enhance answering my research questions. Furthermore, it would have been understandable if new graduate participants were much more guarded in their interactions with me if they perceived that I was also seeking information or corroboration from others around them. While the participants in this study were professional practitioners, they were still very junior in the workplace and I valued their willingness to share experiences that had made them feel vulnerable.

I chose a single cohort of graduates from multiple veterinary schools. This was a pragmatic decision, allowing me to plan my data collection, which involved significant travel to meet with participants scattered over a wide geographic area.

Inclusion criteria for participants were that they be new graduates at the time my research commenced and that they were:

- registered as a veterinarian in an Australian state,
- working within a 1,000 km radius of Wagga Wagga, and
- employed by someone who would permit me to spend a day observing my research participant in the workplace.

Within these inclusion criteria, I sought a diverse sample, a purposive and theoretically guided strategy (Flick, 2008). Seeking to construct a representative sample of new graduate veterinarians was not desirable because it would not align with my study aim, which was to hear the voices of graduates themselves and to explore the uniqueness of individuals within their practice contexts. Instead, I aimed for maximal variation along a number of individual and contextual criteria such as gender; location in a metropolitan, regional centre, or rural town; size of workplace (number of veterinarians); practice model (corporate vs. small business); and
caseload by species. The geographic limitation that I imposed introduced an element of convenience sampling (Creswell, 2009) but was necessary in order for me to be able to visit each participant on site at least twice and so that the majority of interviews were conducted in person. At the same time, the geographic constraint permitted a significant degree of diversity in practice context because it encompassed three capital cities, provincial centres, and small rural communities, and it covered regions of most major Australian livestock industries. Figure 3.1 depicts the geographical range included in the eligibility criteria.

![Figure 3.1. Geographic range for recruitment of participants.](image)

### 3.4.2 Participant recruitment

I was aware that a proportion of students had arranged their employment prior to graduation and would be commencing working within weeks of leaving university. Accordingly, I commenced the recruitment process prior to students graduating from their courses. There were fewer barriers to contacting a large pool of potential participants through their universities prior to graduation, compared to contacting graduates as they immersed themselves in their first practice experiences. In this study, gaining access to the field was a prolonged process that required careful management, as will be more fully explained in the next section. Most
participants were keen to flag their possible participation in the study with their employer prior to starting work, and so being able to have all the information prior to starting their job was something they found valuable. Given that participation in the study involved workplace observations, it was necessary that participants’ employers gave informed consent for their employee’s involvement. In view of this, expressions of interest were taken from potential participants at the time of initial recruitment. Formal consent from participants was sought only after their employer’s permission had been given.

In commencing recruitment prior to graduation, I sent invitations to participate only to students at the veterinary schools within the geographic limit I had set of under 1,000 km from Wagga Wagga (see previous section). These were Charles Sturt University, the University of Melbourne, the University of Queensland, and the University of Sydney. For the last three institutions listed, I contacted a senior member of academic staff and requested that an invitation to participate along with the participant information sheet be posted online for final year students. Within my own institution, Charles Sturt University, I was a subject coordinator for all final year students, and so kept myself at arm’s length from the recruitment process until after grades had been finalised. A colleague with no involvement in the students’ grading presented them with information about the study, distributed the information sheet, and collected expressions of interest for participation. The participant information sheet is located in Appendix B.

I included a further recruitment strategy targeted at graduates because I recognised that some potential participants might not consider involvement in the study before they had graduated, secured employment, and started working. I approached registering bodies in the Australian Capital Territory (ACT), New South Wales (NSW), and Victoria, and the national professional body, the Australian Veterinary Association (AVA) with a request that they publicise the invitation to participate in the study. The AVA included an invitation to participate in their regular email newsletter to members, and the NSW Veterinary Practitioners Board and the ACT Veterinary Surgeons Board sent an invitation to participate to all of their newly registered veterinarians. The Veterinary Practitioners Registration Board of Victoria declined to distribute the invitation, suggesting that distributing the information to graduate veterinarians would not be consistent with their policies. However, despite this, graduates working in Victoria received the invitation through the AVA.
I received 17 initial expressions of interest for participation. Several of those did not respond after provision of further information about the study. One left her employment after only a short period and, despite indicating that she remained keen to participate, did not respond to further contact, and another withdrew her participation after the first interview without giving a specific reason. The final sample comprised 11 participants. The target number of participants was at least 10, a sample size that represented a balance between breadth and depth (Creswell, 2009), given the time and resource constraints of doctoral study, and the decision to engage repeatedly and directly over time with each participant. Narrative research generates a large amount of data, and resources and effort are necessarily expended in building relationships and gaining access to the field. As a result, robust and rigorous studies can involve small numbers of participants (Chase, 2005). Table 3.1 contains an overview of the workplace characteristics for each of the participants.

I have chosen not to include personal information about the participants in this introduction in order to maintain their anonymity. I have included nonidentifiable personal information as appropriate in the findings chapters wherever that information was relevant to the specific interactional context. That information included examples such as background in certain industries, personal relationship status, and spiritual beliefs. The veterinary profession is a small profession, and I chose not to take the ethical risk of compromising confidentiality through providing large amounts of background information. Furthermore, this strategy confers power to the participants, who were able to choose which aspects of themselves to highlight. Angela and Jane both changed jobs during their first year, with Jane making two moves, so each of their entries in Table 3.1 refers to more than one workplace.
### Table 3.1

**Workplace Characteristics of Participants**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Business model</th>
<th>Number of clinics</th>
<th>Number of veterinarians</th>
<th>Caseload (species)</th>
<th>Geographic location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela</td>
<td>Small business with corporate model features</td>
<td>3</td>
<td>5–10</td>
<td>100% small animals</td>
<td>Regional centre</td>
</tr>
<tr>
<td></td>
<td>Small business</td>
<td>2</td>
<td>5–10</td>
<td>Mixed small animals / beef cattle / sheep / equine</td>
<td>Rural</td>
</tr>
<tr>
<td>Charlotte</td>
<td>Small business</td>
<td>2</td>
<td>5–10</td>
<td></td>
<td>Rural</td>
</tr>
<tr>
<td>Ed</td>
<td>Small business</td>
<td>1</td>
<td>4</td>
<td>Mixed beef cattle, small animals, equine</td>
<td>Rural</td>
</tr>
<tr>
<td>Holly</td>
<td>Small business</td>
<td>1</td>
<td>10–15</td>
<td>100% equine</td>
<td>Outer metropolitan</td>
</tr>
<tr>
<td>Jane</td>
<td>Small business</td>
<td>1</td>
<td>5–10</td>
<td>Mixed small animals, equine, beef cattle</td>
<td>Rural</td>
</tr>
<tr>
<td></td>
<td>Small business</td>
<td>1</td>
<td>5</td>
<td>Mixed small animals, equine, beef cattle</td>
<td>Rural</td>
</tr>
<tr>
<td></td>
<td>Corporate business</td>
<td>&gt;10</td>
<td>&gt;10</td>
<td>100% small animals</td>
<td>Metropolitan</td>
</tr>
<tr>
<td>Nick</td>
<td>Small business</td>
<td>1</td>
<td>5</td>
<td>Mixed equine, small animals, beef cattle</td>
<td>Rural</td>
</tr>
<tr>
<td>Richard</td>
<td>Small business</td>
<td>3</td>
<td>5–10</td>
<td>Mixed beef cattle, small animals, equine</td>
<td>Rural</td>
</tr>
<tr>
<td>Stuart</td>
<td>Small business</td>
<td>1</td>
<td>2</td>
<td>100% equine</td>
<td>Outer metropolitan</td>
</tr>
<tr>
<td>Tess</td>
<td>Small business</td>
<td>1</td>
<td>5–10</td>
<td>Mixed small animals, dairy cattle, horses</td>
<td>Regional centre</td>
</tr>
<tr>
<td>Tom</td>
<td>Small business</td>
<td>3</td>
<td>10–15</td>
<td>Mixed small animals, dairy cattle, horses</td>
<td>Rural</td>
</tr>
<tr>
<td>Tony</td>
<td>Government agency</td>
<td>N/A</td>
<td>2</td>
<td>Livestock species</td>
<td>Rural</td>
</tr>
</tbody>
</table>
3.4.3 Data collection choices

In selecting appropriate data collection methods, I sought opportunities to elicit rich, storied accounts of practice from participants. That goal meant that a significant component of the data would be derived from talk. In this section, I justify my choice of semi-structured interviews and workplace observation for data collection, drawing on the philosophical framework I have established for the study to explain my choices and why going into the field was appropriate and consistent with the research approach. In the following sections, I describe how I conducted the data collection processes and managed the data I collected.

I chose repeated interviews as the primary data collection tool best suited to the overall research design, focus, and participants. Within a dialogic narrative research approach, data collection can be undertaken in any setting in which people talk or even write. Those settings include observation of so-called “naturally-occurring” talk in the normal conduct of everyday professional working life and in individual interviews and focus groups. Technological innovation has extended the scope for collection of data that constitutes talk to include such tools as social media and audio- or video- diaries. I considered development of trusting relationships with the participants to be of utmost importance in this study, and I believe that my demonstrating a commitment to meeting with them and visiting their workplace was an important dimension of that rapport building. My site visits contributed significantly to the richness of the data that I was able to collect. Conducting repeated interviews created space for development of the kind of rapport and trust that enables data collection to explore tensions, difficulties, vulnerabilities, and complex issues. In this study, both researcher and participants could use subsequent meetings as opportunities to discuss and clarify, for deeper follow-up explorations, and creation of shared experiences.

Despite the fact that we live in what has been termed an interview society (Atkinson & Silverman, 1997; Silverman, 2017), the status of the interview and resulting data is a matter of some contention. From a social constructionist perspective, interviews are “occasions in which are enacted particular kinds of narratives and in which ‘informants’ construct themselves and others as particular kinds of moral agents” (Atkinson & Coffey, 2003, p. 422). I therefore regarded interviews as being interactions that constituted talk about veterinary practice but at the same time were instances of veterinary practice. That insight carried important implications for planning and enacting the interviews as a co-constructed dialogue or a conversation (Frank,
2012; Mishler, 1986)—as opportunities to create shared meaning, rather than to discover a pre-existing truth (Riessman, 2008).

I describe the interviews I conducted as semistructured, so that each interview had a basic question outline, with the questions acting as prompts for discussion and further exploration. There was significant scope for participants to actively guide the progress of the interview by nominating examples of significant events or experiences and identifying the important dimensions of those topics for further and deeper exploration. My intention in conducting the interviews was to elicit rich, detailed examples of specific practice experiences and interpretation. Elicitation of narrative data is a challenge in research interviews, with respondents perhaps expecting that relatively brief, abstract, and analytic responses are sought (Czarniawska, 2004). In order to encourage detailed narrative accounts, I asked participants for examples of particular topics they cited and to explore their interpretations and feelings about situations and their own practice (Chase, 2005; Riessman, 2008). Given my role as the researcher, in seeking and initiating the dialogue and in making decisions about what questions to ask, I still believe it appropriate to use the term interviews but consider them to be in the tradition of what has been termed the active interview (Holstein & Gubrium, 1995), an avowedly collaborative and interactive conceptualisation. All of my participants knew that I am a veterinarian, that I was able to share their professional language and draw on my own professional veterinary experiences and views. I believe that it would have appeared unnatural and uncomfortable had I tried to appear wholly neutral and free of opinion in interviews and during observations. Nonetheless, I made a point of being very aware of my own contributions to the conversation. It was an ongoing balance between participating in dialogue with honesty while avoiding undue influence on participants, and I became more skilled at it as time went on.

In suggesting that “narrative research can enter into dialogue with people’s stories only if the researcher has sufficient proximate experience of the everyday circumstances in which people learn and tell their stories”, Frank (2012, p. 38) highlighted the value of researchers taking time to enter the field, to become immersed in the social context of their participants, and to develop research relationships alongside collecting narrative data. That notion of the value of taking the time to be in and to develop an understanding of participants’ contexts is identified by other narrative researchers (Czarniawska, 2004; Squire, 2013). For those of us informed by social practice theory, entering the field in an embodied sense is not a dimension
of research confined to approaches specifically framed as ethnography. If interviews are viewed as dialogues about and of practice, field observation can be regarded as extending the shared understandings that can be brought to the dialogue and to stories of practice.

Observation comprised a small, but important aspect of data collection for this study, reflecting my position that practice phenomena are at once individual and extra-individual. I sought to develop familiarity with the participants’ practice context, and so was able to see them interact with their colleagues, clients, and patients and make my own impressions of some of the important features of our interviews. I could enter, see, hear, touch, and smell the spaces, buildings, vehicles, tools, and animals that comprised the material context. Undertaking observations opened up consideration for me, as a researcher, of the circumstances from which and in which participants told their stories. Such familiarity goes beyond the cognitive and the discursive to include the visual and embodied. The field observations were an important part of the research process because they allowed me to observe and to subsequently discuss nondiscursive dimensions of professional practice (Schatzki, 2002). Observation permitted inclusion of data involving sociomaterial dimensions of practice and relational action (Hager et al., 2012a). Each participant worked in a unique workplace context with its own specific setups, relationships, and ways of enacting veterinary practice. Spending time observing reduced the likelihood that I would make unwarranted assumptions about the practice conditions of my participants and encouraged me to sustain my research role and exercise reflexivity, reminding me that I was an outsider at each workplace as well as an insider to the profession. Finally, spending time in the workplace provided information, topics, and prompts that could be followed up and explored at the subsequent interview; it also helped to create a collaborative and trusting relationship with the participants through increased familiarity with their daily activities and environment (Czarniawska, 2004; Riessman, 2008).

The focus of the observations was on daily interactions with people, animals, artefacts, and objects. Observation also allowed me to take notice of unspoken and unremarked activities of practice. Such opportunities could be so quotidian or so taken for granted that there would be no thought given to mentioning it in an interview. It further provided prompts and cues for questions to raise, probe and clarify at subsequent interview. Examples of follow up could be to enquire why a participant said something specific to a colleague or a client, to ascertain whether something I had taken to be out of the ordinary was seen as unusual to the participant, or whether some aspect of their experience had changed over time. It is important to note that
I do not present the observations as an attempt to triangulate data, establishing the extent to which participants’ accounts corresponded with another perspective, whether mine or those of others around them. Such a role for observation has been critiqued as reflecting naïve assumptions about relationships between “actions and accounts, and between truth and dissimulation” (Atkinson & Coffey, 2003, p. 423).

Documentation of observation can be in written, audible, or audiovisual form. It could seem intuitive that audiovisual recording would provide the most authentic, and therefore the “best”, fieldwork data collection tool. Certainly, it allows an enhanced focus on certain dimensions of practice and environments, especially physical embodiment and sociomaterial dimensions of practice. However, in the context of an environment like a veterinary practice there are ethical and logistical challenges. There are many stakeholders, and audio- and video-recording may be experienced as intimidating and intrusive. The mobile, fast-moving nature of the daily events in a context like a veterinary workplace make video recording extremely challenging and the resulting large volume of data can be problematic. Electronic recording of observation data offered few advantages for this study over handwritten field notes for recording the information I sought to explore, focusing on dimensions of everyday practice that were of interest to my study (Angrosino, 2005).

Sustaining a dialogical approach to this study meant a responsibility for me to be very aware of my own position as the researcher. I have already referred to the reflexivity I exercised when conducting the interviews. One commitment that underpins dialogical research is suspicion of authority, of voices that claim to have the last word on a topic. The antithesis of dialogue is held to be the monologue. Used in this context, monologue represents the voice that exploits its authority in attempting to claim ultimate objective truth and denies its own constitution through interaction with other voices (Linell, 2009). Such a view is consistent with my previous assertion that the voice of any one individual contains many voices and is a response to, and anticipates responses from, others. Not only does that insight apply to participants, it equally applies to my researcher voice and the analysis and findings that I draw from the data. Stories, voices, and identities are situated in time and place, and they continue to evolve and develop. On both epistemological and ethical grounds, I concur with Frank’s strong rejection of the notion that people can be finalised and his assertion that claiming to have “the last word” about someone diminishes their humanity. That consideration urged me as a researcher to exercise respect for participants and care in my interpretations, bearing in mind that “critical thought
can appreciate how expert people are about their own lives while examining ways in which any person’s or group’s self-awareness is limited” (Frank, 2010, p. 73).

### 3.4.4 Semistructured interviews

I conducted three semistructured interviews with each of the participants, visiting each of them personally at least twice to conduct the first face-to-face interviews and the second interview combined with observations. The timing of the data collection points is illustrated in Table 3.2.

<table>
<thead>
<tr>
<th>Table 3.2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Collection Timeline</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Angela</td>
</tr>
<tr>
<td>Charlotte</td>
</tr>
<tr>
<td>Ed</td>
</tr>
<tr>
<td>Holly</td>
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<tr>
<td>Jane</td>
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<tr>
<td>Nick</td>
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<tr>
<td>Richard</td>
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<tr>
<td>Stuart</td>
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<td>Tess</td>
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<tr>
<td>Tom</td>
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<td>Tony</td>
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</tbody>
</table>

<sup>a</sup> Legend Blue – Interview 1; Green – Interview 2 + observation; Orange – Interview 3

My aim was to conduct an interview in the first few months of practice, and another towards the end of the first year. In the middle of the year I conducted an interview after a period of workplace observation. Each interview lasted for about 1 hour and was conducted at a location agreed to with the participant, mostly a public location such as a coffee shop. I considered it important that participants felt free to describe their experiences as they chose without worrying about being overheard in the workplace. Additionally, conducting the interview
outside the workplace was a signal from me to the participant that, although I am a veterinary educator, I was not there to evaluate them but instead to conduct a dialogue. A small number of the participants requested that the second interview be conducted in the veterinary clinic for their own convenience at a time when colleagues had gone home for the day. All but one of the final interviews were conducted by telephone and, given the rapport that had developed, the remote nature of the communication was not experienced as a barrier to free talk.

Each interview had a basic structure of questions, and for the first interview this outline was common to all participants. Nonetheless, the course of each interview was unique, reflecting the participants’ differing experiences, contexts, and interpretations. Between participants, the second and third interview schedules had some resemblances and commonalities but drew largely on data from prior interviews and the observation period. The opportunity to engage with participants on multiple occasions meant that second and subsequent interviews were informed and immeasurably enriched by early interpretations arising from the first. For example, during the second interview, Tom indicated that the organisation of his veterinary clinic was about to change, with the implementation of a corporate management model. At our next interview, several months later, I asked about how he was experiencing that change and explored the specific ways in which he experienced and interpreted the corporate veterinary model. See Appendix C for outlines for each of the interviews.

I audio recorded the interviews and transcribed all of the first and the majority of the second interviews myself. As a result of that experience of deep immersion in the texts, with repeated listening and the slow pace that accompanied the process, I was able to imagine hearing the participants’ voices as I read the resulting written transcripts. I argue that this depth of engagement with the audio recordings was of greatest value in the initial interviews, in developing rapport and familiarity with the participants, and in preparing for the observation and subsequent interviews. Around halfway through the data collection process, there came a time when the research value derived from me doing the transcribing no longer outweighed the disadvantage of the extra time taken. I therefore engaged a professional transcription service for some of the second, and all of the final, interviews.
3.4.5 Workplace observation

I spent a half to one day with each of the participants shadowing them at work. In order to do that, I had to negotiate in diverse ways to gain access to the field as well as to be able to enter the field and gather data. Gaining access to the field was a staged process, and participants chose to make the initial approach about their participation in the study to their employer or supervisor. I subsequently followed up with a phone call and/or an email with the employer information sheet and consent form (see Appendix D).

I arrived at the workplace for the observation period in the morning at a time pre-arranged with the participant to include the significant morning preparations for the day. In most cases this coincided with the timing for morning treatments and handovers prior to the clinic opening time. During the observation periods, I shadowed my participant as far as possible. I was introduced to my participant’s colleagues and clients as a veterinarian and a researcher, and specifically designed information sheets were made available to them (see Appendix D). I found that my presence was not particularly remarked upon. Veterinary clinics are accustomed to observers, such as work experience students and veterinary students. I had discussed and arranged my visit with participants before the day, highlighting the purpose of my visit and the sorts of practice activities I was most interested in observing. These activities were diverse, and I experienced no difficulty in reaching agreement with participants about my presence and arranging signals and prompts for me to absent myself from situations. The types of activities I was seeking to observe included, but were not limited to, the following:

- Consultations (including farm visits) with clients
- Telephone updates on hospitalised patients
- Seeking advice from a senior colleague
- Morning and evening handovers
- Surgical operations
- Interactions with veterinary students on workplace learning.

To give an indication of the fluid negotiation of my presence during observations, I arranged with all participants that they were free to request that I not observe any situation, either verbally or by a subtle shake of the head. We anticipated that this would apply in situations that may be sad or difficult, such as euthanasia of an animal. During my day with Tom, I was
observing a consultation in which it became apparent that the quality of life for the patient, an old dog with chronic and complex conditions was reaching a stage where a discussion of euthanasia was appropriate. I met Tom’s eyes and inclined my head towards the door. He quietly asked the clients whether they would prefer I left the room, and they promptly responded that they were prepared for me to stay in the room with them. On the day I observed with Charlotte, she was heading into a consultation in which she strongly suspected that she would be performing euthanasia for a patient she had been managing for some time. We both agreed that it would be best for me to stay out of that consultation.

I carried a notebook for field notes, but used it unobtrusively, usually between consultations or activities. I recorded descriptions of the environment, people, and animals the participants encountered and activities and conversations they were involved in. Throughout the day we would, of course, talk, and I recorded the topics of our discussions and made notes of things to follow up. Figure 3.2 shows several pages of my field notes from my visit to Holly, including a sketch of the clinic.

![Field notes: Holly observation](image)

Figure 3.2. Field notes: Holly observation.

As well as recording the details of the events of the day, I jotted down questions to ask subsequently, issues to follow up, tentative interpretations, and anything I found unclear or confusing. Importantly, I also recorded information about the place, including sketches of the clinic, descriptions of work vehicle setups, and sensory impressions of the environments in which I found myself. I made descriptive notes about others in the workplace and about client encounters.
3.4.6 Data management

As the data collection process proceeded, I accumulated audio recordings of interviews as well as a notebook with my field notes. In this section, I describe and justify the process of data storage, creation of written transcripts of the interviews, and my use of computer software for data management and analysis.

The audio files of the interviews were transferred from the recording device and stored as password-protected files on my computer as soon as was practically possible. I kept my fieldwork notebook on me at all times during my workplace observations and in my locked office at all other times. The written transcripts were stored on my computer, with secure backup files, in a password-protected environment.

In creating written interview transcripts, a constructionist lens on language means that the recording of the interview is not the same as the interview, and the transcript is not the same as either the interview or the recording (Mishler, 1986; Riessman, 2008). Decisions about transcription strategies therefore need to be made with appropriate reflexivity (Poland, 2003). First, I included my own researcher voice in the transcript. To do otherwise would have been very difficult given the active nature of the interviews and would certainly have made the transcripts less intelligible. I have therefore included my own questions, clarifications, comments, and laughter, in the belief that such transparency reflects appropriate reflexivity. Beyond the question of researcher voice, human conversation does not easily lend itself to coherent representation in written form. There were interjections, false starts, periods of simultaneous speech, sentences that trailed off, bursts of laughter, and pauses for ordering coffee. It can be very difficult to make meaning of transcripts that retain the linguistic and paralinguistic features of conversation, but layers of ambiguity and rich contextual detail may disappear without examination for the sake of ease of analysis.

My transcription decisions represented a pragmatic approach by which I aimed to honour the unique voices of the participants to retain considerable contextual richness held in our conversations but also to ensure that participants' thoughtful reflections should not be diminished or trivialised by the distortion bestowed by the appearance of conversation in written form (Riessman, 2008). I transcribed all of the first, and many of the second, interviews myself and so was able to directly make and implement my transcription decisions. During the
process of checking the transcripts for which I had employed a professional transcription service, I reviewed the transcripts line by line while listening to the interviews. As well as correcting errors and misunderstandings, I also edited to reflect my pragmatic approach to transcription. I separated overlapping speech, removed interjections unless they were substantial, and removed most instances of stumbles such “um” and false starts. In terms of paralinguistic detail, I included laughter and exclamations, but I included pauses only if they were of greater than approximately half a second duration. I inserted punctuation in order to create reasonably intelligible sentences that corresponded to my understanding of the conversation (Poland, 2003). I kept in mind that the participants were all less than 30 years of age, and so I left in a number of linguistic markers that reflected their age and stage of life. That meant that I did not remove all the instances of “like” and “you know”, and I retained any use of swearing. This was not a discourse analysis, but in making transcription decisions I took care to exercise methodological awareness (Seale, 2002).

I used software to support the data management and analysis process, loading interview transcripts into QSR International’s NVivo 10/11 computer software. Given that I had a large number of in-depth interviews, the transcripts represented a large volume of data to handle and analyse. For this study, the utility of using NVivo resided in its power to store, search, and iteratively create, refine, and modify patterns and relationships in the data (see Appendix E for screen shots illustrating the use of NVivo for data storage). In the next section, I elaborate the role of NVivo in the phases of data analysis.

3.5 Making meaning from data: Thematic and dialogic narrative analysis

The analytic framework for this study comprised two techniques: thematic analysis and dialogic analysis. These represent a sequential change in the focus and unit of analysis, a process that requires careful attention to justify and to achieve congruence (Simons, Lathlean, & Squire, 2008). My choice to use more than one data analysis technique rested on the evaluation that one technique alone did not yield the rich and multidimensional interpretation of the data that I believed to be achievable. Thematic analysis allowed me to examine closely what was said and identify themes that arose in multiple participants’ data, whereas dialogic analysis allowed me to pay close attention to the interactional context and to how participants positioned themselves or were positioned. Figure 3.3 represents the sequential data analysis processes and their relationships.
One of the challenges with qualitative research lies in taking rich and voluminous data and distilling it into meaningful findings, making choices that inevitably bring some aspects to the foreground and consequently leave others in the shadow. The choices are not easy. Squire (2013, p. 57) noted that “the search for a valid interpretive frame is perhaps the research stage that causes the most argument and concern”. Honouring the unique contribution and experiences of each of the research participants while also constructing interpretations that inform my research phenomenon and answer my research questions was something I experienced as a significant responsibility and challenge.

3.5.1 Thematic analysis

During the first stage of data analysis, I addressed the entire data set, immersing myself in the interview transcripts and reviewing my field notes and research journal. I conducted several sensitising interpretive activities, the first being a contact summary sheet, compiled after each of the interviews, in which I wrote notes on the interaction (see Appendix G). Second, based on my research questions, I devised interpretive questions to pose to the data. The initial interpretive questions were as follows:
• What experiences made participants feel vulnerable and how did they hold their own?
• What values did the participants present as being important to themselves professionally?
• To what extent did they describe themselves as participating in a community of practice?
• How did the participants describe their development?
• What wider social discourses can I hear in the text?

The responses to these questions were long pieces of richly descriptive writing (see excerpt in Appendix F) that served two main purposes. First, as I began data analysis during the data collection process, these sensitising activities informed my ongoing data collection, but second, they acted as a preparatory orientation to the process of thematic analysis. I did not begin with an explicit conception of what my themes would be, but I did have orienting concepts and ideas in mind, and importantly these were grounded in the data I had collected.

I have already mentioned the use of QSR International’s NVivo 10/11 software for data management. During the thematic phase of the data analysis process, I drew on the capabilities of the software for supporting iterative cycles of creating categories, coding sections of data into categories, and supporting iterative cycles of review and refinement of categories. My analytic lens remained narrative during this process, but in the sense of viewing the data as representing narratives of experience. I highlighted pieces of text that signified experience and meaning making from that experience. There were diverse markers for these pieces of data. They included evaluative language, responses to questions that I had asked about significant events or experiences, and also where emotion was evident. Some pieces of text were short; others much longer. I named each of the nodes and defined them. After analysing the initial interviews, I had created more than 50 nodes. I returned to the data and reiterated the interpretive cycles as the dataset grew and my understanding deepened. See Appendix E for screen shots illustrating the use of NVivo for coding and grouping nodes to refine themes. These cycles of interpretation represented a hermeneutic process as I moved my attention from a piece of interview text to the surrounding text, to the whole interview, and finally to the interview set and my understandings of the practice context (Squire, 2013; Trede & Loftus, 2010). With each iteration, I refined groupings and categorisations and subsequently created
conceptual relationships between nodes that became the twelve subthemes, grouped under two major themes that were the products of this phase of the analysis. Those themes are represented in Table 3.3.

Table 3.3

*Thematic analysis products*

<table>
<thead>
<tr>
<th>Major theme</th>
<th>Secondary theme</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice capability</td>
<td>Being given and taking responsibility</td>
<td>Experiencing responsibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Experiences in practice context</td>
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<td></td>
<td></td>
<td>Exercising agency</td>
</tr>
<tr>
<td>Becoming capable</td>
<td></td>
<td>Learning in the workplace</td>
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<tr>
<td></td>
<td></td>
<td>Becoming assured in conditions of uncertainty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being critically aware</td>
</tr>
<tr>
<td>Authenticity</td>
<td>Entering the practice world</td>
<td>Seeking to belong</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relational practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Standards and traditions</td>
</tr>
<tr>
<td>Personal and professional self</td>
<td>Knowing yourself</td>
<td>Knowing your values</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pragmatic professionalism</td>
</tr>
</tbody>
</table>
3.5.2 Dialogic narrative analysis

The first process in conducting the dialogic narrative analysis was choosing stories for analysis. I have previously described my framing of narrative as being based around experiences rather than on events. Frank (2012) advocated the use of a deliberate, theoretically-informed, morally guided process of selecting appropriate stories for dialogic narrative analysis, rather than settling on an eye-catching tale (Frank, 2012). I used the products (themes) that I had created in the first stage of analysis, as well as the interview transcripts and field notes to guide my choices about key narratives for this stage of the analysis. Key stories have been described as representing transformative experiences and may be told and retold in different ways, at different times, and to different audiences. These stories may or may not be event-centred, but their narrators hold them to be significant. In this study, I identified key stories through seeking out recurrent content, detecting strong emotions, or through complex interrelationships of the important themes identified in the first stage of analysis (Phoenix, 2013).

The Bakhtinian theoretical concepts of voice, multivoicedness, and heteroglossia were central to the analysis of these selected stories. The analytic approach I adopted was informed by that articulated by Aveling et al. (2015). These authors, drawing on their own research about ethnic identity, suggested a number of practical processes in conducting a dialogical analysis of multivoicedness. The first of these is in identification of the I-positions from which the Self speaks, where I-positions represent a person speaking in the first person, generally marked by using the pronouns “I” and “me”. Those utterances are not just taken as issuing from a unitary self. Instead, they are interrogated through exploring what position or role the person is speaking from. People may speak as members of their ethnic group in one sentence, then as fans of a particular sport in the next. Following identification of I-positions, the second step lies in detecting the voices of so-called inner-Others. The concepts of inner-Others and echoes reflect the fact that within one person’s talk there may be reported speech, repudiations of things others have said, and even unacknowledged snatches of voices from the past. Finally, the analyst explores the interactions between all of the voices, including I-positions and inner-Others in the analysed speech. The example on which Aveling et al. (2015) drew was naturally occurring conversation among a group of young men, but a similar analytic process proved to be fruitful in the case of key narratives of experience in this study. I explain in detail my dialogic narrative analysis process for this research in the introduction to Chapter 6, in which I also present the findings of the dialogic narrative analysis.
3.6 Quality indicators

Different audiences will engage with the question of quality of the findings of this study and, depending on their interests and their paradigmatic understandings, they will engage in different ways. I begin by addressing how ideas about knowledge and truth relate to the particular quality indicators I articulated for this study. I will then elaborate on those the quality indicators: an overall trustworthiness supported by rigour and authenticity in process, and credibility of findings.

Consistent with the social constructionist understandings of knowledge and truth that underpin this study, I view knowledge of the social world as being co-constructed by people through relational processes as they engage with that world. I make claims for truth and for knowledge arising from this study, but not for the only truth or for objective knowledge. Riessman (2008) suggested that trustworthiness is a more helpful term for characterising the quality of knowledge claims arising in the context of narrative research. Although multiple interpretations of phenomena are available, some are of higher quality than others and I do not attempt to assert that my interpretations are the only ones available. Instead, I base claims for the quality of this study on the trustworthiness of my knowledge claims and the evidence I provide to support them.

Rigour means being able to display and defend congruence in a study and is therefore a quality principle that underpins the process of conducting research across its entire course (Silverman, 2006). Rigour does not mean a rigid and formulaic approach to the research process. Instead, it better reflects Seale’s description of conducting good quality social research as a craft, and its product as having “the character of a well-crafted artefact” (Seale, 2002, p. 99). I exercised rigour in attending to coherence from the research topic through the theoretical framework, research questions, philosophical framework, documentation of the data collection and analysis process, and finally to the production of warranted findings. I carefully framed the key theoretical concepts underpinning this research, and I clearly described and justified the choices I made throughout the research process. The principle of methodological awareness acted as a guide in making and justifying my choices as I conducted the research (Seale, 2002).
I maintained an electronic research journal throughout the study to document my decisions. Some important components of this journal included the project timelines, a log of participant recruitment, communication and data collection points, and the contact summary sheet that I compiled after each encounter with the research participants. I created the entry as soon as possible after the event in order to document my own observations, feelings, ideas, and plans while they were fresh in my mind (see Appendix F for an example). During the data analysis process, I continued to maintain the research journal, including analytic memos as I made decisions. Those decisions included smaller detailed notes about coding and patterns in the data as well as larger considerations such as the decision to shift focus in the analysis. The computer records relating to data analysis derived from NVivo 10/11 software included the grouping of themes and nodes (see Appendix E). Together with the research journal, the records comprise an audit trail for the research study.

The data I collected from the participants in this study are presented as interpretations of experience for participants, grounded in a spirit of respectful inquiry. In interrogating the quality of the data, the appropriate indicator is authenticity rather than seeking a correspondence with an externally established truth. That important point has relevance for the role of observation as a data collection tool, for the decision not to interview others in the participants’ workplaces, but also with respect to my own research relationships with participants. In undertaking observation, I sought to enhance quality of the research process and findings through developing a situated familiarity with the practice context and not through trying to establish whether participants’ narratives of experience corresponded to my own observations of their setting.

Authenticity has relevance to both quality and integrity of a research study. In taking on this project and asking the participants to make a significant commitment to participation, I took on a responsibility to honour their perspectives and voices, and, in a dialogical sense, to avoid trying to finalise them (Frank, 2012). Some researchers advocate the practice of member checking, in which participants are asked to review interview transcripts or findings for accuracy or resonance, and suggest it is a necessary strategy for authenticity. I chose not to ask participants to review their transcripts, instead using follow-up interviews as opportunities to introduce my interpretations of data from previous encounters and asking participants to comment on those interpretations. In that way, I was able to respect the participants’ own
perspective on their data while creating a new dialogue that deepened both my own thinking and the participants' reflections about their experiences.

I have demonstrated credibility of the findings through clearly grounding them in the data with the use of illustrative quotes and arguments that make clear links between my interpretations of the data and theoretical concepts (Silverman, 2006). The in-depth and trustworthy account of the development of professional identity in this group of participants came about through prolonged, repeated engagement through which I was able to build trusting relationships with participants and to become familiar with their practice worlds. The data I was able to obtain were rich, and the processes through which I managed and analysed those data are transparent and documented. In exploring a complex, situated social phenomenon, I took care to seek out alternative interpretations and to create only justifiable patterns and relationships when analysing the data and presenting findings.

Reflexivity may be described in the research context as “a continual evaluation of subjective responses, intersubjective dynamics, and the research process itself” (Finlay, 2002, p. 532). Through exercising and documenting reflexivity, the authenticity of the data and the credibility of the findings are further supported. I brought a particular and unique position to this research study in which I was both insider and outsider: an insider, in that I am a veterinary educator with experience in clinical practice, and an outsider in that I have been out of clinical veterinary practice for over 10 years. Uncommonly for an educator, my clinical background is in general, rather than specialist, practice, and I believe that this supported the participants’ willingness to share experiences that displayed their vulnerability and uncertainty. Participants could use jargon and refer to features of practice with an expectation that there would be some understanding of their meaning. In response, I recognised that there were opportunities for deepening the dialogue by probing those shared understandings that might remain unspoken in everyday conversation. Furthermore, I remained mindful of my potential power to bring too much of myself to the research setting. I adopted a number of strategies that included asking open-ended questions, avoiding personally judgemental comments, and, most importantly, being an active listener—progressively more so as the study proceeded.

Finally, the quality of this study can be judged by its pragmatic usefulness (Riessman, 2008). Instead of addressing whether the findings can be generalised, I demonstrate instead that the study is of value in the changing and contested social world of professional practice. In it, I
Pose and respond to a question of importance, it yields rich, deep, and detailed context-dependent knowledge, and it can be drawn on in further research.

### 3.7 Ethical considerations

Ethical review for the study was conducted and approval was granted by the Human Research Ethics Committee of Charles Sturt University prior to the commencement of recruitment and data collection (CSU HREC approval number 2013/040). The veterinary profession does not have its own ethical review body for research involving human participants. Given that veterinary practice is generally conducted in a small business setting, there were no large institutional gatekeepers to encounter, as may be seen in the human health domain. I was guided by the National Statement on Ethical Conduct in Human Research (2007). Based on the core principles of the national statement, the main issues I addressed involved management of the recruitment and consent process and transparency about confidentiality and anonymity for participants. Access to the field for observation required negotiation with practice owners and managers, mindfulness of participants’ developing workplace relationships, and sensitivity to colleagues, clients, and others who were peripherally involved in workplace observations.

My data collection strategy involved recruiting potential participants prior to graduation, as I have previously described. There were two significant ethical dimensions to this process. The first related to my role as a final-year subject coordinator at Charles Sturt University, one of the recruitment sites. The power imbalance related to my position and the possibility of perceived coercion meant that I asked a colleague to advertise the study to final year students and collect expressions of interest. Potential participants were made known to me only after the grades had been finalised. The second consideration in recruitment involved the fact that I was to spend a day observing in participants’ workplaces. That meant that participants needed to discuss their participation in the study with their employer and seek permission for the observation to occur. The participant information sheet (Appendix B) clearly explained that requirement. In ethical terms, I regarded recruitment as occurring in two phases. In the first phase, prior to starting work, participation was not confirmed, and only expressions of interest were sought. During the second phase, in which participation was confirmed, the participants approached their employers about participation, and if the employers were willing I then sent them an information sheet outlining the entire study.
The repeated and prolonged engagement with the participants meant that I developed trusting and quite friendly relationships with them. They shared their experiences, which they could variously find funny, awkward, embarrassing, and deeply satisfying. They frequently made themselves vulnerable to me. It was important for me to remember that appropriate respect for them as participants obliged me to maintain an appropriate humility and not to abuse the trust that they placed in me. I have remained always aware of the courage and generosity of my participants in agreeing to be part of this study. In return, I was transparent with them about the implications of their participation. Respect for persons and their autonomy means that participants should be consenting with a complete understanding of what is involved. It was important that participants understood fully that although I could assure them of confidentiality of their data at all times and of anonymity in the final thesis and any subsequent publications, the fact of their participation would be apparent to those in their workplace. Their employers, colleagues and some clients directly involved would also know about the study.

Access required sensitive handling in this study, as conducting the observations meant that I needed to enter the participants’ workplaces, thus encroaching on daily professional relationships and activities. Beyond this, the research participants were new and junior team members in their workplaces. As such, they were forging their relationships with their colleagues and clients, and there were power relationships involved. Any disruption or ill-feeling arising from my presence could have been visited upon the participants. Respect for human beings and their autonomy applied most powerfully to the participants themselves, but there were others involved as well. Other veterinarians, veterinary nurses, receptionists, and clients were incidentally observed insofar as they interacted with and around the participants. I planned carefully to ensure that all of those people were fully informed and given the opportunity to consent to, or to withhold their consent from, my observing them. I created a suite of information sheets suitable for employers, colleagues, and clients, as well as for the participants themselves. My entry to that field, and appropriate management of potential ethical risks was supported by my status as an “inside-outsider” to the field, and my prior experience in clinical veterinary practice enabled me to plan for and preemptively avoid or manage ethically sensitive situations.

Having justified this research study on the basis that the period of transition to practice can be turbulent for veterinarians, I was aware of the possibility that participants could experience distress in retelling or reflecting on their experiences. Exercising reflexivity and empathy and
responding without judgement was of considerable importance in mitigating negative impacts from participation. I also compiled a list of support options to make available to participants who needed them. Examples included the Australian Veterinary Association’s Human Resources help service for members in case participants were troubled by employment issues, and the Doctors’ Health Advisory Service that provides online crisis support to veterinarians as well as medical professionals.

3.8 Conclusion

In this chapter I have explained the design and conduct of this research study, beginning with the research questions I asked and the philosophical framework by which I have justified the research approach I chose. A social constructionist, experience-centred narrative research approach allowed me to design a rich, contextualised study of new graduate veterinarians in a way that held the individual and extraintidividual dimensions of identity in a dialogical frame. In the three chapters that follow, I present the findings of the study. In Chapters 4 and 5, I present the products of the initial thematic analysis, and in Chapter 6, I present the dialogical narrative analysis. I begin Chapter 4 with an orientation to all three findings chapters.
Towards Practising with Responsibility and Capability
in an Imperfect World

4.1 Introduction to the three findings chapters

O body swayed to music, O brightening glance,
How can we know the dancer from the dance? (Yeats, 1989, p. 217)

Yeats’ vivid poetic image captures the paradox inherent in professional practice research, and in introducing the three findings chapters that follow I highlight the relational interdependence that exists between individual agency and the practice architectures that comprise social context. Although that image has been used by other professional practice researchers (Kemmis, Edwards-Groves, Wilkinson, & Hardy, 2012), I offer it here as a poetic device that contributes to my explanation of the construction and ordering of the three findings chapters that follow, and that does so with beauty and economy of words. The idea of a dancer has no meaning without an idea of the dance; there are rules and patterns to dancing, but each dance is different. As soon as the music stops, the dance is done and can only partly be represented in memory, description, or depiction. Similarly, for each member of this group of new graduate veterinarians, their own journey of professional practice was a unique experience comprising the hanging together of a specific network of sayings, doings, and relatings made up of their own individual dimensions in relation to a particular social, cultural, and material context at a specific time. Structurally, each findings chapter presents distinct perspectives and insights onto the research phenomenon but also “dances” with the others.

In Chapters 4 and 5, I present the findings from the first stage of analysis, a hermeneutic process in which I explored the data across the participants, asking interpretive questions and drawing out themes. Decisions about nature of the interpretive questions I posed to the data were made through a deliberate choice of theoretically based lenses that illuminate some aspects and casts others into a shadow.
The first research subquestion was: How do new graduate veterinarians interpret their engagement with their practice conditions as being influential in their development as veterinarians? In illuminating participants' outward-facing perspective in this question, I place a sharp focus on the practice situations that participants encountered. However, I ask the question in a way that brings individual agency into the frame by asking participants for their interpretations of their engagement. Chapter 4 represents a foregrounding of experiences constituted through engagement with practice situations, with a recognition that practice architectures are intimately bound up in the possibilities and limitations of how agency can be exercised, developed, and discussed.

The findings I present in Chapter 5 arise from my exploration of the second research subquestion: How do new graduates develop their self-understandings as veterinarians? In this chapter I explore how participants turned their perspective inward to make meaning of their experiences, thereby shaping and altering their understandings of themselves as veterinarians. That inward-facing view drew on their personal values and dispositions, but also on resources provided by the practice architectures around them. Chapter 5 therefore represents a personally significant process of actively engaging with, and taking ownership of, ideas and beliefs about professionalism.

Having separated inward- and outward-facing perspectives for analytic purposes, I maintain that they are practically indivisible. The dancer and the dance cannot be “known” separately, and in Chapter 6 I demonstrate relational interdependence through dialogical narrative analysis of experience-centred practice stories. The stories I have chosen to analyse in that chapter can be read with a thematic lens, and they illustrate the themes discussed in Chapters 4 and 5 in rich and complex layers. However, the unique contribution of the dialogical analysis goes beyond deepening the thematic analysis. That contribution can be summarised in terms of three dimensions. The first provides a fuller picture of the relational interdependence of the individuals and their social context within the same analytic frame. That approach is consistent with the research focus being a portmanteau concept, individuals-in-their-social-practice. The second is to explore language as a cultural resource for practice in a more critical way than is possible through thematic analysis. The third is through incorporating the dimension of time.
In this first findings chapter, I address the first research subquestion: How do new graduate veterinarians interpret their engagement with their practice conditions as being influential in their development as veterinarians? In responding to that subquestion, I analysed the interview data, informed and enriched by the observations I was able to make during my visits to the participants’ workplaces. Taking the time to engage repeatedly with my participants and spend time with them in their workplaces was a powerful way of becoming immersed in their practice world. In the chapter I present here, I explore how they exercised their agency, whether facilitated or not, in the specific practice architectures they encountered over the course of their first year of practice.

Unlike their medical colleagues, there is no formal postgraduate preregistration learning period for veterinarians. That means that participants were formally veterinarians as soon as they graduated and registered. Beyond the goal they had already achieved—that of graduation from veterinary school—there were no further formal milestones. They were avid to do what it took to move beyond being new graduates, but there was no formal point of time or tangible next milestone towards more senior status which they could direct themselves.

4.2 From making calls to making the calls

An early question in the first interview for all participants focused on their first day and how they had been introduced to the workplace. For each of my participants, their first year of practice occurred in a particular setting with its own unique characteristics. That early question about beginnings yielded widely diverse responses and provided a base for deeper exploration of each participant’s unique experiences and conditions. The semistructured nature of the interviews I conducted with each participant allowed for considerable latitude for participants to make choices about the topics and issues they described as being significant to them.

4.2.1 Taking calls, making calls: Responsibility and responsiveness

For most of the participants there came a time very early in their working life when they managed their own cases and were accountable for their own decisions and actions.

I didn’t realise that that day was going to be my first day, so maybe it was good I didn’t have time to prepare for it, but it was like, “Oh God, I’m actually a vet and I’m responsible now!” (Angela, Interview 1)
Angela had been working for a couple of weeks under direct supervision before her registration had been processed, in accordance with the legislation governing veterinary practice. For her, the transition to being a veterinarian did actually occur overnight, and the notion of responsibility followed immediately from the realisation that “I’m actually a vet”. Angela went on to explain that, as a consequence of the change in her registration status, she was left to manage the busy small animal clinic by herself for the whole day, with “about four surgeries to do and a full block of consults”. Angela’s example was quite extreme, an experience she described as a “baptism of fire”, but the sense that being a new graduate veterinarian entailed a high level of responsibility soon after graduation was something that most participants shared.

Although responsibility can be conceptualised in different ways, for participants in this research it could be interpreted quite literally. They were called upon, and they were bound to respond. That meant that they had to be responsive, whether through taking action, making an explanation, or calling on another to help. The option of disregarding a call was not open to them. Responsibility represented a duty beyond responsiveness, and for these participants it meant that it was up to them to respond in a professional way to people, animals and situations, and to be accountable for their actions. Tess encountered responsiveness and responsibility through taking calls when she had been working for only a few weeks and agreed to answer the telephones one Saturday night for her employer who was attending a social function.

Tess: I got called at 2.30 in the morning with some rabbit that sounded like it was dying … and then all these people are calling in the morning. They just kept on calling and I was trying to get to church at 10 o’clock and the phone just wouldn’t stop ringing and I couldn’t get onto the boss. … I didn’t get any sleep at all after 2.30 … because I thought, “No, I am actually on call. What else could possibly happen between now and whenever the phones actually get switched over?”

Researcher: I’d better stay awake and worry about it! (Laughter)

Tess: Exactly, exactly! (Tess, Interview 1)

Tess’ experience was a very concrete example of responsiveness and responsibility framed in terms of taking calls: When the phone rang, it was up to her to respond, whatever awaited her on the other end. Her experience serves as a useful heuristic for how new graduates can
experience the onset of responsibility. The calls kept coming and must be taken, whether or not the graduate felt prepared. Responsibility can be experienced as a heavy burden, as much because of what might happen as because of what had actually occurred. Every time the phone rang, there may be a challenging situation to respond to. Given their limited practice experience, there was a relatively high chance that the specific situation would be one they have not dealt with before. Having taken the call, they will need to respond in some way—to make a decision, to act, to seek advice or help, and then to account satisfactorily for their response. The effortful and repeated engagement with such decisions was tiring, and, as described by Tess, could actually result in lost sleep.

Without exception, and particularly in their first interview, participants reported instances in which they were confronted with a case or an issue concerning which they felt unsure of how to respond and proceed. Uncertainty is a hallmark of professional practice. Even experienced practitioners will need to ponder, discuss, research, and reappraise. However, new graduates are in a unique position because their capacity to draw on practice experience is so limited. There were times for some of these new graduate participants when they believed themselves to be certain about only one thing: that they were out of their depth in deciding how to respond appropriately. Such situations could be a case that they just did not know how to manage, a procedure they had never performed, difficult questions of financial constraints, or a client who did not trust their advice. Nick described encountering a dog that was displaying neurological signs after having been attacked by a goose.

Nick: That was probably the first time that I just hit a brick wall, and went, “Oh, I have no idea what to do!

Researcher: And what do you think the uncertainty was around there for you?

Nick: Um—not having seen anything like that before and not knowing what the dog needed. There was no, sort of, symptomatic treatment in my head. (Nick, Interview 1)

Nick’s frank description of feeling stuck and having no plan in the face of a worried client gave a vivid sense of the vulnerability he felt in that situation. It is possible that, given some time to reflect, he could have drawn on his understanding of clinical principles to develop a rational plan for this animal but in the moment, he was certain that he was unable to manage
the case responsibly by himself. In that situation, the option he chose was to make a call, that is, to seek help, advice, or intervention, from a more experienced colleague. Nick described how he discussed the case with his employer “and we came up with a plan”. With that support, he was able to retain his overall responsibility for managing the case, even after having made the call for help.

It is important to note that decisions around seeking help involved choices for both the graduate and those who were responding. Participants needed to develop a sense of what type of response they might be seeking, and that meant building relationships with their colleagues, and getting to know their approaches to problems in practice, and their relational style.

I talk to different people [in the practice] for different things—it’s nice talking to the other newer graduates about some things. Partly because our knowledge is just so different, so sometimes when you go to the senior vets, “What should we do with this dog?” “Put it on [prednisolone]!” I think, “Well, we could … but there’s probably other things we could do!”… It’s nice to have someone else with a fresher knowledge bank. (Charlotte, Interview 1)

Making calls, in the sense of discussing cases and practice issues, were not always situations where a new graduate was looking for help, or even for definitive answers. Depending on the nature of the task at hand, making a call could reflect a need for immediate rescue, but participants could be looking to develop their own ideas through collegial discussion rather than looking for the provision of a simple answer to a question. Making calls could occur in multiple small daily snippets and to any member of the practice team, asking nurses which instrument was generally used for a procedure, or seeking 10 minutes’ respite after performing euthanasia before the next consultation. There were diverse ways of providing and seeking help for participants, reflecting both the preferences and dispositions of the graduates themselves as well as the affordances provided by the workplace and those in it.

[My senior colleague] has been the best thing ever for me. … Almost every case I did for the first couple of months I did, I’d ring [him]. Even if I was completely happy with it I’d ring him up and say, “This is what I did, this, this and this.” And he’d say, “Yeah, beauty. Maybe try this next time.” … So every new type of case—it might not be for a couple of days, but every single case I’d just air with him. But, like I said, his relaxed attitude has been everything. He makes it very easy to get it right. (Ed, Interview 1)
Ed largely drove his own support process based on his collegiate relationship with a senior colleague. It involved very little supervision in real time but a great deal of debriefing and discussion with this colleague. Satisfaction with that support process depended on Ed’s confidence with his technical skills and his client relations as well as on the trust that his senior colleagues placed in him, and their willingness to take time consistently to debrief with him.

The extent of the exercise of agency in making calls is perhaps not always overtly acknowledged in the discourse around support for new graduate veterinarians. Beyond a decision to actually make a call and seek help or advice, there remained further decisions about the call itself. Whom to call, how to call, how to present the call to clients and to veterinary colleagues—all were consequential considerations. As veterinary students, they had been advised that, following graduation, they would need the support and assistance of more experienced colleagues. They had, perhaps, been less prepared to think about the relational implications of such decisions in terms of responsibility and seeking responses. Each decision was situated in the ever-changing specifics in their own practice setting and could carry consequences for the graduate’s reputation, development, and position within the network of professional relationships in the workplace.

People often at uni will say to you, “If you don’t know, let people know and go and find out.” And I think that’s right—but you do have to be careful. You don’t want to openly say to somebody, “I don’t know but I’m going to find out”. I just think you’ve got to be tactful in saying, “Look, you know, this is a weird one” or “I haven’t seen this too many times before. I would be doing this, this and that. I just think for the animal and the situation it might be better if we get two opinions.” I think you should be careful—you come out of uni, and there’s no doubt that people appreciate honesty … but you shouldn’t be too honest! (Ed, Interview 1)

The imperative to portray oneself as a responsible, knowledgeable, and trustworthy practitioner to clients was very important to new graduate participants. In the face of challenges, that imperative could become even stronger. That meant that how graduates framed and presented their actions in seeking help had important implications. They may have felt stuck, but, in Ed’s view, there was no need to be quite so transparent with the client.

It could be difficult to judiciously evaluate one’s own capabilities in a specific instance and make the decision to take full responsibility alone or to seek a response from a colleague. Tom
cited an early case that had a poor outcome, where a rabbit died under anaesthetic. Rabbits can be challenging to anaesthetise, and this was a relatively high-risk case. Tom decided to take on the full responsibility for managing the case himself, without seeking support or input from a colleague. The client was not dissatisfied with his management of the case, but his employer advised him that making a call to a colleague with the case would have been appropriate.

I suppose [when I first started] I jumped into some pretty intensive small animal medicine cases without consulting the senior vets as much as I should have. And [my boss] said to me, “We’re here. I don’t expect you to be doing this kind of thing [on your own]” … [He told me], “I was in your position before. You’ve jumped into these too quickly. You, you’re a bit overconfident.” (Tom, Interview 1)

Tom displayed an emerging critical awareness when discussing this episode. He did not fully accept his employer’s assessment that he was “overconfident”. Instead, he went on to characterise his behaviour as “over-autonomous,” based on his assumptions about what others might expect of him rather than an excess of self-belief. He was eager to be perceived as responsible and as a valued member of the team to an extent that affected his willingness to seek support. Graduates in this study had a strong motivation to project an aura of assuredness and confidence to clients but also to the colleagues they were getting to know. Early in their first year of practice, that motivation could overwhelm their deliberations and judgements about carrying responsibility alone. When it came to complex and difficult cases, acting with autonomy was not always the wisest course.

The experience of making a call and either receiving no response or receiving an unhelpful response represented a situation of some vulnerability for participants. When only occurring occasionally, such episodes caused a minimal degree of distress. On the other hand, when these experiences were prolonged or regular, a cumulative sense of personal risk was combined with an awareness of the potential for compromise to care for animals and service for clients. When I asked Angela, on the point of leaving her first job after only three months, about whether there had been times when she had needed support and had been unable to access it, she smiled wryly and was able to draw a number of examples from just the previous twenty-four hours.

For example, a case or two yesterday, I’ve got absolutely no senior vet who’s contactable at the moment, even though I’ve tried to contact [my boss] and was unable to. I had a seven month old entire Kelpie bitch come in—it lives on a farm.
She’s still bright and energetic but she’s unwell, severely painful in the abdomen, very gaseous. Owners declined bloods and X-rays. I tested it [for parvovirus] because it’s got no vaccination. And so, the owners don’t want to do any [investigation] and I have no idea where to go with it. So I’ve documented it as much as I can, but I just feel as if I need to bounce something off somebody and I just don’t have [anyone] there to be able to do that. (Angela, Interview 1)

The situation Angela described combined several dimensions that might be expected to generate uncertainty in a new graduate. Nonspecific clinical signs and an animal that was clinically quite unwell, coupled with financially limited owners, represented a risky practice situation. There would be no help to be found in a textbook, which would advise all the diagnostic steps that the owners had declined. Her comment that she had “documented it as much as I can” gave some indication of the vulnerability Angela experienced in dealing with this case unassisted. While documenting cases fully in case records is professional and compulsory good practice, in emphasising the documentation Angela was indicating her apprehension that the situation could become one in which an owner made a complaint about her management of the case following a possible bad outcome. In that event, Angela would find herself required to account for her decision and actions. She was very aware of her responsibility but was unable to elicit a response from senior colleagues. Repeated experiences such as that, of feeling alone, besieged, and struggling were extremely distressing.

The inability to make contact with senior colleagues was one way in which participants could experience a lack of responsiveness to their calls. A lack of responsiveness could also be experienced in the direct presence of other colleagues. Reluctant or limited support could be afforded, although a limitation would often be quite subtly signified. In the following example, the experience Jane described was surprising in that the limitations were articulated in terms of a ration of support.

I find [my supervisor] quite difficult because he isn’t supportive of teaching. He always tells me that it’s not a teaching hospital and I’m limited to four questions a day and he’s just really not supportive of that side of things. So that’s made it quite difficult. (Jane, Interview 2)

Jane went on to explain that her supervisor made those comments “in a joking way”, but in a joking way that was unmistakably serious. When the occasion arose in which advice or input was needed, she would be aware that her supervisor did not like her asking questions in the
first place. She may choose not to ask a question or seek support, preferring to wait and keep opportunities for questions in reserve in case a more pressing issue arose later. Similar situations arose for other participants, although the unresponsiveness was almost always signified less overtly.

Absent or limited responsiveness from senior colleagues could be difficult, but novices could also receive responses that they found unhelpful. That could mean receiving advice that they believed to be wrongly targeted, incorrect, outdated, or inconsistent with their own values or standards. Richard became increasingly frustrated by unhelpful responses from his employers.

Discussing a case is not discussing a case. For me, if I want to discuss the differential [diagnoses], I don’t necessarily want to spend the [clients’] money, but I want to discuss the differentials and pin it down. But for [my bosses], maybe because they’ve got so much experience, it’s already narrowed down much more than what I’ve got in my head. And potentially it’s because they just don’t have the knowledge, or they don’t care in that particular situation. That’s been really hard—you’ll go to discuss something; [they] will give you an answer. You go [to yourself], “That doesn’t sound right to me”. But you’ve got nowhere else to go and you kind of go, “Oh shit, I shouldn’t have asked”. Because you can’t really go against what they say, it’s that fine line between asking someone because you really do want a second opinion, but then getting an opinion where you’re like, “But I don’t want to just give it [a course of antibiotics] and send it home!” (Richard, Interview 2)

Richard made this comment during the interview we conducted immediately following my period of workplace observation with him. I observed that he had not met or communicated with another veterinarian during the entire day that I was with him in the clinic. This was not something I had observed during my fieldwork with any of my other participants. Although it struck me as being quite unusual, Richard did not comment on it. However, during that interview he expressed a strong sense of frustration at his feelings of professional isolation and his employers’ lack of response to his repeated requests for help, guidance, and collegial support. Beyond frustration, experiences like this could lead to repeated quandaries: to ask, with the anticipation of an unhelpful response, or to struggle along alone. The sense of professional isolation engendered through experience such as Richard described here was not the same as, or even necessarily a consequence of, working alone. It could arise in a busy workplace with many vets. It can be viewed as a tension or conflict between responsibility and
responsiveness for the graduate participant. The implication of dialogue within the notion of responsiveness is not borne out by the nature of the response. The resulting isolation, when sustained, impacted on development of a sense of responsibility and a resilient professional identity.

The centrality of responsibility to the experience of my new graduate participants, and to their sense of themselves as veterinarians, meant that the obligation to answer, to act, and to present themselves appropriately remained powerful in the most challenging circumstances. At the same time, they sought responses from others, not only as novices who needed answers, assistance, guidance, or reassurance, but also as colleagues for whom discussion, debate, critique, and development represented important dimensions of what it meant to be a professional. Taking calls and making calls meant aiming to achieve a balance in responsibility, being responsive, and looking for responsiveness in others. The findings of this study suggest that it would be a mistake to draw simple parallels between risk and high levels of responsibility and challenge for this group of participants. A sense of security about responsiveness from colleagues when needed seemed to be important in mediating the impact of high challenge and high responsibility on new graduate participants. The universal acknowledgement that new graduates require appropriate support belies the contested, situated complexity of how such a notion is experienced and enacted.

4.2.2 Co-creating a unique set of professional experiences within practice architectures

During my first interview with each of them, I asked all participants to describe their workplace, its place in the local community, the people they worked with, and the type of work they did. The questions provided an invitation to begin discussing and exploring their practice conditions and yielded opportunities for me as the researcher to identify dimensions to explore more deeply or to follow up over time. In subsequent interviews, I was able to draw on data from the first interview as well as from the period of workplace observation. That meant that I was able to inquire more deeply about specific issues and aspects of the unique practice architectures for individual participants and also to follow up on whether and how their interpretations of their workplace setting had changed over time.
All participants discussed their own unique experience within the architectures of their workplace and of the profession. All of them were in different workplaces, but even had they been in the same workplace their engagement with the specific material, cultural, and social conditions would not have been the same. A certain set of unspoken understandings of “the way we do things around here” may not even be noticed by one person but constitute a significant source of attention for another. This study was focused neither on practice conditions in veterinary workplaces nor on the social, cultural, and material dimensions of veterinary practice at a community or society level exclusively. In light of that consideration, I do not seek to provide a detailed analysis of the network of practice architectures that constituted the practice context for each participant. Instead, I explore the relationship between individual and extraindividual dimensions of practice as interpreted by the participants, and I do so by delving into selected material, social, and cultural dimensions that illuminate those relationships.

Some dimensions of the practice architectures were grounded in tangible material phenomena. Stuart described considerable repetition in the types of cases and interventions he was engaging with on a daily basis. Employed in an equine practice on the outer margins of a capital city, he found his working life more repetitive than he had expected.

It’s a function of where we are. It’s a very sandy climate so we get a certain type of case, and also clients from a kind of socioeconomic level. You know, we don’t get many who can afford kind of thousands of dollars’ worth of expensive surgery and stuff like that. It’s pretty basic stuff that we do with a lot of our clients. (Stuart, Interview 1)

For Stuart, opportunities to develop expertise and become experienced were mediated to a significant extent by place, as a result of seasonal conditions or soil type, such as the sandy conditions in the area. Social and material conditions were interrelated in diverse ways. Geographic location influences the types of animal industries that are present in the catchment of a certain veterinary business, with characteristic, and often seasonally variable, caseloads. At the same time, the demographic characteristics of the community meant that economic considerations were particularly salient, so opportunities for extensive and expensive case management options were not often followed up. In Stuart’s setting, he perceived that the preponderance of certain diseases and procedures in his daily working life afforded him the
opportunity to become capable in many “basic” dimensions of equine practice, but with limitations over which he had little control.

When it came to gathering practice experiences over the first year of work as a veterinarian, the sociomaterial conditions afforded certain opportunities. Time was also a resource; a day spent performing pregnancy diagnosis with 500 cows on farm could not be a day spent examining lame horses. Jane, who worked in a busy, fast-paced small animal emergency clinic, had the opportunity to step back and reflect on her experiences during a weekend new graduate seminar she attended with many of her classmates. In addition to providing some professional development opportunities, the seminar was an opportunity to debrief with peers and compare their respective sets of experiences.

[When I went to a new graduates’ seminar], they were talking about [dramatic emergencies like] fluid therapy or gastric dilation/volvulus or congestive heart failure, I mean, those are the things we see on a nightly basis, and I can do that without even thinking. It’s just fairly much bam, bam, bam and I can do it. However, give me a skin workup case, and I’d be completely lost! (Jane, Interview 2)

For Jane, working in a city-based emergency hospital, opportunities related not to the natural environment but to the sociomaterial conditions of that specific setting. Those conditions guided the types of animals that were presented to her, the equipment she had available for managing them, and the expectations her clients held about the treatment interventions that could be offered. It was not surprising that being able to manage adrenaline-pumping, life-or-death situations such as the examples above was important and valued. These are situations where action has to happen, and quickly. Jane took a good deal of confidence from the fact that she had developed the capacity to be calm in such situations, having experienced them much more frequently than her classmates in general practice. At the same time, however, she understood that she had scarcely dealt with the common and chronic conditions, such as itchy dogs, that general practice veterinarians saw frequently.

I asked all participants how they had been introduced to their workplace, and we discussed how they worked out what was expected of them. To varying extents, the initial period of time in their jobs was planned to take account of their status as new graduates as well as new employees. That could mean a period of time in which they were afforded opportunities to
accompany an experienced colleague on farm calls or in which they were not expected to do night or weekend duty, or to be in sole charge of a clinic. Nick’s employers scaffolded his introduction to clients by starting him with tasks for regular, friendly clients in order to then facilitate entry to other farms.

We’ve got clients out of town who [we’re very close to]. We agist [board] hospital horses at their property. They’ve been our farriers for all of our cases for 10 years, so they get along like gold with the vet clinic. So we went out there and they said, you know, “How many mares have you scanned?” And I told them about three! And they were like, “Cool. No worries. Have a go!” So I think that the boss is introducing me to scenarios like scanning mares with a client that they know will be OK with me being inexperienced. It’s really good, and so then we go to the next client and they’re like, “Have you scanned mares before?” And you go, “Yeah I was doing it this morning!” (Nick, Interview 1)

This ingenious strategy provided Nick with an opportunity to practise his skills in equine reproductive ultrasonography in a nonthreatening environment, but, beyond that, he was then able to use that experience to sincerely avow his experience in the face of questioning. He was better able to demonstrate his capacity to do the job at hand, but, equally importantly, he was better able to present himself as a capable veterinarian who could be trusted. It is important to note the distinction that can be made between doing consultations at the clinic and going out to a client’s property. In the clinic, even when veterinarians are consulting independently, it is usually relatively straightforward to seek assistance or advice. They can ask colleagues a question without clients even being aware they have done so, by making an excuse to leave the consulting room to fetch something. In contrast, on a farm, veterinarians are alone with the client; although they can phone for advice, the client will be aware that they are doing so. Deliberate scaffolding strategies, such as the one just described, represented a manipulation of normal practice routine to support the graduate’s personal and professional development.

Practice architectures can be constituted at a local level only, or they can be shared widely among a profession. They even reflect broader community or societal conditions. A national recession or a widespread drought in rural areas will have an impact on the practice experiences and opportunities for new graduates during that time period. Some sociocultural architectures are widespread and powerful, but remain problematic and contested, and I suggest that gender is an important example. Holly was notable in being the only participant who overtly raised
and discussed gender as being central to her new graduate experience and expectations around career progression.

I think if I wanted to specialise in surgery, and I was male, and I came back from my specialisation, I would get a job in a blink. But I don’t think there are jobs available for female equine surgeons. It’s sad … but that’s just how it is … It was a little bit of a surprise … I think there are a lot of male surgeons about and they’re desperate for male colleagues to mentor. (Holly, Interview 1)

Holly completed university with a goal of pursuing a career in equine practice, even hoping to specialise in equine surgery. She undertook an internship in a specialist equine practice, a pathway that promised opportunities to lead into her desired career. At our first interview, however, she was already disillusioned about her own possibilities for a sustainable career as an equine surgeon and perceived gender to be the key barrier given that she believed male surgeons to be “desperate for male colleagues to mentor”. In a subsequent interview, she told an anecdote in support of her assertion.

Two weeks ago, we had a male student come through. And it was—I was so angry. I was doing the anaesthetic, so I couldn’t have done it anyway, but we were doing this surgery, taking some screws out. [My boss] says [to him], “Oh, just scrub in on this! If you’re going to further your education, you’re going to need to know what these instruments feel like. Jump in!” I’ve been here 9 months! And I’ve watched [him] do these, like hundreds of times and [he’s] never, ever asked me to “jump in and get the feel of the surgical instruments”. So, [the student] was like, “Oh, he wasn’t talking to me, he was talking to you, Holly.” I’m like, “Oh no! He was talking to you!” (Holly, Interview 2)

This incident was one that Holly saw as emblematic of the fairly unsubtle ways in which male veterinarians or even male veterinary students represented the ideal colleagues whom male surgeons were “desperate” to mentor. This incident was visible as it occurred in the presence of Holly and other colleagues, and by Holly’s account generated discomfort in all present apart from her employer. Negative affordances, such as missing out on opportunities for experience and mentoring are difficult to identify and still more difficult to definitively identify as being gendered. Such slippery notions of gendered experience in veterinary practice for graduates was reflected in Charlotte’s response when I asked her about the extent to which she viewed gender as playing a role in her initial practice experiences.
I do [think it’s made a difference that I’m a woman]. (Pause). It’s not that anyone is actively discriminatory against me because I’m a woman. But you’re always pushing uphill a little bit more … I’m still reasonably slow at large animal work, and I think sometimes they think, “Is she slow because she’s a girl or is she slow because she’s new?” I’m slow because I’m new. It really has nothing to do with the fact that I’m a girl. I’m as strong and as competent as the boys. (Charlotte, Interview 1)

Charlotte made a conceptual distinction between active discrimination, which she has not experienced, and a much more insidious gender bias that she sensed. Being unspoken made it difficult to articulate, to clearly characterise, or to dispute. She described her efforts as “pushing uphill a little bit more”, an apt description of the tiring nature of continually having to work harder and justify her competence to others. The opposite of pushing uphill can be perceived in a brief comment from Tom.

[Clients] are most used to females, so I get the “It’s nice to have a male vet, blah, blah, blah.” That sort of nonsense. (Tom, Interview 1)

In reporting a comment such as, “It’s nice to have a male vet”, Tom distanced himself from the sentiment, describing it as “nonsense”. He implied that he does not want to be associated with suggestions of sexism or of being valued only for his gender. Nonetheless, he gave no suggestion that he had challenged, or would challenge, that kind of comment. Whether Tom endorsed it or not, such a comment explicitly provided a welcoming beginning to his new veterinarian-client professional relationships and offered him a personal and professional boost that would not be available to a woman.

The pace of change can be slow when it comes to insidious forms of gender bias, and that slow development is present in diverse professions. Other changes occurring at societal levels include changing knowledge landscape and increasing specialisation. Those changes can occur at a very fast pace, and they shape how possibilities for actual individual futures are, or are not, envisaged. There was an extent to which this was liberating and exciting for graduate participants. However, on the other hand there could be a sense of confusion and conflict about the diverse choices that may or may not have seemed available to them, and sadness for the set of anticipated new graduate experiences that would now not eventuate.
Part of me really wishes I just got into a really nice general mixed practice and did 2 years there and loved it, and always there will always be a part of me that wished I got to do that. [But] you’ve got to take what you’re given, and if you’re in a situation that you really don't feel comfortable in and you don't like, then you've got to really take it upon yourself to change it. (Jane, Interview 2)

For the graduates in this study, their experiences as newly graduated veterinarians represented a pathway of increasing responsibility and task complexity. Each participant experienced this in different ways and it was not necessarily a smooth, planned journey. For each of them, a personally unique set of experiences as a graduate was traced out through engaging self within, and sometimes despite, the practice conditions they encountered.

4.2.3 Exercising agency by making the calls

Graduate participants relied on others for support and to facilitate their entrance into the community of practice. As a result, they needed to carefully consider when and how to dissent, or even to innovate. Speaking out could have consequences and was not undertaken lightly. Development of their everyday iterative practice routines was so important that the prospect of upsetting the status quo provided a significant dilemma, even within the context of a situation as innocuous as a puppy vaccination. At such times, participants described experiencing struggles or questioning themselves.

A [dog] breeder came in for the first puppy vaccinations and he mentioned that he was feeding calcium supplements … I was just about to say, “Well, we have studies to say that calcium supplementation actually increases the risk of developmental bone disorders”. And he said, “Oh, well, one of the older vets has recommended it to me. You’ve got to feed calcium to large breed puppies or else you’ll get all these problems.” … That’s been a big ethical difficulty. Talking about it to clients—contradicting another vet’s instructions—that’s something very difficult for me. Because I’m seeing clients who have been for years and years and years to one or more of these particular vets in the clinics … [I improvised by] using the right phrases. You know, “We have some evidence now, some new evidence that’s just come out,” and stuff like that. (Tom, Interview 1)

Tom was very early in his career and mindful not to upset senior colleagues. He exercised agency in choosing not to contradict a senior colleague, improvising to find an alternative formulation that allowed him to give the advice he believed to be appropriate. Such a workaround would not always be available, as each occasion required a situated judgement
about multiple dynamic dimensions of practice. Once relationships were firmly established, the risk entailed in challenging the status quo was usually reduced. Early in the graduate’s career, relationships were only just forming, and so the risk involved in diverging from the norm is higher.

Well, there are dilemmas quite commonly I guess, in that I would really like to do [something] a certain way but my boss wants it done a different way. You know, like with anaesthetics. I really enjoy anaesthetics and you have an opinion about how they’re done and then someone walks into the room who is superior to you—which is pretty much all the other vets, obviously. And they walk in and go, “Oh, turn this up, or change this”. I’m [thinking], “Please don’t!”… [My current way of handling it is by] doing as I am told, more or less! (Nick, Interview 1)

At his first interview, after only a few months, Nick was very conscious of his status as a beginner and of always considering his employer’s preferences and wishes. However, he had his own opinions about certain issues and procedures, including the conduct of anaesthetics. I asked him whether he would voice an opinion contrary to that of his employer. His reply, “I would speak up as long as I wasn’t overstepping the bounds,” reflected the tensions that arose, even within what was a harmonious relationship with his employer. When I interviewed Nick the second time, I asked him whether he was experiencing more or fewer disparities between how he would like to practise and the norms of his workplace.

It’s probably about the same amount, and it’s over the same things, like anaesthetics. [My boss and I] still share a very different opinion on that. … We make it work and it doesn’t cause arguments. Well, it causes words, but it doesn’t cause arguments and I’m OK with that, in the sense that I just let [my boss] deal with it! (Nick, Interview 2)

At this later stage, his relationship with his boss remained respectful and collegial despite their differences of opinion. Some of the confidence Nick displayed in having “words” about his opinions rested on a sense of security in his significant workplace relationships. The sense of vulnerability and risk in voicing his dissenting opinion in the comments from the first interview were not apparent in the second. A stable sense of belonging to a community of practice could allow for junior members to feel safe in voicing a critical opinion. Where such a sense of a professional community was not apparent, that sense of safety was missing and there were limited possibilities for exercising agency. Tess balanced considerations around her
professional standards against the satisfactions of her local personal networks in deciding whether to compromise or leave.

Originally when I started the job [my bosses] said that I could use any anaesthetic drug that I wanted. Then they changed it and said that I couldn’t use [alfaxalone as an anaesthetic agent] for young healthy animals, but I could use propofol. And so I wasn’t too happy with that, but I was like, “OK”. And then … they said that I couldn’t use propofol on young healthy animals. They said I had to use [thiopentone]. And I said I didn’t want to use thio. And, the compromise has been that I’m using ketamine/valium. … I wouldn’t have taken the job if they’d told me I could only use thio. And I was considering—if it wasn’t for my life here outside of work, I would want to leave. … Before I started work, I knew that I could handle a bad job, with a good church, but not a good job and a bad church, And so, I kind of saw the [anaesthetic issue] as a sacrifice that I’d be willing to make … but it was a big problem. (Tess, Interview 3)

Tess found that her employers changed their directive on her capacity to make choices about anaesthetic agents for financial reasons, which raised a big problem for her. Anaesthetic protocols and choice of anaesthetic agents were a significant dilemma or source of conflict in the workplace for a number of the graduates in this study. Administering general anaesthesia for a variety of species was a responsibility for new graduates from very early in their working life, and it was experienced as a demanding and potentially risky professional activity. The theory/practice gap between the standards that had been espoused in the specialist context of the university teaching hospital and the enormous variety in practices they encountered in their first job represented a professional challenge and a common area for conflict. Tess described her compromise in resolving the anaesthetic issue as “a sacrifice I’d be willing to make”. There was a definite implication that there could be other compromises that would represent too much sacrifice and might have resulted in a different decision. For Tess, this was a conscious decision, but her explanation made it clear that the decision involved a sense of distance from her employers. Tess had accepted an unwanted situation in her workplace due to her strong sense of belonging in her church. Such a strong sense of belonging outside their professional life, which could compensate for its absence within the workplace or the veterinary profession, was not common among the participants in this group.

Although an individual’s own opportunities for gaining practice experiences were enormously influenced by social and economic practice conditions, there was space for
individual agency. Exercising that agency required the imagination to envisage things being different in the future, the confidence to be willing to be involved in making some change, and the courage to take risks. For example, Holly, disillusioned with her experience and knowing that her intern position was only for one year, felt enough of a sense of urgency to overcome her trepidation about the risk of being assertive. In doing so, she contrasted her own agency with that of her fellow intern.

She’s not really a go-getter, not one to rock the boat [unlike me]. If you’re working long hours for shit pay then you need to get out of it personally what you can, and if that means you need to rock the boat a little bit … (Holly, Interview 1)

For Holly, to act in ways that sat outside the norms and expectations of those around her was to “rock the boat” and attempt to alter her pathway. In light of an emerging belief that there may not be a future in equine practice for her that would justify the vicissitudes of her intern experience, Holly vigorously advocated for access to development opportunities. In the face of a fixed and professionally limiting pattern of participation, Holly fought again and again, on an ongoing basis, to assert herself. She became quite willing to rock the boat to create opportunities for herself even if that meant that she risked making herself unpopular with her boss. She would “go around” the boss to create networks with other vets, who then gave her opportunities to develop her skills due to her interest and willingness to learn. Despite her success at creating those learning opportunities, Holly was made very aware that her assertiveness was not really what was expected of an intern: “It was frowned on”. The implications for a specific graduate’s development were peripheral considerations for other people in the workplace when it came to making practice decisions. Established routines and practices were powerful and difficult to question, especially when they were so entrenched as to be largely unnoticed.

There were opportunities for newcomers to openly act to bring about positive changes in their workplaces. Even when this was on a fairly small scale, the impact on their sense of their own role in co-creating their practice experiences could be significant. They had the opportunity to be seen by clients and colleagues as independent professionals. Further, they could improve patient care while also contributing to other dimensions of practice such as reputation enhancement or business success. The significance that the graduates themselves ascribed to their actions could be diverse and quite complex. Tess attended an international
veterinary conference during her first year and was able to bring the influence of up-to-date authoritative evidence to bear on clinic protocols for dealing with outbreaks of calf diarrhoea, a common problem in the local area.

[There are some changes] I’ve been able to implement, which I was pretty excited about. So I’ve changed our calf fluid therapy regime and also our recommendation for oral calf fluid therapy for scours [diarrhoea]. I’ve [convinced the nurses] not to sell streptomycin tablets for scours to farmers. I take that like as my biggest win! To convince farmers these are useless and, “Here’s some electrolytes. Take them home and your calf will more likely live!” They’re like, “Oh, can we have some Scourban?” I’m like, “It’s off the market! Completely and forever!” They’re not very happy with that, but I’m very happy that you can’t buy it. They might actually do something useful. (Tess, Interview 3)

Tess took pride in being able to implement changes based on evidence. Clients were in the habit of requesting particular antibiotic-containing medications as remedies for calf diarrhoea, despite evidence that they are seldom indicated. Given that responsible antibiotic stewardship is a significant issue in veterinary medicine, as in human medicine, Tess took satisfaction in both improving the standard of care that was being provided to clients and patients, but also in taking action that has much wider, even global, significance. She was able to be unconcerned about clients’ initial discomfort with the change given her high level of confidence in its soundness. Such opportunities could be considered as “pools of autonomy” that need seeking out in order to exercise agency in social conditions of supercomplexity (Barnett, 2008, p. 200).

Under some circumstances, graduates could reach a decision that the appropriate way for them to exercise agency in a meaningful way was to leave their job. Most participants explicitly stated that they expected to remain in their first job for 2 years. Nonetheless, two participants changed jobs within their first year of practice (one changing twice), while another was changing jobs at the end of the first year. Several more considered leaving before the end of their planned 2 years and most mentioned classmates who had changed jobs. A decision to leave a job was a purposive and highly consequential action that was not taken lightly. Reflecting on her decision to move on from her second job, Jane believed herself to have been lucky that her prior experiences had given her the courage to act.

It took a lot of guts [for me] to just turn around and say, “I’m sorry, I’m leaving.” [From that experience] I think I learned a lot about what I didn’t want. … I think I
got through it because I had [my mentor] to talk to. And I knew that life could be really good in a mixed practice. If I’d gone straight to that second practice, then I don’t know what I would have thought about it. I don’t know if I would have had the guts to leave so soon, or to look for a new job so soon. I probably would have thought that was normal and I should just man-up and do it. (Jane, Interview 1)

Such a strategy could not, of necessity, be exercised on a daily basis. Deciding whether a situation or condition warrants leaving a job is difficult. It was especially so for these new graduates given their limited frame of reference and their beliefs about the potential professional and personal ramifications of job changes.

As graduates in this study progressed through their first year in practice, they expressed a much greater level of comfort with their daily work. Even approaching unfamiliar and uncertain cases had become part of their routine and so no longer represented a circumstance in which they felt stuck and did not have a plan. The consequential nature of their decisions had become a part of their understanding of their work and they felt able to make a big decision and have enough trust in themselves to act on it. As they progressed through their first year, they felt that they were becoming able to make the calls themselves, rather than making calls to others.

Repetition is probably the biggest thing. Once you get through the first couple of times you see something, even if you see something again, but in a different way, you can deal with it and cope with those changes better. And just getting confidence in making those calls, you know, like you’d question, am I right? Do I need to run every test under the sun before I get to this? ... You just put everything together about the situation, and you’re not afraid of spending the people’s money because you know you’re making the right call. (Angela, Interview 3).

Making the calls encompassed many of the actions that comprised everyday practice activities: making a diagnosis, choosing the treatment options for a particular patient, deciding how to explain a complex disease process to a client, or even deciding whether to pick up the phone and make a call for assistance to a colleague. Each day and each situation required many calls to be made at diverse points and an ongoing process of reviewing and modifying those calls as new information came up or circumstances changed. Initially many decisions had required making a call to someone else for help, confirmation, or guidance, but as participants became more experienced and assured that was no longer the case. But making the calls was more than just a familiarity achieved through repetition. It represented something fundamental
about the nature of knowledge in supercomplexity and the complex and contested goals participants considered worthwhile in enacting their practice.

4.3 Striving to become a capable practitioner

The journey I described in the previous section, from making calls to making the calls, represented a steep learning curve for my participants, but it is one that occurred entirely outside a formal educational setting. There is a challenge in conceptualising learning at work, and in such a context I turn the lens onto the self who learns. Graduates in this study reminded themselves that they were in a new setting and that their learning had become like a new game with different rules and expectations.

4.3.1 The learning professional

In reflecting on his new role as a new graduate veterinarian, Tom articulated the conundrum experienced by many participants.

I’m a vet. I’ve graduated as a vet. I’m now a vet, but I’ve got so much more to learn! (Tom, Interview 1)

Tom’s frank exclamation revealed a sense of astonishment and also some ambivalence at his new status as a vet. A bald three-word statement, “I’m a vet”, was so overwhelming that he went on to repeat it twice in slightly different ways. The apparent completeness of “I’m a vet” contrasted with the unfinished “I’ve got so much more to learn”. In Tom’s view, those different representations were in frequent tension. He sought to portray himself as being competent and assured, but he was also trying to learn and develop. The first step in this stage of the journey of lifelong learning involved coming to an understanding of being at once a professional and a learner in circumstances where overtly displaying uncertainty could be judged negatively. Tess articulated her anxiety about that exposure to the possibility of negative judgement from clients.

I actually preferred to do surgery [when I started, rather than consulting] … It was safer. There were no people to talk to. You didn’t have to communicate. You didn’t have to explain that you were new there, but not so new that you didn’t know anything, even though you felt at times that you didn’t actually know anything! (Tess, Interview 1)
So uncomfortable was the initial experience of trying to be a professional and a learner that Tess felt unsafe and modified her behaviour, seeking out a less public setting in the operating theatre rather than the consulting room. Such a strategy may provide short-term alleviation of discomfort, but participants needed to find workable learning strategies. Doing so required their own agency, but that agency was always mediated by their practice context.

Becoming a lifelong learner occurred within the concrete specific bundles of arrangements that pertained within each participant’s practice setting. Those arrangements constituted an environment in which suitable learning opportunities may, or may not, be afforded. Learning occurred through the agency of the participant in pursuing, seeking out, taking up, negotiating, and even rejecting diverse affordances. Although the exercise of agency in driving their own learning was required, experienced others could enable that agency. In her second job, Angela described negotiating with her employer when she identified a skill she needed to acquire.

I said to [my boss], “You know, I need to get out preg testing with you more and more and more.” So he goes, “Right, well how do we do this because we’re so busy during the day?” And I said, “Well, can we get one of the part-time girls to come and do smallies for a day and I’ll just come out with you.” He said, “Yep, no worries.” (Angela, Interview 3)

This brief conversation was an apparently unremarkable instance of arranging to hone the skill of rectal pregnancy diagnosis in cattle. However, when viewed through the lens of agency and affordances, more complex mediating factors emerged. Angela’s learning agency was supported by a relationship with her employer that enabled her to speak up and ask for the support she needed. His response supported her in gaining the skill she needed but at the same time challenged Angela as a developing veterinarian. She was called upon to consider and make choices and suggestions about resourcing her learning within the wider practice context.

Tess recounted a contrasting experience that suggested a much more haphazard approach to learning. One morning after only a few weeks at work, she was perturbed to discover that a pregnancy diagnosis ultrasound on a dog had been booked in for her during a period where she was the only veterinarian in the clinic. This was a procedure that she understood in theory but had no practical experience in performing.
I was supposed to be doing a pregnancy diagnosis ultrasound on a dog at nine o’clock—which I’d never done. And I did say [to the nurses], “I don’t actually know how.” They were like, “It’s OK, we’ve booked out half an hour.” (Laughs). I thought, “You could have booked out an hour! I don’t know what I’m doing!” (Tess, Interview 1)

Acquiring skill in a clinical procedure such as this represented, for Tess, a straightforward and discrete learning need. She was also able to identify that, in order to become proficient in that skill, she needed to practise it and receive feedback from a more experienced colleague. The veterinary nurses who made the booking had made the effort to afford her extra time for performing the procedure, but that was not a helpful affordance. Tess continued to experience similar situations in which negative affordances arose through omissions rather than deliberate action. At our second interview some months later, she had still been unable to negotiate opportunities for improving her reproductive ultrasound skills, saying, “There just hasn’t been the time … [although] they said there would be”.

Veterinary workplaces are business organisations, not learning institutions, and graduates do not have a formal status as learners. They are regarded, and see themselves, as workers first and learners second, although a working/learning dichotomy is not consistent with the body of workplace learning literature that identifies learning that occurs within and alongside professional practice (Billett, 2008; Boud & Hager, 2012; Eraut, 2007). There was significant variability across this study, with inconsistency between workplaces in their affordances of clear opportunities for learning in terms of enhancing confidence and even of assuring patient safety. In different workplaces there were extremely variable processes when it came to oversight and prioritisation of development, review, and feedback. Developmental goals were not always made explicit, and even when they were discussed, the extent to which the graduate, clients, and patients were the beneficiaries of such goals could remain ambiguous. One such example arose when Tom was assigned a key performance indicator (KPI) target.

I am constantly encouraged to increase the efficiency. That’s one of my KPIs, is I’ve got to increase the efficiency of what I do. (Tom, Interview 2)

Having been assigned a KPI of spending 75% of his working day performing billable activities that could be charged to clients, Tom was advised “not to spend too long on farms talking to farmers”, but instead to “get in there and get out”. The guidance given to him was to
seek help by calling in a senior colleague instead of spending time thinking about a case or reviewing his clinical findings. Such advice could certainly apply to any graduates at times during their first year experiences. The complexity of decisions about when to make calls has been discussed earlier in this chapter. However, the assignment of a developmental goal focused primarily on a principle of economic efficiency could bias a participant’s decisions about making calls in ways that may at times be counterproductive to development of a sense of assuredness. Those goals may well yield value to the business, but perhaps less tangibly so to the graduates themselves.

The veterinary practice environment was so unpredictable, complex, and dynamic, and the specific practice architectures and experiences in each setting so diverse, that it was difficult to characterise learning and identity in the practice setting for these new graduate participants. Although some aspects of their learning could be described in ways that would have been familiar from their veterinary school setting in terms of skills and knowledge, of working alongside others, reading up on cases, and practising procedures, more often that was not the case. Learning could be personal and transformative and therefore difficult to recognise as being a learning experience. In instances like that, there were few of the familiar features by which a learning experience could be identified: no teacher, no predefined outcomes, no obvious learning activities or assessment. In terms of professional identity, it can be helpful to focus less on what is learnt and how it is learnt. Instead, the focus can be turned to the self who is the lifelong learner. The lifelong learner needs to be inquiring, agentic and proactive, because no other person is specifically charged with accountability for his or her learning.

That requirement for learning agency extends to feedback, a central dimension of learning. For many of my participants, when it came to feedback, no news was good news. Charlotte mused on her trajectory toward independence when it came to surgical procedures and concluded that there was a discernible feedback process, but that it was seldom made explicit.

There’s a little bit of feedback, but not much. I definitely know that they’re happy for me to go to [the other clinic] by myself and do a full day of surgery without another vet in the building and they’re not worried. With each individual vet it varies, but one of the other vets who’s been here for a bit longer than me, they still don’t like him doing big dog speys and they’ll try and sort of shuffle the rostering or which calls he gets sent to so he doesn’t do them. … But I’ve done lots of those … by myself. So I know that there are little bits of feedback, but I’m like, “You
could probably give us that feedback not in that roundabout kind of way!”
(Charlotte, Interview 1)

Charlotte explored her own experience and compared it with the experience of other veterinarians in the workplace. Her inference was that her employers were overseeing and guiding the pathway to independence with surgery. Feedback could be inferred from the behaviour of senior colleagues and through being entrusted with certain responsibilities. Her reasoning appeared sound, and her conclusion justified. However, it is challenging for a new graduate to try to discern subtle feedback signals and then interpret their intent, and there is considerable scope for misunderstanding with missed opportunities for valuable professional development. Viewed through the lens of lifelong learning, it is possible to broaden the perspective on change and development for this group of new graduate veterinarians, tracing the effortful and determined quest for a holistic, relational, and situated sense that can be described as practice capability.

4.3.2 Practice capability: A sense of assuredness in the face of uncertainty and ambiguity

For these graduate participants, there were diverse sources of uncertainty and anxiety as they began their first jobs. They were entering new workplaces, forging new workplace relationships with clients and colleagues, often finding their way around unfamiliar districts and coming to grips with the material dimensions of their new surroundings. Such a preliminary period occurs for any new employee in a setting, but for new graduate participants, there were many more conundrums with which to engage.

It’s very different [to university]—to have all this knowledge and trying to filter through it and do a clinical examination and do a history and do all that together is actually quite difficult and daunting. Especially when things are—I think the first few I didn’t want to do anything that didn’t say something very obvious like, “Ears,” or “Vaccination,” or “Skin” or something like that. When it was like, “Unwell dog” — well, that’s just way too hard! (Tess, Interview 1)

Tess’ analysis of how “difficult and daunting” it was to conduct consultations highlighted some of the common ways in which graduates could feel overwhelmed. Her description was a reminder that cases do not present in the neat categories of the textbooks or the case studies she encountered as a student. The ambiguity of the description on the computer file, “unwell
dog”, was “just way too hard”. In such a situation it was unclear what knowledge to draw on. For graduates, such situations arose when they were in front of real clients with an animal, in the workplace, with other clients waiting and computer records that could be difficult to interpret.

A further complication to the new graduates’ relationship with knowledge and practice arose in the challenging space of knowing what needed to be done but being unable to do it. Such experiences could arise when a graduate was not able to access the tools for a task or the clinic did not stock a medication that was required. Quite commonly, the graduate knew, and could describe what should be done, but did not feel confident about having the physical skills to perform the task.

I got sent out to do some lame cows. While I was driving out—before I left—I thought, “I’ve not actually done this”. I’ve seen an awful lot of lame cows being done, but I discovered it’s quite different to actually doing it yourself. … [With this case] I got the leg up, and it was, like, there’s knives and I’m trying not to cut myself and it’s all a bit harder than it looks when someone else is doing it! (Tess, Interview 1)

Veterinary practice, although certainly cognitively challenging, is by no means a purely intellectual exercise. Propositional knowledge needs to be translated to appropriate action, and bodies and minds—often multiple bodies and minds—together perform the action. When such action involves mud, sharp implements, and large livestock with painful feet, bodily activity and skill are as much a part of the knowing as the words that constitute the diagnosis and the recommended treatment.

Being able to do, and to be seen to do, the physical tasks that a veterinarian is expected to do represented a substantive dimension of participants’ sense of capability. Veterinary practice demands physical dexterity, skill, and ingenuity. I asked Nick, halfway through his first year, about what aspects of his work he enjoyed the most. He responded with a detailed description of his weekly schedule of visits to a nearby town. His employers had judged him ready to take on the responsibility of working by himself for the day at a distance of 45 minutes’ drive from the main clinic. Nick found himself exhilarated by the responsibility, describing the experience as being “unleashed on the world, and it feels really good”. He went on to describe the diverse tasks he could undertake independently during these days.
I take the blood [samples myself]. We pretty much do everything we can over there, to the point where I’ll do skin scrapings over there and bring them back, and I’ll do fine needle biopsies and bring them back. … Chatting to some of my friends [in other clinics] who do mobile stuff—they won’t do any [procedures] at a person’s house. They’ll just do little checkups and if they need to do anything they’ll bring them back to the clinic, whereas I guess we kind of do as much as we can for them [in their home town] so they don’t have to come over [to the main clinic]. (Nick, Interview 2)

The ambulatory days were a tangible representation of his developing capability for Nick. Without a nurse to assist him, and often in people’s homes, he was enacting the craft of veterinary practice under challenging circumstances. Whilst taking pride in his technical skills as tangible evidence of his development, being entrusted with these solo outreach programs represented a level of acknowledged capability that gave him deep satisfaction with his practice in a holistic and integrated sense.

For many participants, the development of a sense of capability occurred gradually. It was not always easy to identify whether or when they would no longer consider themselves a new graduate.

I haven’t felt there’s been a transition from new grad to vet. It’s just been a slow process. On the first day it was 99% unknown and 1% known. I just don’t find those big moments so much anymore. Now it’s just, maybe 70% known, 30% unknown. And I suppose I just don’t think about those—when I’m going through the motions examining a sick dog or taking blood from a cat or one of those things that was so new initially. Now they’ve become almost second nature, so I’m no longer thinking about it. But I’m still really worried about those things that are the unknowns—the horse colics, the horse bandages, a lot of things to do with horses! (Laughs) It’s been a massive continuum where I’ve never felt at one point in time that I’m no longer a new graduate. Almost one year out and I’m still very much encountering new things. (Tom, Interview 2)

The development of a sense of capability was a key task for the learning self, with participants bearing responsibility for guiding, evaluating, and reflecting on their learning journey. In considering a transition such as when they might no longer think of themselves as new graduates, there were few specific markers or formal opportunities for self-assessment.
Nonetheless, for some participants there could be opportunities, within the course of normal daily practice, for informal yet illuminating dialogue about practice capability, its emergence, and its evaluation. Angela’s second employer made a point that illustrated one way of reflecting on a sense of capability.

I was talking to [my boss] the other day. I had some sick cows to go and see. All it said [on the computer] was, “sick cows”. As I was on the way out I ran through a list [counting on fingers] and he goes, “Second year you’re out, you tend to not list off all your differentials, you just go, ‘Oh, well, we’ll see what we see when we get there, and we’ll work from there.’ So you’re not as focused because you’re more confident.” And he said it’s confidence in situations when they’re not going smoothly. And he goes, “That’s what you’ll get as you go along”. (Angela, Interview 2)

This anecdote delivered an impromptu but powerful message about the gradual movement toward a well-grounded sense of capability. Such a sense would be based on having experienced numerous and diverse instances of practice, on having worked through them in the way that a novice does, and on having received appropriate help when needed.

A change in the orientation of effort and agency in the course of everyday practice could be one dimension of the emergence of a sense of practice capability.

A lot of [my work now] I’m just trying to push myself to get better at it. That’s now the drive. Rather than, “Can I do this?” it’s, “How can I do it better?” (Ed, Interview 2)

Ed’s comment here brought the ongoing agency and activities of the lifelong learner into sharp focus. He was not referring to specific skills, challenges or types of experience. Instead, he was espousing an effortful and ongoing learning journey grounded within a sense of capability. Pushing the self to improve implies a personal commitment to exerting effort in progressing beyond what is adequate. It means exercising agency within the architectures of the practice and bringing a critical perspective to one’s own practice. Through doing so, possibilities emerge for change and transformation in practitioners and for the practice itself.
4.3.3 Mobilising criticality within capability

Practitioners are required to act and to apply their understanding and their values in specific circumstances. However, beyond the daily imperative to get things done, there remains a place for a critical stance, even about routine actions. At the end of their first year, new graduate participants were developing habits and routines through repetition, which made their working lives both more enjoyable and less exhausting. However, Angela expressed mixed feelings about the development of routines, highlighting the danger of slipping into unreflective habit.

I don't want to just [practise in a particular way] because that’s what I do. I still want to know that I'm doing that for the right reasons and [considering] the science behind it. … So [in the moment] I might do something [that] I might not exactly understand. I read the book and it will tell me to do this so I do that. But then I will go and look up the physiology behind it to see what I was missing in my head [so I can] understand exactly why I did that. (Angela, Interview 3)

Even as the development of habit and routine was welcomed, this comment reflects wariness about the comfort within a sense of capability. The demands of daily practice frequently require timely action, and sometimes that means that practitioners just draw on their experience, ask someone else, or refer to a text. However, Angela perceived risk in doing that without then following up later to align with her previous understandings. Such a process could be described as reflection-on-action and is one way for a veterinarian to remain critically aware, curious, and inquiring while practising with efficiency and assuredness.

Bringing a proportionately self-critical stance to bear on their own behaviour and actions was evident in graduates’ discussion of their practice experiences. As he looked back over his first year, Richard reflected on his development of a realistic sense of capability in a non-ideal world.

There are always times that you walk away from a case and you think, “Oh Jeez, I probably should have done that better!” or “Was I just being lazy there?” But I think overall I really have kept to my ideals, albeit in tough situations. (Richard, Interview 3)

It was a balancing act to be able to display self-awareness, but also to be appropriately critical of the practice conditions and particularities of each situation. A new graduate veterinarian could be a harsh self-critic, taking on responsibility for every outcome, whether
positive or negative. Such a stance was unhelpful and carried significant risk for exhaustion and negative emotion. Richard’s level of self-awareness, reflected in the quotation above, took considerable time to achieve and followed some periods in which he displayed pessimism about the possibility of developing a level of trust in himself. During his second interview with me, he mused in frustration that his capability was limited to “surviving—but that doesn’t mean that what I do is correct or right!” Without some social supports, the journey to self-awareness could be very isolating.

By contrast, Angela described a discussion with her second employer in which he took an opportunity explicitly and purposively to discuss making professional practice choices, including mistakes. His advice gave her permission to not be perfect in her decisions, yet for such stumbles to be of minimal impact on her development of capability.

My boss is so good with me and ...he goes, “You’re going to make the wrong call [sometimes]. And that’s fine. As long as you don’t do it all the time! But we all make mistakes, and the more experience you get, you’ll just learn how to deal with those mistakes better. Because you don't have the bank of good experiences yet to outweigh the bad, you know,” he said. “All the good and all of the stuff that you do starts to outweigh the one or two mistakes that you make,” he goes, “and then you’re honest with clients: This is what happened for this reason and da-da-da-da.” So, that’s really good like that, I think, having that behind you. (Angela, Interview 3)

In modelling his own critical self-awareness, Angela’s employer fostered its development in others around him. His message normalised error and setbacks as a part of development in professional practice. Such a discussion, whether in response to a specific event or encountered in general discussion, transcends concrete instances of practice and directly addresses the learning self. This conversation could be described as a meta-discussion about practice. That means that the conversation, instead of addressing a specific event, or a skill, or a particular disease, related instead to veterinary practice more broadly. In doing that, the conversation addressed the learning self and had the potential to be personally transformative.

If it was difficult for graduates early in their working life to decide when to call for help and when to manage on their own, there remained a certain tension once the graduates felt confident that, to a large extent, they could practise fairly independently. At that point, there were times when the graduates believed that in some situations they did not just seek to reproduce the
routines of the community but in some way to change them. Reaching a dynamic balance between the need for independence and the oversight of the employer was an ongoing active and effortful process. Nick, after declaring when he was new that he mainly “did as he was told”, had, with experience, reached a more sophisticated understanding of his approach.

My boss’s advice is very valuable. Whether I think it’s right or not it’s always going to be valuable, based on a huge amount of experience that I don’t have. But then, my theoretical knowledge comes from specialists at uni who have done a lot more study—and theoretical study I guess—than here. So I combine the two and come up with my own opinion. But I always try to take her advice into account regardless of whether I think it’s right or wrong (Nick, Interview 2).

Nick and his employer built and maintained a constructive and rewarding relationship. At the end of his first year he commented that she had “met the mark, definitely, with [providing me with] any help. Not just case by case but general professional help and mentoring.” He was able to disagree with her without adversely reflecting on her personally or as a veterinarian, and he was able to carry on without a neat resolution to the ever-present challenge of the theory/practice gap. At the same time, his assertion that he would come up with his own opinion reflected confidence that he could make such critical calls without negative consequences for his professional relationship with his employer or his place in the workplace team.

Development of practice capability was not always a smooth, forward progression, and an emerging sense of capability could be quite fragile. There were certainly events and experiences that provided significant steps forward. Conversely, setbacks could impact significantly on the new graduate’s fragile sense of capability. Tom, almost a full year into his first job, experienced a significant setback in his emerging sense of capability when one of his bovine surgical cases developed post-operative peritonitis. In the face of a dissatisfied client, Tom’s employer dismissed the bill for the surgery and re-imposed supervisory restrictions on Tom for large animal surgery.

In [this] peritonitis case, [my employer] has to side with the farmer and just assure them that in future I’m going to have to have someone by my side with those surgeries, which is annoying because I was starting to get to that stage where I could do those surgeries myself and I was having good outcomes. It’s just this one outcome which has just sort of reversed the clock on that and I’m back to square one. … It makes you want to change but you’re not quite sure how you could
change, particularly if you’ve performed to the best of your ability. (Tom, Interview 3)

Tom experienced that event and its aftermath as a significant blow to his sense of capability, with a severe disruption to his own developmental trajectory. His disappointment was profound and he was confused in the face of a complex and multi-dimensional situation that he felt quite unable to make sense of. He remained unclear about the extent to which his employer held him responsible for the complication in this case, although it was clear that he was overtly being blamed. During our final interview he alluded to this experience directly or indirectly more than five times, indicating he had felt “like a pretty substandard vet at that particular moment”. He reported that the younger veterinarians were “under the pump” due to the resignation of several very experienced colleagues, implying a high workload and less support than had previously been the case. Tom’s surgery was performed in the presence of the farmer client who believed that “if he had someone else like my boss or another experienced graduate out there that he wouldn’t have had these problems”. Tom’s sense of responsibility to his employer remained strong: “He’s written off the cost of the operation I did, which is about $1,000 of money that’s to be written off, and that’s weighed heavily on me. It means that I’ve been a cost to him.” Later in our conversation, however, Tom went on to critique his employer’s approach to the situation. “There wasn’t much consultation with me to ask, ‘Well, what actually happened from your point of view?’ So the facts could have been—well, they were a bit muddy and I definitely came off looking pretty subpar.” Tom’s openness and reflexive capacity in recounting this episode and its ramifications was illuminating. Its unresolved nature allowed him to articulate, to some extent, the interconnectedness and the ambiguity that can be found in experiences that comprise setbacks in capability terms. The experience carried many of the features that Bauman characterised as features of liquid modernity, in which Tom’s view of his professional trajectory suddenly appeared to be illusory (Bauman, 1996). Setting about redressing such a setback is problematic; not only are the goals and strategies unclear, even the nature of the issues is contestable. Even with the ability to identify, on reflection, where practice conditions may have contributed to a negative event, the blow to self is clearly evident.

The development of practice capability grounded in experiences that have engendered a sense of professional security in growth facilitated the emergence of a critically reflective, inquiring stance within the demands of the veterinary workplace. Within respectfully robust
professional relationships, acceptance of critique of self and others allowed participants to reflect on their own agency and the practice conditions around them.

### 4.4 Conclusion

This group of research participants practised as new graduate veterinarians within networks and arrangements of sayings, doings, and relatings that constituted the mediating preconditions for their own particular pathways in veterinary practice. Some of those conditions were enabling to their practice, while others were experienced as being limiting. The world is imperfect, and its complexities, contingencies, and compromises make professional practice both fascinating and frustrating.

Within their practice conditions, whether supportive or constraining, this group of research participants took on professional responsibility as a central pillar of their practice. To respond to the calls they received, as novices, it was important that they had a secure sense that they would receive a response should they seek one. In that way, for participants, awareness of both responsibility and responsiveness were the two sides of a coin. Responsibility was not always smoothly and predictably assumed or conferred. The experience of taking responsibility could be empowering for participants but could also be isolating and frightening.

As they made their way through the experiences of their first year they learned, and they developed. The processes of change and growth transformed their sense of self that was grounded in altered relations to others and to the world around them. Practice capability continued to develop through gaining experience and learning to accept responsibility judiciously and to give and seek collegial support. For each new graduate veterinarian in this group of participants, their sense of practice capability was something they strived for through their own unique journey of engagement with their veterinary practice setting.
The Challenge of Practising Authentically

The second research subquestion I posed was: How do new graduates develop their self-understandings as veterinarians? In answering this question, I explored how participants interpreted their engagement with their profession in terms that were relational and discursive but oriented inwardly as a deeply consequential and personal undertaking. Their journey toward becoming veterinarians had begun years previously, but as new graduates entering the practice world they brought a publicly transformed self into view. In exploring how the participants in this research oriented and understood their veterinary selves, I asked about their choice of and initial introductions to their workplaces at the beginning of my first interview with them, and I used the ensuing conversation as a basis for further and deeper inquiry about their sense of membership of a community of practice. Interview questions were designed to elicit examples and concrete instances of practice and then to probe further for evaluation, reflection, and deeper scrutiny. As a result of this process, my participants and I revealed the enmeshed networks of traditions, relational commitments, ethical understandings, and personal characteristics that underpinned their individual practice deliberations both in the moment and on reflection.

5.1 Entering the practice world

The practice world was not new to the participants. Diverse workplace learning experiences as students meant that the activities and environment of the veterinary clinic were familiar. However, entering the practice world as a newly registered veterinarian meant that the self that entered and engaged was different and related in new ways to others.
5.1.1 Seeking to belong

For the participants, their first position as veterinarians was certainly not their first experience of employment. They had prior workplace experience, some in veterinary clinics as nurses, and others in casual employment, and as a consequence they did understand the importance of workplace relationships. However, they were perhaps less prepared for the complexities and centrality of achieving a sense of belonging in their specific workplace and in their profession. During the workplace observations I met participants’ workmates, watched them interact, and was subsequently able to inquire more deeply about the particular and unique ways in which each of them interpreted their participation as part of a team in the workplace.

The well-known concept of communities of practice presents belonging as an interdependent relation between an individual and a group (Wenger, 1998). Newcomers may be legitimate peripheral participants, but being legitimate, they do belong to the group. Belonging requires intentionality from both sides, which makes induction to the workplace a potentially significant event.

[The other new graduate and I] got a bag of goodies [on our first day] with all this amazing stuff—business cards, our nametags, and shirts. Also clippers for doing large animals and just all these amazing goodies in a giant box that they’d been preparing for a couple of weeks before we arrived! (Tess, Interview 1)

Items such as business cards, nametags, and branded clinic shirts indicate a welcoming attitude from the workplace, but more importantly provide powerful and tangible symbols of group membership. A nametag and business card, printed with the new graduate’s veterinary qualification and description “Associate Veterinarian”, can be taken to indicate that the business has invested resources in their new colleague.

Although the workplace has an existence as a singular entity, at the same time each workplace comprises a unique arrangement of networks of relationships. Those networks include veterinary employers and senior veterinarians, other more junior veterinarians, and support staff with variable levels of training and experience. Even in the smallest clinic there are patterns of relationships with their own history, power dynamics, and hierarchy. Each individual was located in relation to each of the others, and there were alliances and tensions, sometimes quite immediately apparent, and sometimes not. Belonging in the group meant
taking up a position within these professional relationships—and not always a position of the graduate’s own choosing.

The politics are a bit tricky. … My role here is to be like an intermediate between people. Before I came in, there was quite a bit of [conflict], like people wouldn’t work with some people and blah, blah, blah. … I get along fine with them. I don’t pay attention. … Even though I’ve only been here for a month and a bit, I’ll get people talking to me about other people and sometimes that can be a bit weighty. (Richard, Interview 1)

One of the goals in Richard’s recruitment was to bring about change in somewhat tense workplace relationships. Rather than taking up a peripheral position as a newcomer to the workplace team, Richard seems to have been positioned more centrally through the explicit articulation of the expectation that he would have the capability to act as a peacemaker. His employers’ strategy seemed an unusual and slightly daunting role to be explicitly allocated to an inexperienced employee. It could be seen as a strong signifier toward Richard that he belonged in the workplace community. However, he regarded the idea more ambivalently, finding the task “weighty”.

Colleagues, and especially employers, could support and endorse a graduate’s sense of belonging through quotidian conversation in and about practice.

Eventually I’d like to buy this [clinic]. That’s what I’m thinking down the track. … I think [my boss is aware of that] because he said to me, just informally the other day, “Now when you own this joint one day, Angela, you can then work for nothing!” (Laughs) Because [when you’re the boss], you’ve got to pay all the bills, and so on. So, he seems to have that plan in his head, and would hopefully like me to take over. (Angela, Interview 2)

While questions of belonging could be addressed through significant conversations and ceremonies, it was also possible to indirectly and subtly reinforce—or undermine—a participant’s position as a member of the professional community. Casual conversation could create a shared envisaged future in which the graduates make their way at their own pace and in their own way to the centre of the community.
The relations and the networks of the workplace were not only social and discursive; they were also mediated by spatial and material influences. The physical environment in which participants enacted their practice experiences had a profound effect on how they were able to participate and engage. If the majority of their work involved production animals, they spent a lot of time out on farms and in their vehicle travelling between jobs. Ed proudly showed me his well-equipped work vehicle from which he could do a full day’s work, including veterinary clinical work, calling clients to report laboratory results, consulting with senior colleagues, and record keeping. Others found the spaces within the clinic to be a crucial facilitator of relationships and engagement.

[The vets’ office is] a really friendly place and you can talk to anyone about anything. If you ask someone a question, or you want to talk about something, then you go there and start talking, or the girls often start talking and everyone just sort of spins around and we just chat for a few minutes. (Nick, Interview 1)

Nick’s description of how everyone “spins around” creates a powerful and dynamic image of knowing where to go in order to summon a supportive social huddle when needed. That image suggested an integrated community of support that could be drawn on by all members of the workplace, and an inclusive sense of belonging.

On the other hand, spatial and material arrangements could create distance, reinforcing a sense of exclusion or sending implicit signals that inhibited communication. For Holly, the open-space office area shared by the veterinarians was definitely not the inclusive supportive space that Nick experienced.

Researcher: In some clinics that you’ve probably visited [as a student], the vets’ office is a bit of a discussion space. Is that the case here?

Holly: No. No, and I think [my senior colleagues] would prefer to have an office for themselves, and not have to deal with us [interns]. (Holly, Interview 2)

For Holly, feeling marginalised in the office space was a tangible instance of her low status as an intern. However, she went on to describe it as an “informative space”. By overhearing the senior veterinarians talking to clients on the telephone or making plans with other staff, the interns could piece together information about the plans for the day and for the patients that
they could use for their learning and for providing some structure to their day. However, those useful functions were undertaken somewhat surreptitiously, and she believed there were plans for renovation of the clinic in which the interns would be in a separate office to the senior veterinarians. In such a development, the opportunities for an informative space would be lost.

Belonging is a relational phenomenon and depends on intentionality. Individuals orient themselves toward the group, and the group to the individuals. The assumption that a veterinary workplace will constitute a community of practice in the sense that Lave and Wenger (1991) posit did not always seem to be borne out.

I probably would have been more suited to a practice that didn’t have so much more gadgets, but more business initiative, more organisation with the business and more of a system. Rather than the very loose sort of, “Everyone’s an individual; learn as you go along the way” sort of thing. (Richard, Interview 2)

As new graduates, participants came into an existing sociocultural setting; however, the existence of a veterinary business and its people did not necessarily entail the kind of community dimensions that permitted a sense of belonging to develop. In conditions of liquid modernity, Bauman questions the very notion of belonging, using the metaphor of “tourist” to convey the transient nature of people’s life trajectories (Bauman, 1996). If everyone is an individual, it would appear difficult to sustain either the sense of cohesion that would support learning through legitimate peripheral participation or the sense of shared values and purpose that could be mobilised to address challenging situations.

There were possibilities for intersecting communities that expanded the possible domains of belonging for participants. Tony did not work in a veterinary clinic; instead, he was a government employee. His workplace, a government agency, consisted of one other veterinarian, who was his supervisor, as well as a group of other nonveterinary colleagues who were also involved in serving local agricultural producers. They had responsibilities related to biosecurity and inspection of livestock, but also had roles unrelated to animal health. Despite the diversity within his office, and its marginal standing as a veterinary workplace, Tony was able to find a sense of belonging both within his own workplace team and within a group of geographically dispersed veterinary colleagues.
The camaraderie amongst everyone that’s here [is what suits me best about this job]. When you come in you just feel really welcome, and you really feel like going to work and doing work. It’s a really good bunch of people to work with, and I think that’s the most important thing. As I mentioned before, that support network that you always have within the office and outside the office with the rest of the [government veterinarians in other locations]. As soon as you meet them or even if you talk to them on the phone and you haven’t spoken to them for ages, they either back you up or bounce an idea off you or whatever you need done. [The government veterinarians] were always sort of a tight knit group and they’re trying to pass that on to the newer ones that are now there right now—you’re not always there left on your own. There are about thirty-five of us that are out there right across the state. You see fairly similar things—well, maybe we won't, but even if it is novel, we can work through it together and figure it out. So, “Never feel like you’re left in the dark”, that’s pretty much what they told us. (Tony, Interview 2)

Tony’s experience as a new graduate, in a setting that was not a veterinary clinic, can provide illumination on some key aspects of belonging. He was supported to build and sustain strong and helpful bonds within his immediate workplace and was able to express a robust sense of belonging. His nonveterinary colleagues had longstanding networks of relationships with local farmers, which they leveraged to facilitate Tony’s entry onto farms. At the same time, he valued a geographically dispersed network of government veterinarians who provided him with a sense of membership of a professional community and offered concrete help and advice.

Tony expressed a strong sense of belonging in that workplace; he called on the expertise of his colleagues, both veterinary and nonveterinary, and he experienced their goals as being largely shared. Nonetheless, his sense of belonging within the veterinary profession remained marginal.

Tony: You’re still a veterinarian …

Researcher: It’s interesting [that] you say, “You’re still a veterinarian.” Is that on the assumption that you might feel like you’re not?

Tony: I guess, yeah. At times you feel like you may not be, because, I suppose half the job’s in the office and half the job’s in the field but that can vary as well. So, at times you feel like you’re not doing any field work. Before today, for a week I was stuck in the office entering data and doing things like that, so you’re not really being like a veterinarian. Right? Because after putting in X amount of catheters and
doing speys and castrations at university, jumping into this environment kind of … takes that away. So, I guess you understand where that underlying statement comes from. (Tony, Interview 1)

It was, in fact, Tony’s assertion that he was “still a veterinarian” that prompted me to question him more deeply. His response revealed tacit understandings about veterinary practice, with clinical career paths valorised as “really being a veterinarian”. His choice of a position that was not considered clinical left him with a sense that his place within his profession might be somewhat marginal.

Most participants engaged with the notion of belonging on a local scale. As new graduates they were fully occupied in making their way in their own setting and engaging with the specific conditions in which they were working. Notions about the larger scale professional landscape and their place in it were presented less centrally for them during that first year of practice. They certainly mentioned current and future involvement in diverse social practices and the balance between professional and personal dimensions of their lives. In terms of belonging, only Tess made it clear that from the beginning of her first year she located herself as belonging in a different community altogether. Tess’ religious faith was her priority and possibly represented a vocation that would guide her future plans.

[Going into] Christian ministry … is very much something that’s potentially on the cards for me. I’m really not sure what [the future is] going to look like—and I don’t know if I’m any closer to knowing nine months in than I was when I started. And that’s why I decided [to give it] two years. (Tess, Interview 2)

Given the prospect of a stark choice in the future between two divergent career and life paths, Tess remained somewhat suspended at the end of her first year. However, she had been very clear from the outset that she could “handle a good church and a bad job” (see Chapter 4). If she came to believe that she needed to make a choice about belonging, she would choose the church community over her professional practice community, whether on a local or a larger scale.
It would be incomplete to portray achievement of a sense of belonging as an unmixed blessing. The complex web of social relationships, interests, and power relations mean that belonging can be associated with exploitation as much as with acceptance. Participants knew that they were expected to work relatively long hours and be on-call on weeknights and weekends. However, it was not until they experienced the ongoing demands of their working life as veterinarians that they could understand the impact. Such demands could dramatically limit a graduate’s ability to engage in nonveterinary activities, to rest, and to support their personal relationships. At our first interview, Holly described her exhaustion after having recently worked 63 of the 72 hours of the previous weekend.

[If you don’t have a partner], I don’t think you’d have [a social life]. I think you’d have one at work—work is your social life! I eat there more than I eat at my house. I go to the gym, and I go to work. That would be pretty much all that I would do.

(Holly, Interview 1)

Holly’s comment reflected an almost complete breakdown of the boundaries between professional and personal dimensions of life. Indeed, when I visited her clinic for observation, the kitchen was fully stocked with groceries for staff use, supporting her assertion that she ate more meals at work than she did at her house. Holly described a culture in her workplace of hard work, long hours, and a devotion to work that functioned to fuse the professional and the personal dimensions of the veterinarians’ lives. Holly had described a workplace where close and supportive relationships could form, with what she described as a “family practice” atmosphere. Her comment here, that “work is your social life”, supports that description. Such an apparent conflation of the personal with the professional could serve the interests of employers but carries risks for employees of overwork, social isolation, and burnout.

For these participants, belonging was a dynamic quest dominated by the local settings of their own workplaces. Development of a sense of belonging in the network of relationships that made up the workplace could occur quickly, it could occur over time with some struggle, and in some cases that sense did not develop at all. For those who developed an explicit sense of belonging, they came to appreciate relational interdependence, believing themselves to be active contributors to the team as well as receivers of support. Not only did they believe that they belonged, they held the view that others believed that they belonged. Holding the idea of belonging in mind allows a more layered understanding of the deep and personal impact of
feelings of isolation in the absence of collegial relationships. Importantly, belonging transcended being competent or skilled, and involved a sense of shared values or purpose.

5.1.2 Enacting practice relationally

Many participants explicitly cited communication and relationship as being important for a veterinarian. In an abstract sense, and on a superficial level, such an assertion might be seen as a truism: skill in communication is an advantage in any workplace and appears on lists of generic skills in any educational institution. However, in deeply discussing their experiences and engagement with others, participants were able to elucidate a situated and layered understanding of their concept of relationship within veterinary practice. In his second interview, Stuart reflected on the centrality of relationship to his emerging understanding of his practice.

I was naïve to think [that veterinary practice] wasn’t a human interaction business. I certainly realised there were clients involved, but I don’t think I fully thought about the emotional attachment that comes with that. … People can get bitchy over nothing and have a go at you over simple things and it’s like, “Whoa, where’s this coming from?” And then you realise it’s not really them at all, it’s them at their base level; they’re just freaked out and scared and emotional and then you’re left to deal with whatever comes out of that. So I think that would be my clarification, now that I’m in it and doing it, is how much that really affects things. (Stuart, Interview 2)

The naïve student understanding that Stuart described was a limited ability to reach a deep realisation of all that was entailed in enacting practice. When considered in the abstract, or even in the mainly observational role of student veterinarian, the involvement of human clients and their emotions appeared to sit peripherally when compared with the clinical and technical activities of veterinary practice. Stuart’s deeper understanding, based on experience and reflection, allowed him to recognise that relationship pervaded everything he did.

Such a sense of relationship, of one’s practice being directed toward others was not confined to the clinical sphere. In his government role, Tony had regular interactions with livestock producers under a variety of conditions, but the producer–veterinarian relationship was mediated through the government agency for which Tony worked. Despite the absence of a
clear client-veterinarian relationship as experienced by the other participants, Tony had no difficulty in directing his practice toward others.

Everything [I do] is for the producers. … When I go out and do a call, that’s my primary focus, and that’s the person that I really want to help the most, when I follow it up and work on a case and try and get a resolution with it. … As long as I can help them, I feel that’s what I was hired to do. (Tony, Interview 2)

Given his professional context as a government employee, it was notable to hear Tony describe his approach to practice in explicitly relational terms. The distinction from a private clinical setting was signposted in that he referred to his stakeholders as “producers”, not as “clients”, but he specifically turned toward them as the focus of his energy and responsibility.

An explicitly relational perspective on veterinary practice could offer possibilities for participants to transcend unhappy practice conditions. Angela’s first job was a lonely and alienating experience in conditions she perceived to be at unacceptably low professional standards. I asked all participants at our first interviews about high points in their veterinary work up to that time. I felt somewhat awkward asking this question of Angela because she had been so deeply disappointed and disillusioned, but she responded by describing an occasion when she was called in to euthanase a dog on what should have been her weekend off. She acknowledged an apparent paradox in citing this experience as a high point; the case had been a diagnostic challenge, a dog with an unusual presentation. Angela had done the appropriate case workup, even receiving rare praise from the diagnostic laboratory for preparing excellent samples. The diagnosis was unfortunately a rare and terminal cancer, but, after seeking telephone advice from a specialist, Angela was able to provide appropriate palliative care to allow a little extra good quality life.

I [ultimately] had to euthanase the dog. But a thing that gave me confidence was … it was on the weekend, I wasn’t on after hours; the owners rang [my boss] because they only wanted to deal with me and then [my boss] rang me. And so they asked me if I could come and do it because they felt comfortable and had been dealing with me and thought I’d done a good job. So I thought that even though it was a sad situation, I thought that it was nice that I’d built up their trust and their confidence so that they wanted me and nobody else to do that. (Angela, Interview 1)
There was a dimension of clinical skill in this situation in that Angela felt satisfied that she
had diagnosed and managed this case appropriately. However, the reason it was a high point
was the trusting relationship she had built with the clients. Performing euthanasia as a service
to their terminally ill animal was an intense and sad experience, but Angela found reward in
the idea that the clients wanted her “and nobody else” to share that with them. The opportunity
to direct her efforts toward doing the best she could for clients and their animals offered some
small respite from the strain of the conditions in which she was working. For Angela, in that
specific setting, adopting that client-centred relational perspective was also a turning away
from the dysfunctional corporate-style management model in her workplace.

Thinking about professional practice in relational terms goes beyond an individual
professional–client relationship. In human healthcare there are multiple relationships,
including patients’ families and other healthcare professionals. Veterinary practice is, however,
unique in always additionally involving triangular relationships across species boundaries.

I guess it’s trying to make the consultations—that you actually care about their dog
or cat or budgie or whatever. … Early in my student days going to the vet, I felt
that the vet did not really [care]. It was just another vaccination, sort of wafting
through—which, when you get busy, is exactly what it is. Because you don’t have
time to find out, you know, what do you do with the dog, where do you go on
holidays? All of this individually tailored treatment for that animal, rather than just
saying, “It needs to be on this flea treatment, it’s probably due for worming, and
we’ll give it all these injections and send you out the door.” And they’re no better
at knowing what your dog is like or your family and what are the problems or
concerns that you have. (Tess, Interview 1)

This comment from Tess is an illustration of the triangular veterinary relationship in a
companion animal setting. Veterinarians are in relation to the client, who may be one person,
or may be a family, with their own unique characteristics and habits, problems, or concerns.
The animals may be of a particular species, but their species and role does not presuppose their
relationships to their owners and carers. For example, one pet animal may be considered a
family member, a protector of property, or an unwanted responsibility; it might even be viewed
at times as a combination of all three. Veterinarians are called on to consider and act in light of
their own relationship with the clients and their attitude to, and understanding of, the interests
and needs of the animal patient or patients. However, they must also be aware of and sensitive
to the nature of the relationship between the animal or animals and the client. Given the diverse
ways in which people view and relate to varying animal species, navigation of those relationships is a complex and dynamic undertaking. Participants displayed their awareness of that triangular relationship, even if the client was not actually present, as was the case in the operating theatre.

Even surgeries and those things, which are really quite, you know, not isolated, but you’re doing them [apart]. The owner’s out there; they’re not seeing the work you’re doing, but really, the end goal of that is to have an animal you can send home to its family in whatever sense. And you want them to be happy with the choice they’ve made and how you’ve carried it out and how the animal’s recovered, so I think that’s really important. (Charlotte, Interview 2)

The sentiment that Charlotte articulated here was a clear effort to align her practice in order to honour the interests of both the client and the patient. For her, the ultimate purpose of her practice was not technical; it was relational. The balance and nature of the triangular relationships between veterinarian, humans, and animals are not fixed, and so their ongoing negotiation is something with which participants engaged.

The relational nature of companion animal practice is fairly well understood and commonly accepted by a society heavily invested in pet ownership. However, the importance of relational practice in farm animal practice is perhaps less well recognised. For participants, the ability to contribute to the livelihood of farmers was a powerful professional motivator. Tess visited a farm where there was a serious problem with calf mortalities. She treated two desperately ill calves on-farm with intravenous fluids. She and the farmer observed a dramatic response to the treatment in one of the calves before she even left the farm.

Oh wow! Not only was it not dead, it was actually running around like the rest of the calves! ... I remember thinking, “Wow we can save stuff!” … I was like, “That’s why I became a vet — that’s why I wanted to be a large animal vet.” For those things. That’s a heifer calf on a dairy, which will one day hopefully grow up and produce milk, which would otherwise be dead. (Tess, Interview 1)

The relationship between humans and animals in this quotation as articulated by Tess is different to that with companion animals, but it is equally powerful and meaningful. In this view, attending to the health and production of these animals represents a contribution to the livelihood of the producer but also more broadly to the vibrancy of animal production.
industries. Those motivations are powerful enough in Tess’s perception to represent “why I became a vet”. It would be an error to conflate that perspective with a lack of empathy or concern for animal welfare. Instead, there exists a complex relational stance in which a veterinarian can be oriented toward the health and productivity of the individual animal as well as to collective productivity of a group of animals and to a client’s farming business enterprise over time.

Client relationships in large animal settings were individual relationships with all of the dimensions that influenced those in companion animal practice. However, there were added dimensions that were apparent in situations involving consideration of flock or herd health. In such settings, it was possible that individual animals were neither present nor the topic of discussion. Tom described the satisfaction he gained from giving sound advice to producers about whether it was economically justifiable to vaccinate their stock against a particular disease.

You do some back-of-the-envelope calculations for him and you’re there and he says, “Yeah, I reckon I’ll do that”, and you feel you’ve A. got a bit of business for the clinic, and B. just improved on and added to the productivity of a business. As opposed to your small animal cases—they’re feel-good, but they’re not, you know, bigger picture. I do like the contributing to a bigger picture on the large animal side of things. (Tom, Interview 2)

In such a situation, Tom oriented himself toward the client as a business owner, but also implicitly toward the animals, in a collective sense, as the foundation of a successful and profitable livestock enterprise. In explaining why he found motivation in this type of activity, he contrasted the emotion-based “feel-good” nature of relationships created through companion animal practice with a “bigger picture” that was represented by activities that could contribute to people’s livelihoods as producers. His comment about small animal cases being feel-good may be judged as dismissive, but he was perhaps deliberately overstating in order to highlight his point, the surprisingly relational nature of a cost-benefit analysis.

It was not always easy for participants to articulate veterinary practice in relational terms, but the influence of senior colleagues or employers who made the effort to model explicitly relational talk in or about their practice, could be highly influential.
My boss always tells me that] we can't do everything. He always tells me, “You know more than the average person off the street, so get in; you know what you’re doing. Just do your job and follow it through.” He said, “You’re not going to save everything, you’re not going to be able to do it, but as long as you’ve done the best by the animal and the owner for what they can afford, or what they want to do, it’s as much about helping read them as it is for the pet.” So I really like that value in the sense that ... he goes, “A lot of the time you’re not just ... although we’re advocating for patient welfare and trying to do that,” he goes, you know, “You don't know what’s going on in their lives and this might be the straw that breaks the camel’s back.” He goes, “So you’ve got to learn to read them as well”. So I found that really handy and really nice. (Angela, Interview 3)

The preparedness of a senior colleague to discuss relational dimensions of practice could offer new graduate participants rich opportunities for engaging with their practice in metacognitive terms and could greatly facilitate critical reflection. Such discussions could provide opportunities to analyse and reflect on specific instances with actual clients and animals, but those discussions could also operate at a higher level, identifying patterns and principles that could serve as guides for future behaviour while leaving space for ambiguity and complexity. Perhaps most importantly, senior colleagues can foster and model collegial relational practice between veterinarians as a normal activity of veterinary practice.

When thought of in terms of collegial relational practice, developing independence does not imply that graduates go beyond relationship in their practice. In fact, trusting oneself to be capable and responsible, and to make the calls can be a feature of a very collaborative style of practice.

I like to get lots of opinions and make my decisions. [And that includes] opinions from other people including the owner and the nurses. … They have a different insight into whether the animal is happy or not. Whereas other vets when I’m at work will quite often make a decision and I think, “Mmm?” It might be the right decision they made, but did they actually think about how it’s going to affect both the client, whether the nurses agreed with you? You know, [nurses know a lot about] animals that have been in hospital for a few days. … It’s just a different way of working. (Charlotte, Interview 1)

Charlotte articulated a particularly relational and consultative preferred way of working. Nonetheless, that collaborative style of practice did not imply a lesser sense of her own capability. She comfortably described “my decisions”, indicating a readiness to make the calls.
Further, she was not afraid to offer a measured critique of different ways of working. Charlotte’s particularly cooperative disposition was not necessarily shared by all participants; nonetheless, the consideration of and orientation to diverse others in practice was central for her and all of the other participants.

Broadening the perspective on relational dimensions and bringing relationship to the centre of veterinary practice are important movements in advancing our understanding of how new graduate participants come to view themselves as veterinarians. A rich and dynamic conceptualisation of how graduate participants oriented themselves toward people and animals in the course of their first year of practice reinforces the importance of local specific and situated encounters, and of phenomena such as responsibility, trust, and care.

5.1.3 Encountering traditions and standards

In a profession such as the veterinary profession, participants encountered diverse settings and widely differing arrangements of sayings, doings, and relatings that were created by, and created, the practice conditions they encountered. At the same time, there were powerful shared, but often unspoken, assumptions about what it meant to be a professional. Social realities, cultural types, and dominant narratives can be created and sustained within local contexts such as a single workplace, within occupational groups, and more widely within society. Being unseeable and intangible makes them no less powerful.

One such cultural type is that of the hardworking veterinarian. A deeply held culture of working hard and making personal sacrifice through long hours and after-hours work was evident in interviews with the participants. Ed compared his own experience with that of his parents, not veterinarians, who operated a professional business in the city. He mused that the challenges they experienced in managing their staff were very different from those that his own employer encountered.

My parents have [a business] and people knock off at 4.55pm every day. … [As vets], we’d be lucky to knock off at 7.55pm, you know! … In so many other professions you have the biggest issue of having people to just turn up and work hard the hours they’re there. That’s not even nearly an issue in the vet profession! (Ed, Interview 1)
Ed laughed as he made this comparison, but he was making a very serious point. He framed veterinary practice as asking more of its practitioners than just turning up, demanding intense commitment in terms of time and energy. The sense of having a vocation, rather than a job, with an accompanying obligation to duty, was evident. Tom echoed a similar sentiment, also laughing as he described his expectation that as new graduates they “should be hard worked, little sleeping, mixed practice vets and just be busy all the time”. Although there was acceptance of the tradition of hard work and long hours, that acceptance contained some ambivalence, with the recognition by the participants that they were working many more hours than they were paid for and that this could be unsustainable or incompatible with their personal commitments. At the least, it was open to exploitation in the interests of employers.

I think we created this perpetual cycle of lack of work–life balance, because people just expect so much of us, and we’re only human, and we just let it build up into this industry, where we give, and give, and give, and struggle to say no. As much as [the boss] encourages us to have a work–life balance, every one of us has a bad one; I think that’s industry standard and I feel like we’ve kind of let it happen. (Holly, Interview 3)

Senior colleagues, and employers in particular, are powerful bearers of workplace and professional traditions. If they espoused values about work–life balance and long working hours that differed from their behaviour, a strong unspoken message is sent that junior colleagues should copy the behaviour and not the rhetoric. In the example above, Holly indicated that despite her employers’ public statements about having a work–life balance, they did not self-regulate their working habits. As a result, other employees understood that excessive working hours were considered the norm. In other settings, senior colleagues could offer their experience, representing past behaviour with a genuine critique. One such example was advice Tom received from a colleague.

I had a cautionary tale from one of our older vets who had [prioritised veterinary work] for most of her life. And, you know, she had gone through two marriages, hadn’t seen the kids, and never travelled. She told me how she had the civil service ceremony for her second marriage and then went and did a horse colic and stuff like that the same day. (Tom, Interview 2)

This poignant story represented a senior colleague presenting herself as a negative role model and highlighting the potential costs of allowing an unlimited incursion of professional
practice into the personal domains of life. Nonetheless, she was speaking from the opposite end of a veterinary career; for graduates there remained a tension between how to gain the experience they needed while being aware of the need for a balance with personal life.

Participants used the explicitly normative terminology of standards for evaluation and reflection in diverse situations, including when choosing between options to offer clients for diagnosis and management of cases, distinguishing their university training from the “real world”, and describing discrepancies between their own ideas about veterinary practice and professionalism and the ideas of others, especially their employers.

Talking about professional standards and standards of practice revealed a recurring metaphor of gold standard practice. The phrase was frequently used, generally in referring either to the management of cases in a university teaching hospital or as an ideal to which one might aspire in the management of clinical cases. It represented an influential mental model for participants.

Obviously from a gold standard at uni, you take a step down for the sake of time and you’re trying to minimise time under anaesthetic, for example. (Nick, Interview 2)

Nick’s comment here illustrates the power of such mental models; to him it is obvious that the standard of practice in university clinics is gold standard, representative of a high level that can be objectively judged. Furthermore, he perceives such a standard to be “obviously” not achievable or necessarily desirable outside that university setting. Armed with such an understanding, graduates would expect to compromise on standards when they get out into the workplace. That process of compromise required new graduates to be critical thinkers and decision-makers at a time when they perhaps felt at their most vulnerable in their new workplace. The compromise from gold standard to achievable standard can be guided by complex and often interrelated influences to do with local workplace culture, facilities, and resources within the workplace, skills and experience of colleagues, and client financial constraints.

I suppose it’s a never-ending conflict. You learn about it at uni, to think about what do you recommend—do you profile when they come in the door? Do you recommend the gold standard and then not be surprised when they can’t afford it
and then offer them the second best? I don’t think anybody’s got the answer to that. (Tom, Interview 3)

The notion of standard here relates to the procedures and technical options being offered to the client. In this instance, the gold standard implies a technique or treatment that offers the optimum outcome in a case scenario, with the implication that the use of the term gold standard signifies the adoption of the principles of evidence-based veterinary medicine. The gold standard has long been marginalised as an economic tool (Bayoumi, Eichengreen, & Taylor, 1996), but it appeared to remain a powerful metaphor in veterinary practice for my participants. Its use, however, could be problematic in the absence of shared understandings and interrogation of its meaning and implications. Such inconsistent usage of the term gold standard and its consequences have been identified in the medical literature in reference to the increasing dominance of randomised controlled trials in medical research (Jones & Podolsky, 2015). A certain diagnostic test may be described as the gold standard for diagnosing a specific disease problem, and in that context the term refers to the best available tool according to current evidence. In other situations, however the term gold standard is used much more broadly, suggesting an objective, albeit intangible ideal that could be held to apply beyond context. In that way, the gold standard notion could act as a proxy for misinterpretations of ideas about evidence-based veterinary medicine.

Evidence-based veterinary medicine, as a specific variant of human evidence-based medicine, refers to “integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p. 71). In the veterinary context, an additional dimension means that “the circumstances of each patient, and the circumstances and values of the owner/carer, must also be considered when making an evidence-based decision” (Centre for Evidence-based Veterinary Medicine, n.d.). In the sense that Tom was referring to in the quotation above, however, the notion of evidence and the term gold standard are being co-opted in a way that prioritises commercial considerations. In that sense, the notion of gold standard is associated with a more interventionist, and therefore more expensive, approach to veterinary care in the context of an emerging corporate organisational model. In such a setting, the gold dimension of the gold standard metaphor can be taken to refer to cost as well as to quality. Unreflective use of the term gold standard is not consistent with relational and situated understandings of practice and may not always be helpful for new graduates in their practice.
When the notion of gold standard was used as a heuristic that could be explored, critiqued, and articulated in relational terms, however, it could be a useful tool. As graduates entered and found their way in the workplace, they encountered and grappled with concrete situations in which the idea of professional standards was salient. They found standards to be complex and layered; they could be very flexible, but only to a point. Standards could be understood in a collective sense or a very personal guide to behaviour. Standards, by their very nature, are normative and they carry an implication of judgement about what is right or acceptable and what is not. Furthermore, standards are ethically normative and bring understandings about what is right and what is good into an evaluative frame. New and experienced veterinarians share tensions over the rightness and goodness of decisions in clinical practice, and individuals and communities develop their own, more or less explicit, ways of evaluating and making decisions about standards. In the setting of ethical and deliberative professional dialogue, the idea of gold standard sat more comfortably within the discourse.

For a country clinic we try and provide high standards of care, like gowning [for surgery] and introducing protocols … for different procedures, so we can keep a higher quality standard of care and make sure we get everything done to a really good quality. … With standards … I think of three levels, whether it’s large animals or small animals or whatever; your gold standard, your middle of the road, or your baseline, absolutely minimalistic. [My boss] always says to me, “You know best, so you advocate for what you want, for what you think is going to be best for this case. But we also need to cater to what the people can afford at the same time, too.” So I try and offer those three … we can cater for all. (Angela, Interview 2)

While continuing to hold the mental model of a gold standard, Angela was articulating an emerging sense of standards as being based on situational professional judgement, and somewhat flexibly interpreted. Importantly, such a developing understanding is strongly presented as being consistent with high standards and appropriate relational practice, rather than being a process of grinding compromise after a collision of the gold standard with the vicissitudes of the real world.

Ideas about standards could be, and were, the subject of debate and robust disagreement. In the context of a collegial professional community with respectful relationships and a shared sense of purpose, robust disagreements about standards could occur without undue impact or distress to graduates or their colleagues.
[My boss and I] still share a very different opinion on ... sterility standards for surgery. That would be the big thing that we still disagree on. And we're both aware that we completely disagree on that, and it hasn't changed anything because I refuse to drop my standards. ... So you go from a 15-minute iodine scrub. I read that iodine kills everything except fungal spores in 7 minutes, so now I do a 7–8 minute scrub. Whereas other people in the clinic do a 15 second scrub so I refuse to drop my standards below what I've decided is my benchmark, I guess. (Nick, Interview 2)

At this stage Nick had the confidence to articulate a critical perspective and the strategies he used to avoid “dropping his standards”. He described an active process of combining practical considerations, the practice of influential others such as his university teachers and employer with relevant published literature to arrive at his own decision. Paying careful attention to his remark, we can see that Nick was able to articulate a sense of ownership over his professional decisions and standards when he argued assertively for “my standards” and “my benchmark”.

It was not always possible for the graduates in my study to be able to conduct the kind of negotiation that enabled them to enact the standards of practice that they considered to be acceptable. The notion of standards came to have such a prominent and significant role in Jane’s first year as a result of her early experiences that she cited standards when discussing the major influences on her decisions about changing jobs.

Over this year, I guess the job changes go with standard and quality of practice. I always thought I could sort of do my own thing and rise above bad practice, but, gosh, it just impacts you so much if you’re in a clinic that doesn’t practise best practice. Or it impacted me so much, so being in a practice that didn’t necessarily have the standards. ... That was a big turning point. (Jane, Interview 2)

The process of engaging with standards in veterinary practice could become a highly charged and consequential struggle. Far from the apparent stability and certainty implied by terms such as gold standard, making decisions about standards in circumstances where role models were not available and support was not forthcoming was a much more fraught undertaking. Employers were particularly influential for new graduate participants, either as potential role models of professional standards or as gatekeepers of opportunities for emerging professional autonomy. Where there were significant inconsistencies between espoused values
and norms and enacted behaviour, a difficult task was set for participants. In such circumstances the struggle lay in deciding how to personally navigate a situation with a minimum of personal and professional compromise, or even to make the decision to leave a job, as Angela did after only 3 months.

It’s not going to change. You’d go the extra mile for [an employer] who appreciated you, or if you had supplies. And [the other new graduate] and I come down to the same thing: the patient welfare. There’s one thing of not knowing—being ignorant and not knowing how to treat, but you know that dog is ten per cent dehydrated and needs fluids, and there’s not a bag in the place. That’s not OK! And we can’t deal with that; I think it comes down to our core standards really. … The thing that I really struggle with is—not every clinic has to have a CT machine or a digital X-ray. That’s not the real world; people aren’t going to have that. But the thing I struggle with is—he thinks he’s running this 5 star service! And I don’t know whether he’s trying to convince himself or other people, and I just think it’s misleading to the public. And that’s what I struggle with. Maybe if he didn’t think he was awesome I could cope a bit better! (Angela, Interview 1)

Opportunities for the internalisation of cultural norms and tacit understandings of the importance, nature, and value of professional standards are powerful in the early experiences of new graduates. Angela’s strong emotional reaction to the dissonance she encountered between espoused and enacted standards in her first position is apparent in her outburst that “it’s not OK!” and her repeated reference to her “struggle”. Operating on either a local or a wider scale, the taken-for-granted is difficult to elucidate or to challenge, and the imperative to belong within the workplace team provided a powerful impetus to adopt and endorse the prevailing practice standards. Adopting a critical stance toward norms and standards within the workplace was not undertaken lightly.

5.2 Engaging the self with professionalism

The focus of this study is professional identity in particular, rather than the broader sense of identity. Having said that, my own professional background as a veterinarian provided me with direct experience of the meeting, alignments, and clashes between the personal and the professional dimensions of life for me and for my colleagues. The networks of arrangements and the interdependences between different dimensions of human life provided by a social practice perspective alert us to the impossibility of complete separation between what is personal and what is professional. At the same time, I was careful not to assume that my own
experiences would mirror those of my participants and to inquire with openness and curiosity about how their practice experiences affected them personally. Having come to form a research relationship over the year and having met and spent time with my participants at work, I sought to honour their commitment and courage in participating. I cannot see the world through their eyes, but I have grounded my findings in a respect for their perspective.

5.2.1 Knowing yourself: Drawing on personal dispositions

The demands of veterinary practice were interpreted according to each individual’s own dispositions and perspectives and the other social practices in which they took part. I asked each participant what it was about their job that suited them well, and which aspects they found more challenging or less comfortable, thereby providing a prompt for them to explore their own beliefs, understandings, and personal qualities.

Beyond the collection of skills and knowledge they had accumulated at university, participants also brought their whole selves to their practice. That included dispositions and qualities that they could mobilise deliberately, or inadvertently, in their workplace. In using the term dispositions, I am referring to people’s tendencies to engage in certain ways with their practice experiences. I argue that one’s dispositions are resources for social practices that can be drawn on in diverse ways in specific practice settings. I do not view dispositions as either determining certain behaviours and personal qualities, nor do I make evaluative judgements about the desirability of certain dispositions. Participants could cite their dispositions as something they were explicitly aware of and that played a part in their decision-making about their choice of job and career plans. Richard recounted his motivations for taking on his position in terms that explicitly referenced his disposition to independence and autonomy.

When I left university, I had three goals that I really wanted to meet: One was to work independently by the time a year was up, one was to go out into the country because I really like country practices, and three was to, you know, basically be in deep water and to survive. (Richard, Interview 3)

Having an independent disposition has benefits, fostering the motivation to be adventurous and to advance oneself. Such a disposition means a participant may feel brave enough to raise a point of view with senior colleagues, fostering a critical stance. However, Richard became aware that there were limits to how far that disposition could carry him in some circumstances;
as a graduate, he did not have the capability single-handedly and safely to undertake advanced procedures and complex case management. At that point, although he was able to identify the need to engage with others to support him, he was stuck in circumstances where those others were unavailable. Few participants expressed such a deliberate process of exploring their own personal qualities in the selection of their job. Instead, their decisions were more conventionally expressed in terms of the animal species they preferred to work with, the geographic areas they favoured, and proximity to family and other social groups. It was once they had started their first job and had begun to experience life as a veterinarian that they were able to recognise and explore the extent to which their own personal dispositions and qualities were entwined with their professional practice.

At times, personal dispositions could play a role that participants had not foreseen in their engagement with their work. Being on call for emergency work overnight and on weekends is a dimension of veterinary practice that graduates expected to encounter and that many found challenging or impinged on their personal life. Ed found that he disliked the after-hours work more than he had expected, but on reflection he identified an unexpected reason for his discomfort.

I don't like after-hours. I sort of, I like to work hard and go home. It’s hard, because it’s just part of what we do, I suppose. But it’s just been a little bit of a shock to the system. Not too bad, it’s all been fine, but I don’t enjoy it. … I just [wasn’t prepared for the] unpredictability. So, I like to be very, very organised. It’s not doing the work after-hours. That doesn’t worry me. It’s not the fact that I'm out at 9 o’clock at night. It’s just that you think you’re doing this, then 30 seconds later you’re driving an hour to sit in the rain doing a calving, which doesn’t worry me—doing the calving in the rain is not an issue. It’s just I like to know what’s coming and so I don’t really like going that way and this way. It just throws me a bit; that’s my main issue. (Ed, Interview 1)

Ed offered a detailed explanation for his dislike of after-hours calls. Notably, he was careful to clearly assert that actually doing that work “doesn’t worry me”. He repeatedly stressed his awareness that “it’s just part of what we do.” Instead, he presented his personal preference for planning and organisation, for being able to know what his evening would hold, that he described as being most unpleasant about being on call. In describing his feelings here, Ed discussed his organising disposition while also being careful to maintain and display a positive
attitude to the norm of hard work and long hours of being a veterinarian. His statement shows a strong motivation to not be perceived as lazy or uncommitted, especially by his employer.

A developing awareness of one’s dispositions could be an effective trigger for behaviour change. Dispositions represented possibilities for action and the development of qualities, but that development was always also mediated by the social, cultural, and material dimensions that made up the practice context. An individual’s dispositions have the potential to be oriented toward more or less helpful behaviours and habits. Charlotte identified herself as being prone to perfectionism, and some senior colleagues were able to explicitly give advice and guidance about creating appropriate habits of work and life.

It’s hard not taking work home. I think I’ve been spending longer at work trying to get everything done and then coming home later. I’m probably switching off better when I get home, but it does mean three to four nights per week I wouldn’t get home before seven thirty or eight o’clock. That has been acknowledged by all of my bosses … both in a good way, you know, they all said, [I’m] very attentive and very dedicated and go above and beyond for the client. But one of them, who I’m friends with outside of work has said, “You just have to go home sometimes. You can’t get every history, and sometimes you do have write it the next day or two days later, and you can’t call every client back, you can’t follow up every case.” (Charlotte, Interview 2)

Having senior colleagues who could both model and encourage a balanced approach to personal and professional dimensions of life was something that could be very influential on a graduate like Charlotte. Becoming aware of the development of habits was important, as well as being alert to the drawbacks of perfectionism in addition to the advantages of holding oneself to high standards. There remained a tension, however, between a rejection of notions of perfectionism and a strong tradition, noted by a number of participants, of intolerance to error within their workplaces.

Projecting forward into the future, some participants explored their own qualities and dispositions in order to explore career plans in terms that related less to the species caseload and more to role and business plans. Stuart had a strong interest in practice management and saw himself in a leadership role.
I’ve always assumed that one day I would at least become a partner if not an owner in practice. I have this grand plan [when it comes to equine practice]. There are a lot of single practitioners just running around with trucks full of gear, and … a lot of small clinics. … I came up with this idea: my plan was to possibly buy [into a clinic in one location] one day and then branch out [to own more general and referral practices]. (Laughter) So yes, practice management is interesting for me! (Stuart interview 1)

Stuart’s thoughts and plans went beyond a clinical focus on veterinary practice and engaged vigorously with ideas around organisational models and business structures. He referred to himself as a “planner”, and his goals included professional leadership. In the small clinic in which he took his first job, the opportunities for executing his plans or pursuing opportunities for leadership were somewhat limited. Participants reported that they were not always afforded opportunities to mobilise their dispositions in the ways of their choosing within their first year of professional practice. Nonetheless, the possibilities for such action into the future remained.

The personal dimensions of their lives could comprise other social practices in which they were members, such as sports, clubs, family, or church. New graduates arrived in their first position as adults, already as participants in networks of social practices within and beyond the scope of veterinary practices. Selecting their first job represented a process of balancing personal considerations with their professional goals and preferences. Whether it was proximity to family, to career opportunities for a partner, or ability to pursue important personal goals such as church involvement, personal factors took their place alongside, even ahead of, strictly professional considerations such as working with a particular species or strategic career choices.

[I’m] probably not [interested in a particular specialisation] to be honest. I think the idea of specialising in surgery is particularly interesting to me, but the workload and the level of intensity to become a specialist probably outweighs that desire, so I think I’d be pretty happy just being a general practitioner. (Nick, Interview 3)

A choice to be contented being a general practitioner, after weighing up the commitment required for specialisation, reflected a careful engagement of self-understanding with the realities of options for career development. The balance of the participants’ personal considerations and their professional goals and priorities was dynamic in that it was dependent on circumstances but also on their dispositions.
In conclusion, drawing attention to the role that personal dispositions and their mobilisation in veterinary practice, I advocate for the importance of critical awareness of one’s own dispositions rather than the desirability of any particular set of dispositions over another. Further, understanding the professional self as a relational phenomenon allows for a richer process of reflection on experience. Richer, but also more complex: by considering the self as relational, deciding and choosing what to value, what goals to pursue, when to pursue them and how to develop a professional identity may appear to become more of a challenging task than ever.

5.2.2 Becoming an authentic vet: Mobilising values

During their first interview with me, I asked all participants about their ideas concerning the characteristics of a “good” veterinarian. At this stage, a short way into their first year of practice, it was already notable that in their responses they resisted oversimplification.

There’s the good vet that the clients think is a good vet, and then there’s the good vet who’s sound in their knowledge and in their principles. And I don’t know if that’s always the same thing. Ultimately, ideally it would be all of those things. (Tess, Interview 1)

In problematising the premise of such a question, Tess captured a number of key dimensions relating to how participants could view themselves and about how they could evaluate and make judgements about themselves, their goals, and their achievements. The conclusion that “ideally, it would be all of those things” serves as a reminder that practitioners work with the real rather than with the ideal. However, the heart of Tess’s response is the importance of perspective, of who makes the judgement and whether, in fact, an objective judgement of “a good vet” is even possible.

In the absence of an objective judgement about what makes a good veterinarian, the goals for a self that engages with professionalism can be uncertain. That lack of clarity can feel unnerving. To be able to centre the self and to value authenticity is something that people hold to be important. In the course of their daily practice, participants were unavoidably called upon to act in the moment, making situated judgements about actions, and considering implications. There was frequently a balance required between the imperative to act and appear confident,
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their professional obligation to base actions on sound principles, and awareness of their inexperience.

My mum used to always tell me, you fake it ‘til you make it, and I think that’s probably very true. You don't lie, and you don't make things up and you don't say you know something when you don't, but you try and keep everything together and utilise what knowledge you do have in the best way you can. And then, if you don't know about what’s up with that cow, or did you choose the right antibiotic, or—oh my gosh, I don't know—anything about mastitis treatment, you try and get as good an answer cobbled together as you can and then you run back to the clinic and ask someone who knows a lot more than you do! (Charlotte, Interview 1)

The maxim to “fake it ‘til you make it” is in common usage and suggests the antithesis of authenticity. However, Charlotte went on to qualify her comment, revealing a developing critical awareness of the possibilities and limitations of complete authenticity for her as a new graduate. She had boundaries of acceptable behaviour in that “you don’t lie, and you don’t make things up”. Those principles represented personal values for her as well as being collectively held obligations for a professional practitioner. The metaphor she used of “cobbling together an answer” calls up an image of practising a craft and gives a vivid illustration of the active and creative improvisation required in the situations she described.

The space for acceptable improvisation was not sufficient to permit a sense of authenticity at all times for participants. Dilemmas arose when they found their values compromised in ways that they could not resolve or reconcile. Such experiences frequently centred on conflicts of interests between people, or between people and animals, and often evoked strong emotional responses. Tom described his responses to performing euthanasia in diverse circumstances.

We do a lot of council euthanasias here … really healthy, really nice dogs. And kittens. That’s particularly depressing because it’s just out of my hands. … By contrast, with the [terminally ill dog I euthanased] today—that’s the only viable option I saw in that case. I feel quite happy afterwards in a way, that I’ve done my job. There’s been a diagnosis, a treatment, and an outcome: a “treatment,” [in that] I administered a therapy and ended the suffering there. But in those [council] cases I feel really bad afterwards; I just want to sit and be alone. I’ve just ended a life, which was—there was nothing wrong with it. There was no—my skills weren’t really applied to a good end. So that’s not … you feel really quite bad after that. (Tom, Interview 2)
He made a clear distinction between performing euthanasia in a case of terminal illness and the killing of unwanted animals, which he characterised as being “not to a good end”. Despite having performed the procedure humanely in all cases, he retained unsettled, with a sense of responsibility for having ended a life that had “nothing wrong with it”. The stray and unwanted animals he described have no owners and no human to represent their interests. As long as they are treated humanely, Tom’s actions in euthanasing them are in accordance with legal and professional rules and standards. Nonetheless, because his actions are not consistent with his values, his sense of unauthenticity was accompanied by a strong emotional response.

Repeated exposure to such situations, with the obligation to perform actions that represented inauthenticity to participants could result in a blunting of the emotional response and a sense of moral compromise.

I don’t cry as much anymore when we have to euthanase now, but you still feel it, you still feel it so emotionally and you still come home and think, you know, I could have saved that animal if they’d had the money, which is the reality of every vet practice, but in our practice, it’s just times ten. (Jane, Interview 2)

Such a subsidence of the emotional response is not necessarily indicative of an increased sense of authenticity. Instead, perhaps it represents an instance of the kind of numbing that Angela described that she did not want to develop.

I learnt how to work by myself and I learnt how to deal with a bit of stress and pressure before coming back to a place where I really would like to stay. So [that period] wasn’t long, but I can still take things away from it. Maybe that’s just a hindsight type thing. I’m still glad I did it, but I’m still glad I left before—because I wasn’t prepared to compromise myself. (Angela, Interview 2)

In coming to view themselves as veterinarians, participants took on a role and an identity that had deep personal significance for them. To a significant extent, they considered their profession in terms of a vocation, and as a result the impact of experiences that compromised their sense of authenticity at work was substantial. At the same time, that deep connection with their practice carried the potential for greater return in personal terms. When values and possibilities for action were aligned, participants experienced great reward in being able to orient themselves toward a sense of authenticity in their practice.
I take a lot away from the way I approach each day. I suppose, that’s where I get a lot of my—I’m proud of the way I approach my work. If you can finish each day saying that, then I can’t imagine you’ve done too much wrong. Certainly, that’s not every day, but then over the next week I’ll try and figure out what it was and how I’ll do it better. Sometimes you’ve got to wait a couple of months for the opportunity to do that particular thing better or to talk to those people. (Ed, Interview 3)

Pride, a sense of professional development, and a path to the future—all are dimensions of a sense of authenticity. It is, however, notable that such a sense is grounded in the particular and the concrete, “the way I approach each day”. Authenticity is not so much located on a grand scale, but more in the everyday.

Charlotte tried to illustrate her sense of personal satisfaction in community recognition of her role. In doing so, she described a sense of vocation.

There some things to do with being in a really small town when you see people in the supermarket or when you’re not working, and they recognise you. I don't know if it’s a level of respect, but a level of appreciation for the job you do and the fact that you are there, being a vet in a small town, that’s nice. When you have clients that interact with you outside of work in a really respectful way; they're quite grateful for you, sort of just existing. It’s a funny feeling; yes, that’s nice. (Charlotte, Interview 2)

Although the recognition of others and a sense of pride in the community role of a veterinarian could focus the mind on how authenticity occurs, Charlotte was also aware of the danger of basing her view of herself and her practice on the perspectives of specific others.

I have had to be careful that you don't take all your validation from your clients because sometimes when you think you’ve done a really good job they don't see it that way and that doesn't actually mean you haven’t done a good job. That’s just their perception, and sometimes they think you’ve done a really good job and you haven’t actually achieved ... like you haven’t done very much. They're just happy with you. (Charlotte, Interview 2)

Aiming for a sense of authenticity can involve a painful process of self-reflection, struggle, and some transformation. It may involve compromise or moving. There is no roadmap to follow toward a satisfying sense of authenticity. Instead, it can follow from an ongoing and
effortful process of engaging with difficult moral questions and having the will to engage with the values and perspectives of others. As an experienced phenomenon it is situated, dynamic, and negotiated. Authenticity can be perceived, sought, or evaluated in oneself, in others, or between diverse dimensions of a practice. Seeking authenticity may be a priority in the moment or it may be a priority in the medium to longer term. It is an important part of the identity development process: in seeking to hold their own, participants explored and represented the struggles, achievements, and purpose in deciding what was “their own” to hold in the present and into the future.

5.2.3 Practising pragmatic professionalism

In a complex professional practice setting, participants made judgements many times a day about how to proceed. In doing so, they found themselves constrained and enabled by practice architectures, visible and hidden, by their own qualities and values, and by the presence or influence of others. Participants were mindful of the responsibility that rested on them as veterinarians. In a literal sense, it fell to them to respond and so their professionalism had its existence in action. At the same time, they had an eye on their emerging veterinary career. Their actions and decisions had implications for their futures.

Angela struggled actively to make sense of her experiences in her difficult first job, finding herself isolated and exposed in a practice setting where she felt unable to practise to the standard she believed to be acceptable. She perceived a major threat to her professionalism from the circumstances in which she found herself, and she acted vigorously to make sure that her actions were professionally appropriate in the absence of key relational dimensions of practice. She encountered risky and difficult situations alone that prompted significant reflection about professionalism, ethics, and responsibility. In articulating a view of pragmatic professionalism, she presented a hypothetical scenario as follows: in the occasional case of dystocia in a cow, there is a presentation where the foetus is alive but unable to be delivered normally, with traction. Apart from euthanasia of the cow (with death of the calf), there are two treatment options. The first is to perform a caesarean section, with possible (although not certain) delivery of a live calf, and the second is to perform a foetotomy, where the calf is cut up so that it can be delivered in two or more pieces vaginally. The second option obviously results in a dead calf, but is less invasive for the cow, and also significantly less costly for the client. There is empirical evidence published in the scientific literature indicating that
consciousness (and hence the capacity to experience pain) does not occur until after the foetus is delivered and takes its first breath. Angela used this scenario to address the question, “What makes a good vet?”

I don’t think you need to be the best vet. … I think you have to have just general care. I mean, you can’t care too much so that your world is invested and your job’s the only thing; you’ve got to have work–life balance. But, you know I don’t want to be a vet one day that … We were talking at uni one day about having to do live foetotomies and some of the old guys told us to pretty much just suck it up and if it’s got to be done, it’s got to be done. And I said, “Yeah, and you know what? If I was in the situation where there was no other option”, I said, “I would do it.” But I said, “I never want to get to the point where I think that’s OK”. I said, “If I’m in the situation where I have to do it, then I’ll do it. But if I’m numb to that and think that’s OK, and I don’t feel anything, I don’t think that’s where I want to be as a vet.” (Angela, Interview 1)

In this vignette Angela is powerfully comparing considerations about the moral status of animals, about economics and the interests of producers, and about her own values. Her pragmatic conclusion that she would “do it” is tempered by a cry of protest “that doesn't mean it's OK”. Although this was a hypothetical scenario, the reasoning process, the emotional response, and the equivocal conclusion were based on Angela’s very real daily experiences in her work. Practising pragmatic professionalism requires acting as well as reflecting. It can mean coming to understand the imperfection of the world and the impossibility of reaching ideals within that imperfect world. However, it does not, and indeed should not, preclude ongoing reflection and cultivation of critical awareness.

I’ve never really had a role model, even as a child. I’ve always been quite content with who I am and what I’ve got. There are things that I admire about lots of people but I never—I don’t know—I don’t really idolise any, well not idolise, but there’s not—you take advice from people that suits the situation you’re in. (Charlotte, Interview 1)

Pragmatic professionalism did not necessarily mean reaching a consensus view of what is to be done or of what ought to be done. Debate and divergent views could arise over specific situations or cases, or about other dimensions of practice. Even apparently scientifically based case discussions carried value-laden undertones that could make decisions and judgements fraught.
I’m a fair bit of a realist coming off a farm. … I got in a little bit of trouble the other day with a snake bite dog. The owners did not want antivenom; it was not on the table. So we were managing this dog as well as we could; we had pain relief all over the place, we had fluid … it really deserved its chance, provided we’re looking after it … [But] we’ve got someone in the practice that’s fairly straight and narrow about some of those things. … I don’t think you should say, “If you’re not going to give antivenom, this dog should be put to sleep”. … I’m not ignorant of the two views; I just think there are two views. … I just come back to what I think is in the animal’s best interest. But I’m happy for an animal to be struggling, providing it’s being treated and somebody’s caring for it. So, all animals that are sick are sick; they’ll all be in pain, you know. To say that we can’t allow suffering is wrong because they’re all suffering, but as long as we’re treating and minimising that and trying to get it going. (Ed, Interview 2)

A situation such as the one recounted here could often not be resolved purely through resort to evidence or explanation, with scientific understandings being entwined with beliefs and attitudes about interests, justice, fairness, values, and context. Satisfactory resolution required willingness to reach a shared understanding, even if not agreement. Reaching that understanding meant those involved must be prepared to exercise sufficient imagination in order to accept that “there are two views”. For graduates as new members of the workplace team, to stand up for their own values and to have their view heard could take considerable courage and a preparedness to adopt a position that could leave them feeling exposed and isolated. However, continued acquiescence to the beliefs and plans of others, without being prepared to articulate a position, suggests unreflective compliance rather than pragmatic professionalism.

A pragmatic response to complex situations did not imply a thoughtless resort to “whatever works”. Instead, a process of reflection and evaluation engaged moral, relational, cultural and technical considerations in the process of acting. That evaluative process occurred moment to moment but was more visible when conducted over a longer time period with ongoing judgements. Jane’s third position was with a large corporate veterinary business. At the time she signed her contract with the company, she expressed her moral antipathy to the economically driven corporate organisational model.

This job’s brought with it a whole other kettle of fish in that I’m now working for a corporate body. It’s the one [thing] that I said to everyone when I left uni that I
would never [do] because I didn’t believe in what they were doing! I didn’t realise that [this hospital was a part of that network]. So when I signed my contract I went, “What?” (laughs). (Jane, Interview 1)

Ultimately, Jane’s decision to take that position was in reaction to her recent professional experiences. She had felt endangered and compromised during a short tenure at a small clinic. She therefore took the corporate position, focusing on her beliefs about the advantages available to her in that environment. Jane recounted the “amazing training” she had been able to access in her corporate workplace setting, including access to regularly updated treatment protocols, training pathways, and access to specialist advice. Even the bureaucracy could, at times, be of benefit to the veterinarians, with managers delegated to deal with some of the more unpleasant dimensions of work and structured developmental pathways for learners. She developed a nuanced way of viewing the setup, with a capacity to see both its strengths and its limitations. However, Jane maintained an attitude toward her corporate employer that was ambivalent to say the least, and her reflections were not comfortable.

I just don’t like how people who have nothing to do with the veterinary industry, have never been in a veterinary clinic, don’t even like animals, don’t care who you are ... I mean, our general manager was in the clinic the other day and she didn’t have a clue what my name was, didn’t care who I was, and I just thought, no, that’s really not where I would see myself at all. (Jane, Interview 2)

Jane gave a specific example of a visit by a senior manager to her clinic and an unsatisfying interaction with that person. She used that example, however, as an illustration of her fundamental unease with the corporate organisation of the business and the conception of professionalism that underpinned the practice model. Her view of professionalism was based on relationships with colleagues, clients, and patients, and to have a senior colleague who did not recognise her and did not want to do so was inconsistent with her values and felt inauthentic. Such a sense of inauthenticity would not necessarily need addressing immediately but would impact on where or how participants might “see themselves” in the future.

Experiences during the first year of practice might close down valued and desired future options for participants. The process of reassessing future plans and possibilities in light of a year’s experience could involve some painful readjustments and evaluations. In her final
interview with me, Holly was planning a move away from the equine clinical work that she loved and in which she had envisaged her future.

One half of me doesn’t want to [leave equine practice]. I really enjoy doing equine work and I really enjoy working with the clients and I’m comfortable doing it. … So if I could stay in equine practice, I would, for now, but the other half of me says it’s probably time to do some small animal or large animal work, just to consolidate my skills and be a little bit more employable. … I’m definitely going to be sad and I’m definitely already mentally struggling with having to think about transitioning from equine to small animals, and it’s going to be like being a new grad again. … At this stage in my life the most important thing is that I’m moving and moving on in my personal life. (Holly, Interview 3)

Holly’s decision was made on the basis of being more employable, and of pursuing a generalist path rather than devoting more years to a path in equine specialisation that she believed to be uncertain in employment and career advancement terms. She did not minimise the emotional impact of this change, referring to sadness and a personal struggle. Indeed, she described feeling divided, with one half of her inclining toward the horse work she loved and felt comfortable with, while the other half urged a pragmatic focus on employability and her personal life.

5.3 Conclusion

In this chapter I have demonstrated that this group of participants made ongoing efforts to deeply understand their complex relationships within the practice world, and that these efforts were both personally and professionally significant. Grappling with questions about what was good, true, or acceptable meant orienting themselves to a sense of moral authenticity. There were resources to be found for this purpose in the practice architectures within which they engaged, but such resources were to be actively scrutinised by each individual in light of their own values and dispositions. Developing a sense of pragmatic professionalism represented the means of orienting to moral authenticity within the mediating preconditions of practice architectures.

Taken together, the findings presented in Chapters 4 and 5 describe a functionally intertwined network of themes that inform professional identity development for this group of new graduate veterinarians. The imperative to develop practice capability and be seen as
responsible veterinarians is deeply enmeshed with the enactment of pragmatic professionalism and the orientation to moral authenticity.

In the chapter that follows, I analyse key experiential narratives from individual participants. The narratives I have selected illustrate the various interconnected ways that the themes from these two chapters were present in the interpretations of particular participants. However, in presenting a narrative analysis, illustrating the complex and elaborate craft of making sense of experience in professional practice, I demonstrate how individuals-in-their-social-practice can be found in narratives of practice, and be at once inward-, as well as outward-facing.
Identifying as a Veterinarian
Through Narratives of Practice

6.1 Introduction to the dialogic narrative analysis

In this chapter I present the findings of a close dialogic narrative analysis conducted after the thematic analysis. I have already outlined this methodology in Chapter 3 in the context of the whole research project, and I will briefly highlight the important features here as a reminder of the sequential analysis and its shift in focus.

I chose to use the themes as well as returning to the raw data in selecting and constructing the four stories used in this analysis. Each story is told by one participant and illustrates different dimensions of professional identity. It is possible to discern a variety of themes in each of the stories, but in contrast to the data presented in the two previous findings chapters, those themes appear with surrounding contextual information and in unique and particular arrangements and orientations toward one another. In that sense, this dialogical analysis presents an extension of the thematic analysis.

My primary intent in conducting this analysis was to deepen the exploration of the data in a way that was grounded in the special capability of narrative research to bring the individuals and their perceived social contexts into the analytic frame together, to take account of temporality, and to pay close attention to language through viewing speech dialogically. In setting the scene and reviewing the literature about professional identity, I critiqued research and commentary about veterinary practice that privileges what goes on inside the heads of individuals. In my philosophical framework I outlined a social constructionist epistemology and identified my focus as being a portmanteau concept: individuals-in-their-social-practice. Achieving consistency, then, meant an analysis that embraced the social, the contextual, and the relational while simultaneously honouring the experiences of individuals.
Each of the stories that appear in this chapter is an example of people doing what Arthur Frank called *holding their own*: using story to sustain identity and meaning, especially in conditions of vulnerability (Frank, 2012). I introduce and contextualise each story and then present the story itself. Each story consists of the participant’s own words, with some also including some interviewer questions or comment. The stories have been edited for brevity and to remove talk that did not bear directly on the event or experience and the participant’s interpretation of it. Omission of speech is represented by ellipses, and where words have been inserted to aid understanding, they appear in brackets.

Following each story, I discuss the different voices that are present within it, consistent with the important central understanding that any utterance is fundamentally dialogical. Key concepts in this multi-voiced analysis are the central notion of voice and the different kinds of voices that may be discerned, namely I-positions, inner-Others, and echoes (Aveling et al., 2015), which I have introduced in Chapter 3. Some voices are easy to identify, and to name, while others, such as many echoes, are shadowy and require careful listening and an understanding of the context in order to identify them. I used QSR International NVivo 10/11 software for this section of the analysis, as well as for the thematic analysis. See Appendix E for screen shots illustrating the storage of the key stories and the coding process for voices.

Having identified the voices that were present within the story, I explore how different voices interact in dialogue. Such dialogues could be supportive or challenging and could reveal tensions and inconsistencies. They could reveal the dominant, frequently unstated, beliefs and assumptions that underpin interactions in social practices, including the power relations that inform those interactions. It was also important to listen for silences and for occasions when voices that might be expected are absent.

I conclude the chapter by drawing together the strands to present the products of the dialogic analysis.
6.2 Ed: The influential client seeks a second opinion

This story began in Interview 2 at the end of a long discussion in which Ed had mused on his experiences of working very independently and confidently. I suggested that there might be clients whose value to the business was so high that it would be difficult for him as a new graduate if he had problems with them. In response to that somewhat offhand comment, there followed a detailed description of an event and its sequelae. Ed went on to revisit the experience in the following interview, several months later.

Interview 2 with Ed

Ed: There are some clients here that, if you had an altercation with them and they weren’t prepared for you to do their work that would be a big issue going forward … And look, I’ve had a job a little bit like that. I went to see a bull that was lame for a client, and obviously being one of our biggest clients, I was pretty serious about the job. I got there, tied this foot up. It had a foot abscess in the lateral claw on the front left. I dug it out, there was pus and I pointed to the pus. We gave it a bit of an iodine soak and treated it with some antibiotics and flunixin and sent him out to rest on a soft paddock. And the client rang up two days later—might have been two days, a day and a half, or two days later. And he wanted a second opinion. He went over the top—probably rang the clinic four times to say he had no [issue], wasn’t worried about it, nothing against what Ed’s done, it’s just this bull’s really valuable. So he really made a huge effort, a really concerted effort to nullify any potential ill feeling or issue.

Now, I try to be very appreciative of good business form, so I try not to take it personally. Everybody does, and internally I’m thinking, “Well this is just a pain. He knew I could see it, he should have trusted me more.” At the end of the day the only thing I was worried about was potentially my lack of conviction because I obviously left him with some doubt. Having said that, I pointed to the pus and told him it was going to take a couple of weeks as it was a bit underrun. Anyway, he rang up and [one of my senior colleagues] didn’t want to go it. He said, “Well, you told me what you did before”.

Anyway, he went out there, picked the foot up, dug around, found the abscess, had a look around, and didn’t find anything else. Said, “It’s a foot abscess, continue the treatment. It’ll take a couple of weeks.” And the client rang back to apologise. But the first thing is, you could take that the wrong way and that could get you into trouble. The second thing is, it’s a shame that it happened, but that’s probably a little less of the issue. And then, and the third thing is, depending on how you respond to it [the relationship] could deteriorate, you know.
But at this point I’ve been back out [to the same farm] to do a couple more jobs. And there are no issues there. Except for [my colleague] gets back and says—oh Jeez, he geed me up, he’s a bugger sometimes (laughs). What did he say? He rang me up and he goes, “Oh Ed, oh Ed. [This client] really, really likes you but he’s not going to let you back on the place for a couple of years until you’ve got your confidence back up.” … He says, “Oh mate, did you notice the big slab fracture on the front of the knee? … I’m putting it in a cast and I’m sending it up to [the university hospital] tomorrow.” Then he says, “Nah, it was just a foot abscess. Can’t believe I had to go out and do the stupid job!” And off he went! (Laughs).

So, look, things like that had me a little bit worried. It was just a shame with the client. And this bull was a bull that was worth a very large amount of money to him, and that’s fine … It’s hard. You take it so personally. You wonder, if they knew, if they thought about it for long enough to see how personally you take it I can’t imagine they’d still do it. But I’m sure they did not think about it.

Researcher: I don’t think they can understand how personal it is. Unless they -

Ed: Or they possibly don’t have the same understanding of your professional identity and respect … But as I said, he rang me up after that to apologise and I said, “Look, there’s nothing to discuss”. So I said I didn’t take it personally. I said, “Look the bull’s obviously valuable to you and you obviously wanted to cross your t’s and dot your i’s, and that’s what you’ve done. I’m just glad that I got it right the first time for you.” And there we go and I’ve been there for other jobs. So, you know, problem over. You do take it personally and you’d much prefer it never happened, but problem over.

Interview 3 with Ed

[My boss] copped an interesting call from [the same client] which was interesting because we’ve never done his artificial insemination program (AI) in 30 years. … They must have talked for about 20 minutes or so [and the client] was talking about how he wanted a person who was going to be good on detail and a person who can concentrate and this and that, and he wants one person responsible. And [my boss] was just thinking, “Oh, he’s going to say how he wants me only, and he doesn’t want [Ed or the other vets] to come out and do it.” Anyway, at the end of this 20 minute conversation [the client] said, “So, I’ve decided I want Ed to do all of the AI”.

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How Ed holds his own: Reinforcing capability

Adopting a dialogical lens, the first question to ask is: Who is doing the talking? That question is no less pertinent when it is mainly one person who is doing the talking. In these cases, the interview setting as a whole is dialogical because I was a participant.

In Ed’s story, the voices I identified are listed in Tables 6.1 and 6.2 along with descriptions and illustrative quotations. In these tables, and in the other six tables in this chapter, I have used categories adapted from those used by Aveling et al. (2015).

Table 6.1
I-Position Voices in Ed’s Story: The Influential Client Seeks a Second Opinion

<table>
<thead>
<tr>
<th>I-positions</th>
<th>Characteristics</th>
<th>Illustrative quotations</th>
</tr>
</thead>
</table>
| I-as capable-veterinarian | A competent professional who knows what to do and can do it—in a technical and a relational sense. | I got there, tied this foot up - it had a foot abscess  
... We gave it a bit of an iodine soak and treated it with some antibiotics and flunixin, and sent him out to rest on a soft paddock. |
|                      | Can be trusted and accepted by colleagues and clients.                         | I said I didn’t take it personally. I said, “Look the bull’s obviously valuable to you and you obviously wanted to cross your t’s and dot your i’s and that’s what you’ve done. I’m just glad that I got it right the first time for you.” |
| I-as-person          | Has emotions as well as professionalism.                                        | You wonder, if they knew, if they thought about it for long enough to see how personally you take it  
I can’t imagine they’d still do it. |
|                      | May be in tension with confidence in himself as a capable veterinarian.         |                                                                                                                                                        |
| I-as-novice          | Still in the early stage of career, and need to learn from experiences         | The only thing I was worried about was potentially my lack of conviction because I obviously left him with some doubt.                              |

The I-as-capable-veterinarian voice for Ed was highly valued and was dominant in this story. He described his approach to this case, a very valuable bull, in matter-of-fact terms with confidence. The other I-positions were apparent to a much more limited extent. The I-as-person voice raised issues about emotion and vulnerability that were in tension with the assuredness and objectivity of the capable professional. The I-as-novice voice was surprisingly marginal in
recounting this situation given that it dealt with encountering certain experiences for the first time, being unsure how best to respond, and needing the endorsement of one of his senior colleagues. This was a significant episode for Ed. He raised it in two interviews, held months apart, but he presented it in ways that did not make his inexperience a feature.

Table 6.2

*Inner-Other Voices in Ed’s Story: The Influential Client Seeks a Second Opinion*

<table>
<thead>
<tr>
<th>Inner-Others</th>
<th>Characteristics</th>
<th>Illustrative quotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The stud client</td>
<td>A powerful figure— influential within the industry and the workplace.</td>
<td>And the client rang up two days later … and he wanted a second opinion. He went over the top (to say he had)… nothing against what Ed’s done, it’s just this bull’s really valuable.</td>
</tr>
<tr>
<td></td>
<td>Although he is the source of some distress for Ed by asking for a second opinion, he goes on to select him for a trusted role.</td>
<td></td>
</tr>
<tr>
<td>Senior colleague</td>
<td>A supporter and close collaborator. Can be relied on to trust Ed and back him up. Feels so comfortable with him that he will have a joke even on a sensitive topic.</td>
<td>He gead me up, he’s a bugger sometimes (laughs). What did he say? He rang me up and he goes, “Oh Ed…Oh Ed. (This client) really, really likes you but he’s not going to let you back on the place for a couple of years until you’ve got your confidence back up.”</td>
</tr>
<tr>
<td>Researcher</td>
<td>Fellow veterinarian who has had relatable experiences</td>
<td>Or they possibly don’t have the same understanding of your professional identity and respect.</td>
</tr>
</tbody>
</table>

The other significant characters in Ed’s story were the stud client and Ed’s senior colleague. Both were highly influential for his working life, and he was aware that clashing with a longstanding and valuable client could pose a very real threat to his reputation and even to his job. In this story, however both of those other voices strongly reinforced Ed’s role as a capable professional, and his colleague expressed no doubt as he responded to the client’s request.

[My senior colleague] didn’t want to [visit to give the second opinion]. He said [to me], “Well, you told me what you did before.” Anyway, he went out there … Said, “It’s a foot abscess, continue the treatment. It’ll take a couple of weeks.”
Even the stud client’s request for a second opinion was presented as a reinforcement of Ed’s competent professional voice:

He … probably rang the clinic four times to say he had … nothing against what Ed’s done.

One particular voice was noticeable by its absence: that of Ed’s employer. Absences can be revealing, and given the importance of this client, it is certain that Ed’s employer would have been aware of this situation and the request for a second opinion. Ed did not report him taking any part in the response. Such an absence implied confidence in Ed’s capabilities and can be taken to be a judgement by the employer that he was not required to intervene. Ultimately, the only appearance by the employer in this story was in the concluding section in which Ed’s membership as a central and valued member of the professional team was resoundingly reinforced.

Rather than as a novice, Ed acted as, and was treated by his colleagues as, a full member of the team. The colleague’s voice and Ed’s own capable professional voices were mutually supportive. Ed’s senior colleague reinforced his competence unstintingly, but not gently; he used dry humour to tease Ed about the outcome of the revisit to the bull. The extended joke was a strong team membership signal, almost reminiscent of a locker room.

[My senior colleague] said, “I’m putting it in a cast and I’m sending it up to [the university hospital] tomorrow.” Then he says, “Nah, it was just a foot abscess [as you said], can’t believe I had to go out and do the stupid job.” And off he went (laughs)!

In his story, Ed expressed his vulnerability through the personal voice, while his sense of capability was not presented as being explicitly threatened. The two voices, the capable professional and the human voice, remained in direct dialogic tension, as represented in the quotation below. I have separated each sentence onto different lines, as if spoken by different individuals.
Problem over.
You do take it personally and you’d much prefer it never happened.
But problem over.

Such an ambivalent series of comments suggests a mismatch between the nature of the vulnerability Ed experienced and the resolution of the issue. With its coda, revealed during Interview 3, this story became one of triumph over adversity. However, to label this entire narrative as a hero story would be overly simplistic. The incident and its aftermath were notable for Ed and remained slightly troubling despite the outcome. That outcome strongly reinforced the value that Ed placed on being able to speak as a capable professional and valued team member, despite his relatively new arrival in the workplace. The marginalisation of Ed’s novice voice and position was almost complete in this story, a remarkable feature given that it began as a classic novice tale of being not fully trusted by a powerful client. The novice voice did appear but was always countered and effaced by Ed’s other voices and by the voices of every other character. There were asymmetries of power between different voices in dialogue, and Ed’s story was underpinned by a sense that the novice voice is one of deficit. The contributions of other characters, including his senior colleague’s joking response to revisiting the bull, strongly reinforced that position.

In conversation, Ed had a sunny disposition and an informal manner, yet he engaged very seriously, purposefully, and personally with this situation of relatively mild vulnerability. His account of this experience provided insights into dimensions that Ed most valued about his professional identity: a sense of capability and membership of the team, along with ambivalence toward being a novice.

6.3 Charlotte: What makes a good vet?

During their first interview, I asked the participants what they had come to believe makes a good veterinarian. For Charlotte, the question prompted a thoughtful and complex deliberation. It was clearly something that she had thought about deeply, and we revisited the issue in the following interview.

Interview 1 with Charlotte

Lots of things make a good vet. And I’ve never met a vet who’s got them all, I don’t think … You have to be able to accept that you’re not always going to be
perfect. That was a real struggle for me. I kind of thought that if you made one mistake that meant you were a bad vet. And it’s not like that. You can (pause) be mediocre. That’s kind of OK. You don’t have to be excellent at everything you do. … That took me a long time, well it felt like a long time to get to that. Because I’d always thought that I had to be, not perfect, I was never like the top student, but I had to be really good. And uni I found really easy and then I got out and realised I’m actually no different to anyone else … There are people that are much better vets than me from my year, who weren’t necessarily academically special or even as good as me, but they’re much, much better vets than me. Who are like—if I had to get a vet (laughter), it would be one of them not me! And that’s fine. I’ve kind of realised that “Oh that’s actually OK”…

You do have to be—you still have to be quite dedicated. That was the other thing, I thought once you’ve graduated, you’ve got this knowledge and you just work. But it’s not a job like that. You still have to read things and you still have to look things up. And if you don’t, then you make mistakes … You have to like animals and that’s easy to forget. Yes, a lot of it is working with people, but you’ve got to get on with animals and handle animals and things like that …

Good vets are quite flexible or aware of the fact that they’re not flexible and able to work within that. I’m not flexible. I hide it a lot at work, but I’m really not and I hate it when people change plans, even if they don’t know it’s a plan (for me)! (Laughter) I’ve made the plan and then they change it! And it really frustrates me. You’ve got to be able to be a bit more flexible than that … I’d never really struggled before with anything. Not really. So it’s good; it’s not a bad struggle, it’s not a struggle where I feel like I’m drowning or anything. It’s just accepting that you can’t be perfect. But that (pause) it’s not a bad thing to accept in the end. It does make you a little bit more content.

I’ve always been very content with my life outside of work. And I still am. I love my life, and I’m very happy … And I did learn this year that … it’s not a bad thing to let out emotions a little bit more. You don’t have to hide everything at work. Things like panic, or when you’re angry… Sometimes you’ve actually got to say to people, “I’m actually not coping, and I just need help”… We definitely don’t talk about [the struggles of being a new graduate] as much as I think other professions do. I’m not quite sure why that is. It’s not that we’re told not to. At uni they’re very much, “You will struggle and that’s OK. And you should lean on other people and talk to your peers about it.” But we still don’t, and we just don’t want to. For me, it’s partly I just don’t want to tell anyone that I’m not coping. And with it there’s this ingrained fear that you’re not doing as well as everyone else …

At uni, you think, “Oh, I won’t be like that. I’ll talk to my friends and it’ll be OK.” And I have close friends from uni who I’m quite open with about everything else in my life and I wouldn’t tell them. I do tell them about some things that go wrong
but I definitely don’t tell them about everything, and I’m nearly 100% sure they
don’t tell me about everything at work. You sort of tell them about an edited list of
your mistakes—all the ones that hurt less. So the really big ones that you probably
need to talk to people about, the ones that you actually hold onto, you don’t talk to
anyone about. Because they’re the ones. … [There was a time] I didn’t tell [my
partner] a lot of bad little things that were going wrong at work. In the end I sort of
lost it one night and he’s like, “What’s wrong?” And there was this list of things
that had gone wrong—lots of little things. I can’t even remember what most of the
things on the list were that had really got to me that week. He said, “Why didn’t
you tell me? Why didn’t you tell me when each thing happened so that you could
--” And I was like, “I didn’t want you to think I’m a bad vet”. And he said, “I don’t
care!” (Laughter) He’s like, “You could be the best vet, the worst vet. It’s not going
to make any difference to me!”

**Interview 2 with Charlotte**

At uni, we were told, you know, be open with each other, support each other, call
each other in your first few years and say, “Oh, shit, I stuffed this up”. But it is just
so hard to do, even with your best friends, to admit that I've stuffed up. It makes
you look like, you know, not a failure, but it makes you look like you’re less
competent or something. … I’ve been, in my own little way, trying to change it as
a clinic, you know, with our new [graduate] vet, I've been very open about mistakes
I've made and even as they happen, you know, like maybe not the day that I have
a fuck up but the next day or two days later, say, “Gee, I wish I hadn’t done that.
Gee, I didn’t handle that right”, or “I made that worse.” Hopefully it makes it a
little bit easier for her, if she has -- not that I expect her to say anything or bring up
[her own errors], but maybe she feels a bit better about them. … You know, you
can talk about [your successes and your failures] without it making you either a
really crap vet or an amazing vet. [Just] because you have one really good hero
story, you’re not the world’s best vet.

**How Charlotte holds her own: A quest for authenticity**

This story from Charlotte was an account of a largely inner dialogue derived from her
experiences as a new graduate and the unanticipated challenges she encountered. While being
apparently a soliloquy, there were several I-positions in dialogue with both specific and
generalised inner-Others in this story.

In Charlotte’s story, the voices I identified are listed in Tables 6.3 and 6.4 along with
descriptions and illustrative quotations.
**I-Position Voices in Charlotte’s story: What makes a good vet**

<table>
<thead>
<tr>
<th>I-positions</th>
<th>Characteristics</th>
<th>Illustrative quotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-as-perfectionist</td>
<td>Has a belief that any mistakes mean that others would justifiably judge her to be a bad vet.</td>
<td>I kind of thought that if you made one mistake that meant you were a bad vet.</td>
</tr>
<tr>
<td>I-as-vulnerable</td>
<td>Needs help or support; is having some difficulties and may or may not feel safe enough to reveal this to others.</td>
<td>You’ve actually got to say to people, “I’m actually not coping, and I just need help”.</td>
</tr>
<tr>
<td>I-as-pragmatic-professional</td>
<td>Has high standards but realistic expectations about what constitutes appropriate veterinary practice.</td>
<td>You still have to be quite dedicated … you still have to read things and you still have to look things up. And if you don’t, then you make mistakes (Just) because you have one really good hero story, you’re not the world’s best vet.</td>
</tr>
<tr>
<td>I-as-agent of change</td>
<td>Will take the initiative to do her own part to battle perfectionism within the profession.</td>
<td>I’ve been, in my own little way, trying to change it as a clinic, you know, with our new (graduate) vet, I’ve been very open about mistakes I’ve made.</td>
</tr>
<tr>
<td>I-as-student</td>
<td>Emerged from university with naïve expectations about how life in veterinary practice would be.</td>
<td>I was never like the top student, but I had to be really good.</td>
</tr>
<tr>
<td>I-as-person</td>
<td>Describes how personal characteristics and life experiences influence her and her work.</td>
<td>I’m not flexible. I hide it a lot at work, but I’m really not and I hate it when people change plans- even if they don’t know it’s a plan (for me)!</td>
</tr>
</tbody>
</table>

Charlotte’s I-positions were numerous, both professional and personal. She acknowledged and spoke from the student and novice position with relative readiness, but over the course of this story her preferred veterinarian voices, I-as-pragmatic-professional and I-as-agent-of-change became more developed.
Table 6.4

**Inner-Other Voices in Charlotte’s story: What makes a good vet**

<table>
<thead>
<tr>
<th>Inner-Others</th>
<th>Characteristics</th>
<th>Illustrative quotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>University teachers</td>
<td>University lecturers were trying to prepare her for the ups and downs of practice</td>
<td>At uni, we were told, you know, be open with each other, support each other, call each other in your first few years and say, “Oh, shit, I stuffed this up.”</td>
</tr>
<tr>
<td>Good vets</td>
<td>Nonspecific others—a generalised vision of what a vet tries to be like. Somewhat idealised, but not perfect.</td>
<td>Good vets are quite flexible, or aware of the fact that they’re not flexible and able to work within that.</td>
</tr>
<tr>
<td>Friends from uni</td>
<td>The support network, with their own vulnerabilities. As a result, open communication is difficult.</td>
<td>I’m nearly 100% sure they don’t tell me about everything at work.</td>
</tr>
<tr>
<td>My partner</td>
<td>A voice that provides balance between work and personal life. Rejects the idea that your profession is everything that you are.</td>
<td>He said, “I don’t care!” (Laughter) He’s like, “You could be the best vet, the worst vet; it’s not going to make any difference to me!”…</td>
</tr>
<tr>
<td>My junior colleague</td>
<td>The receiver of the message about not needing to be perfect; maybe she is able to benefit from it.</td>
<td>Not that I expect her to say anything or bring up (her own errors), but maybe she feels a bit better about them…</td>
</tr>
<tr>
<td>Other vets (including, but not only the researcher)</td>
<td>A reflective voice speaks to colleagues and educators about the complexity of trying to be a good veterinarian and have a good life.</td>
<td>You have to be able to accept that you’re not always going to be perfect.</td>
</tr>
</tbody>
</table>

The story was rich with characters of inner-Others who spoke directly into the story but who also played an important role in being addressed. The second person pronoun appears repeatedly and is used in the indefinite sense rather than directly to a specific other person. The significance of this use can be disputed, with some arguing that, in conjunction with verbs of obligation, as in “you should”, it may be used to signal authority (Rees & Monrouxe, 2008). On the other hand, the use of the indefinite “you” has been argued to blend the personal and the generalised (Staels, 2004). Charlotte was able to speak to her profession collectively, but
simultaneously to convey an inner debate and discussion. That device formed part of the complex dialogic process that could be discerned within this narrative, reflecting the tensions and intersections of the personal and professional self as well as the social nature of the practice capabilities that Charlotte exercised.

This narrative had an almost musical theme and variation structure in which Charlotte mused on what it is to be a good vet. She made a statement and then discussed and problematised the theme she had introduced. An example of this was when Charlotte discussed displaying emotion at work.

> And I did learn this year that … it’s not a bad thing to let out emotions a little bit more. You don’t have to hide everything at work. Things like panic, or when you’re angry … sometimes you’ve actually got to say to people, “I’m actually not coping, and I just need help.”

Using her voice of I-as-pragmatic-professional, each sentence presented itself as a response, as if to an unspoken belief such as, “A professional should not show emotion at work.” This structure to Charlotte’s narrative made tensions and inner dialogue very clear, where the positions I-as-veterinarian and I-as-perfectionist faced one another.

The dialogic tensions formed a crisis in the story when the I-as-perfectionist position addressed the inner-Other of Charlotte’s partner: “I didn’t want you to think I was a bad vet!” Although a specific individual, Charlotte’s partner also stood in for the non-veterinary world in this story. Charlotte used the action and the conflicts of this story to illustrate a very personal point, but she also clearly suggested that there is a wider significance to her discussion for the veterinary profession when it comes to perfectionism and admitting to error.

Charlotte did not present her intention to act as an agent of change in gendered terms. As I have discussed in Chapter 4, few participants voluntarily raised gender as a significant issue during their first year of practice. However, when questioned, the females could all recount some negative experience related to gender, while for the men, if gender issues arose, they did so in a positive sense for them. Charlotte herself raised the internalised and unanswerable gender quandary in an earlier interview, and it appeared as an echo in this story.

> It’s not that anyone is actively discriminatory against me because I’m a woman. But you’re always pushing uphill a little bit more … It’s not nearly as bad as some
people make out in some other areas, I think. But, you still get out to farms and they’re like, “Oh, we might have to call one of the boys out to give you a hand.” (Charlotte, Interview 1)

Echoes are a particular subgroup of voices of inner-Other that can be very difficult to discern, but nonetheless play an important role in dialogue, and, in particular, in the uneven power dynamic that can exist between different voices. An echo is characterised as being present when an utterance is interpreted as originating from within the broad context of a social practice, even when being spoken by an individual. The gendered nature of discourse for veterinarians has been noted in scholarly literature (Irvine & Vermilya, 2010), although I noted in Chapter 1 that it is not a topic of open discussion within the veterinary profession. Charlotte had a sense that, as a woman, she would be “pushing uphill” despite no one being “actively discriminatory”. In such circumstances, a belief that one might be judged overly harshly for errors or omissions may not be unjustified.

Charlotte told this narrative to illustrate a turning point for her personally but also to present herself as an agent of change. In rejecting the I-as-perfectionist voice and making an ongoing effort to reconcile the I-as-pragmatic-professional and the I-as-human positions, she came to feel more able to practise with a sense of authenticity. In order to shed the perfectionist aspirations that she found so unhelpful, she described her sense of responsibility to share her mistakes and her vulnerabilities with those around her, despite the discomfort engendered. It is important to take into account the professional discourses about gender and perfectionism to understand that Charlotte’s stance required considerable courage.

6.4 Richard’s struggle: “It’s a beautiful mess”

Richard began this extended narrative of experience over a lunch interview during my day of observation with him. That interview was dominated by his feelings of intense professional isolation and exposure to risk that he attributed to the laissez-faire organisational model of his workplace and a lack of appropriate responsibility toward him as a new graduate on the part of his employers. I asked him whether he thought that making the decision to take the job in that workplace had been a good one.
Interview 2 with Richard

[Taking the job here] was a deliberate choice that I didn’t realise would be so impacting on me. It was a lot harder than what I expected it would be, and I guess I didn’t realise how much I value best medicine to myself. I guess I figured, “Oh well, I’ll cope and just go along and deal with something and if it doesn’t go right, well that’s it.” But it does impact you a lot more. So that was hard. I think I missed the mark a little bit. … I probably would have been more suited to a practice that didn’t have so much “more gadgets”, but more business initiative, more organisation with the business and more of a system rather than the very loose sort of “everyone’s an individual, learn as you go along the way” sort of thing.

I certainly underestimated how much mentoring I would get in terms of learning, particularly the skills. I thought it would be a lot more, not just, you know, you do a couple of things and “Oh, you’ll be right forever and a day now”. … [It was] challenging in that, I guess, my level of knowledge of cases was much more than what my physical capabilities and skills were able to achieve. So for a certain disease I knew exactly how to work it up, I just couldn’t do it. I didn’t have the ultrasounding skills. We don’t have the ultrasounds to do it.

Sometimes I’d be limited: a feral cat. Trying to take blood is just—hard! So you can’t do it. Surgeries. So for instance, I’d been by myself for 3 weeks whilst [the boss] was away. There were dogs coming in… and one had a nice clean fracture and you’d think, “Oh, this’d be a perfect case for an external fixateur.” But I was by myself and I had no one to refer to. I knew that I could give it a go and would probably do a reasonable enough job. I’d done a few [practice ones] on dead dogs and stuff. The actual concept’s not hard, but getting a job that’s satisfactory and a professional enough achievement is something I didn’t want to do.

And that was really frustrating because I knew what I had to do, but I couldn’t do it. And I think that was the biggest thing. … [When I had my performance review my bosses] were happy: “You’re doing really well in surgery medicine and blah, blah, blah.” … You can’t really fight when someone’s saying, “You’re going really awesome.” You’re like -- (Shakes head).

Researcher:  [You’re thinking], “No I’m not!”

Richard: Yeah! So it’s really challenging, because then you’re like, “Well maybe I am doing OK, but I’m just too hard on myself.” And there is definitely a degree of that. I’m not a perfectionist, but I really like to know what’s happening and how I’m doing, and what the best way to do stuff is. I’m not just going to hack into something and then work out, “Oh, no that was wrong!” (Laughter.) …
The biggest thing for me is feeling, not unappreciated, but that [my bosses] don’t value their vets. They’re not putting anything back into me at all. There are no talks, there’s no study leave, there’s nothing—you know. I’m not learning from them at all. I’m just working by myself. I might as well have my own practice. I can fuck up just as badly in my own practice. … I actually also had—I suppose this is a fairly major problem—I had been having bouts of like going up and down with depression, which I’d never had before. … Well, I’d been trying to [manage it] by myself; there are courses on line, and I’d talk to [my partner] and try to actively ring people and keep a journal and all that kind of stuff. … It came to the point [that I was] actually a bit worried about my own health. So I don’t know what started it—whether it was just the extra stress of being out here and not reaching some of my own goals and whatever.

I guess I’ve learnt things about myself and had to deal with things that I wouldn’t normally have had to deal with, which is good. But whether it’s developed me in the right way, I don’t know. … Certainly I think it does [build resilience], but it’s not a nice way to do it. And it’s a very stressful way to do it. If … I ever own a practice we … you can’t … I don’t know, it’s just not right. And I don’t know if they—stuff was different back then when [my bosses were graduates], but leaving uni, and expecting someone to just be able to do everything is just ridiculous. And then they go, “Oh, we blame the uni because you don’t have the skills”. Who the fuck does have the skills like that? … [Trying to judge how I’m developing is] the biggest one. I’ve got no idea.

And I don’t really trust what [my bosses] say anymore … [When it comes to development] it’s next to impossible to say, “That’s definitely that. I’ll build on that now.” Because you’ve always got that inherent, “Was that that?” or “Am I building off a base of sand or concrete?” [When I leave this job and apply for the next one], I’ll have had 2 years’ experience and probably developed much more than I think I have. But at the same time, I wouldn’t go into that interview with like, “I’ve done 2 years of mixed practice and I’m sweet as”. But I think that’s the mentality that any employer might even have: “Oh, he’s been working by himself; he must be super capable.” Well, I am—at surviving! But it doesn’t mean what I do is correct or right, you know …

[After 2 years here I’d be capable dealing with] generic kind of stuff, sure. But that’s not where I want to be. And there are vets out there, and I’ve got mates who are saying, that’s all they want to be. They just want to get by, have their life outside of vet. But work is a big thing for me. I really like what I do. And I want what I’m going to be doing something to be proud of. At the moment I’m not really doing jobs that I’m proud of—because I expect myself to be more. I want to do more, but I can’t.
Interview 3 with Richard

[There are still] times when you know you walk away from a case and you think, “Oh, Jeez I probably should have done that better,” or “Was I just being lazy there?” Or something like that. But I think overall, I really have, I still have kind of kept to [my] ideals, albeit, you know, [it’s been] tough in situations. I think that’s held true, to be honest … [and my confidence is] certainly more stable. I’d call it more of a gradual incline, plateauing, like a rest phase. (Laughter).

But, no, definitely it’s certainly not up and down anymore. I feel like I could probably deal with most cases. And it is really interesting, actually, talking to guys in my year. Even though I felt like my confidence was up and down on this, that, and the other, these guys who I talk to who [seem] really confident, probably are overconfident or haven’t been in situations [like me]. You know, I guess I’ve been lucky in some ways that my confidence has been up and down because I’ve been in situations where they are really difficult situations …

I feel like I could probably scrape my way through most cases, you know what I mean? Like, it’s kind of like that underdog team that doesn’t really have a plan but they seem to make their way to a win! That’s probably where I’m more confident is, if I’ve got put into a situation where I had to swim, I can easily get myself out, unlike other people …

[I took some study leave and visited a specialist clinic], and they were fantastic, like, they really were fantastic! But it certainly opened my eyes that I didn’t, I wasn’t truly ready to specialise. I don’t think I ever will be. I really do enjoy the mixed-practice life and playing tennis and golf in the afternoon or going home, or just the variety of cases, you know. … I’d certainly want to keep up some of the skills that [the specialists] were offering to show and teach. That’s great, but I think I’d always want to take those skills back and use it in a practice that was all going to challenge me in terms of variety of work.

And I think I just missed the client interaction, to be honest. I really enjoy going to people’s places and, you know, swapping jams or asking them about what trees they’re growing or how the crops went. … I think I’ve pretty much set that in stone, to be honest. So, that was a really interesting outcome to that because not only did it show me a lot of good techniques and I still really enjoyed that placement, but it kind of set me up for a career path in mixed practice, I think …

When I left university I had three goals that I really wanted to meet: One was to work independently by the time a year was up; one was to go out into the country, because I really like country practices; and three was to basically be in deep water and to survive. And you know, I guess, based on those three criteria when I left university, I would do the whole experience again—even though it was a shit
experience in terms of ups and downs. You know, it was exactly what I was looking for.

In hindsight, I don’t know whether it was the best clinic in terms of the stability of a vet but it certainly was the clinic for me. I think if I had my time again I probably would do it because I would know what to look for. But, yeah, it is a really interesting point. If I was put in the same situation again without any pre-existing knowledge, I would do it all over again, every time—I would still take the job … knowing that I would have an emotional rollercoaster to go through. Yeah. I probably would do it again. … It’s not something I would wish on anyone else but because I’m only putting myself through it, I probably would do it again.

But I’d never suggest to someone that’s something they should do. And as a boss, I would never hire a new graduate and put them through the same situation but I know that for myself it’s just me I’m damaging. It’s not a big issue per se. I can [use an image to describe this year]. I keep a journal, because I’ve always had this thing where I get this, sort of, I don’t know, it’s almost like a bit of a clouded mind when I’ve got too many things to think about. I’ve got this imagery of … a forest where it starts off and it’s just like tall oak trees and there’s nice, kind of, underground shrubbery but then you go deeper and it gets a bit darker and there’s more tangled kind of brambles and woods and, you know, knotted trees and this and that. And I think that’s kind of what it’s been like. That’s the imagery I’d probably depict. Or maybe like one of those weird woods in The Lord of The Rings, that kind of, I don’t know it’s just like a beautiful mess of stuff. It’s not scary in any way; it’s just tangled and twisted—almost irreparably twisted. It’s certainly somewhere where you can’t really go back again. You just have to kind of keep pushing through to the next little bit. … Maybe one day I can build a little home on the top of the wood so I can see over the forest, maybe. That would probably be the best outcome. …

I don’t think, to be honest I don’t think I ever will be [out the other side of the forest]. I think that’s the irony of it, I don’t think I ever will be. I think it will just be more manageable. I leave my little house on the top of the woods and go back down to work and trudge my way through, but I can always find my way back. Rather than just blindly ambling forward at the moment, I think one day I’ll be able to navigate a bit better.

How Richard holds his own: Striving toward capability

There are reminders in this story of the quest narrative, an age-old trope in human storytelling and one of the classic illness narratives identified by Arthur Frank in his influential work of narrative analysis (Frank, 2013). Richard explicitly evoked literary sources and rich landscape
imagery in reflecting about his development at the end of his first year. His narrative was rich in characters, with diversity apparent in his own voices and those of others. His I-positions are listed in Table 6.5. along with descriptions and illustrative quotes.
Table 6.5

**I-Position Voices in Richard’s Story: It’s a Beautiful Mess**

<table>
<thead>
<tr>
<th>I-position</th>
<th>Description</th>
<th>Illustrative quotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-as-human</td>
<td>Personal descriptions about how he likes to live his life and what suits him</td>
<td>I really enjoy going to people's places and, you know, swapping jams or asking them about what trees they’re growing or how the crops went.</td>
</tr>
<tr>
<td>I-as-pragmatic-professional</td>
<td>Is able to aim for high standards in challenging circumstances. Values his independence and feels able to make appropriate decisions in diverse practice conditions.</td>
<td>I think I’d always want to take those skills back and use it in a practice that was all going to challenge me, in terms of variety of work.</td>
</tr>
<tr>
<td>I-as-novice</td>
<td>Specifically related to expectations and experiences as a learner or a beginner</td>
<td>I knew that I could give it a go, and would probably do a reasonable enough job. I’d done a few (practice ones) on dead dogs and stuff…That was really frustrating, because I knew what I had to do, but I couldn’t do it.</td>
</tr>
<tr>
<td>I-as-vulnerable</td>
<td>Personal feelings of being at risk or hurt</td>
<td>I suppose this is a fairly major problem-I had been having bouts of like going up and down with depression, which I’d never had before.</td>
</tr>
<tr>
<td>I-as-student</td>
<td>Describes university-related expectations or experiences.</td>
<td>When I left university I had three goals that I really wanted to meet.</td>
</tr>
</tbody>
</table>
| I-as-reflective-practitioner       | A perspective that takes a very high-level view of his life and plans. Zooms out from the everyday. | I keep a journal because I’ve always had this thing where I get this, sort of, I don’t know, it’s almost like a bit of a clouded mind when I’ve got too many things to think about.  
I don’t think I ever will be [out the other side of the forest]. I think that’s the irony of it, I don’t think I ever will be. I think it will just be more manageable |

Richard’s valued professional voices spoke in daily practical terms as a pragmatic professional but also with a distinctively longer-term perspective as a reflective practitioner. It
was important for Richard to be able to engage with one of the paradoxes of professional practice: having high standards and ideals, but also being able to navigate the messy problems of everyday life. His priorities included doing work he could be proud of, being able to work independently, being able to learn and challenge himself, and embedding his professional life into a sense of community. The reflective practitioner voice found it sustaining to step back from the everyday and to think deeply and write about his experiences, his hopes, and his interpretations.

Despite his independent disposition and his pride in his capacity for self-reliance, Richard sought and valued dialogue with actual or imagined others. One of his sources of frustration was the absence of trusted senior colleagues with whom he had hoped to engage in dialogue about practice. Richard’s inner-Other voices are listed in Table 6.6, along with descriptions and illustrative quotes.

Table 6.6
*Inner-Other Voices in Richard’s Story: It’s a Beautiful Mess*

<table>
<thead>
<tr>
<th>Inner-Others</th>
<th>Description</th>
<th>Illustrative quotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>My bosses</td>
<td>These voices express unrealistic expectations based solely on their own interests.</td>
<td>Expecting someone to just be able to do everything is just ridiculous. And then they go, “Oh, we blame the uni because you don’t have the skills.”</td>
</tr>
<tr>
<td>Other vets (mates)</td>
<td>These voices have had different experiences and have different expectations.</td>
<td>I’ve got mates who are saying, that’s all they want to be. They just want to get by, have their life outside of vet.</td>
</tr>
<tr>
<td>Echo—a movie plot</td>
<td>This is a clichéd plot device—a tale of success against the odds.</td>
<td>It’s kind of like that underdog team that doesn’t really have a plan but they seem to make their way to a win!</td>
</tr>
<tr>
<td>A potential future employer</td>
<td>This voice highlights the gulf between appearance and reality.</td>
<td>That’s the mentality that any employer might even have. “Oh, he’s been working by himself, he must be super capable.”</td>
</tr>
<tr>
<td>Tolkien</td>
<td>These fictional references elicit a particular metaphor for practice as a landscape and a quest.</td>
<td>Or maybe like one of those weird woods in The Lord of The Rings, that kind of - I don’t know - it’s just like a beautiful mess of stuff. It’s not scary in any way; it’s just tangled and twisted.</td>
</tr>
</tbody>
</table>
The novice voice for Richard appeared strongly in the first part of this narrative, but scarcely at all in the second. In the first part it spoke to the other voices—both the other I-positions and the inner-Others. Richard did not reject or ridicule the novice voice, but it is apparent that halfway through his first year he was very keen to transcend it. The process of his struggle to develop was quite clearly illustrated by his different I-positions and their interactions. He argued with himself, putting point and counterpoint as he sought to understand how he could develop. This is demonstrated in several ways during the interviews with him.

[When it comes to development] it’s next to impossible to say, “That’s definitely that. I’ll build on that now.” Because you’ve always got that inherent, “Was that that?” or “Am I building off a base of sand or concrete?”

[When I leave this job and apply for the next one], I’ll have had 2 years’ experience and probably developed much more than I think I have.

But at the same time, I wouldn’t go into that interview with like, “I’ve done 2 years of mixed practice and I’m sweet as…”

At that point Richard’s frustration at being stuck in trying to move beyond his novice status of asking, “What does it take to get beyond this stage?” was clearly conveyed. The novice voice was not inherently vulnerable. However, it became so through the palpable sense of being unable to transcend. The student voice spoke into this conversation as well, connecting the present to the past by means of setting goals and reflection. By the third interview, Richard had managed to find a way to move beyond the voice of the novice, and therefore his veterinarian voices could speak more clearly, and his valued professional and personal voices could conduct a dialogue.

The inner-Others with whom Richard held a dialogue in his story were mainly abstract others: a future employer, cultural tropes, and classmates from veterinary school. Richard’s current employers did speak, but he found their contributions disappointing unhelpful and reflective of their own self-interest. In fact, closely exploring the dialogue presented here between Richard and his employers, their voices did not coherently address themselves to his concerns. That disconnect was illustrated clearly in Richard’s description of his performance review.
[When I had my performance review my bosses] were happy. “You’re doing really well in surgery medicine and blah, blah, blah.” … You can’t really fight when someone’s saying, “You’re going really awesome.” You’re like … (Shakes head).

The middle section of this narrative made a sense of vulnerability and strong emotion apparent. Frustrated with his inability to progress, and concerned about his own wellbeing, Richard was disappointed and disillusioned with important others, primarily his employers. He was also harsh on himself, with the bleak evaluation that “I expect myself to be more”. At that very low point, it was evident that Richard was truly struggling to hold his own.

The metaphor he later chose to describe his struggle for development was moving. It invoked the drama, emotions, and suspense of classic fictional quest narratives. He was able to draw on a well of personal experience and a creative and imaginative disposition to enliven his reflections. It is not coincidental that the examples he cited are struggles for survival, with fearsome challenges and lonely heroes. His sense of professional isolation was highlighted by the use of images of darkness and his feeling lost and alone.

The turning point in Richard’s story occurred between Interview 2 and Interview 3, emerging with time, patience, and Richard’s continued striving. His comfort with his independent disposition returned to the foreground of his story. Consistent with its location in the quest genre, Richard’s tale was ultimately uplifting. From the end of his first year, Richard seemed sanguine: “It’s just me I’m damaging; it’s not a big issue per se.” However, it certainly was a big issue at the time, and his struggle remained a troubling story to hear.

6.5 Tom: “It was a very rapid transition”

Tom took a position in a rural veterinary practice in which one veterinarian owned three clinics in neighbouring towns. It had become a mid-sized business, and about halfway through Tom’s first year there were significant changes in the organisational model for the business with the appointment of a new manager and the introduction of a more corporate structure and way of doing business. Those changes affected Tom on a daily basis and he was still concerned about the implications of the change at our final interview.
Interview 2 with Tom

I feel like [the change to a corporate management style is] a massive jump for the whole practice mentality. I mean, it started off with [my boss] as just a two-man operation. It’s expanded, and now it’s the three practices of course, and it’s a pretty big operation. But with that, we are still very much run like a family practice—like a small business would run, with fairly casual performance reviews, no set goals for careers. Just, “Oh, can you cover me on Saturday?” “Sure, if you cover me next time.” …

This new practice manager would like us to be calling farmers and asking if they need anything. … It might seem like we’re trying to push product onto them and make money off them, and they’re going to be just less valued clients and more just numbers and ways of making money. … I am constantly encouraged to increase my efficiency. That’s one of my KPIs is I’ve got to increase the efficiency of what I do. … When this new [manager] came in I was afraid he’d make it a bit soulless, and I thought for a couple of days, “Oh shit, do I really want to stay around?”… He’s sort of just this immaculately dressed sort of bloke and I don’t feel really comfortable chatting to him about work issues because he has no understanding. … I was thinking, “Oh, do I really want to work here where it’s not like James Herriot, you know, where I get paid in pumpkins or things like that?” … James Herriot was probably the reason why I got into veterinary science.

Interview 3 with Tom

It’s still very much ironing out the kinks [with the new corporate model and the manager]. He’s sort of well entrenched in the job now and he’s fairly big on the corporate side of things. … He’s not really good at communicating to farmers. … So we’re getting some annoyed farmers. They don’t even know who’s calling up. They’ve never met him. So that’s causing a few dramas there. … But from my point of view, I suppose he’s good and he’s very much about delegation. … So I’ve moved up in an award bracket and I’ve got new title. I’m now a technical adviser or some suchlike! My KPI there is that I speak to all the company reps. … I think [the new corporate style did play a part in the recent retirement of several of the older vets]. … the original owner had been in the practice since the 1970s, so he was the sort of James Herriot school of practice. He was happy to be paid whatever, and in vegetables if necessary, and [the new manager was] trying to change that. It was a very rapid transition from when I was there and it was (difficult) getting used to that.

One of the retirements at least was very much related to this new practice manager coming in and just a very different style of charging and running a business. … And we’ve upped our prices quite a lot. That hasn’t gone down well as a whole
with members of our staff. We all live in the community … [When it comes to dealing with client finances], currently with our corporate model we’ve got to offer the gold standard option and really push that gold standard option as promising the best outcomes. And if [clients don’t choose to go with that], then (pause), then we’re offering conservative options or euthanasia. And, (pause) yeah, we’ve also started to run into cases whereby money’s so limited that we basically just fulfil our obligations under the [Veterinary Practice] Act and just offer first aid—first aid and pain relief. Unfortunately the Act doesn’t really—it’s got some grey areas, particularly when it comes to caesareans and things like that when people don’t have funds. …

[But for me] how valued you feel in a job isn’t always about the monetary aspects. You know, I’m only on $47,000 a year or what not, and I’m fine with the cash, but the more important thing for my feeling—I want to continue in a job and what I want from my employer is just verbal encouragement … and small things like that … [In this new model] they do tend to lose sight of sort of those James Herriot values when they’re talking about KPIs. You know, one of ours is to spend 75% of our time engaged in something that makes the clinic money. So that’s 75% of our day should be spent in, you know, travelling from place to place, which we’re charging for, or looking at slides for clients, something like that.

Researcher: I understand. So there’s no space there for stopping the car and getting out and looking at the Yorkshire Dales?

Tom: (Laughs). That’s right yeah! That was a pretty big change—the James Herriot aspect of it sort of dies when this new practice manager came in and made a few changes…

Researcher: So if you were a boss yourself, like, down in the dim distant future, do you think you could recapture some of that, what you call the James Herriot, I guess—what you’d call the human aspect of being a vet while still running a business?

Tom: No, I think it’s almost impossible. And it’s not about it just being these days. I mean James Herriot doesn’t write about the fact that he got taxed a high amount as a vet in the Yorkshire Dales and that he was constantly- he never made a hell of a lot of money. Books made him much more money than his career as a vet ever did by a very long shot. And I think it’s basically [that] you look for those really good days where everything goes to plan and there’s that little touch of magic. Which is the reason I sort of got entranced by the profession at the start—some of those more (pause) subjective values. But I think if I was boss, then it’d be focusing on those outcomes like you make people happiest when they know that the business is in a good shape, that they’re making money. And then those other more
subjective things they sort of come—they do come secondary unfortunately. You can’t run a business on trying to achieve that.

How Tom holds his own: Practising professionalism

Such a distinct change from a quite traditional veterinary workplace to a more managerial style reflected challenges to traditional notions of professionalism that have arisen for veterinarians over recent years. However, Tom’s experience was remarkable, a particularly accelerated version of that change. It challenged him to think deeply about his ideas about professionalism and his values.

In Tom’s story, the voices I identified are listed in Tables 6.7 and 6.8 along with descriptions and illustrative quotations.

Table 6.7

I-Position Voices in Tom’s Story: It’s been a rapid transition

<table>
<thead>
<tr>
<th>I-position</th>
<th>Description</th>
<th>Sample quotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-as-traditional professional</td>
<td>Prioritises service to community, clients and patients. Also prioritises professional autonomy and is uncomfortable with commercialism. Feels a sense of solidarity with workmates—will help each other out and support one another.</td>
<td>I was thinking, “Oh, do I really want to work here where it’s not like James Herriot, you know, where I get paid in pumpkins or things like that?” But with that, we are still very much run like a family practice</td>
</tr>
<tr>
<td>I-as-corporate professional</td>
<td>The practice is first and foremost a business. Complies with ethical and legal obligations and emphasises technical competence.</td>
<td>Currently with our corporate model we’ve got to offer the gold standard option and really push that gold standard option as promising the best outcomes.</td>
</tr>
<tr>
<td>I-as-pragmatic professional</td>
<td>An emerging voice that considers the different aspects of professionalism and tries to bring a personal sense of balance.</td>
<td>You look for those really good days where everything goes to plan and there’s that little touch of magic. Which is the reason I sort of got entranced by the profession at the start—some of those more (pause) subjective values.</td>
</tr>
</tbody>
</table>
Tom’s I-positions in this narrative were voices that represented competing conceptions of professionalism with varying emphasis on principles such as altruism, economics, autonomy, and technical competence (Castellani & Hafferty, 2006). The inner-Others that appeared in this story were a mixture of actual individuals and groups that Tom knew and interacted with in his work, but also real and fictional veterinarians from the past. The voices of others as they appeared in this story also represented and spoke to different conceptions of professionalism.

Table 6.8
*Inner-Other Voices in Tom’s Story: It’s been a rapid transition*

<table>
<thead>
<tr>
<th>Inner-Others</th>
<th>Description</th>
<th>Sample quotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The new practice manager</td>
<td>A person who is not from the community and knows nothing about the veterinary profession. Represents a pure corporate ideology.</td>
<td>The practice manager- he’s sort of just immaculately dressed sort of bloke and I don’t feel really comfortable chatting to him about work issues, because he has no understanding.</td>
</tr>
<tr>
<td>People in the community</td>
<td>Includes farmers, clients, and even support staff in the clinic. They value personal relationships.</td>
<td>So we’re getting some annoyed farmers- they don’t even know who’s calling up, they’ve never met him.</td>
</tr>
<tr>
<td>The original owner of the practice</td>
<td>The example of a traditional professional—valued relationship, service and definitely no priority on financial aspects of practice.</td>
<td>He was the sort of James Herriot school of practice. He was happy to be paid whatever, and in vegetables if necessary</td>
</tr>
<tr>
<td>James Herriot</td>
<td>Pen name of an English veterinarian, globally famous for his book series based on his experiences as a veterinarian in rural England in the mid-twentieth century.</td>
<td>James Herriot doesn’t write about the fact that he got taxed a high amount as a vet in the Yorkshire Dales and that he was constantly- he never made a hell of a lot of money.</td>
</tr>
</tbody>
</table>

Tom was a young and newly qualified veterinarian, yet a sense of history and tradition was important to him. The original owner of the practice, long since retired, remained a symbol of
a certain type of relational professionalism in which duty, service, and altruism within a small community provide the foundations for clinical practice. The introduction of the fictional James Herriot provided another strong symbol that represented deeply held beliefs about the nature of veterinary practice and professionalism. Both of those inner-Others represented and supported the I-as-traditional-professional voice.

The new practice manager was a significant character in the story. He was an actual person, but he also represented an ideology of commercialism and managerialism in which the local community may become “less valued clients and more just numbers and ways of making money”. The people of the local community were heard as voices that ran counter to the corporate imperative, and Tom clearly positioned himself and other clinic staff with them: “We all live in the community.”

There was no explicit I-as-novice voice in Tom’s story, and Tom did not raise his new graduate position as a feature. However, it was his first workplace as a qualified veterinarian and the change triggered considerable upheaval. His status as a novice sat unspoken in the background of his story and his descriptions of his practice experiences strongly conveyed his sense of living in liquid times (Bauman, 2007).

The dialogue in Tom’s story was a densely woven conversation between different conceptions of professionalism, with contributions from his own different I-positions and the inner-Others that appeared. The chief tension was between so-called traditional notions of professionalism, characterised by obligation, duty, and service, and emerging corporate-style professionalism that is focused on commercial considerations but also articulates a discourse of high standards of care. As Tom explained, the veterinarians were encouraged to “really push that gold standard option as promising the best outcomes”, a principle that became problematic to interpret and enact in concrete situations. Particularly where client finances were very restricted, the notion of gold standard became moot, and even the guiding legislation had, in Tom’s words, “grey areas”.

In his use of irony, Tom made the dialogic tensions within his own story very clear. Through characterising a position of traditional professionalism as being “paid in pumpkins”, he gently mocked that stance. He was less gentle in his evaluation of the new manager to whom he struggled to relate, being “just an immaculately dressed sort of bloke”. Nonetheless, his use of
humour made a serious point, that he rejected tidy conclusions and a clear moral conclusion in his story of professionalism. That seriousness was highlighted when Tom’s human voice speaks of being afraid that the new managerial style would make his workplace “soulless”. His word choice here was deliberate and showed the deeply personal impact that his work conditions could have.

There were silences in this story. Tom’s employer did not directly appear despite being the sole owner, chief veterinarian, and instigator of the changed organisational model in the workplace. As a veterinarian himself and having also been involved in the transition from the original two-veterinarian practice that Tom described, he could have provided a relevant perspective on reconciling traditional and corporate notions of professionalism. Tom went on to explicitly raise the silence of his employer, saying, “What I want from my employer is just verbal encouragement”. At the beginning of his story, Tom set the scene for how the workplace operated prior to the arrival of the manager, as being “run like a family practice”, with colleagues helping each other out on an informal basis. Tom’s description implied a sense of belonging to a group with a shared sense of purpose and understandings of how things are done. In the second part of Tom’s story, in the final interview, that sense of belonging was not evident. There were no contemporary trusted voices that could provide support or guidance in Tom’s efforts to reconcile different notions of professionalism.

Actual conflict, with practical implications, was suggested when Tom alluded to the recent retirement of a colleague in the workplace as being “very much related to this new practice manager coming in”. However, Tom himself was not an active participant in open critique of the new organisational model; he presented himself as being generally compliant with the new way of doing business. He aimed to meet his key performance indicators and fulfil the responsibilities of his new technical advisor role. Many of the dialogic tensions remained unresolved for Tom in this story, much as they do for the veterinary profession more broadly. Notions of professionalism remain complex, disputed, and difficult.

Did his outward compliance mean that Tom remained passive in the face of the challenges he encountered to his beliefs about professionalism and what it might mean for him to be a veterinarian in the contemporary world and into the future? His story shines a light on the limits and the possibilities for agency. As a new graduate in the workplace for only a few months at the time of the change, open resistance could really only have been enacted by his leaving the
job, a course of action he decided against. Nonetheless, he continued to foster his own critical awareness of aspects of practice and professionalism relevant to the conditions he was working in. His agency was reflected in a continuing process of moral and practical dialogue that projected to the future. His choice of a pragmatic version of professionalism rejected easy rationalisations and required him to consider notions such as “a business (that) is in good shape” in the same frame as “that little touch of magic”.

6.6 Conclusion: Orienting to authenticity and capability through finding a professional voice

Each participant’s story was unique, personal, and situated. The products of this analysis are voices, and for each participant the valued professional voices represent something important about professional identity. Speaking as a veterinarian from professional I-positions is not a uniform or unproblematic undertaking. For the participants, the voices of I-as-veterinarian were distinct from the I-as-student and the I-as-novice voices, and those veterinarian voices tended to speak back to and dominate the more junior voices. Participants were aware that they were new graduates and had a great deal yet to learn; nonetheless it was apparent that they were keen to minimise and move beyond feeling like, speaking as, and being seen as a novice.

I did not identify a single I-as-veterinarian voice. Instead, there was a family of distinct I-positions that could be described as veterinary voices. Some stories contained only one veterinary voice, while others contained several. The veterinary voices were valued, reflecting membership of the professional group that participants had just joined after many years of preparation and socialisation. Different veterinary voices highlighted certain professional characteristics and dispositions while minimising others. Those characteristics or dispositions could be acceptance by colleagues and others as a central, valued, and trusted member of the team, or a commitment to subvert a perceived unhelpful culture of perfectionism. I described a voice that appeared in three of the participants’ stories as an I-as-pragmatic-professional voice, but it is important to note that the same descriptor does not mean it is the same voice for each of the three. Given that the I-as-pragmatic-professional voice is created by each person in interaction with their own personal and other veterinary voices, and those with whom they are in dialogue, it is indeed clear that for each individual, their I-as-pragmatic-professional voice is unique.
My intention is neither to develop a normative conception of any particular I-as-veterinarian voice, nor to attempt to say something final about any of the participants. Instead I draw out the dispositions, possibilities, and processes for development of a diversity of professional voices appropriate for a complex present and an uncertain future. Through finding and using the professional voice they can call their own, veterinarians can then use that voice to hold their own in the face of challenge and change.

For each of these participants, exploring the intersection of the personal and the professional allowed them to draw on and engage their own dispositions to support the development of their valued professional voices. Those dispositions could include courage, independence, criticality, or creativity. In circumstances where affordances or opportunities for resistance appeared unavailable, developing and exploring their own professional voices could provide a vehicle for agency. Telling stories of experience represented a powerful means of orienting themselves toward authenticity while continuing to engage pragmatically with their practice experiences.

In the final chapter, I will bring together the findings from the thematic analysis and the important concept of professional voice that has arisen from this chapter and will create a model of professional identity development. I will also identify implications for education and practice as well as offering suggestions for further research arising from this study.
CHAPTER
7

A Professional Voice Model
for Professional Identity Development

In this concluding chapter, I present features and processes of the research and the model of professional identity formation I have developed as a product of this study. I start the chapter by locating the findings in the practice context I introduced in Chapter 1 and within a review of my theoretical framework. I then align and synthesise the findings of my study, presenting the professional voice model for professional identity development as a response to the research question I posed. I point out the limitations of the study, then conclude the thesis by discussing the implications of this study for education, practice, and further research, and I consider the significant contribution the study makes within the scholarly literature of the veterinary profession.

7.1 Review of key features and processes of the research

In Chapter 1, I set the scene for my study within the veterinary profession in Australia. As a general practitioner who came late to the task of educating undergraduates, I arrived at the university with questions that I posed to educators as a practitioner, rather than the other way around. Through interrogating the literature and engaging with the commentary and discourse of professional institutions, I identified significant gaps in scholarly exploration of veterinary practice in general and the new graduate experience in particular. There was a paucity of research that engaged with the lived experience of veterinarians in practice and as a result I identified lacunae in the published literature. A predominantly individualistic perspective on practice marginalised the importance of social context and its relational interdependence with the agency and qualities of individual humans. Furthermore, the veterinary educators’ research gaze had been inclined toward phenomena familiar and amenable to academic settings, such as assessable knowledge, observable skills, and codifiable competencies. Practice-based phenomena, such as professional identity, can be unwieldy to mobilise and embed into the established structures and processes of the formal educational setting and it is perhaps
understandable that the awkwardness of those phenomena has left them relatively neglected as subjects of scholarly interest. It is an unfortunate consequence that important practice topics such as professional identity have been left largely to anecdote, commentary, and individual opinion, with real consequences for the profession and its institutions as well as for some of its most vulnerable members, its graduates and students. Those consequences may be associated with observable phenomena such as attrition from the profession, tensions in the workplace, and poor mental health. It is likely, however, that observable phenomena constitute a small fraction of more significant but intangible compromise to engagement and wellbeing of individual veterinarians and their sense of connection and shared purpose.

In Chapter 2, the literature review chapter, I explored within and beyond the veterinary literature to develop a theoretical framework that was a rich account of professional identity as a core phenomenon of professional practice. I did so by drawing on a wide interdisciplinary body of scholarship that has been loosely drawn together and termed as social practice theory (Schatzki, 2012; Scholz et al., 2013). I opened up the phenomenon of identity, using key issues in interdisciplinary identity research to elucidate individual agency and social context, continuity and change over time, sameness and difference, and narrative as both foundational identity-related concept.

A view on identity grounded in social practices means paying attention to the agency of individuals as they make their way in and interpret their engagement with the world around them (Holland et al., 2001). At the same time, the primacy of practice means that the possibilities for individuals are shaped by the patterns and networks of context that exist (Green, 2009b). People address questions of identity culturally, using the discursive tools that the practice makes available (Holland & Lachicotte, 2007). Narrative is the tool through which identity can be made comprehensible to the self and to others, creating temporally framed, contextually rich accounts of events and experience (Giddens, 1991; Holland et al., 2001; Jenkins, 2010).

Sharpening my focus, I followed Kemmis in framing professional practices as subsets of social practices with a number of pertinent features (Kemmis, 2011). I drew out the key features that were most salient to professional identity and grouped them in terms of what the practice is concerned with, how it is organised, and how it unfolds. Professional practices are defined to a significant extent by their particular domains of concern and purpose, which is not to say
that those domains are unchangeable. It is, however, to say that a professional practice is recognised by its own participants and in the community. That recognition is partly constituted by a complex relationship with knowledge and knowing (Edwards & Daniels, 2012; Higgs & Titchen, 2001), partly by ethical commitment (Macklin, 2009), and partly by economic underpinnings (Green, 2009a). In terms of organisation of professional practices, there are institutions, entities, and traditions that constitute the recognisable patterns and arrangements by which professional practices are enacted and shaped (Kemmis & Grootenboer, 2008). Finally, practice unfolds over time in complex emergent patterns that are at once like and unlike what has gone before. Understanding that complexity means accepting illimitability in understanding professional practice, as the individual (professional practitioners) and the extra-individual (practice architectures) dimensions of practice go on mutually constituting one another (Kemmis, 2011). At the same time, that mutuality creates an important, if bounded, space for agency and criticality of individual professional practitioners when it comes to influencing the purposes and organizations of the practices in which they engage.

I concluded Chapter 2 by framing professional identity in sociocultural terms as a phenomenon that represents ongoing processes of making meaning from experience, using narrative as a means to understand and account for the choices practitioners make in the course of engaging with the mediating preconditions they encounter in the professional practice in which they participate. From my review of the pertinent literature, I identified a clear gap in the veterinary literature and the need for this research study to offer a conceptual as well as empirical contribution to the broader field of professional practice-based research.

In Chapter 3, I described the methodology for this study, beginning with the core research question: How do new graduate veterinarians develop their professional identity during their first year of practice? Deliberately adopting a research focus that created a dialogical, critical, reflective space and maintained a dialogical tension, I developed three research subquestions to guide the design and conduct of the research process. These three subquestions were:

- How do new graduate veterinarians interpret their engagement with their practice conditions as being influential in their development as veterinarians?
- How do new graduates develop their self-understandings as veterinarians?
• How do new graduate veterinarians hold their own in telling stories about their new graduate veterinary practice experiences?

My research was located in the interpretive paradigm and underpinned by social constructionist understandings of knowledge and its creation. I adopted a blended narrative research approach in which narratives of experience, not necessarily narratives of events, represented the primary means for participants to make meaning of their practice experiences, both to themselves and to others. I engaged with individual graduates as participants, but my research focus, rather than being on the individual as a separate entity, was on the individuals-in-their-social-practice. I drew on dialogical approaches to narrative research in order to achieve a perspective that was at once individual and extraindividual. Grounded in the work of Russian literary theorist Bakhtin, dialogical research approaches enable a bridge between apparently dichotomous concepts and understandings inherent to practice-based and identity research (Frank, 2005; Linell, 2009; Lofius & Higgs, 2010).

I collected data by means of multiple semistructured interviews with 11 new graduate participants during their first year of practice, along with a period of workplace observation. The findings of a multistage sequential data analysis process were presented in Chapters 4, 5, and 6. Chapters 4 and 5 were the product of the first analysis process, a thematic analysis drawing on data across different participants, with a series of analytic foci that sequentially brought different dimensions into sharper focus.

In Chapter 4, I responded to the following research subquestion: How do new graduate veterinarians interpret their engagement with their practice conditions as being influential in their development as veterinarians? I foregrounded the contexts that comprise practice architectures and hence illuminated agency as being both bounded and contingent. The interpretations in this chapter primarily engaged with the view from people toward the outside world, a world that made repeated calls on them. For new graduate participants, those calls represented responsibilities and obligations to respond. Their capacity to influence the nature, timing, and circumstances of the calls made on them was often limited. Their environment did offer opportunities for them to call on others, but the available choices and implications of those choices could be complicated and ambiguous. In this way, context represented far more than a passive background against which agency was enacted. The central concept I have developed to elaborate identity in terms that pay due attention to practice architectures is
practice capability. Participants made strenuous efforts to work toward seeing themselves as, and being seen to be, practically capable.

The sense of practice capability is the first building block of a model of professional identity development, representing holistic evaluations that new graduate participants and those around them made of their ability to be responsible and responsive in engaging with the calls that are made on them. Practice capability further represents a justified level of confidence in being able to negotiate the visible and the invisible networks that comprise the architectures of the practice world. Within the scope of the findings of this study, capability is a singular term (Fraser & Greenhalgh, 2001) and distinct from being further categorised as a list of capabilities.

In Chapter 5, I adjusted the analytic focus to an inward view for participants by addressing the following research subquestion: How do new graduates develop their self-understandings as veterinarians? Reflections on belonging within professional groups and communities, the nature of relations between humans and nonhuman animals, and notions such as professional standards prompted considerations of personal values and dispositions and their relation to shared traditions. Participants looked to their immediate practice community for a collective sense of what is good in relation to veterinary practice, but they also engaged with geographically and temporally distant veterinary colleagues in their encounters with professional norms and culture. Their strong vocational bond to their professional practice, coupled with the nature of the daily demands of veterinary practice, meant that their personal beliefs, values, and commitments were engaged in their daily working life. Their understandings of their practice during their first year of practice were in continual motion as they brought their expanding body of professional experience into relationship with personal and shared values. Intentionally seeking to create alignment between a sense of authenticity and a pragmatic imperative to act brought together complex considerations of agency and relational practice. Making meaning of such efforts of alignment involved turning inward to the self and outward toward the world (Kinsella, 2005; Taylor, 1989, 1991).

The second building block of the model, therefore, is an orientation to moral authenticity, reflecting the ongoing project of engaging with what is good in a personal and professional sense. That simultaneous engagement with personal moral values and the shared norms and traditions of the practice reflects a concept of authenticity that is far from a self-centred, individualistic notion of the term.
In a fast-changing and imperfect world that has been described as supercomplex (Barnett, 2008), there is change and contestation about the ends and the means of professional practice, a dilemma well represented by ongoing diversity in notions of professionalism. The third building block of the model is pragmatic professionalism, a signifier that, for participants in this study, their engagement with professionalism was grounded in the imperative to enact practice from day to day. That pragmatic professionalism was deeply embedded in their striving for practice capability and in their orientation to authenticity.

The deep and complex networks that comprise the ways that practices hang together were reflected in the findings of Chapters 4 and 5. The thematic analysis was illuminating in permitting exploration and interpretation of the data across the different participants, and in drawing different dimensions of practice apart for analytic purposes. In saying that I drew dimensions apart, I suggest an effortful and partial distraction, a process akin to trying to counter a strong magnetic force. The tightly woven networks that bind person to practice and make leaky boundaries between sayings, doings, and relatings meant that when scrutinised alone, the thematic analysis was insufficient, a reflection of the illimitability of practice I have discussed in Chapter 2 (Kemmis, 2011). Accepting illimitability requires acknowledgement that attempts to construct a complete account of professional practice, however carefully articulated, are bound to fall short. Accepting illimitability does not, however, mean throwing one’s hands in the air; rather, it creates space for diverse approaches to practice-based research and for extending the scope and depth of understandings, albeit in a careful and methodologically aware way. With a goal of richness and attention to detail rather than completeness, I conducted further analysis, incorporating the initial findings and using a different lens on the data.

Extending and deepening the analysis through employing a dialogical lens with my data was the strategy I used to address the illimitability issue. In this stage of the analysis I constructed rich and layered narratives of experience as the unit of analysis. The research subquestion I posed was: How do new graduate participants hold their own in telling stories of their new graduate veterinary practice experiences? In those narratives, the complex layers and networks of interpretation were undisturbed rather than being broken up into smaller segments of text. The richness of contextual specificity was not ironed out through comparison between different participants and instead the participants’ own contextualisation of their experiences remained
intact to a much more significant extent. Importantly, the dimensions of time, change, and continuity were drawn together through the medium of narrative. Adopting a multivoiced dialogical analysis illuminated the colonisation of the individual by the social and the possibilities for agency within the space created by dialogue, whether internal or explicit.

An insight from the dialogic narrative analysis that gave rise to the two enabling processes of the professional voice model related to the central role of language as a tool for enacting and mediating, but also for disrupting and questioning practice. The first of those processes is the telling of stories. Narrative has been a recurring concept throughout this study, with the introduction of narrative, social practices, and identity in the literature review in Chapter 2, followed by articulation of my narrative research approach in Chapter 3. In the context of my research product, I use the term storytelling rather than narrative. Despite the fact that I do not make a conceptual distinction between the two terms, I have chosen to use the term storytelling in the context of the professional voice model for two reasons. The first is that it allows me to be clear about the contexts in which I am employing terms: By narrative, I mean the theoretical concepts discussed in Chapter 2; by narrative research, I mean the research approach I adopted; and by storytelling, I mean one of the processes by which identity development is enacted and represented within the professional voice model.

I regard telling stories to be a form of professional dialogue, but I assert that beyond telling stories, when it comes to professional identity development there is a special nature to dialogue that is reflexive and also inquiring. First, as with the telling of stories, such dialogue has a goal of seeking meaning, but in addition there is the possibility for making visible a critical but curious stance toward practice and self. Whether shared with others or occurring in private, such dialogue can form a space for agency.

The professional voice represented a unique and mutable blend of the personal and professional self, and it gave life and form to the practice world as interpreted by the participants. Each narrator gave voice to their own developing identity in which some voices were more valued than others, and the novice professional voice was one they were keen to move away from as soon as possible. In blending the dimensions of capability and authenticity in specific situations, the professional voice could be a tool for seeking and negotiating pragmatic professionalism and making it visible. The model I present in the next section illustrates the concepts I have described in relation to one another.
7.2 The professional voice model of professional identity development in new graduate veterinarians

I now bring together the five key concepts I discussed in the section above: the three conceptual building blocks of practice capability, moral authenticity, and pragmatic professionalism, and the paired processes of storytelling and reflexively inquiring dialogue. Seen within an interdependent relationship, these building blocks make up my product, the professional voice model. The model of professional identity development is grounded in agency and relationship in the shifting and contested interface between the self and the practice world. The model is represented visually in Figure 7.1.

![Figure 7.1. Professional voice model of professional identity development.](image)

To develop a sense of practice capability is to be assured in taking calls and in making *the* calls. The sense of being capable, grounded as it is in concrete instances of practice, is ambiguous in many instances. Practice capability was an aspirational quality for the participants, and one that they could self-evaluate, but that was also open to judgement by others. As a holistic concept, practice capability represented a capacity for embodied knowing and for exercising practical reasoning in diverse, novel, and challenging circumstances (Kemmis, 2005; Kinsella & Pitman, 2012). Practice capability is holistic when it is being
recognised and experienced, but there is value in exploring its physical, social, and cultural dimensions. Graduate participants encountered and engaged with the embodied and material nature of practice in which physical capability was represented by the bodily ability and availability of resources to do the tasks that were required (Hager et al., 2012a). To know what they needed to do yet be unable to enact their knowledge represented a problem that gave rise to some distress for participants, and more so if that inability was witnessed by others, especially clients. As veterinarians, the physical tasks they were called on to engage with could require strength, dexterity, keen senses, and a bodily ability to sense and anticipate the responses and movements of their animal patients.

Social capability represented a sense of being able to form and sustain appropriate professional relationships as required; that meant being responsible and responsive to clients, colleagues, and employers (Zukas & Kilminster, 2012). In relational terms, capability did not only mean that graduates could judge themselves as being able to be responsible and responsive, but also as being able to seek and elicit responses from those around them. On a daily basis they took calls from their clients, their colleagues, and their employers, each anticipating and requiring responses. Trust constituted a central phenomenon related to the social dimension of practice capability (Hauer et al., 2014). For the participants in this study, a sense of capability meant that they believed that they could be trusted by others such as clients, colleagues, and employers. Equally importantly, the sense that they could be trusted was shared and sustained through their own embodiment of a genuine sense of self-assuredness.

Many of the participants in this study took on high levels of responsibility very early in their working life, doing so well before they developed assuredness in their capacity to make the calls. Participants grappled with the tension that has been identified between opposing discourses about new graduate veterinarians: first, the discourse of omnicompetence and second, the discourse of risky inexperience (Perrin, 2016). Practice conditions mediated graduate participants’ experience of taking responsibility, having responsibility thrust upon them, and being able to seek support and advice. The complex and unique practice arrangements could comprise scaffolded development or a randomly available helping hand. They defied simplistic evaluations about the nature of challenge and of support, and of the relationships between them. The findings of this study suggest that there are diverse ways of conceptualising and enacting support for new graduates in their development of a sense of
practice capability, and that while situations of high challenge can be risky, they are not necessarily so.

In the cultural dimension, a sense of capability meant confidence for graduate participants that they could reason their way through a situation. Making the calls was certainly not “just talk”. Instead it was central to their development and their sense of themselves as professionals, a point which is consistent with previous research in the context of medical education and medical practice (Atkinson, 1992; Lingard et al., 2003). With participants’ increased experience, many presentations were no longer novel, but even in situations they had not previously encountered, as their sense of capability developed, they believed that they could analyse the situation and carry on appropriately. Moreover, they could give a credible account of their practice. To a client, that account could be a diagnosis or treatment plan, a progress report on a hospital case, or a response to a complaint. To an employer or colleague, that account could be a case handover, an explanation of a puzzling case, or a request for advice or assistance. Outside the “hot action” of practice activities, employing discursive ability in reflexively inquiring ways was a tool for fostering a sense of capability. That meant the ability and the preparedness to scrutinise one’s own practice and the behaviour and attitudes of other people, and to make judgements about their adequacy for the situation at hand. That capacity for reflexivity within a sense of capability was important in maintaining vigilance against comfortable compromise (Bleakley, 1999; Kinsella, 2012). The capability to critique was not always necessarily expressed overtly to others; it could be self-reflexive, a dialogue that occurred in the personal space.

Moral authenticity in the context of this study refers to a sense of alignment between personal goals and values and the practices of the professional self as well as a relational evaluation about others (Taylor, 1991). In seeking to act ethically and with care in their practice, graduates in this study charted a moral course and drew on personal and shared values. As bearers of their profession, they engaged with questions of moral and intellectual character and grappled with weighty questions of what was right or good, both for them personally and for others (MacIntyre, 1981; Taylor, 1989). For some it was the ethic of care for people and their animals, while others displayed courage in resolving to take professional risks in participating in acts of resistance (Shaw, Rees, Andersen, Black & Monrouxe, 2018), disrupting the workplace norms on ethical grounds to bring about practice change. The quest for authenticity represented intentionality rather than an achievement and reflected aspirations
toward whole-hearted embodiment and acceptance of the personal professional role. Aiming for moral authenticity means maintaining an ethical commitment to the self and the world, but it does not imply infallible virtue or ideal circumstances. Falling short of the goal of authenticity occurs, reflecting the constraints and limitations of both self and world. Providing and engaging with opportunities for critical reflexivity allow the re-orientation to the good that comprises one pillar of professional identity. Ideas about authenticity permit diversity within a community such as the veterinary profession. There is no one way to be morally authentic, and in a supercomplex world, diversity is needed (Barnett, 2008).

The first two concepts I have presented, practice capability and an orientation to moral authenticity, are not to be regarded as being opposed to each other or even necessarily in tension. Each contains dimensions of the other, and both are mobilised in engaging in practice and making meaning of that engagement. In the model they are depicted at the same level, and the broken lines between them represent mutual interdependence. New graduate participants sought to act capably, staying true to their own ability and seeking appropriate resources from other people and cultural and material tools. They drew on traditions, standards, and institutions, some highly visible, and others much less so. In the context of a complex practice world with diverse and sometimes conflicting interests, they viewed their practice as a distinct moral undertaking directed toward others but informed by their own values and deeply consequential for themselves.

The third significant concept that underpins the processes of professional identity development is pragmatic professionalism. The concept of pragmatic professionalism draws together multiple levels and shifting foci of professionalism (Evetts, 2011; Monrouxe & Rees, 2017; Mossop, 2012; Wear & Aultman, 2006) and its position at the apex of the triangle in the model is indicative of the ever-present imperative to act that constitutes and directs professional practice (Green, 2009b). Bringing a pragmatic focus to professionalism is not to be construed as unreflective or habitual action. Instead, it relates to and draws in the richness of the notions of practice capability and moral authenticity. Like them, pragmatic professionalism has material and economic dimensions, neither of which were ever far from the minds of participants in this study as they made their living, participated in financial transactions, and approached their careers in veterinary practice with great seriousness. As a phenomenon of practice, however, pragmatic professionalism also encompasses the full complexity of multidimensional, relational interdependence of human agency and practice architectures, and
implies projection to a goal of future wise practice (Kemmis & Grootenboer, 2008; Kinsella & Pitman, 2012).

For the participants in this study, bringing together practice capability and moral authenticity in the service of pragmatic professionalism represented their strategy for making their way in the world, but also for understanding themselves and their place in the professional practice world. This study has elucidated the processes of storytelling and reflexively inquiring dialogue through which that understanding is shaped. Narrative is considered to be fundamental to human social life (MacIntyre, 1981), while Giddens claims that “a person's identity is not to be found in behaviour, nor — important though this is — in the reactions of others, but in the capacity to keep a particular narrative going” (Giddens, 1991, p. 54). Certainly, storytelling has a long tradition when professional practitioners get together. In this study, storytelling has been highlighted as an identification process through which participants can make meaning of themselves, their experiences, and their relations to their practice world. In examining the process of storytelling, I explored more deeply than identifying amusing anecdotes or spectacular so-called “atrocity” stories (Dingwall, 1977). Participants created stories, choosing and framing significant experiences, using those narratives to characterise themselves and others and to mediate personal and professional change. Through stories, participants could locate themselves within the narrative arc of their life within the immediate setting of their practice and also within the historical tradition of veterinary practice (MacIntyre, 1981). Some stories are told and retold in an iterative process that does important meaning-making work. In constructing and telling their stories, participants responded to challenge and conflict and anticipated responses that could be judgements about themselves from others, indicating that stories can be regarded as dialogues in themselves.

Dialogue, as I use it, can be conversational, involving immediate interactions between people, but given a dialogical understanding of human thinking and language it can occur internally (Holland et al., 2001). In dialogue in and about practice, participants used ways of understanding, engaging with and describing veterinary practice that were not of their own invention. They responded to others around them, to their own previous understandings, to actual and imagined voices from the past and from other settings, in working out how to piece together their experiences into stories. Important, troubling, or recurrent experiences or issues provided opportunities for a questioning stance towards the self or outwardly to the practice world. Such prompts for dialogue could be, but were not necessarily, in the form of dilemmas.
or memorable events (Monrouxe & Rees, 2012, 2017; Monrouxe, Rees, Endacott, & Ternan, 2014; Monrouxe, Shaw & Rees, 2017). Through exercising reflexivity, participants could go beyond recognising and engaging with obviously noteworthy events and create opportunities to explore the taken-for-granted and to better understand the relational interdependences between themselves and their practice world. Inquiry could transcend the everyday imperative to act and to justify their actions, and also allow them to explore their experiences with curiosity and openness. Actual opportunities for explicit reflexively inquiring dialogue with professionally significant others were most likely to arise where participants were able to develop a sense of belonging in a group that had characteristics of a community of practice (Lave & Wenger, 1991; Wenger, 1998). At the same time, mobilising reflexivity through critical awareness created possibilities for agency and self-authoring even without other people available, or prepared, to participate in dialogue (Holland et al., 2001).

The product in my conceptual model, which makes professional identity and its development visible in an ongoing way, is professional voice. Voice has been described in dialogic terms as a complex response to a question of who is talking in a given situation (Bakhtin, 1981). It is consistent with the view that professional voice, as explained in the findings of this study and as it appears in the model described above, represents the discernible manifestation of professional identity.

Professional practitioners develop and deploy their professional voices in enacting and making sense of their practice. Professional voice was an important and authoritative cultural resource that participants drew on and used in their everyday practice life. Voice is of the mind, but equally emerges through bodies that put it into tangible form, whether audible or visible. The professional voice guides and shapes bodily actions and movements while also constituting its own action. It does things: When a diagnosis is made, that is a substantive action performed by the voice. But that action is not delivered into a vacant space. In order to have meaning, a response must be anticipated. That response may be to accept, dispute, or perform further actions such as the administration of medication. In creating and asserting the centrality of professional voice, I do not mean to privilege talk unduly in identity terms, although talk is important. Instead, voice comes from the body and incorporates knowing and doing as well as saying. It is informed by beliefs and values, and by dialogue with others, actual and imagined. It involves ongoing and effortful engagement directed inward to the self and outward to the world.
Participants engaged with colleagues and clients through dialogue about knowing and not knowing, about life and death, and about money and beloved pets. Decisions were made, enacted, and evaluated through dialogue using the professional voice (Lingard et al., 2003; Lingard et al., 2012). Participants engaged inquiringly, critically, and pragmatically with the illimitable practice world. Sometimes that engagement was humorous and light-hearted, and at other times bewildered, even angry and defensive. Using their voices, participants could position themselves and others, respond to questions or challenges, and they could signify meanings that were quite different from the actual words they uttered (Bleakley, 2006). The importance of recognition and acceptance by others of the professional voice should not be underestimated. It was a powerful signifier of credibility to employers, other veterinarians, veterinary nurses, clients, and even to the self. There was no script to learn; drawing from the example of others could be very helpful, but the professional voice of another could not be swallowed whole. The ongoing task of balancing capability and authenticity in responding pragmatically to the demands of veterinary practice meant that the exercise and development of the professional voice was intentional and effortful.

Professional voice was also a tool of self-authorship that could be conducted through inner dialogue, a powerful means of reclaiming agency when it was most constrained (Holland et al., 2001). For each of the participants in this study, the emerging professional voice was ever-changing and developing; it was unique, but not of his or her own creation. It was precious and highly personal yet gained much of its value in being publicly shared. Their emerging professional identity was rehearsed, refined, reviewed, and reinforced as they engaged with the experiences they encountered in their first year of practice. Dialogue between different professional voices, whether internally or between people, could enable agency where agency was constrained, articulate values where they were compromised, and engage dispositions where they were stifled. In such situations, telling stories could open possibilities for the future. For the participants, using their professional voice to tell stories of experience represented a powerful means of identifying the voices they valued, thereby presenting themselves as possessing practice capability and orienting themselves towards authenticity while continuing to engage pragmatically with their unique practice experiences.

The thesis I have developed is that, for new graduate veterinarians, development of their professional identity is a central, yet often unacknowledged, dimension of their engagement in
the sayings, doings, and relatins of and in professional practice. That development can be described as striving for a responsible, pragmatically capable, authentically oriented professional voice through storytelling and reflexively inquiring dialogue. Through inward and outward-facing dialogue, graduates can mobilise individual and collective resources in engaging in a quest for a sense of practice capability and moral authenticity. In making their engagement explicit and meaningful, they create a dialogic space of inquiry and agency in which they can enact pragmatic professionalism and envisage future practice wisdom.

This was a small-scale study, with 11 participants, all of whom graduated from university in the same year. In narrative studies of experience, it has been asserted that a greater number of individual participants is not always more rewarding than using a smaller number of participants and a more intense engagement. The design of this study allowed me to engage deeply and repeatedly with the participants, a research strategy that was very successful in terms of rich data and the ability to revisit experiences and events on multiple occasions. That depth and rapport could not have been achieved had I instead chosen to conduct a single interview with a larger number of participants.

I make the point that the epistemological underpinnings of the study and the research focus on individuals-in-their-social-practice means that notions of a representative sample and of controlling for variables means that generalisability was neither achievable nor an appropriate goal. Instead, through the quality criteria I have previously discussed I claim that the research findings are credible and can usefully inform practice. Important markers of quality include carefully documented methodological awareness that achieves congruence between the theoretical framework, the methodology, and the findings.

I constructed theoretical and philosophical frameworks for this study with a deliberate goal of avoiding an individualistic focus on professional practice in which “context” is reduced to a backdrop against which individuals act. It may, therefore, be viewed as strange to choose individual veterinary graduates as participants. I will advocate for further research in veterinary practice that focuses on extraindividual dimensions. Nonetheless, for this study I have justified my choice of individual participants through carefully explaining the theoretical and methodological underpinnings of the research.
The conceptual complexity of professional identity and the richness of the data that emerged during this study meant that a number of issues arose that warrant further exploration and deeper understanding. These include gender in veterinary practice, and the influence of professional norms and discourses of professionalism. In the section that follows I identify those issues as being important topics for future research. In this study, I have addressed them only to the extent that they informed my primary focus, the development of professional identity.

7.3 Implications and contribution of the research

The model and its component parts are described and explored thoroughly, with their theoretical and empirical groundings clearly explained. There are, therefore, opportunities for others to draw on the research findings of this study to explore or utilise as appropriate in their own settings. I envisage that this research study will be of interest broadly within and beyond the veterinary profession. Groups who may benefit include educators, students, researchers, employers and professional bodies and even graduates themselves.

7.3.1 Implications for professional university education

As university veterinary educators, although our association with our students might be seen to end when they graduate, as new graduate veterinarians they continue a trajectory of career-wide development. The professional voice model is a useful and credible research product, and although it has been developed in the context of new graduate practice, it can nonetheless inform university educational practices. Indeed, in this context, it promises to be of value in supporting curricula to be more agile in changing social conditions and more strongly aligned with the needs of their students and communities. First, the model can be used as a tool in curriculum design and ongoing review. Second, it can inform existing understandings and educational practices involving topics that continue to be challenging and contested regarding their place and role in curricula. These topics include professionalism, ethics and values, communication, and reflective practice. My position is that the most important implication of this study for educational practice relates to the importance of dialogue and storytelling within the curriculum.

Using the professional voice model offers promise for teachers and educational leaders in designing, delivering, and accrediting veterinary education. Veterinary curricula are
overloaded with content, however calls for a radical “debulking” (May, 2008) are difficult to heed in the absence of clear alternative goals, as well as teaching and learning strategies. This model can be used to inform both goals and strategies. Critical oversight and scrutiny of curricula can identify whether there are dimensions of the model in which opportunities may currently be afforded or denied for learners to safely practise and use their emerging professional voices. Such scrutiny includes, but extends beyond, mapping the formal curriculum for professional voice, as the informal and especially the hidden curriculum represent spaces in which opportunities for development of professional identity may be extended, withheld, or inequitably made available. Allocating space in the crowded contemporary veterinary curriculum is fraught with competing disciplinary interests, new domains of practice, and technological advances. Stakeholders jostle for scarce resources, of which curriculum time is one of the scarcest. Demonstrating the importance of professional identity development for graduates is an important step in advocacy for its inclusion in curriculum negotiations, as is providing a useable model for its development. I make the case for professional identity development to be explicitly embedded into undergraduate veterinary curricula and scaffolded across the course in ways that blend in-class and workplace experiences.

Inclusion in curricula is one aspect of bringing professional identity to the centre of veterinary education, but the model can also inform teaching practices for veterinary educators. The findings of this study support Mossop’s advocacy for rich and multidimensional understandings of professionalism to be incorporated in veterinary curricula (Mossop, 2012; Mossop & Cobb, 2013). I build on and extend her work by articulating links between professionalism and professional identity. The complex practice phenomena that co-mprise the model, including professionalism, communication, reflection, and professional ethics remain awkward in educational settings, most obviously when it comes to assessment and grading. Assessment is a dimension of education that carries implications for students, for teachers, and for institutions. Assessment outcomes provide documented evidence over a number of years that a student is prepared to graduate and be eligible for registration, but that summative purpose is only one of the many purposes that assessment needs to serve (Boud & Falchikov, 2006). Formal assessment immediately almost disappears from the professional lives of veterinary graduates and they carry the primary responsibility for assessing themselves in their practice setting, seeking appropriate development opportunities, and soliciting feedback as required. Professional educators seek to embed development of the capacity for informed self-
assessment into students, using strategies such as setting personal learning objectives, incorporating feedback conversations into learning activities, and embedding reflective activities into curricula. The goals of such processes can, however, be compromised by the dominance of the academic imperative, with students viewing assessment as a hurdle to clear (Cobb, 2015). For example, when student reflective tasks are given a substantive grade, the summative process is likely to subsume the formative. When it comes to assessment, principles that support assessment for learning and not just assessment of learning support identity development. This means that it is appropriate to take the time for ongoing feedback dialogues that are separated from summative assessment processes, not just in the workplace but in classroom settings as well. Scaffolding assessment from evaluation by teachers to informed self-evaluation needs to extend throughout the veterinary course as part of an overall assessment strategy specific to the context, and project beyond the formal educational setting (Cobb, 2015).

Efforts to support the development of students as reflective practitioners have appeared in veterinary curricula, influenced by Schön’s influential work (Schön, 1983), with reflection held to be a valuable response to overly technical-rational approaches to practice as well as a tool for self-evaluation. Using the professional voice model, I join those who urge a broader and more encompassing approach to evaluation and critique of experience in professional education that goes beyond reflective practice to include reflexivity (Kinsella, 2012). Exercising reflexivity is descriptive of the efforts new graduate participants in this research made to understand their own experience in relation to the practice world around them. Beyond critique of themselves and of others, they also exercised an emerging awareness of how their actions and experience were shaped and channelled by conditions around them. Learning activities that foster reflective practice include journals and portfolios, but I argue that a social practice view of professional practice and professional identity suggests that fostering reflexivity in group situations may be at least as useful and that due weight should be placed on developing awareness of the diverse extrapersonal dimensions of practice and the possibilities and limitations of individual agency.

I strongly make the case for opportunities for dialogue as a component of development of professional identity. In doing so, I go beyond the everyday understanding of debriefing and suggest that skilled facilitation of reflexively inquiring dialogue is necessary for professional development. Through such activities, combining storytelling and dialogue, students can be
afforded opportunities to exercise and develop an emerging critical awareness of their own agency, capability, and authenticity. In particular, I suggest that there is value in developing understandings of professional voice that go far beyond a focus on communication skills. Raising critical awareness about professional voice in oneself and others means reflecting on the aspects of professional voice that are valued in different settings or that reflect different interests. The professional voice is an important medium for exercising awareness about discourses of professionalism and for going beyond acting like a professional to being a professional (Monrouxe et al., 2011).

In a time when competency-based approaches dominate in professional education and accrediting bodies and other institutions focus strongly on outcome measures, the notion of professional identity constitutes a conceptual bridge from atomism to holism, product to process, and finitude to illimitability. The professional voice model supports an argument for the legitimacy of complementary educational goals and practices such as those I have discussed in this section.

### 7.3.2 Implications for practice

Notwithstanding the importance of considering professional identity development as a component of undergraduate veterinary education in preparing graduates for practice, the findings of this study make clear that the process is not complete at graduation and that learning occurs across boundaries of time, place and contexts (Akkerman & Bakker, 2011). The “make or break” first year in the veterinary workplace (Gilling & Parkinson, 2009) is a critical period for professional identity development, and that development occurs in the workplace, whether supported or not.

Beyond the formal educational setting, there is a shared responsibility for new graduate veterinarians’ learning and development. Although graduates are urged to take responsibility for their lifelong learning, employers and others in the workplace have regulatory, professional, and moral obligations to support the development of their novice colleagues. The interpretation of those obligations, however, remains ambiguous and largely open to individual employers’ discretion. Institutions such as professional associations and registering bodies are influential in setting the tone of discourse about how those responsibilities for supporting development are shared, but their guidelines are framed in abstract terms. My research provides a basis on
which new graduate development can be considered as a relational, contextually-specific process with shared responsibilities and obligations.

Veterinary employers who take on new graduates in their workplace have a role in ensuring that appropriate opportunities are provided for those graduates to develop their own professional voice and their professional way of being. The importance of providing support for graduates is well documented, but support has diverse meanings. An ongoing professional dialogue between employers and their graduates can provide opportunities for scaffolding, for communication, for enabling independence, and for respectful mutual feedback. The findings of this study suggest that, while some employers exercise their responsibilities towards the development of their new graduate employees very effectively, others are not doing so. The model presented here provides tools for improved graduate support and it is a task for the veterinary profession collectively to take up the challenge. Creating mentoring and other trusted professional relationships, actively seeking to belong in a community of practice, whether inside or outside the immediate workplace, and exercising reflexivity with regard to their own and others’ voices are all dialogic strategies that the new graduate can employ to support their professional identity development.

7.3.3 Directions for future research

The field of practice-based research is emerging, and in professions including medicine and teaching there is a growing body of literature based on diverse theoretical frameworks that addresses issues in a fast-changing, even supercomplex world. In the veterinary profession, with such research in its infancy, we are in exciting times. We can draw on educational and social research from other professions for ideas and shared issues, and we can benefit from the expertise and insights of diverse scholarly disciplines. Such diversity is beneficial in conditions of global social change but can involve discomfort and disquiet as long-held truths and traditions are subjected to scrutiny.

Exploring professional identity in other contexts and stages will be of value, both within educational settings and across the professional life course. There are turning points for veterinarians that have significant consequences for individuals and also for the profession collectively. Researching professional identity in veterinarians who are considering leaving the profession, returning after a break, close to retirement, or making decisions about veterinary
business ownership offers valuable insights for professional bodies, educators, and practitioners themselves.

In Chapter 1, I made reference to the high proportion of female veterinary students and graduates relative to males in recent decades and traced some of the professional commentary on this change in gender balance. A number of participants in this study raised or alluded to gender issues spontaneously and I asked them all about the influence of gender on their experiences during their first year. I was not, however, exploring professional identity through a lens of gender. Hence, while gender is discussed in the findings, I argue that there is a significant gap to be explored in problematising terms such as “feminisation” and critically exploring the effects of persistent gendered discourses within veterinary education and the profession. There is some limited work of interest conducted by sociologists (Irvine & Vermilya, 2010), but with no profile within the veterinary profession. The participants in my study could speak eloquently about their own or others’ experiences of injustice based around gender, but they struggled to find a language through which to address gender beyond the level of the demographic and the biological.

The model of professional identity development I have formulated provides diverse avenues for future research. In particular, further elucidation of the concept of professional voice and its development in undergraduates and practising veterinarians is needed. Strategies for supporting and fostering the development of professional voice in educational settings, and for employers to support their graduates are needed. Furthermore, research in the social constructionist vein to uncover discourses of professionalism can provide tools for supporting the development of professional voice and for fostering the diversity in professional voices that will be needed for an unknown future.

7.4 Reflection

Conducting this study was a professional identity journey of my own, a reflexive rewriting of my own self (Giddens, 1991). Paradoxically, as I was drawing closer to the research participants and their stories, I was also experiencing a sense of distance from my own veterinary professional identity. Research points to professional identity shifts during doctoral studies and in new academics (McAlpine & Amundsen, 2009; Fitzmaurice, 2011) but experiencing such transitions while researching professional identity in others was at times
difficult and disconcerting. Giddens (1991) suggests that, in making and remaking our own identities, we continually seek to answer the question, “Who am I now?” At the conclusion of this doctoral project, a professionally and personally transformative experience, my own answer to that question is not necessarily entirely clear. Perhaps that is not so important. Rather than focusing on who I am, I have instead become more able to hold my own and to be prepared to use my own unique professional voice as I continue to develop.

7.5 Final remarks

This research study has added new knowledge to the field of veterinary practice-based research and also to the field of professional practice research. It is unique within the veterinary profession by engaging deeply and repeatedly with new graduates over their first year of practice. Furthermore, the theoretical lens I have chosen is innovative in characterising veterinary practice in social practice terms and in framing professional identity as a sociocultural phenomenon.

In constructing a model of professional identity development in new graduate veterinarians, I have based my findings on repeated interactions with a group of veterinary graduates, seeking their interpretations of their own experience in their first year of practice. I have enriched my data though becoming familiar with their unique practice setting by conducting fieldwork observations. The framework, perspective, and processes underpinning this research and its product are by no means the only way to understand a complex phenomenon such as professional identity. Nonetheless, this study makes a unique contribution with implications for educators, professional institutions, and, importantly, for experienced and novice veterinarians. In particular, the concept of professional voice, its underpinning concepts, and the processes that foster its development break new ground in veterinary practice research.

This thesis is a timely contribution to the professional identity literature in higher education more widely by offering a rigorously theorised model of professional identity development. While not being transferable beyond the immediate context of the research, the findings have relevance and will be of interest to an audience outside the veterinary context. Professional identity is set to remain a topic of intense interest in an ever-changing university professional education landscape and in an uncertain future world of professional practice.
References


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Appendix A

Royal College of Veterinary Surgeons “Day One Competences”
### General professional skills and attributes expected of newly qualified veterinary surgeons

<table>
<thead>
<tr>
<th>Competence</th>
<th>Guidance</th>
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<tr>
<td><strong>1</strong></td>
<td>Be fully conversant with, and follow the <em>RCVS Code of Professional Conduct</em>&lt;br&gt;See <a href="http://www.rcvs.org.uk/vetcode">www.rcvs.org.uk/vetcode</a>.</td>
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<tr>
<td><strong>2</strong></td>
<td>Understand the ethical and legal responsibilities of the veterinary surgeon in relation to patients, clients, society and the environment.&lt;br&gt;To abide by the principles in the Code of Professional Conduct, veterinary surgeons need to be able to make professional judgements based on sound principles. They must be able to think through the dilemmas they face when presented with conflicting priorities and be prepared to justify the decisions they make. As well as decisions relating to individual patients, animal groups, populations of animals and clients, veterinary surgeons must take account of the possible impact of their actions beyond the immediate workplace, eg, on public health, the environment and society more generally.</td>
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<tr>
<td><strong>3</strong></td>
<td>Demonstrate knowledge of the organisation, management and legislation related to a veterinary business.&lt;br&gt;This includes:&lt;br&gt;• knowing one’s own and the employer’s responsibilities in relation to employment, financial and health and safety legislation, the position relating to non-veterinary staff, and professional and public liability&lt;br&gt;• awareness of how fees are calculated, of income, overheads and other expenditure involved in running a veterinary business&lt;br&gt;• ability to work with various information systems to effectively communicate, share, collect, manipulate and analyse information&lt;br&gt;• importance of complying with professional standards, protocols &amp; policies of the business&lt;br&gt;• knowledge of legislation affecting veterinary businesses, such as the disposal of clinical waste and safety of medicines.</td>
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<td><strong>4</strong></td>
<td>Promote, monitor and maintain health and safety in the veterinary setting; demonstrate knowledge of systems of quality assurance; apply principles of risk management to their practice.&lt;br&gt;This includes knowledge and explanation of the procedure for reporting adverse incidents and the procedures for avoiding them. It also includes following safe practices relating to the dangers in the workplace.</td>
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<tr>
<td><strong>5</strong></td>
<td>Communicate effectively with clients, the public, professional colleagues and responsible authorities, using language appropriate to the audience concerned.&lt;br&gt;Effective communication includes effective listening and responding appropriately, both verbally and non-verbally, depending on the context.</td>
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<tr>
<td><strong>6</strong></td>
<td>Prepare accurate clinical and client records, and case reports when necessary, in a form satisfactory to colleagues and understandable by the public.&lt;br&gt;Patient records should be clear enough that they can be referred to by others and (if written by hand) legible, avoiding idiosyncratic abbreviations or jargon, so the case can be taken over by another professional for ongoing treatment if necessary.</td>
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<td></td>
<td>Work effectively as a member of a multi-disciplinary team in the delivery of services.</td>
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<td>8</td>
<td>Understand the economic and emotional context in which the veterinary surgeon operates.</td>
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<td>9</td>
<td>Be able to review and evaluate literature and presentations critically.</td>
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<td>10</td>
<td>Understand and apply principles of clinical governance, and practise evidence-based veterinary medicine.</td>
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<tr>
<td>11</td>
<td>Use their professional capabilities to contribute to the advancement of veterinary knowledge, in order to improve the quality of animal care and public health.</td>
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<td>12</td>
<td>Demonstrate ability to cope with incomplete information, deal with contingencies, and adapt to change.</td>
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<tr>
<td>13</td>
<td>Demonstrate that they recognise personal and professional limits, and know how to seek professional advice, assistance and support when necessary.</td>
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<tr>
<td>14</td>
<td>Demonstrate a commitment to learning and professional development, both personal and as a member of a profession actively engaged in work-based learning. This includes recording and reflecting on professional experience and taking measures to improve performance and competence.</td>
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</table>
Veterinary surgeons must regularly review how they are performing in their day to day professional work, and play an active part in performance appraisal. New graduates in clinical practice must take part in the RCVS Professional Development Phase and keep a record of their continuing progress until they have met the year one competence level.

### Practical and clinical competences expected of new veterinary surgeons

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<tr>
<td><strong>15</strong></td>
<td>Take part in self-audit and peer-group review processes in order to improve performance.</td>
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<td><strong>16</strong></td>
<td>Obtain an accurate and relevant history of the individual animal or animal group, and its/their environment</td>
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<td><strong>17</strong></td>
<td>Handle and restrain animal patients safely and humanely, and instruct others in helping the veterinary surgeon perform these techniques.</td>
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<td><strong>18</strong></td>
<td>Perform a complete clinical examination</td>
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<td><strong>19</strong></td>
<td>Develop appropriate treatment plans and administer treatment in the interests of the patients and with regard to the resources available.</td>
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<td><strong>20</strong></td>
<td>Attend all species in an emergency and perform first aid</td>
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<td><strong>21</strong></td>
<td>Assess the physical condition, welfare and nutritional status of an animal or group of animals and advise the client on principles of husbandry and feeding.</td>
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<tr>
<td><strong>22</strong></td>
<td>Collect, preserve and transport samples, select appropriate diagnostic tests, interpret and understand the limitations of the test results.</td>
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<tr>
<td><strong>23</strong></td>
<td>Communicate clearly and collaborate with referral and diagnostic services, including providing an appropriate history.</td>
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<tr>
<td>Competence</td>
<td>Description</td>
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<td>24</td>
<td>Understand the contribution that imaging and other diagnostic techniques can make in achieving a diagnosis. Use basic imaging equipment and carry out an examination effectively as appropriate to the case, in accordance with good health and safety practice and current regulations. This competence includes taking images of diagnostically-useful quality, as well as the safe use of the equipment (eg ionising radiation regulations) in accordance with best practice (‘ALARA’ principle – as low as reasonably achievable). ‘Basic’ equipment includes, for example, x-ray, ultrasound and endoscopes, but a new graduate would not be expected to perform an MRI or CT scan. New graduates should be able to interpret common findings and know when to refer or seek more experienced interpretation if appropriate.</td>
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<tr>
<td>25</td>
<td>Recognise suspicious signs of possible notifiable, reportable and zoonotic diseases and take appropriate action, including notifying the relevant authorities. This involves identifying the clinical signs, clinical course, transmission potential (including vectors) of pathogens associated with common zoonotic and food-borne diseases and transboundary animal diseases.</td>
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<tr>
<td>26</td>
<td>Apply the RCVS Twelve Principles of Certification. The Principles of Certification are described in the supporting guidance to the Code of Professional Conduct, available on the RCVS website. New graduates must be familiar with the Principles and follow the RCVS supporting guidance.</td>
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<tr>
<td>27</td>
<td>Access the appropriate sources of data on licensed medicines.</td>
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<tr>
<td>28</td>
<td>Prescribe and dispense medicines correctly and responsibly in accordance with legislation and latest guidance. New graduates must understand the requirements of the Cascade in prescribing. In particular, when prescribing or using antimicrobial agents, care must be taken to minimise the risk of antimicrobial resistance.</td>
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<tr>
<td>29</td>
<td>Report suspected adverse reactions. The veterinary surgeon should follow the Veterinary Medicines Directorate procedures for reporting.</td>
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<tr>
<td>30</td>
<td>Apply principles of bio-security correctly, including sterilisation of equipment and disinfection of clothing. This applies to all areas of veterinary practice. All veterinary surgeons must maintain high standards of biosecurity at all times in order to minimise the risk of contamination, cross-infection and accumulation of pathogens in the veterinary premises and in the field.</td>
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<tr>
<td>31</td>
<td>Perform aseptic surgery correctly. The new graduate must appreciate the requirement for asepsis during procedures, and be able to perform simple, elective surgeries within the limitations of their experience, in an aseptic fashion.</td>
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<tr>
<td>32</td>
<td>Safely perform sedation, and general and regional anaesthesia; implement chemical methods of restraint.</td>
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<td>33</td>
<td>Assess and manage pain. The new graduate should be able to score and evaluate pain.</td>
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<td>34</td>
<td>Recognise when euthanasia is appropriate and perform it humanely, using an appropriate method, whilst showing sensitivity to the feelings of owners and others, with due regard to the safety of those present; advise on disposal of the carcase. The new graduate should be aware of the limitations of such investigations, and the potential for conflict of interest where the veterinary surgeon has previously been involved with the case. It is</td>
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<td>35</td>
<td>Perform a systematic gross post-mortem examination, record observations, sample tissues, store and transport them.</td>
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</table>
Perform ante-mortem inspection of animals destined for the food-chain, including paying attention to welfare aspects; correctly identify conditions affecting the quality and safety of products of animal origin, to exclude those animals whose condition means their products are unsuitable for the food-chain.

Not all graduates will work in food-animal practice, but the ability to undertake a health and welfare assessment is an important competence, and is required of all new graduates to comply with European and OIE international recognition requirements. Further postgraduate training will be needed before the new graduate can take up official veterinarian duties.

Advise on, and implement, preventative programmes appropriate to the species and in line with accepted animal health, welfare and public health standards.

Underpinning knowledge and understanding

In order to be able to undertake their professional duties effectively, new veterinary graduates will need a breadth of underpinning knowledge and understanding of the biological, animal and social sciences and laws related to the animal industries. This will include, but is not restricted to, the following:

- Understanding of, and competence in, the logical approaches to both scientific and clinical reasoning, the distinction between the two, and the strengths and limitations of each.
- Research methods and the contribution of basic and applied research to veterinary science.
- The structure, function and behaviour of animals and their physiological and welfare needs, including healthy domestic animals, captive wildlife and laboratory-housed animals.
- A knowledge of the businesses related to animal breeding, production and keeping.
- The aetiology, pathogenesis, clinical signs, diagnosis and treatment of the common diseases and disorders that occur in the common domestic species in the UK.
- Awareness of other diseases of international importance that pose a risk to national and international biosecurity.
- Legislation relating to animal care and welfare, animal movement, and notifiable and reportable diseases.
- Medicines legislation and guidelines on responsible use of medicines, including responsible use of antimicrobials and anthelmintics.
- The principles of disease prevention and the promotion of health and welfare.
- Veterinary public health issues, including epidemiology, transboundary epizootic diseases, zoonotic and food-borne diseases, emerging and re-emerging diseases, food hygiene and technology.
- Principles of effective interpersonal interaction, including communication, leadership, management and team working.
- The ethical framework within which veterinary surgeons should work, including important ethical theories that inform decision-making in professional and animal welfare-related ethics.
Appendix B

Participant Information Sheet and Consent Form

This appendix contains the information sheets and consent forms for prospective participants in this research.
Project title: Professional identity development in novice veterinarians

Chief Investigator: Ms Emma Scholz B.V.Sc (Hons). PhD candidate 0429 365220

Principal Supervisor: Associate Professor Franziska Trede

Co-supervisor: Associate Professor Sharanne Raidal

You are warmly invited to participate in my doctoral research study. I plan to explore the experiences and development of newly graduated vets over the first 1-2 years in practice, always a big learning curve. Previous research has told us that graduates' first experiences in practice vary greatly. The objectives of the study are to gain a deeper understanding of practice in its context, and the variations in how this is experienced by new graduates. We hope that this understanding will be able to be used by practitioners and educators to improve the transition to practice. This study is not an audit or assessment of the ability or competency of new graduates. I am taking a different approach, looking to build a picture of how experiences in practice, the people and the circumstances encountered, shape the development of veterinary graduates.

About me

I am a vet with fifteen years' experience in mixed and small animal practice in Australia and the United Kingdom. I have been employed at Charles Sturt University since 2009, where my role involves coordination of external clinical rotations for final year students and teaching aspects of professional practice. I am also a partner in a beef cattle and grain growing property at Henty in southern NSW.

Participation in the study

If you choose to participate in the study, then we will meet and communicate on a regular basis over your first year in practice. I know that you will be busy, and have many conflicting demands on your time, and so I will ensure that your participation in the study does not negatively impact on your work. I will be employing multiple methods of data collection as follows:

- Semi-structured interviews: I plan to conduct 2-4 interviews over the course of the year, at approximately 2-4 month intervals. These will be arranged at a time and place to suit the participant, preferably face to face, or by Skype or
telephone if absolutely necessary. Each interview will last for approximately 40-60 minutes and will be audio-recorded.

- Workplace observations: I plan to conduct observations in the workplace in order to provide rich detail about the activities undertaken by newly graduated vets in their working day. I plan to observe on 2 occasions for up to 1 day, but normally only 1/2 day. The type of activities I am keen to observe include the following: case handovers in the morning or evening, consultations/farm visits, scheduled meetings with colleagues, phone consultations, general clinic activities, surgery. I will use written field notes to record data during the observation periods.

We will discuss this aspect of the study prior to commencement and agree on suitable activities for observation. With your consent I will inform your employer and colleagues about the study, its aims and the data collection procedures. I will make sure that any people (staff, colleagues, clients) who may be present during observation have consented to my presence. If you or anyone else asks me to refrain from observation, then I will quietly remove myself from the situation.

Based on the estimates above, then your time commitment to participate in this study may be up to 6 hours, plus up to 2 days of observation of your normal working activities.

Please be assured that the data I collect during the course of the study (interview transcripts, field notes of recordings) are confidential and will not be disclosed to any person other than my supervisors. Your privacy is of the utmost importance, and I undertake that you will be anonymous and not able to be identified in the final thesis and any publications that arise from this study. Likewise, I undertake to ensure the confidentiality of your workplace, and ensure that the practice cannot be identified in the thesis or any publications either.

I ask you consider participation in this study. However, if you choose not to participate you will not be penalised or discriminated against in any way. If you do participate, then you are free to withdraw from the study at any time without any penalty.

Thanks for giving consideration to participating in this project. Please contact me if you would like to discuss any aspects of it further.

NOTE: Charles Sturt University’s Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee through the Executive Officer:
The Executive Officer
Human Research Ethics Committee
Office of Academic Governance
Charles Sturt University
Panorama Avenue
Bathurst NSW 2795
Tel: (02) 6338 4628
Email: ethics@csu.edu.au
Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.
Project title: Professional identity development in novice veterinarians

Chief Investigator: Ms Emma Scholz B.V.Sc (Hons). PhD candidate 0429 365220

Principal Supervisor: A/Prof Franziska Trede Co-supervisor: A/Prof Sharanne Raidal

The purpose and procedures of the research study named above has been explained to me, and I have read and understood the information sheet. I have been given the opportunity to ask questions about the study and received satisfactory answers.

I understand that participation in this study will involve the following data collection processes – two to four semi-structured interviews and workplace observations. My time commitment to participate in this study may be up to 6 hours, plus up to 2 days of observation of normal working activities. I understand that interviews will be audio taped and field notes will be made of workplace observations.

I understand that I am free to withdraw my participation in the research at any time, and that if I do I will not be subjected to any penalty or discriminatory treatment. I understand that any information or personal details gathered in the course of this research about me are confidential and that neither my name nor any other identifying information will be used or published.

NOTE: Charles Sturt University's Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee through the Executive Officer:

The Executive Officer
Human Research Ethics Committee
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Tel: (02) 6338 4628
Email: ethics@csu.edu.au

Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.

Signed: _____________________________________________

Date: __________
Appendix C
Interview Question Schedules

As the research interviews were semistructured, the following schedules are indicative of the basic question structure for each of the interviews. The interview schedule for the first interview was common to all participants, but the second and third interviews varied, including follow up and exploration of issues raised in previous interviews and during the workplace observation. The schedules provided here for the second and third interviews are from specific participants—Holly for interview 2 and Angela for interview 3—with questions common to all participants indicated in black, and questions specific to that participant in red.
Interview 1 (all participants)

Introduction

- Explain study briefly, what I plan to discuss and focus on, have spare copy of info sheet for reference
- Explain nature of interview; not a test, there are no right or wrong answers, just your answers. (For participants who are ex-CSU students discuss that although I have been their subject coordinator previously they are now graduates which makes us professional colleagues). It is important that you feel you can speak freely and openly. That’s why the ethical consent and confidentiality is so important- your privacy, confidentiality and anonymity is most important.
- Please sign consent, sorry for the formality, but important to have that clarity.
- Is it OK now to proceed

Background and starting off

- Demographic information: age, gender, where studied vet, any other uni study?
- Tell me about the clinic and the local area. (Prompts: who are the people; what are their roles; what is the case mix; what % different animal species; how often on-call).
- How did you come to the decision to work here? Was this your first choice?
- Tell me about your first day working here.
- How did you work out what was expected of you in this clinic as a new graduate?
- What aspects of starting work as a vet have you found different to what you expected?
- What motivated you to take part in this study?

Particular incidents

- Can you think of an experience you would describe as a professional high point since you started work here? Tell me about that. Did you talk to anyone about that? Did it change how you feel about veterinary practice?
- Can you think of a time when you’ve needed support or guidance from another person in the practice? Tell me about that.
- Can you think of an experience you would describe as a low point professionally since you started work here? Tell me about that. How did you feel about that? Did you talk to anyone about it? If so, how did talking to that person affect how you felt about it? Has it changed your perceptions of vet practice?
• Can you think of an experience you would describe as a professional dilemma since you started work here? Tell me about that. (If asked what do you mean- a difficult situation where none of the available options for action look good).
• What do you think makes a good vet?
• What advice would you give a new graduate just before their first day of work?

Interactions and networks
• Who do you prefer to discuss clinical work-related issues with? Can you give me an example?
• What about non-clinical work-related issues?
• To what extent do you discuss work issues and experiences with your classmates?
• Tell me about someone you regard as a professional role model.
• What are your plans for your veterinary career into the future?

Probing questions (follow up)
• Who did you talk to about that?
• How did you feel about it?
• Tell me more about it?
• Can you give me an example?
• Has that changed how you do things, or how you feel about things?

Sample interview 2: Holly

Questions are common & Holly specific
• It’s been a while since our last interview. We discussed your early experiences, high and low points. Is there anything that has come to your mind as a result of that interview that you’d like to discuss?
• You had mixed feelings about how you were developing as a vet last time. What is your view now?
• Last time we talked about how you thought your responsibilities or workload would change over the year. Compared to our last meeting you are now the more ‘senior’ intern, I think. Is that different?
• Has that occurred as you expected? How can you gauge your progress? You felt you weren’t allowed to have responsibility or authority, especially with regard to patient care. Has that changed at all?
(Questions about workplace observations depend on what has been observed, but would follow this basic form). I’d like to follow up on the time I spent observing in your clinic recently. I noticed the following: can you tell me more about those?

- Interns share the vets’ office- is that an opportunity for discussion and learning? There are renovation plans- will that change?
- There seem to be bottle necks in the clinic and a lot of time spent looking for people. Is that something that affects you?

You described the workplace as ‘tumultuous’ given recent changes in ownership and management. Has that changed in your opinion? What is the effect for you?

You mentioned that you had started to ‘work around the boss’ (generally through approaching other vets) to get the development you needed and deserved from the experience. How is that going?

You commented that you were going to have to ‘rock the boat’ to get out of this intern experience what you could- have you had to do that?

What is the best thing about doing an internship?

How have your relationships with colleagues changed since your first months on the job?

What sort of professional experiences have affected you the most in your time in practice? Did you talk about these experiences with anyone? Who was that? How did talking (or not) about the experience affect you?

Last time we talked about who you prefer to seek professional support from, and you mentioned (your senior colleague). Has that changed since then?

Can you think of a time when you have had support from a nurse or receptionist?

Have your perceptions of vet practice changed since we last talked?

How do you reflect now on your future opportunities in equine practice?

Sample interview 3: Angela

I’d like to use this final meeting to look over the course of the time since you graduated.

Your previous interviews

- At our first interview you described to me your struggle with deciding what’s right and wrong, as a result of the situation you found yourself in. How has that struggle informed those decisions between right and wrong for you now?
• You describe feeling as though you share the values of this practice and I’m wondering if you can talk a bit about what those values are.

• You have mentioned that appropriate standards of practice are important, and your experiences over your first year really brought the idea of standards into focus. What do standards of practice mean to you now?

• I asked you at our first interview what you thought made a good vet, and you gave me a really thoughtful answer about care and doing the very best you can in the circumstances. However, given that you answered that question in a particular set of circumstances, I’d like to ask you again what you think makes a good vet.

• You said to me in our first interview that you ‘missed learning.’ Tell me more about that, trying to describe what you mean by learning. Is that different now, or do you still miss it?

• We talked about (laughed about) some casualness in this practice over things like your CV and no contract. There is a sense that (unlike your previous workplace) ‘formal’ processes aren’t always followed. However, it seems that, rather than presenting problems, it’s something you interpret positively. I’m interested to just ask you about what leads to that?

Your experiences

• What sorts of experiences (cases, issues, events) have had the greatest impact on shaping you as a vet do you think? Why is this?

• We’ve talked at each meeting about development, looking at changes you have noticed. What do you think have been triggers for change, growth, maturity? (Are these things about people, experiences, relationships, type of practice, the way things are done and talked about, materials/instruments/technology, policies/processes…)

• Can you think of important turning points?

Other people

• Who have been the key people for you over the course of your first year? In what way have they been important?

The veterinary profession

• Have your views on the veterinary profession changed since you started work? What about your views on your place in the veterinary profession now and into the future?
• How do you think the veterinary profession is likely to change during the course of your career?

• Obviously, you’ve been female through this first year; What role has gender played for you do you think?

Back to you: is there a metaphor you could use to describe this year for you?
Appendix D
Information Sheets and Consent Forms for Employers, Colleagues and Clients

The following documents are information sheets and consent forms for employers, colleagues, and clients of the participants.

There were information sheets and consent forms for the employers of their participants, and for colleagues who would be present during the observation. The two final documents were for clients who were interacting with the participants during the period I was present for workplace observation. The first was an introductory script and the second a more detailed information sheet.
Employer information

Project title: Professional identity development in novice veterinarians

Chief Investigator: Ms Emma Scholz B.V.Sc (Hons). PhD candidate 0429 365220

Principal Supervisor: Associate Professor Franziska Trede

Co-supervisor: Associate Professor Sharanne Raidal

Your employee has been invited to participate in my doctoral research study. I plan to explore the experiences and development of newly graduated vets over the first year in practice, always a big learning curve. Previous research has told us that graduates' first experiences in practice vary greatly. The objectives of the study are to gain a deeper understanding of practice in its context, and the variations in how this is experienced by new graduates. We hope that this understanding will be able to be used by practitioners and educators to improve the transition to practice.

This study is not an audit or assessment of the ability or competency of new graduates. I am taking a different approach, looking to build a picture of how experiences in practice, the people and the circumstances encountered, shape the development of veterinary graduates.

About me

I am a vet with fifteen years' experience in mixed and small animal practice in Australia and the United Kingdom. I have been employed at Charles Sturt University since 2009, where my role involves coordination of external clinical rotations for final year students and teaching aspects of professional practice. I am also a partner in a beef cattle and grain growing property at Henty in southern NSW.

Participation in the study

If your employee chooses to participate in the study, then I will meet and communicate with him or her on a regular basis over their first year in practice. I know that they will be busy, and have many conflicting demands on their time, and so I will ensure that their participation in the study does not negatively impact on your practice and its activities.

I will be employing multiple methods of data collection as follows:
1. Semi-structured interviews: I plan to conduct 2-4 interviews over the course of the year, at approximately 3-4 month intervals. These will be arranged at a time and place to suit the participant, preferably face to face, or by Skype or telephone if absolutely necessary. Each interview will last for approximately 40-60 minutes.

2. Workplace observations: I plan to conduct observations in the workplace in order to provide rich detail about the activities undertaken by newly graduated vets in their working day. I plan to observe on 2 occasions for up to 1 day, but normally only 1/2 day. The type of activities I am keen to observe include the following: case handovers in the morning or evening, consultations/farm visits, scheduled meetings with colleagues, phone consultations, general clinic activities, surgery. I will use written field notes to record the data from my observations.

We will discuss this aspect of the study prior to commencement and agree on suitable activities for observation. This will require informed consent from all those present at the time of observation. I will undertake to inform practice staff and clients about the study, its aims and the data collection procedures. I will make sure that any people (staff, colleagues, clients) who may be present during observation have consented to my presence. If you or anyone else asks me to refrain from observation, then I will quietly remove myself from the situation.

Based on the estimates above, then your employee’s time commitment to participate in this study may be up to 6 hours, plus up to 2 days of observation of normal working activities. Please be assured that the data I collect during the course of the study (interview transcripts, field notes of recordings) are confidential and will not be disclosed to any person other than my supervisors. Participants’ privacy is of the utmost importance, and I undertake that they will be anonymous and not able to be identified in the final thesis and any publications that arise from this study. I also request the confidentiality of practices, and likewise undertake to ensure that your practice is not identifiable in the final thesis or any publications arising from it.

I ask you consider supporting this study. However, if you choose not to participate you will not be penalised or discriminated against in any way. If you do participate, then you are free to withdraw from the study at any time without any penalty.

Thanks for giving consideration to facilitating this project. Please contact me if you would like to discuss any aspects of it further.

**NOTE:** Charles Sturt University’s Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee through the Executive Officer:

- **The Executive Officer**
- Human Research Ethics Committee
- Office of Academic Governance
- Charles Sturt University
- Panorama Avenue
- Bathurst NSW 2795
- Tel: (02) 6338 4628 Email: ethics@csu.edu.au

Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.
Employer consent

**Project title: Professional identity development in novice veterinarians**

Chief Investigator: Ms Emma Scholz B.V.Sc (Hons). PhD candidate 0429 365220

Principal Supervisor: A/Prof Franziska Trede Co-supervisor: A/Prof Sharanne Raidal

The purpose and procedures of the research study named above has been explained to me, and I have read and understood the information sheet. I have been given the opportunity to ask questions about the study and received satisfactory answers.

I understand that my employee’s participation in this study will involve workplace observations as well as interviews. Their time commitment to participate in this study may be up to 6 hours, plus up to 2 days of observation of normal working activities. I understand that written field notes will be used to document the workplace observations.

I understand that I am free to withdraw my support of the research at any time, and that if I do I will not be subjected to any penalty or discriminatory treatment. I understand that any information or personal details gathered in the course of this research about me, my business or any other participant are confidential and that neither my name nor any other identifying information will be used or published.

**NOTE:** Charles Sturt University’s Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee through the Executive Officer:

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Email: ethics@csu.edu.au

Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.

Signed: ____________________________

Date: ______________
Colleague information

Project title: Professional identity development in novice veterinarians

Chief Investigator: Ms Emma Scholz B.V.Sc (Hons). PhD candidate 0429 365220

Principal Supervisor: Associate Professor Franziska Trede

Co-supervisor: Associate Professor Sharanne Raidal

Your colleague has been invited to participate in my doctoral research study, exploring the experiences and development of newly graduated vets over the first year in practice, always a big learning curve. Previous research has told us that graduates' first experiences in practice vary greatly. The objectives of the study are to gain a deeper understanding of practice in its context, and the variations in how this is experienced by new graduates. We hope that this understanding will be able to be used by practitioners and educators to improve the transition to practice.

This study is not an audit or assessment of the ability or competency of new graduates. I am taking a different approach, looking to build a picture of how experiences in practice, the people and the circumstances encountered, shape the development of veterinary graduates.

About me

I am a vet with fifteen years' experience in mixed and small animal practice in Australia and the United Kingdom. I have been employed at Charles Sturt University since 2009, where my role involves coordination of external clinical rotations for final year students and teaching aspects of professional practice. I am also a partner in a beef cattle and grain growing property at Henty in southern NSW.

Supporting the study

I will meet and communicate with your colleague on a regular basis over their first year in practice. I know that they will be busy, and have many conflicting demands on their time, and so I will ensure that their participation in the study does not negatively impact on your practice and its activities.

I will be employing multiple methods of data collection as follows:
1. Semi-structured interviews: I plan to conduct 2-4 interviews over the course of the year, at approximately 3-4 month intervals. These will be arranged at a time and place to suit the participant, preferably face to face, or by Skype or telephone if absolutely necessary. Each interview will last for approximately 40-60 minutes.

2. Workplace observations: I plan to conduct observations in the workplace in order to provide rich detail about the activities undertaken by newly graduated vets in their working day. I plan to observe on 2 occasions for up to 1 day, but normally only 1/2 day. The type of activities I am keen to observe include the following: case handovers in the morning or evening, consultations/farm visits, scheduled meetings with colleagues, phone consultations, general clinic activities, surgery. I will be making written field notes on the observations.

We will discuss the workplace observation aspect of the study prior to commencement and agree on suitable activities for observation. This will require informed consent from all those present at the time of observation, even though only one individual is the research participant. I will undertake to inform practice staff and clients about the study, its aims and the data collection procedures. I will make sure that any people (staff, colleagues, clients) who may be present during observation have consented to my presence. If you or anyone else asks me to refrain from observation, then I will quietly remove myself from the situation.

Based on the estimates above, then your colleague’s time commitment to participate in this study may be up to 6 hours, plus up to 2 days of observation of normal working activities.

Please be assured that the data I collect during the course of the study (interview transcripts, field notes of recordings) are confidential and will not be disclosed to any person other than my supervisors. Participants’ privacy is of the utmost importance, and I undertake that they will be anonymous and not able to be identified in the final thesis and any publications that arise from this study.

I ask you consider supporting this study. However, if you choose not to participate you will not be penalised or discriminated against in any way. If you do participate, then you are free to withdraw from the study at any time without any penalty.

Thanks for giving consideration to supporting this project. Please contact me if you would like to discuss any aspects of it further.

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Email: ethics@csu.edu.au Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.
Client information: verbal from receptionist

Project title: Professional identity development in novice veterinarians

Chief Investigator: Ms Emma Scholz B.V.Sc (Hons). PhD candidate 0429 365220

Principal Supervisor: A/Prof Franziska Trede Co-supervisor: A/Prof Sharanne Raidal

Your vet has been invited to participate in a PhD research study, exploring development of professional identity in vets over their first year in practice. The aim of the study is to improve preparation for practice by exploring how experiences in practice, the people and the circumstances encountered, shape the development of veterinary graduates. It’s not a test of the vet at all.

The researcher’s name is Emma Scholz, she is a vet, and works at Charles Sturt University in Wagga. She has been observing activities in the clinic and would like to observe your consultation. This means she would sit quietly in the corner of the room and might write some notes on a piece of paper. She will only observe your consultation if you consent. You don’t have to participate – there will be no problem if you don’t want to – if you agree and then change your mind, then she will quietly remove herself from the consulting room. The notes she makes are confidential and will not be disclosed to any person other than her research supervisors; you will be completely anonymous.

If you are interested in taking part, there is an information sheet, which you can keep.
Client information

Project title: Professional identity development in novice veterinarians

Chief Investigator: Ms Emma Scholz B.V.Sc (Hons). PhD candidate 0429 365220

Principal Supervisor: A/Prof Franziska Trede Co-supervisor: A/Prof Sharanne Raidal

Your vet has been invited to participate in my doctoral research study, exploring development of professional identity in vets over their first year in practice. Previous research has told us that graduates' first experiences in practice vary greatly. The objectives of the study are to gain a deeper understanding of practice in its context, and to use this understanding to improve the transition to practice. This study is not an audit or assessment of the ability or competency of new graduates. I am taking a different approach, looking to build a picture of how experiences in practice, the people and the circumstances encountered, shape the development of veterinary graduates.

About me: I am a vet, and have been employed at Charles Sturt University since 2009, where my role involves coordination of external clinical rotations for final year students and teaching aspects of professional practice. I am also a partner in a beef cattle and grain growing property at Henty in southern NSW.

Participation in the study: I plan to conduct observations in the clinic, which means that I would sit quietly in the corner of the room and might write some notes on a piece of paper. I will only observe your consultation if you consent. The consultation will not take longer than it normally would, and I would be concentrating on your vet and not on you. You can decline to participate without any penalty, and if you change your mind, then I will quietly remove myself from the consulting room. Please be assured that the notes I make are confidential and will not be disclosed to any person other than my supervisors; your name will not be used, and you will not able to be identified in the final thesis and any publications that arise from this study. Thanks for giving consideration to participating in this project. I’m happy to answer any further questions you might have.

NOTE: Charles Sturt University’s Human Research Ethics Committee has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee through the Executive Officer:

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Appendix E
Screen Shots from QSR International NVivo 10/11 Software

This appendix consists of a series of screenshots from the NVivo file created to support data analysis in this research. The figures illustrate how interview transcripts and key stories were stored in Nvivo, and how the coding capability of NVivo was employed during the phases of data analysis.
**Figure E1.** Data in NVivo: labelled interview transcripts, and constructed key stories labelled *holding his/her own*.

**Figure E2.** Initial coding process for interview transcripts. Highlighted section is coded to several themes, indicated by the coding stripes to the right (later refined).
Figure E3. Illustration of refinement of large number of initial coding themes into groups by use of nested node hierarchies.

Figure E4. Illustration of the dialogic analysis process for a key story. Stripes on the right represent the I-positions, inner-Others and echoes identified in the story.
Appendix F

Asking Questions of the Text Example: Ed

During this initial analytic process, I created interpretive questions, drawing on the research questions and theoretical framework. I read and reread the interview transcripts and responded to the interpretive questions, supporting the responses with quotes from the transcript.
Ed talks easily and comfortably when we meet - he laughs often and adopts a dry, self-deprecating manner when discussing his experiences. It would, however, be a mistake to take his manner as evidence of a happy-go-lucky nature. When he describes aspects of his work and life he shows a tendency to careful analysis and long term thinking. For example, in describing how he came to take the job he is in (instead of another he was offered at the same time) he described an extended, "agonised" decision-making process involving the drawing up of lists of pros and cons.

- **What situations made him feel vulnerable and how did he hold his own?**

Ed is a good storyteller; his tales of experience are entertaining. He is by no means a bragger, but he tends to tell stories in which he perhaps should have, or could have felt vulnerable, but in which by applying what he knew, and giving it a go with good will and energy, things have turned out, if not perfectly, then acceptably.

The kinds of situations I am thinking about include his headline, 'first day' story. This tale has the hallmarks of a 'signature story' - those that are honed, refined and told again and again over many years. We all have such stories in us, and they do important work in telling us who we are and how we deal with what life presents to us. Ed does not present this as a situation in which he felt vulnerable, however definitely as a situation in which 'vulnerability might be felt!' He held his own in this situation by being well prepared, by getting backup advice, by getting in and having a go with energy and confidence. He introduces the story with a laugh and an understatement, "My first day was exciting, I suppose." He arrived at the clinic at 8 am on the first Monday of his job, and there was a job to do - a cow having trouble giving birth on a farm about half an hour's drive out of town. His two senior vets asked him if he'd like to go and do it. He knew they were busy, and so he said, "I thought I'd better go and do it." There is a suggestion that there was an element of challenge in being asked to do it, and a taking up of the challenge. Such a task is unusual to undertake on a first day on the job, but Ed had spent three weeks in this practice as a student, and had experience with bovine obstetrics on his own farm; a straightforward calving case would not be beyond his capability. It was made clear that he could call for support, "if you've got a problem just call us." They had discussed the case with the property owner, and were fairly certain that it was a straightforward case. "There's a set of twins coming out at once. Push one in, pull one out and pull the second one out. You'll be fine." Of course, that is not how it happened. On arrival, and upon conducting a vaginal examination he "was quite thrown" that it didn't feel as he had
expected. Instead of a simple case of twins, he was faced with a dead and deformed foetus and a cow with a ruptured uterus - a dramatic and unusual presentation, to say the least. In consultation with his boss and with the owner of the cow, he opted to perform a caesarian, deliver the dead calf and attempt to repair the damaged uterus. The cow was given approximately a 15% chance of survival. The operation took 3 1/2 hours and the cow survived

Ed highlights the importance of 'being organised' to his equanimity in professional life when he describes his dislike of after hours duty. When he admits to this dislike, however, he is quick to assure me that it isn't the work he doesn't like. Instead, "I like to be very, very organised. It's not doing the work after hours- that doesn't worry me. It's not the fact that I'm out at 9 o'clock at night. It's just that you think you're doing this, then 30 seconds later you're driving an hour to sit in the rain doing a calving." That value he ascribes to organisation and preparation is demonstrated when he proudly shows me his work car. He has arranged for custom made cabinets in which to house all of the equipment he needs for his daily work, even down to running hot water. "The car's handy- the thing is I don't want ever to have to go back to the clinic for a job. If they ring me and I'm in the area I want to be able to go and do the job. I turn up professionally. I want to be clean, I want to have all my gear. I don't want to be going, "I wish I had this."" He reiterates his discomfort with unpredictability when he says, "I don't really like going that way and this way, it just throws me a bit." in my second interview Ed elaborates on this theme where he

Vulnerability in after hours was also illustrated when Ed discussed being called out to what could have been a case of equine Hendra virus. This viral disease of horses was first identified in the suburbs of Brisbane in 1994 when it killed 7 horses and horse trainer Vic Rail. Since that time, it has infected and killed 2 veterinarians who unknowingly treated sick horses; up to this point no veterinarian who has been exposed to the virus has survived. He frankly admits that it was an experience that 'scared the shit out of me.' It did not appear at first to be a serious issue, just a revisit of horse with a cut leg and owners with very little money very late on a Friday night. Only part of the way out to the farm did he consider that it could be a Hendra case. He went on to describe how he improvised some makeshift personal protective equipment, " I looked more like Saddam Hussein than anything else."
Ed reveals that the notion of being a 'new graduate' is not something he actively promotes to his clients. He believes that his experiences of being thrown in at the deep end of the emergency work helped in this process- "I've gone onto a lot of farms where I've turned up for a calving and I just dive into it, you know, ask a few questions and then hook in. I don't fluff around and so even in the first month I almost never fielded the question of how long have I been out." He revealed at the same time that some of his classmates even grew beards in the final months of vet school in order to give an appearance of being older and more experienced. His description of how he deals with his clients displays his preference for not appearing vulnerable, "They (clients) just feed off your approach." That importance of presentation and impression management carries through to when he needs to ask for some advice from one of the other vets. "If you're out on a farm and you need a hand, it's just how you manage that communication with the boss from both the client's perspective and the boss' perspective. I think that's very unique and some people are really in favour of the fact that you're straight up with them. But you say, "look this is really interesting, I haven't..." You sort of tend to say what you might do and then you talk to them (the boss) and it comes back as the same- or even if it isn’t the same you sort of tell them it is and do something a little bit different. It's just important, I think, to get that little bit right."

To what extent does he describe himself as belonging to a community of practice?

Ed describes dense networks of connection within and outside his workplace. His partner is also a veterinarian, although they don’t work together. The workplace has 4 fulltime veterinarians, with a spread of experience. The practice owner has about 25 years’ experience, there is a senior associate with about 10 years and another associate with 2-3 years. Ed describes a particularly close working relationship with the senior associate, who he describes as 'the best thing ever for me- you get him on the phone and he just gives you (what you need). And even if you're wrong he has a really unique way of telling you he would have done it differently, but it didn't matter.' Ed describes a relationship where help and support is always there even if not in person. During his first period in the practice, when he was very busy and being sent out to almost every emergency case on offer by himself, Ed reports that, "Almost every case for the first couple of months I'd ring (the senior associate). Even if I was completely happy with it I'd ring him up and say, "this is what I did, this is what it is." And he'd say, "Yeah, beauty, maybe try this next
time." So that way, I'd check myself all the time. If I started doing something one way and never thought to talk to anyone about it, you might never realise why didn't that go well? So, every new type of case- it might not be for a couple of days, but every single case I'll just air with him. Like I said, his relaxed attitude's just been everything. He makes it very easy to get it right." The community in this workplace is centred around the core interest of three of the fulltime vets, which is the cattle side of the business. These three share a way of working that makes them at the heart of the community. The fourth vet, a female who shares the caseload, but carries more the small animal and equine caseload is more peripheral to the group than Ed is, even though he is junior to her by a couple of years. There are a number of occasions on which Ed contrasts the approach for 'the boys' compared to their colleague. "It’s a pretty close knit team. When it comes down to (the senior associate) and I and (the boss), it’s very honest talking I suppose. The boss'll just call it, if he thinks something’s not- you know (laugh). He’s a bit more tactful when it comes down to (the other associate) (laughs), but when it comes to the boys, he’ll…(trails off and laughs)."

- he comments that he and his classmates have diverged in experience and expertise, but in a way that allows them to call on each other for some information and support.

**What wider social discourses can I hear in this participant's talk?**

- **Work-life balance**
  
  The demands of a profession in which emergencies arise, complex ongoing cases and issues span days or weeks and in which clients have expectations of continuity of care have been long acknowledged, or at least taken for granted in the veterinary profession. Only in recent years has the concept been framed in the now familiar term 'work-life balance' and become a topic of open but heated discussion in the profession. Professor Heath's survey of veterinary graduates of the 1940's to 1990's identified changing attitudes to the demands of veterinary practice, contrasting the experiences of the Ed talks at length specifically about the notion of work-life balance and the extent to which a veterinarian has, or should feel an obligation to sacrifice personal time for their clients and career. He is aware that at the formative initial stage of his career that a busy caseload and taking every clinical opportunity that presents itself is of benefit to his development. On the other hand he is wary of the potential to create work habits that are
not conducive to a balanced life. "You get so roped in in the vet profession that your personal life really pays for it. You've got to be careful that you don’t—just because (my partner) is a vet, you know it's all well and good and fun to go out and do calls together all the time, but, you know..." He highlights the fact that long working hours are often still assumed to be the norm. "When did I last do an 8 hour day? I don't think I've done one." He reveals some frustration, "some days I wake up and I'm a bit, well, not stressed, but a bit against the idea of... You know, I'm not spending a lot of time doing 'me stuff' and I'm spending a lot of time doing work stuff- and then you think about the people like (senior associate) who's got young kids. It only gets tougher. For a new grad, we have all these issues, but ultimately we're single people with nothing else." He contrasts the culture of the veterinary profession with other industries such as his parents' business, “In so many other professions you have the biggest issue of having people to just turn up and work hard the hours they're there. That's not even an issue in the vet profession. So families do it tough." He is looking to the future when he says that for veterinarians with children, "There's absolutely nothing more important than going home and spending time with their family. No one cares about spending the extra hour at work; that's not where the important things are...For me at the moment it's not an issue, but for me, I know that my biggest issue is I’m scared of building bad habits. I know one day I'll have kids and if I work like I do now, it's not going to be a good thing." He is careful to emphasis, however that he risks creating negative impressions of his work ethic with those around him if he tries to balance his work and home lives. "It's so hard- you worry about that coming across as a negative attitude toward your clinic or your employer...it's like anything, all the positives in the world get washed away by one negative. So you've got to be really careful with the fights you choose to fight."

**What values do participants present as being important to them professionally?**

- relations with others is a feature of Ed's discussion- whether it be in terms of being a team player in the workplace community, the importance of clients seeing that you’re 'having a go.'

- it is important to him to be judged to be capable by others, whether that be clients or colleagues. He goes to considerable lengths, including during his first few hectic months "I try to ring every single large animal surgery that I do I'll ring them up a week later or
5 days later and just touch base." Being trusted and given responsibility is something that he reports as a high point of his early work experiences.

**How do they describe their development?**

- an active process by which he drives himself to improve constantly but is also aiming (and feels able) to contribute to the development of the business. For example, setting up a few cattle consultancy clients within several months of starting work" I've already got a couple of people I've set up with. Because consultancy is something I'm interested in, and the boss thought that would be a good idea. So, there are a couple of farms that are happy to have me."

- he traces his progress in his chosen field going back to when he was at university, pursuing his area of interest outside of and beyond the formal curriculum. As a result, he has been able to bring skills and confidence to his job that is of value to him, to clients and to the business. However, he has concerns that pursuing those areas of strength may come at some cost, "it was a real trade-off between making sure that I was doing all types of vet work and making sure to utilise the skills I'd put the effort into gaining."

- He repeatedly discusses this tension between pursuing what he is very sure to be his major career focus (reproduction in cattle) and maintaining /building capability in general veterinary practice. This is a theme across his interviews.

- He muses on the contrast between his own experience of being 'thrown in the deep end' and some of his friends who he describes as being 'an extended student for a period of time.' He is uncertain which approach is better and suggests that 'in the long run probably we'll become equal.' Nonetheless he believes 'it's important to be challenged, really, really important to be challenged, yet know that the support's there. And if the support's sitting in the room with you, you just don't think for yourself...you'll never take full charge."
Appendix G

Contact Summary Sheet Example: Angela Interview 1

I created a contact summary sheet as soon as possible following each interview and observation. I recorded my overall impressions of the interaction, anything that was surprising or noteworthy. I also recorded anything that I needed to follow up or explore more deeply in the next encounter.
1. What main issues or themes were raised?

Support (or lack) important theme. Appropriate support (not just how much but what sort-instruction vs. bouncing ideas off someone more experienced).

Workplace organisation – hierarchy and setups constrained professionalism and supported inadequate standards of practice.

In reference to the above she makes great efforts to show that she is resisting the influence of the workplace organisation and culture. E.g. going to work on her RDO.

Relationships in the workplace important here but revealed more through their absence or dysfunction.

Power and responsibility were issues in tension, such that as a junior veterinarian she had immense responsibility but limited capacity to influence factors that she felt compromised patient care.

Being able to form trusting relationships with clients to deliver good care was very satisfying.

2. Anything else illuminating, important or surprising?

Importance of the organisation of the workplace- how hierarchy is set up and experienced strongly impacted on her experience.

Support is a complex idea; not just how much support is available, it is who from, when and by what means and whether it is of the appropriate type.

Level of emotion surprised me- there was nervousness, excitement and a lot of anger.

Talk of cultural tools that seemed to mediate the setups of this practice: rosters, policies and so on. (Artefacts seemed to act to constrain professional practice.)
Noted a lack of community-participant spoke in “I” terms on the whole.

Values – participant felt she had needed to deeply and repeatedly explore her own values in order to define boundaries of acceptable care.

3. What questions have arisen for the next contact with this participant?
After changing jobs it’s worthwhile revisiting some of the questions we ran through last time.

- Tell me about your first day at work here? Can you tell me about high points? Can you tell me about low points? In what ways has your experience here differed from what you expected?
- How do you think your experiences in your first job have influenced your development here?
- You mentioned last time that most people who leave the clinic are not frank with the owner about their reasons, but that you were hoping to get the opportunity to be very honest. To what extent were you able to do that?
- You mentioned in your first interview that ‘I thought doing something was better than doing nothing.’ Is your opinion still the same on that on the whole?
- We talked about support or lack of it last time. How would you compare your current experience of support with your first job?
- What sort of supports do you think are best for development of the new graduate?
- Follow up on discussion of having to explore your own values in order to develop guidelines for acceptable and appropriate patient care.