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1 Identity, Environment and Mental Wellbeing.

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15

16 **Abstract**

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18 Mental health and career dissatisfaction are of increasing concern to the veterinary
19 profession. The influence of identity on the psychological wellbeing of veterinarians has not
20 been widely explored. 12 recent veterinary graduates were enrolled in a private social media
21 discussion group, and their identities investigated through narrative inquiry: a methodology
22 which enables identity priorities to be extrapolated from stories of experience. Two distinct
23 variants of the veterinary identity were identified: an academic, “diagnosis-focused” identity,
24 which prioritised definitive diagnosis and best-evidence treatment; and a broader “challenge-
25 focused” identity, where priorities additionally included engaging with the client, challenging
26 environment or veterinary business. Contextual challenges (such as a client with limited
27 finances or difficult interpersonal interactions) were seen as a source of frustration for those
28 with a diagnosis-focused identity, as they obstructed the realisation of identity goals.
29 Overcoming these challenges provided satisfaction to those with a challenge-focused identity.
30 The employment environment of the graduates (general veterinary practice) provided more
31 opportunities for those with a challenge-focused identity to realise identity goals, and more
32 markers of emotional wellbeing were apparent in their stories. Markers of poor emotional
33 health were evident in the stories of those with a diagnosis-focused identity.

34

35 Introduction

36

37 Concerns surrounding mental health in the veterinary profession are widely reported
38 (Cardwell and others 2013; Gyles 2014; Nett and others 2015; Rhind & Grant 2017) and
39 there have been welcome recent advances in interventions to provide support, such as the
40 RCVS “Mind Matters” initiative (www.vetmindmatters.org) and Vetlife
41 (<https://www.vetlife.org.uk/>). Self-identity, the understanding and satisfaction with self, and
42 the alignment of one’s actions with self-identity values are recognised as having significant
43 influence on health and mental wellbeing (Taylor 1992; Kroger & Marcia 2011; Thoits 2013;
44 Mavor and others 2014; Wald 2015). The concept of identity therefore merits attention as a
45 contributor to the veterinary mental health discourse.

46

47 An individual’s professional identity is a complex construct of their moral views, their
48 professional priorities and values, and the way these inform actions, decisions and
49 behaviours. When an individual can take actions that align with their values and help them
50 achieve their goals, a positive sense of wellbeing and satisfaction results. In contrast, being
51 unable to align values and behaviours results in a failure to act “true to self”, and evokes
52 identity dissonance, a sense of unease and dissatisfaction with outcome, and the perception of
53 a lack of control over one’s actions and decisions (Taylor 1992). A well-developed self-
54 identity awareness (being able to recognise one’s own identity values and goals) facilitates
55 psychosocial well-being. In contrast, a lack of a sense of one’s identity results in an inability
56 to determine an appropriate action in a complex dilemma and increases the risk of poor
57 mental health (Luyckx and others 2009). It is increasingly recognised that stress coping
58 strategies (such as maintaining social relationships, eating healthily and exercising) will fail
59 to have a significant impact if the individual is unsatisfied with their identity behaviours
60 (their actions are poorly aligned with their self-values and priorities), or they lack a sense of
61 their self-identity (are unclear of their own values and priorities) (Thoits 2013; Kroger &
62 Marcia 2011). A better understanding of veterinary identity therefore offers a valuable
63 contribution to improved mental health and career satisfaction in the profession.

64

65 We have some understanding of the sources of veterinary career stress, which include a
66 heavy workload, high client expectations, the fear of making mistakes, and struggles with
67 work-life balance (Gardner & Hini 2006; Hansez and others 2008; Bartram and others 2009).
68 However, we have a relatively poor understanding of why these stressors affect some people
69 more than others. Cake and others (2017) have recently proposed that the improvement of
70 veterinary mental health lies not only in the development of strategies to support those who
71 are suffering, but also in identifying the attributes of those veterinarians who are thriving in
72 their role. We have previously identified some of the defining characteristics of the veterinary
73 identity (Armitage-Chan and others 2016). Working in challenging environments and
74 complex decision-making (balancing the needs of multiple, often conflicting, stakeholder
75 needs) were seen as important elements of the veterinary role, and key to the sense of identity
76 of the participating veterinarians. However it is also evident that for other individuals,
77 including veterinary students and general practitioners, the prized veterinary identity is
78 constructed around the role and behaviours of the veterinary specialist, with the strengths and
79 attributes of the general practitioner less well defined, and not always seen as a source of
80 pride for those in this role (Kinnison and May 2015; Roder and May 2017). Following Cake
81 and others (2017), if we can define the identity attributes of those individuals who draw a
82 sense of satisfaction and achievement from their work, the resulting identity framework could
83 be used to support students in the development of a professional identity that enables them to
84 achieve satisfaction and wellbeing in their professional role.

85

86 The early veterinary career is a particularly important period to study in terms of identity
87 formation. Data from the United Kingdom suggests a high turnover rate for new graduates,
88 with high numbers leaving their first practice within the first year. In a survey performed by
89 the Royal College of Veterinary Surgeons, despite 88% of new graduates responding that
90 their first position met their needs, 74% had left this position within 6 months (RCVS 2013).
91 This issue is clearly multifactorial, with numerous possible reasons for changing practice.
92 However, the number of new veterinarians who are dissatisfied with their career is of concern
93 to the profession (BVA 2015), and a mismatch between the expected or valued veterinary
94 identity, and that which can be realised, may be a factor. Studying the very early career
95 identity may provide insight not only into what the new veterinarian's identity looks like, but
96 how it develops in response to the responsibilities and challenges of new graduate life.

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98 The aims of this study were therefore to explore the new graduate veterinary professional
99 identity, and identify elements that were associated with positive and negative signs of career
100 satisfaction and emotional wellbeing. The methodology used a narrative inquiry approach,
101 which is frequently used for the study of identity (Connelly and Clandinin 1990). The
102 conceptual frameworks for identity analysis were based on the concepts of narrative identity
103 (Ricoeur 1991), that elements emphasised in participants' stories will reflect what is
104 meaningful and significant to their identity, and narrative psychology (Crossley 2000), that
105 the evaluative statements and emotions included in a story will represent the way the
106 storyteller was impacted emotionally by the told experience. From the stories that
107 veterinarians told about their experiences, we could therefore make interpretations about
108 what was important and valued to them in their professional role, and the impact told events
109 had on their emotional health. Similarly, by examining what was omitted, we could draw
110 conclusions about what was neglected from the veterinarians' understanding of their own
111 identity.

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114 **Methods**

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116 In July 2015, a small group of students from our own institution were contacted by email and
117 invited to participate in the research. Following challenges experienced in an earlier pilot
118 study, the participants were initially purposively recruited, from those expressing an interest
119 in the research during a "Professional Issues" elective module. At this stage, 8 students were
120 contacted and 6 responded positively. In August, following the students' graduation, these 6
121 graduates, plus the researcher (EAC) were enrolled in a closed, private social media
122 discussion group (provided on Facebook). Over the next 3 months, the group members
123 requested permission to recruit additional recent graduates, and they were given permission
124 to enrol friends and peers, as long as they had graduated in 2015. The group subsequently
125 grew to 12 members, plus the researcher. The privacy settings ensured that posts were not
126 visible to anyone outside the group, and "friends" of group members were unaware of the
127 group's existence. The formation of the group, as well as the topics of discussion and planned
128 dissemination of results, were approved by the institutional ethics committee (reference 2014
129 0121H). All participants were informed that the primary purpose of the Facebook group was
130 for research, and they gave their permission for their stories to be analysed and quoted. At the
131 end of the study period a poll was created to ask participants when they started work.

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133 Group members were informed that they could post questions or comments in the group at
134 any time and about any topic, although they were aware that the remit of the group was to

135 follow the experiences of early career veterinary surgeons based in the UK. To encourage the
136 telling of stories, the researcher intermittently posted trigger questions, which were generally
137 designed to be open-ended, and to invite stories about recent veterinary experiences.
138 Examples included “What stands out from the past month?” and “Tell me about your first
139 real case”. Trigger posts were not specifically timed, and were posted when spontaneous
140 discussion had otherwise decreased. Overall they were provided at a frequency of
141 approximately one per month.
142

143 At the end of the study period (July 2016) the posted comments, questions and discussion
144 were copied and pasted into tables. For ease of data handling, an attempt was made to
145 separate discussion threads into individual tables, although because of the nature of social
146 media conversations, there was considerable chronological overlap (participants would return
147 to earlier discussions to post new comments). Data analysis was performed in 2 stages,
148 consistent with the principles of narrative inquiry (Clandinin 2006). Initial data analysis
149 followed a framework based on Labovian discourse analysis (Labov & Waletzky 1967),
150 adapted by Polanyi (1985) for written text, and used for analysis in narrative inquiry by
151 McVee (2005). Conversation elements were broken down to categorize the main story event
152 (what the post was about), the people (the role of the author and other players), the overall
153 positive or negative tone to the story, presence of evaluative statements (words or statements
154 that convey emotions, and the events or experiences to which these referred), and notes
155 commenting on what may have been “unsaid”: details omitted from the stories that can be
156 assumed to be present. Examples of the “unsaid” include additional players; for example,
157 when a story is told about a patient, one can assume that an owner or client was involved,
158 even if they did not appear in the story.
159

160 The overall tone to the stories and the evaluative statements included were used to make
161 interpretations about the research participants’ satisfaction with each told event, and whether
162 it contributed to feelings of positive psychological health, or dissatisfaction and mental ill-
163 being. This approach has been used previously and performed well as an assessment of
164 mental health when compared to psychometric assessments (Severinsson 2003; Brazier and
165 others 2014).
166

167 In the second stage, a reflective analysis of the text was performed, as described by
168 Hollingsworth (1992) and McVee (2005). The individual stories told by the research
169 participants were reconstructed into a narrative form (a cohesive “story”), from the individual
170 text elements identified in stage 1. It is this reconstruction that distinguishes narrative inquiry
171 from thematic analysis of narratives (Polkinghorne 1995). Rather than identifying common
172 themes across the story extracts, the purpose of narrative inquiry is to create a storied
173 “whole”, incorporating the meaningful elements of the identity of each participant. To
174 achieve this, the process benefits from the subject expertise of the researcher (narrative
175 inquiry is carried out by researchers investigating their own field of practice), and what they
176 have learned through participation in the generation and discussion of stories during data
177 collection. The reconstructed narrative therefore represents the interpretation of the
178 participants’ stories in the context of the researcher’s knowledge of the wider discourse on
179 the subject. In this case, story analysis and reconstruction were performed in the context of
180 Castellani and Hafferty’s model of multiple, co-existing sets of identity priorities within a
181 profession (Castellani & Hafferty 2006), and Marcia’s identity statuses and their relationship
182 to emotional wellbeing (Kroger & Marcia 2011), as well as our earlier work identifying the
183 complexity of the veterinary identity (Armitage-Chan and others 2016). Extracts from the
184 reconstructed narratives form the results section of this manuscript.

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Results

Of the 12 participants in the group, 4 never posted or posted only a single comment. The remaining 8 participants posted stories in at least 3 discussions over the study period, and most commented monthly. Conversation remained active between September 2015 and April 2016, during which time 169 comments and stories were posted to the group (not including trigger posts). Although the Facebook group remained in existence for a full 12 months, there was a sharp decline in contributions after April 2016, and therefore the data were considered to have been collected over an 8-month period. Two participants started work in July, one in August, three in September and one in October, with the remainder not providing this information. These responses suggested that the early posts contained stories from participants with a maximum of 2 months of graduate experience.

Early stories: a focus on patient diagnosis and treatment.

It was evident that during the initial stages of the veterinary career (particularly the first 2-3 months of practice), participants prioritised a focus on diagnosis and treatment in their stories. The owner was typically either absent from the story, or had only a small role:

“My first proper case is a 2-year old Springer Spaniel with enlarged sub-mandibular lymph node but no other clinical signs. FNA followed by biopsy... possibly sterile lymphadenitis... The results of the biopsy didn’t give a definitive diagnosis. The owners don’t want further investigation so a little frustrating!” Participant W, 1st month of work.

“My very first consult was a vaccine consult, but noted on exam that there was some mild hair loss around the lumbar spine. Lots of grooming that spot at home. Painful on palpation. Suspected some hyperaesthesia. Owner wasn’t too bothered and didn’t want to pursue any work up.” Participant F, 3rd month of work.

“Worked seven overnights in a row, but had Christmas Eve off. Saw septic peritonitis, traumatic diaphragmatic hernia with an open chest, acute CHF, aspiration pneumonia, and some good old vomiting/diarrhoea.” Participant F, 5th month of work.

The prioritization of clinical diagnosis and treatment was evident not only in the selected content of the stories (what the participants chose to write about), but also in how they evaluated their experiences. There was an overall positive tone to stories if there had been successful management of disease; in contrast, evaluative statements described frustration and disappointment with outcome when circumstances had prevented diagnosis and/or treatment.

Stories that included broader contextual features.

For some individuals, stories subsequently started to be told with the inclusion of information beyond an exclusive focus on the patient and its disease and treatment:

(Discussing sad cases): ***“My one that I won’t ever forget was a horrifically aggressive 55kg malamute (so aggressive he recently broke his owners arm and has to be sedated for his***

233 *kennel cough) owners noticed a mass over his submandibular In which came back on histo*
234 *as malignant mass likely secondary and o opted for euthanasia. It was a huge challenge to*
235 *be able to get the biopsy and I was terrified of the pts as so worried about how I could do it*
236 *nicely for the owner when all the dog wants to do is pin you in the corner and eat your*
237 *face! So many emotions and really put my communication skills to the max!” Participant*
238 *T, 7th month of work.*

239
240 *“I had 2 cases recently, both cats, both with masses, one possible FIP. They came in on a*
241 *weekend when I was on my own and having chatted to my boss later in the week when they*
242 *were both back in for scans I was pleased that my diagnostic approach in each case had*
243 *been as he would have done. I had difficult conversations with both sets of owners as it was*
244 *not good news in either case but they both thanked me for everything. I spend a lot of time*
245 *thinking and feeling that I don't really know what I am doing/ I am not doing a*
246 *particularly good job but these cases reminded me that although I don't know as much as*
247 *the senior vets I am working with, I do know some stuff!! And I am lucky that my bosses*
248 *are approachable and happy to help.” Participant W, 3rd month of work.*

249
250 These extracts both demonstrate that although the clinical outcome was poor, the participants
251 recognised that helping the client was something from which they could draw satisfaction.
252 They also demonstrate that the ability to communicate compassionately to clients in difficult
253 situations formed a meaningful part of the participants’ narrative identity. Broader elements
254 of the veterinary role that appeared in stories from other participants included the ability to
255 manage a busy clinic (and handle multiple challenging situations simultaneously), and
256 working as part of a veterinary team (the implications of sharing cases, specifically when
257 client expectations had been influenced by communications with another veterinarian).

258
259 *The implications of a broad or narrow focus.*

260
261 When the participants wrote stories which incorporated the broader elements of the
262 veterinary identity (i.e. they included information beyond the patient and its disease), a
263 distinction was apparent between those participants who could draw some satisfaction from
264 these broader elements, and those who saw the broader elements only as a source of
265 obstruction to being able to diagnose and treat their patients. The sense of satisfaction or
266 frustration with broader contextual elements was most apparent when the complete narrative
267 of each individual’s experience was constructed, and it was the repeat contact with the
268 participants over the 8-month study period that enabled this distinction to be identified. The
269 narratives of two individuals in particular demonstrated the extremes of this different
270 approach to story construction, and are useful to exemplify similar differences observed in
271 individuals across the group.

272
273 In one individual (participant T), stories were consistently constructed in such a way that
274 broader contextual elements were always included. Although these were often described as
275 challenges of the role, which were stressful or difficult, the purpose of the stories appeared to
276 be to demonstrate the management of such challenges, and the prioritised (and valued) part of
277 the experience was the challenge itself:

278
279 *“[A case] where I have felt totally out of my depth and I was put in [an] awkward situation*
280 *by other vets.... An elderly dog that had been presented to one of our branch vets...*
281 *lethargic, not eaten for a week, white mm... The branch vet was on a half day [and he told*
282 *me] just take bloods and do an abdo tap... having never done a tap before myself! It's easy*

283 *when you have done things before and I think that's what older vets forget! PCV was*
284 *about 10, got blood on tap so clearly bleeding internally... discussed all the options with*
285 *the client including pts which owner opted for so came down to the practice with her 20*
286 *year old daughter who point blank refused to let her mum pts dog and wanted to take the*
287 *dog home to die in his sleep. Cue an hour of the dog sat on daughter lap in quiet room and*
288 *mother, daughter, father, brother, best friends boyfriend... all arguing between themselves*
289 *over who was going to drag daughter away from the dog to allow the dog no more*
290 *suffering! Very stressful day along with it being my first time sole charge with full consults*
291 *and 2 other emergency cases to deal with!!"*

292
293 In another conversation, it was evident that this individual (and others) were constructing
294 their identity based on the complexity of their role. The conversation was in response to a
295 trigger post, asking participants to define what they do:

296
297 *"Try to provide the best medical care for our patients within the constraints of client*
298 *expectations, client finances, time and my own knowledge and skills."*

299 *"Plus psychiatrist!"*
300 *"...How much [time] I spend caring for client mental wellbeing as [well as] patient*
301 *physical wellbeing!"*

302
303 When looking for evaluative statements, although it was clear that Participant T found the
304 told experiences stressful and demanding, she demonstrated that she felt satisfied by her
305 career choices:

306
307 *"My perspective on being a vet has changed... I am now happy just being as good a vet as I*
308 *can be but have a life outside of work too."*

309
310 This contrasted with the approach to story construction taken by another individual, who
311 exemplified those who tended to prioritise the disease, diagnostic work-up and treatment in
312 their stories. Returning to a story from participant F quoted above, the full story was as
313 follows:

314
315 *"The trickiest case I have had so far has been a premolar extraction on a young*
316 *brachycephalic cat. I had little dental experience, had been put on sole charge at a clinic I*
317 *had never worked before, and had some older equipment... I thought [the teeth] would*
318 *come out easily but boy was I wrong. My flap was a disaster, my instruments were dull and*
319 *too big and I felt so bad for this little kitten... It took me forever to get them out. By the*
320 *time we got through to the spay it was about two hours... then I found out she was in heat*
321 *and had massive blood vessels everywhere. I think the total anaesthesia time was three*
322 *hours, I was so shaken at the end and I felt like a total fraud."*

323
324 Like the stories above, the story was written about challenges of the role. However the
325 message here was about what had not been achieved (a more satisfactory tooth extraction),
326 rather than what was achieved (managing the challenges of being alone and working with
327 suboptimal dental equipment). In this individual's narrative, a consistent message was that
328 the challenges of the role were impeding the potential for what was perceived to represent a
329 higher standard of veterinary care. Similarly, in other stories, limited client finances, client
330 attitudes towards veterinary treatment, and even the individual's own expertise were
331 presented as frustrating obstructions to the desired veterinary identity. In response to the
332 trigger post above (asking participants to define their role), this participant responded:

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“I think I have summed up my new graduate feelings: I spent my veterinary education standing on the shoulders of giants, and now that I'm on my own I am frustrated that I can't see as far as I used to.”

Discussion

The analysis of short stories told in social media conversations during veterinarians' first eight months of practice revealed two different ways of conceptualising identity. In the first, and particularly evident very early on, the focus tended to be on the veterinarians' ability to diagnose and treat their patients. Being able to carry out diagnostic tests and provide treatment were important to this diagnosis-focused identity of the veterinarians, and when context prevented this, frustration was evident. In some individuals, an alternative identity construction could be seen, through a preference for telling stories emphasising the challenges of the veterinary role. Although the participants did not find managing these challenges to be easy or universally successful, and they felt some disappointment when they were unable to treat their patients, they simultaneously recognised that they had achieved something of value: managing a difficult conversation or overcome a demanding clinical situation.

Ryan and Deci's (2000) model of self-determination highlights that personal satisfaction can be achieved by overcoming environmental challenges to achieve one's goals (rather than simply through the goal achievement), and we could see evidence of this in the way the challenge-focused stories were constructed. In some cases, the veterinarian's sense of satisfaction with outcome was facilitated by a client or senior colleague commenting positively about an element of the situation, even if the patient's outcome was poor. Exploring new ways to think about one's own identity results in a vulnerable period for mental health (Erikson 1994). The potential for this client and colleague "feedback" to provide scaffolding for a broader, challenge-focused identity, enabling satisfaction with a larger range of outcomes, should therefore not be overlooked.

The "diagnosis-focused" identity appeared to be modelled on academic clinician role models (Apker & Eggly 2004). Modelling a professional identity on an academic clinician results in a prioritisation of technical competence, as demonstrated by Castellani and Hafferty (2006) for the medical profession, and by Roder and others (2012) in academic veterinarians. In this study, the consequence of nurturing this academic/ diagnosis-focused identity for those destined for a general practice environment was an identity-environment disconnect: those who had made identity preferences based on their academic educators faced contextual obstructions to behaving in an aligned manner, raising the risk of identity dissonance.

It is perhaps predictable that veterinarians will draw a sense of satisfaction from being able to treat their patients, and that they may show signs of frustration when this is not possible. The more valuable observation related to the context dependency for achieving this goal, those with a diagnosis-focused identity struggling to find opportunities to demonstrate aligned behaviours in their general practice employment environment. Hypothetically, they may find it easier to align their values and behaviours if they work in an environment in which the clients' priorities and expectations for treatment are more similar to their own, such as in veterinary referral and specialist care. If such an individual successfully moves into this area of the profession, they may therefore find it easier to achieve career satisfaction and

383 wellbeing (although contextual challenges to this identity will remain). However, it is
384 important to acknowledge that a failure to replicate the diagnostic and treatment pathways
385 modelled in referral institutions is a source of career dissatisfaction and distress, even for
386 those veterinarians who wish to work in general practice, perceiving that the care they offer is
387 inferior as a result (May & Kinnison 2015, Kinnison & May 2017). Since the vast majority of
388 veterinary students enter general practice after graduation (RCVS 2013), for their career
389 satisfaction and wellbeing, it is essential that they develop a professional identity for which
390 aligned behaviours are achievable in this environment.

391
392 The broader, challenge-focused identity, which seemed better aligned with the general
393 practice environment, is more difficult to fit to the clusters of priorities on which Castellani
394 and Hafferty's model is based. It might be expected that professional autonomy, or the ability
395 to use discretion in applying professional knowledge differently in different situations, would
396 be prioritized more highly in those with a challenge-focused identity. Using professional
397 autonomy and judgment is necessary for the veterinarian to individualize clinical decisions
398 and adapt clinical reasoning to client and context. It is also inherent in defining more widely
399 the notions of a successful case outcome, not only achieved through patient survival or the
400 application of best available evidence, but also through meeting a client's needs, aligning a
401 decision with their personal values, and managing practice limitations and wider contextual
402 influences. In this study, the stories written by those with a challenge-focused identity
403 seemed to suggest engagement with aspects of commercialism (defined by Castellani and
404 Hafferty as the application of business principles to medical practice). The stories described
405 value being placed on meeting the needs of the client (or customer), the business and the
406 practice team. There is no identity amongst either Castellani and Hafferty's groupings, or
407 those identified by Roder and others (2012), which ranks highly professional autonomy,
408 commercialism and interpersonal competence (skills in communicating well with patients/
409 clients and others). We therefore suggest that a veterinary general practice identity may
410 represent a novel set of identity attributes, requiring veterinary-specific curriculum attention
411 (Armitage-Chan & May, in press).

412
413 The methods used in this study merit further comment to aid the interpretation of the results.
414 Although based on a small population, this is not abnormal for a qualitative study, and the
415 number of participants exceeded those in the narrative inquiries on which the methodology
416 was based (Hollingsworth 1992; McVee 2005). The qualitative analysis of narrative text has
417 been shown to identify nuances of mental ill-health that were missed in larger scale
418 quantitative assessments (Brazier and others 2014), but the extent of data interrogation and
419 analysis that are required to obtain this depth of understanding mean this can only be
420 achieved with a small number of participants. Whereas the purpose of quantitative, large
421 sample-sized studies is to describe general characteristics of a wider population, the aim of
422 qualitative and narrative studies is to better understand an identified phenomenon (Mishler
423 1990). The findings of this study should therefore be used to contribute to the veterinary
424 mental health discourse, guide veterinary education and provide deeper understanding when
425 career dissatisfaction and mental ill-health are encountered in new veterinary graduates.

426
427 The use of Facebook for data collection is another area that merits discussion. In a pilot
428 study, participants had been enrolled in a private reflection space, where they could write
429 about their experiences without fear of critique or judgment from others. The lack of success
430 of this approach, with very few stories contributed, was attributed to participants' need for
431 social reflection, shared construction of stories and validation from peers, a phenomenon
432 which has been identified by others (Baernstein & Fryer-Edwards 2003; Bernabeo and others

433 2013). It is possible that in the social media setting, a participant might construct their stories
434 inauthentically, to portray an identity they perceive to be more socially acceptable or valued
435 by the group. Rather than representing “untruthfulness”, this possibility is valuable to the
436 narrative researcher (Bruner 1987). Although the authenticity as a true representation of
437 “self” is undetectable, such stories would indicate the professional values perceived by
438 veterinary graduates to represent professional culture, being the most beneficial for obtaining
439 social acceptance from their professional peers.

440

441

442 **Conclusions**

443

444 New veterinary graduates appeared to demonstrate two different identity conceptualisations
445 when writing about their experiences. In one, those with an academic and diagnosis-focused
446 identity placed greatest value on patient diagnosis and treatment. They could draw a sense of
447 satisfaction from their work when they were able to demonstrate the technical competence
448 required to achieve these goals. In the second, those with a challenge-focused identity
449 prioritised technical competence alongside value placed on decision-making in contextual
450 complexity and managing a challenging environment. These individuals demonstrated more
451 consistent satisfaction with their role as they encountered more opportunities to achieve their
452 goals.

453

454 The findings imply that the environment of a new graduate’s employment destination is
455 important for whether their chosen set of identity priorities can be realised. In a general
456 practice environment there are more opportunities to demonstrate behaviours aligned with a
457 challenge-focused, rather than a diagnosis-focused identity. Constructing this identity appears
458 to enable a higher degree of emotional wellbeing and career satisfaction, and emphasises the
459 need for greater attention to identity formation and non-technical skills development at both
460 undergraduate and early career stages.

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463

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468 methods.

469 **References**

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