MONASH University

Professional Identity Development in Dietitians

Influences and Impacts

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Abstract

Professional identity, the reconciliation of personal and professional selves, is an ongoing task of professionalisation. Professional identity impacts the workforce at personal, interpersonal and professional levels. There are significant gaps in the health professions literature on professional identity. Specifically, little research has explored professional identity formation across practising health professionals, the focus has been on students, and there are significant gaps with respect to professional identity development longitudinally. There are currently few studies exploring professional identity in established dietitians and none that explore professional identity across the career. This PhD research critically explored experiences of professional identity in a cohort of experienced Australian dietitians within historical, political and social contexts and considered implications.

This study was positioned within a critical paradigm and comprised of two components – (i) a scoping review of the literature designed to answer questions relating to description of professional identity in health professions literature and (ii) an autoethnography designed to answer questions relating to experiences of professional identity in dietitians. The primary source of material in the autoethnographic component was my past and present, as an autobiography and reflexive writing. Utilising layered accounts, this primary material was contextualised by secondary material from external sources including family diaries and three-series life-history interviews with eight dietitians (total 24 interviews). Personal stories were analysed using thematic analysis and life-history interviews were analysed using the *Listening Guide*. In the process of assemblage, autobiographical context, reflexive commentary and multiple voices from interviews were brought together in layered accounts to illuminate themes of professional identity in dietitians.

The scoping review identified that in 160 studies across 17 health professions most of professional identity literature lies in nursing and medicine and the majority was focussed on the five

years post-entry to the workforce. The literature was under theorised with current theories inadequate to capture its complexity and make meaningful contributions to the allied health professions. Individual constructs of professional identity across the research were categorised into five themes—The Lived Experience of Professional Identity; The World Around Me; Belonging; Me; and Learning and Qualifications.

The autoethnographic component of this PhD research described in *coming* to our professional lives we bring personal identity as narratives of self reflecting personal attributes as well as family attitudes, beliefs and values and their broader influences. Through sense-making and the reconciling of personal and professional identities, the research also demonstrated that strong narratives of self are aspects of agency (self-efficacy) that strengthen professional identity and facilitate resistance to regulation by dominant discourses and role expectations. Strong self-identity guiding and shaping professional identity and agency, was also found to transform practice.

Making visible processes and different aspects of professional identity this PhD research has facilitated the development of strategies to foster and strengthen narratives of self, professional identity and agency in dietitians. This in turn will drive personal satisfaction and wellbeing in professional life as well as support role and practice development, expertise and innovation.

Publications during enrolment

Cornett, M., Palermo, C. & Ash, S., 2023, Professional identity research in the health professions—a scoping review. *Advances in Health Sciences Education*, 28(2), pp.589-642.

Thesis including published works declaration

I hereby declare that this thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

This thesis includes one paper published in a peer reviewed journal. The core theme of the thesis is professional identity in dietitians. The ideas, development and writing up of the paper in the thesis was the principal responsibility of myself, the student, working within the Faculty of Medicine, Nursing and Health Sciences Education Portfolio under the supervision of Professor Claire Palermo, Professor Susan Ash and Associate Professor Jacqui Gingras.

The inclusion of co-authors reflects the fact that the work came from active collaboration between researchers and acknowledges input into team-based research. In the case of Chapter 3 my contribution to the work involved the following:

Thesis Chapter	Publication Title	Status	Nature and % of student contribution	Co-author name(s) Nature and % of Co-author's contribution	Co-author(s), Monash student Y/N*
3	Professional identity in the health professions: a scoping review	Published in *Advances in Health Sciences Education*	Concept, search strategy, conduct of literature search, screening all articles, extracting data, data analysis and writing the manuscript – 85%	1) Claire Palermo – input into conception, screening papers, extraction of data from papers, input into manuscript - 10% 2) Sue Ash – screening papers, extraction of data from papers, input into manuscript - 5%	No

Note on page numbering: I have not renumbered the included the published paper in order to generate a consistent presentation within the thesis however the pages are included in the overall page count.

Note on presentation of references: References, apart from those in the published scoping review presented in Chapter 3, will be presented in the usual fashion at the end of this work. The references used in the scoping review are contained within the pdf of the published paper.

Student name: Marian Kathleen Cornett

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I hereby certify that the above declaration correctly reflects the nature and extent of the student's and co-authors' contributions to this work. In instances where I am not the responsible author I have consulted with the responsible author to agree on the respective contributions of the authors.

Main Supervisor name: Claire Palermo

Main Supervisor signature: *Claire Palermo* **Date:** 24-01-2024

Acknowledgements

The past is a foreign country; they do things differently there.
LP Hartley

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The world truly is a different place from where I started this PhD on the 29th of August 2019. Children grown, the death of a sister, a pandemic. A researcher identity. We are all changed.

This research, supported by an Australian Government Research Training Program (RTP) Scholarship, was completed under the supervision of Professor Claire Palermo, Professor Susan Ash and Associate Professor Jacqui Gingras. I would like to acknowledge and sincerely thank them for guiding me through to the completion of this PhD. As highly experienced, expert and perceptive dietitians, researchers and academics they provided a platform of excellence of scholarship from which to embark on my studies and continued to nurture and support my ongoing academic development. I have learned much about personal and professional identity and agency in this doctoral work and can now fully appreciate just what they have all contributed to my personal and professional development in addition to my academic development. It is their generosity, good humour and consummate skills in guiding and supporting novice researchers, me, to realise long-held dreams of which I am truly appreciative. *I could never have done it without you* has never rang truer.

I would also like to thank my study participants whose generosity and vulnerability in sharing their experiences over man hours gives this study more meaning and offers valuable insight into this profession of ours. It is a gift to future dietitians.

To my long-suffering family, my husband Mike, my son Hugh and daughter Celia, thank you. Thank you for all the unquestioning support, and space, you have offered me. All those things put on hold, not done, all your making-do, all my distraction. Thank you.

Most importantly, I acknowledge and thank my husband Mike whose love and generosity of spirit, as in so many things in our life, has underpinned my reaching the end of this PhD journey. Those close to me will appreciate that it has been a journey considerably longer than three and a half years. As always, Mike was there alongside me, letting me dream big, no idea ever 'too much.' Unwavering in his support for me, emotionally, materially, Mike helped me make what I wanted to do become a reality.

Finally, it is with sincere gratitude that I would like to acknowledge the privilege on many levels that is reflected in my undertaking this PhD. This doctoral research has supported a journey home, back into my early life and family which brought me great joy and love. I had the honour of reading my grandfather's and father's accounts of their lives, my life. I had the opportunity to think about my parents, their lives, from another place. To see them, their stories, differently. I had the opportunity to see where we all came from and acknowledge our privilege. I also had the opportunity to revisit and reflect on my career, to find meaning in it, to celebrate it.

I am truly grateful.

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Chapter 1 Introduction

Writing writes me
Adapted from Gannon 2006[1]

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1.1 Preamble

Listen. I want to tell you my story. My story as dietitian. I want to tell you so that I can make sense of my-self. You will help me with the story of who I am. In the telling I will make sense of it. In listening to me, I will make sense of it. After all, don't "we create the persons we write about, just as they create themselves when they engage in storytelling practices"?[2] Perhaps you will make sense of your own story. Perhaps in hearing my story, we can both live more comfortably in our stories. Perhaps together we can help other dietitians do the same. Things may change. Listen.

***

Let these three asterisks denote a shift to a different temporal/spatial/attitudinal/writing domain.

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This Chapter 1 introduces my doctoral research exploring professional identity in dietitians and provides context through a discussion of autoethnography, this project's genesis, including my standpoint.[3] This exploration was contextualised by a discussion of the profession of dietetics and what is known and not known about professional identity in dietitians. This chapter will also signpost what will unfold in the thesis and in each chapter and why it matters to the profession of dietetics and health professions more broadly.

1.2 Overview of the PhD research

This PhD research critically explored experiences of professional identity in dietitians within historical, political and social contexts and considered implications for the reconciliation of personal and

professional selves, for professional practice and innovation in dietetics. Two overarching aims framed the research:

1) to understand how professional identity is represented in the health professions literature; and

2) to explore how professional identity is experienced by dietitians.

In line with a critical perspective, personal narrative and reflective practice, in the form of an autoethnography, were used as a means of locating the researcher in research. To address these broad aims the research addressed the following questions:

Research Question 1. How is professional identity described across the health professions literature? More specifically:

- Where is most of the literature on professional identity located – by profession and stage of career?
- What is the background for research into professional identity in the health professions – why are questions of professional identity being asked?
- Which theories of identity form the basis of professional identity research in the health professions literature?
- In addition to theories of identity what constructs of identity of professional identity are found in the health professions literature?

Research Question2. What are the experiences of, influences on and impacts of professional identity in dietitians? More specifically:

- What have been my experiences of my professional identity (my subjective experience)?
- Have other dietitians had similar or different experiences of professional identity?
- How did my professional identity shape my career?
- How did professional identity shape the careers of other dietitians?

1.3 Background to the research - engaging in the autoethnographic process – researcher identity, reflexivity and genesis of the project

As part of my story, this thesis starts in the middle, with the writing. Or nearer the end, I'm not sure yet, the story is still going. My PhD journey started at a point in time of my career in dietetics that had already spanned more than 30 years. Actually, it stated long before then, it was just that the timing had never been before now. It started, this time, in a period of burnout and despondence from my community health work which saw the (re)surfacing of *that* frustration. Bubbling up. The frustration of being a dietitian that sat right at the centre of me. I told myself that the frustration came largely from the public's perception of dietitians, from that lack of understanding of me and what I do, what *we* do. Could do. But there was something else lurking below that frustration. A frustration (or was it a suspicion?) that despite years of saying "we're not like that, that's not what we are about" I'm not really convinced, or at least, less and less convinced. I say it all the time, I feel out of step with my profession. I said it out loud early on, when just starting out with writing this story. I was asked "what is it you really want to look at?" and I answered **"**There is a difference between what I think the profession should be and what it is". At times I also feel out of step with other dietitians, but I do have a strong identity as a dietitian. I *am* a dietitian. That's *who* I am. The self-absorption of that period of burnout and despondence conflated with a desire to find 'something else to do.' An attempt at a PhD to order my thoughts and answer the question, once and for all, of *why* I felt out of step while at the same time not out of step.

Exploring the internet early on in my search for meaning I came across much professional identity literature, however many of the conceptualisations of professional identity did not resonate with me. "Thinking, feeling and acting like a" …doctor, pharmacist, and so on. It didn't feel like the professional identity *I* was feeling. I was interested in who *I was* as a dietitian and *how* I got to be that dietitian. Armed with some search terms I began perusing the literature with more focus and found treasure troves of literature on professional identity as well as methodologies and methods that I knew were

aligned with my world view. I happened across autoethnography used in allied health professions, and the stories resonated profoundly. I was moved. Professional identity through autoethnography was how I was going to tell my story. Autoethnography gave me permission, protected me, to tell my story. I had an experience once before in a previous attempt at a PhD. I had wanted to do research that allowed me to draw on my experiences as a dietitian and found myself steered towards an obesity prevention PhD research project. Early in the journey I realised that my interests could not fully be explored in the research project proposed for me and felt disconnect around the very term 'obesity' given my experiences in eating disorders treatment, so I withdrew.

There are many rules in the telling of stories. My rules, your rules, the rules of academia. Always someone's rules. I wanted to break free of the rules, disrupt and break open the storytelling so my real story was told, heard. But I was scared. Timid. A rule-follower. Better yet, a rule-*knower*. A clever girl, a good girl. If I didn't follow the rules how would you know that? If I didn't follow the rules would it be good enough? Would *I* be good enough? But if I followed the rules, how would you hear *my* story? There were moments though when I looked at where I was with telling you my story and, I've told you already, that whatever it was that I was doing, it wasn't working. I looked at all that effort going into the writing, the structure of the writing – there were tables and heading and explanations, ad nauseum. But the structure threatened to engulf the story, constrain it, steer it in a direction it didn't want to go, stuff it in a space it refused to fit. Was it that I didn't trust you, the reader, to get it? Or didn't I trust *it*, that *I*, would be accepted without following the rules? I went ahead.

1.3.1 The research team

A very important part of this story is the research team. I have worked with research teams before but have never been so fortunate to have team such as this one. The universe smiled on me that week in 2018 when I looked for supervisors who might potentially be interested in professional identity using novel methodologies. An email, a response, a surprising alignment of diaries, a welcome with a hug. In the end it was so effortless. My principle supervisor, Professor Claire Palermo, dietitian,

researcher and educator with such breadth and depth of experience and knowledge brought together with openness, generosity and good will, has supported and guided me in my PhD journey, introducing me to criticality and rigour in research and trusting me with a very long lead. Soon joined by Professor Sue Ash, once again with a breadth and depth of experience and knowledge along with curiosity for different perspectives and flair for writing, I found the perfect foundation for my team. And finally, after my PhD Confirmation, with a clear alignment in philosophical outlook and with sociological expertise and experience researching dietetic experience, especially the lived experience of autoethnography, World Critical Dietetics co-founder Associate Professor Jacqui Gingras generously accepted and completed my superlative supervisory panel and completed the team. Thank you everyone, I am profoundly grateful for the opportunity to realise a long-held dream.

1.4 Background to the research - professional identity matters

Why is my story important? What does it matter that I wonder about dietetics? The meaning-making matters to me but others have also described dietetics as suffering an identity crisis, of being at the crossroads, of failing to reach its potential.[4-14] Central to this is ambiguity about professional identity and lack of clarity about 'what we actually do'.[4,8,13-16] Dietitians themselves have been blamed for contributing to these issues with self-perception and styles of thought and behaviour said to be responsible.[17] In addition to this central identity issue in dietetics, health professions in general face considerable challenges in the 21st century. Significant epidemiological and demographic transitions in our population,[18-20] increasing demand and change to the way healthcare is accessed[21-23] along with issues of workforce organisation, participation and distribution are forcing major reform in the delivery of healthcare in Australia. Health reform includes changes to the ways in which and locations where the health professions operate,[18,21,23-26] moves towards multidisciplinary[27] and transdisciplinary practice,[25] as well as expanded scope of practice.[28-30] There are also significant cultural pressures on the health professions including the shift to client-centred care and the rise of consumerism in health[31-36] decreasing professional respect[7] and a rising distrust of experts[37-39]; a shift to

complementary medicine [40]; and the cult of the celebrity influencer.[41,42] The health professions require effective innovation to not only adapt but to be the drivers of change and creating new opportunities and ways to improve population health.

Originally described as *doctors' assistants*,[43] dietitians and the dietetics profession emerged from home economics, nursing and early cooking schools[8,43,44] linking nutrition, food and food service management.[8,43] 'Nutrition as laboratory science' was the work of biochemists and physiologists or nutrition scientists—historically men—who produced 'scientific knowledge' about nutrition and communicated it to others such as social scientists, professional dietitians and public health nutritionists who were given complex tasks of using the findings of nutritional science to solve problems in particular material settings through social, cultural, and behavioural change.[13,45-49] Many nutritionists saw the best prospects of nutrition emerging as a clearly defined discipline with technical capacity and social authority as lying in its development as a physical science with a formal disjunction between 'nutrition as a laboratory science' and 'social nutrition'.[45,46,50] The rewards in terms of prestige, remuneration, access to resources for research, and the legitimate claim to speak with authority, would be all greater for 'nutrition as laboratory science' than for 'social nutrition'.[45,46,50] The authority of nutrition-as-social-science was also diminished by its association with an extension of domestic roles.[45,46] In the pursuit of legitimacy dietetics has disassociated itself from the knowledge and practice of home economics and nursing and increasingly aligned itself with the bio-sciences, enhancing the 'scientisation' of studies in nutrition.[44,50-52] With nutrition coming to be defined as a professional occupation based on conventional scientific method, social aspects of nutrition, and sociopolitical contexts of nutrition, was seen as peripheral to the main business of 'nutrition science'[45] and over the 20th century 'social nutrition' became subordinate to 'nutrition as laboratory science'.[45] This remains the case despite more recent (re)acknowledgement of its social and environmental contexts[5,53-56] with dietitians currently defined as professionals "who apply the science of food and nutrition to promote health, prevent and treat disease to optimise the health of individuals, groups, communities and populations".[57]

Professional associations articulate performance requirements and develop competence profiles with which candidates have to comply to enter the profession.[58] Competency-based education has underpinned the education of dietitians around the globe[57] and has been used in Australia since the first Competency Standards were published in 1993.[59] Competence has become a key concept in education over the last four decades, with competencies determining the structure and content of curricula in schools and universities.[60] With professional experts defining the elements of 'competent' professional practice there are a number of benefits derived from clearly defining scope of practice and identifying appropriate indicators of acceptable performance, however there are also criticisms.[61] Health professions education has been described as two-dimensional focussing on content (knowledge) and skills (processes) of a discipline.[62] Dietetic education has been described as sequential and apolitical, the knowledge acquired decontextualised from the social world.[9] Dietetics education also reflects and legitimises discourses and dominant paradigms.[63] Criticisms cite a role of competency-based education as political instruments in redefining and governing professions[60,64] and of reproducing conventional practices, limiting innovation and interprofessional practice.[59-61,65,66] With the widespread implementation of competency-based education that now governs health professions knowledge, the development of a critical, oppositional perspective becomes more challenging.[60] Despite a focus on meeting the demands of employers, the reductionist tendencies of competency-based education with their focus on tasks and outcomes can ignore complex processes such as reflection, intuition, experience and higher order thinking necessary for needed for professional practice.[67] Inadequate health professions education can lead to dissonance in the workplace[68-70] that may be irreconcilable in the development of identity as a professional.[70,71]

Professional identity has been described at the reconciliation of personal and professional selves and an ongoing task of professionalisation.[72-74] For the majority of professionals this may be an easy task, however for those whose personal identities or beliefs are at variance with aspects of their professional identity, for example, dominant professional paradigms or expectations of their

professional roles, consolidation of professional identity may be problematic. Professional identity impacts the workforce at personal, interpersonal and profession levels. Professional identity influences the ways in which we interact with our patients and clients, with other dietitians and health professionals.[75] Our professional identity also impacts our relationships with ourselves and with institutions, including our own profession.[75] Professional identity is important in professional wellbeing and satisfaction which contributes to motivation, resilience and workforce retention in the health professions.[72,73] Professional identity guides us in navigating and negotiating our careers and making important decisions about our professional life.[74,76,77]

Professional identity is an important contextual element which is rarely considered when theorising about the professional practice, learning and innovation in the professions.[78] Perceiving ourselves as bound by our professional identities, roles or experiences may give us little scope to realise innovation, limiting our capacity to grow and adapt beyond the boundaries of those identities and experiences.[79-81] Professional identity is a fundamental aspect of professional roles and practice including in their development and in innovation[78,82-84] and important in the overall advancement of professionals and the professions.[78]

1.5 Background to the research - professional identity in dietetics

Professional identity in dietitians is described as beginning prior to commencing dietetic education[85] with alignment between the individual and aspects of their lives and personal traits with dietetics or through personal experience with dietitians contributing to the choice of dietetics as a career.[86,87] Professional identity continues to evolve throughout education and early practice. In education systems where students pursue highly competitive internships within hospitals to complete their dietetic training, students transform their identity to meet the requirements of internships.[85] Successfully completing dietetic education involves overcoming hurdles, reconciling expectations and transforming self.[88] Dietetic education influences individuals' relationships with not only food and

their bodies but also with bodies of knowledge.[89] Identity shifts representing a loss of relationship with the self and are related to exposure to discourses of knowledge and nutrition through education and educators.[89] New dietitians struggle to develop their dietitian identity, feeling unprepared for the relational and practice realities of the workplace with many contemplating leaving the profession.[70] Supportive relationships with a wide range of practitioners are vital to students and young professionals' professional identity.[87,90] Studies into professional identity in dietetics focus on largely students or newly graduated dietitians.

There are currently few studies exploring professional identity in well-established dietitians. In one study by French, Spanish and Brazilian dietitians ranging from 22 years to 57 years described professional and sociocultural norms were interwoven in reciprocal relationship between themselves and their environment.[91] Derived for doctoral work examining the relationship between dietary and sociocultural norms through the "healthy eating" category, the work also describes changes to attitudes to food, nutrition and the body through the acquisition of nutritional knowledge.[91] Through the internalisation of this knowledge and concepts of body as a measure of their professional competency dietitians described their work and practices as contributing to anxieties around food and eating. [91] Despite describing links between dietitians' professional identity resulting from ongoing interaction with patients, peers, and the sociocultural environment this research provided no discussion of how this process is negotiated.

There are also significant gaps in the health professions literature on professional identity, particularly with respect to its development longitudinally. Despite professional identity being a career-long process involving the ongoing reconciliation of personal and professional selves there are few longitudinal studies of professional identity experiences over the career in the health professions and in dietitians. A short-term longitudinal study of dietitians over four time-points between pre-placement dietetics student through to year two after course completion, despite its temporal

approach, gives limited insight in professional development because of its focus on very young professionals.[92]

A temporal approach to the exploration of professional identity with dietitians who have successfully navigated the process will give valuable insights and contribute to an understanding of how health professionals, particularly dietitians who practice in contested spaces, successfully navigate the experiences of professional identity. This understanding of the processes of successful navigation of professional identity across the career will inform dietetic curriculum and professional education to best to support dietitians in successfully navigating their own professional identity contributing to their personal fulfilment and professional life through their professionalism, career satisfaction and direction, and ultimately workforce retention, and for overall professional wellbeing. Understanding processes of our professional identity will facilitate ongoing practice and role development as well as innovation, contributing to expanding expertise for both dietitians and for the professions. As the experts in the practice of dietetics we can shape a robust and versatile professional identity that will support us to be the drivers of innovation and change that will maintain our relevance and influence well into the future.

1.6 Thesis structure and outline

The doctoral work is presented in the form of a thesis including a published work and is divided into four sections with a total of six chapters including the publication in Chapter 3. The overall study comprised two broad components – (i) a scoping review of the literature and (ii) an autoethnographic study (Figure 1.1). The thesis was structured into four sections to accommodate two studies each answering a separate research question.

SECTION ONE – INTRODUCTION, THEORETICAL FRAMING & METHODOLOGY

Chapter One introduces the thesis giving researcher background (which is expanded within the body of the thesis) and genesis of the project. A brief introduction to literature is presented locating professional identity in the broader context of dietetics and the dietetics profession and identifying gaps in the literature. The chapter concludes with an overview of thesis structure.

Chapter Two describes the theoretical framework for the study including a discussion of ontological and epistemologies position. Methodology and methods are described including the rationale for their use. Information sources, collection methods and analysis are outlined and justified.

SECTION TWO – SCOPING REVIEW

Chapter 3 – *Wondering* presents the scoping review paper *Descriptions of professional identity in the health professions – a scoping review* to address research question one - How is professional identity described across the health professions literature?

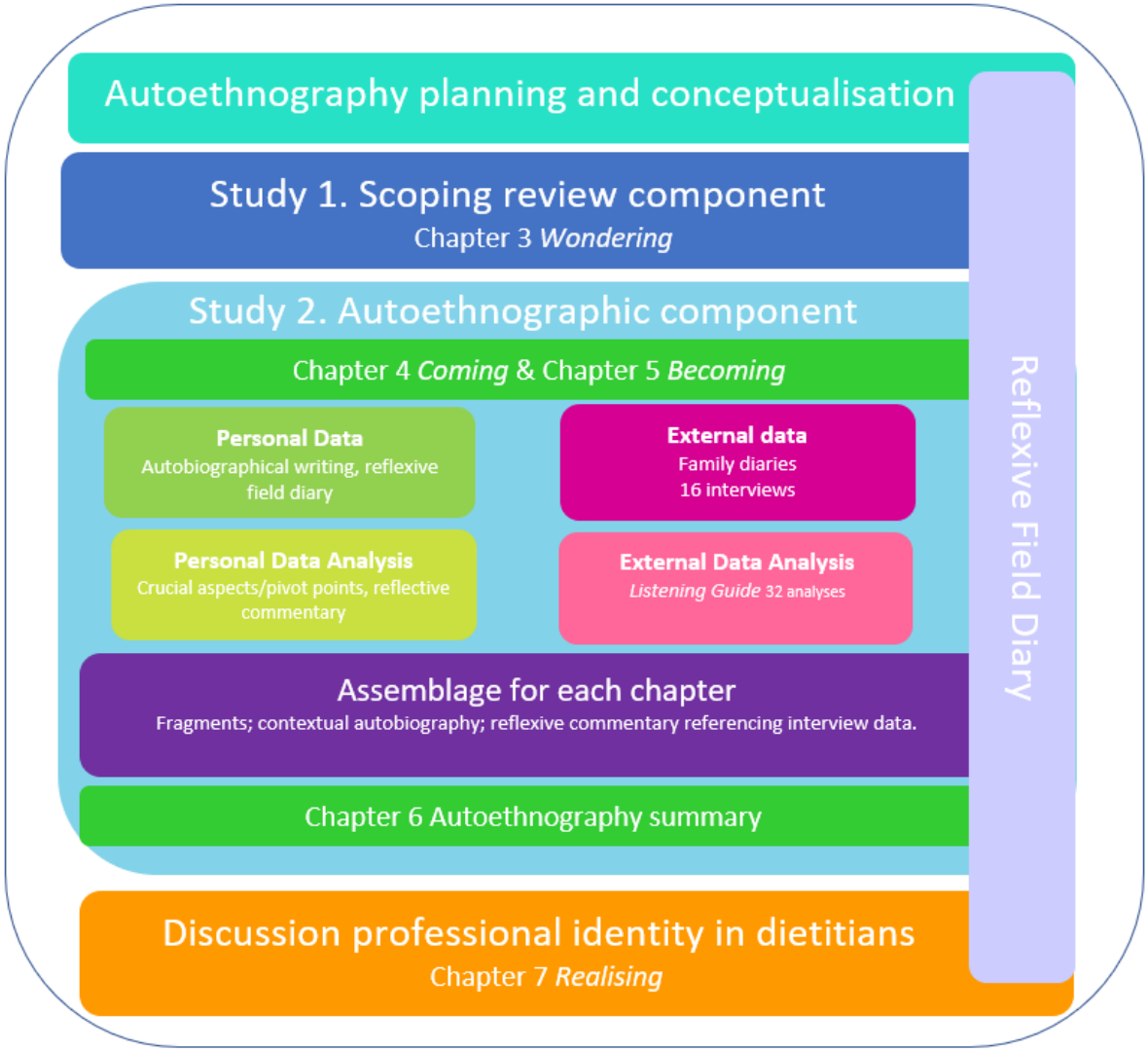

Figure 1.1 Study Design - overview of thesis structure, data collection methods and analysis

SECTION THREE – AUTOETHNOGRPAHIC STUDY

The autoethnography addresses research question two - What are the experiences of, influences on and impacts of professional identity in dietitians? Data comprises autobiographical data with data from three-part series interviews with eight dietitians providing cultural context.

Chapter 4 – ***Coming*** presents findings under two broad themes of influences on identity and professional identity related to early life and family. Personal autobiographical writing is presented followed by a reflection considering participant interview data for broader cultural context.

Chapter 5 – ***Becoming*** presents findings under two broad themes of influences on identity and professional identity related to the career trajectory. Once again, personal autobiographical writing is presented followed by a reflection considering participant interview data for broader cultural context.

Chapter 6 – **Autoethnography summary** brings together the findings of Chapters 4 and 5 to to address research question two - what are the experiences of, influences on and impacts of professional identity in dietitians?

SECTION FOUR – DISCUSSION

Chapter 7 – ***Realising*** presents a summary of key findings from the scoping review and the autoethnographic study. The findings of the autoethnographic study are discussed within the broader literature on professional identity to provide historical, political and cultural context as well as in the context of the findings of the scoping review. An integrated discussion of the doctoral work is discussed highlighting original contribution to knowledge. Implications for dietitians and the profession including implications for practice, education, leadership and research are discussed along with recommendations for further research. The chapter concludes with a short conclusion and reflection.

1.7 Postamble

There are actually two stories in this one-big-story. There is the story of me. And there is the story of the writing. Which of course, in the end, is also the story of me, the *becoming* of me. *The writing writes the writer*. I emerged from the writing. And the story of the writing fills in the gaps of the story of me – answered questions, gave rise to more, gave perspectives and understandings. Together, the one-big-story makes more sense. Autoethnography has been a lifeline for me in telling my story, in my way. Having my story heard, making my story count. But autoethnography has also been very hard.

Having no rules to constrain me, I did not always know what to do. That rule-follower floundered. But I persisted, I listened for the stories, was always guided by the stories that were important. Stories that meant something to me, made sense to me. I could not go wrong. I hope that you, the reader, can read some of story and nod in recognition and begin to *wonder* yourself and come to *realise* who and where you are. And *why*.

Chapter 2 Theoretical framework, methodology and methods

My head is a hive of words that won't settle

Virginia Woolf

***

2.1 Preamble

This chapter outlines and describes the theoretical framework, methodology and methods used in the research *Professional Identity Development in Dietitians: Influences and Impacts*. The chapter begins with an overview of the research philosophy and design, positioning the work as taking a critical approach. The chapter then describes the methodology, autoethnography and how each of the methods of data used in the study assist in assembling the autoethnography. My position as the researcher within the study and how I engaged in reflexivity through study design, data collection and analysis was woven throughout this chapter.

2.2 Research design

Research paradigms consist of components which consider the nature of being or reality; what counts as knowledge; what is valued in the research; the perspective from which the research will be interpreted; the overarching strategy to carry out the research; and the ways in which data will be collected[93] (Table 2.1). The PhD research was positioned within a critical paradigm. Critical inquiry considers historical, political and social contexts in explorations of everyday, taken-for-granted phenomena and uncovers power structures which influence these phenomena.[94] With an agenda of change through the articulation of power structures and consciousness-raising (conscientisation), critical inquiry was a valuable theoretical framework for this investigation.

Table 2.1. Overview of research design, paradigm, methodology and methods.

Construct	Definition	Relevance
Ontology	What is the nature of reality?	Historical realism - reality is shaped by social, political, cultural, economic, ethnic and gender values with truth being contested by competing groups.
Epistemology	What counts as knowledge?	Knowledge is co-constructed and contested between individuals and groups and mediated by power relations which exist in historical, political and social context.
Axiology	What is valued in research?	Reflexivity Interrogation/disruption Equity/standpoint Agency and anti-oppression through conscientisation
Theoretical perspective	Perspective from which information is interpreted	Grand theory - critical inquiry
Methodology	Overarching strategy to carry out research	Autoethnography – inclusion of self as subject in study of culture; reflexivity as foundational to study
Methods	Data collection processes	Scoping review; Autoethnographic study – autobiographical writing, reflexive journaling; and life-history interviewing
Methods	Data analysis	Narrative synthesis of literature with critical lens to synthesis Reflexive thematic analysis; the *Listening Guide*; reflexive thematic analysis with dialogical focus

A critical lens provides a new perspective to a profession dominated by a positivist-framework within which education, training and socialisation.[50] Willingness to interrogate the every-day and disrupt the status quo is fundamental to critical approaches in research.[95-97] These values allowed for comprehensive unpacking of underlying assumptions and truths to uncover other realities in this

work. The willingness to interrogate and disrupt the status quo involves equitable treatment of many standpoints and gives equal voice to those who are disadvantaged or subjugated under these truths, and gives them an opportunity to be to part of change.[95-97]

The critical perspective accommodated consideration of a broad range of mid-range theories and perspectives related to the structure and agency in relation to professional identity (explored in more depth in chapters 4, 5, 6 and 7). Taking a critical approach embraces recent criticism of professional identity research in the health professions that highlights aspects of professional identity and their associated power relations that have not been adequately considered.[98-101]

The ontological position of this research was one of historical realism which takes the view that reality is shaped by social, political, cultural, economic, ethnic and gender values.[93,102] Historical realism sees realities as co-constructed and are under constant internal influences mediated by power structures. Critical epistemology is one of subjectivism where knowledge is seen as subjective and co-constructed between individuals, groups and institutions. What counts as knowledge is mediated by power relations which exist within the historical, political and social context and are continually contested.[93] Axiology within a research project is a statement of what is valued in the research. Critical axiology in this research was based on reflexivity, interrogation/disruption; equity/standpoint, and agency and anti-oppression through conscientisation. Reflexivity facilitated ongoing acknowledgement of self and my position within the research.[103] Reflexivity supported the articulation of cultural, political, social, and ideological origins of my perspective and voice as well as articulating experiences, beliefs and assumptions which also contributed. Reflexivity also allowed consideration of the perspectives and voices of those who were being researched along with the perspectives of the intended audience of the research.[104]

2.3 Methodology

Methodology is the overarching strategy of a research project that encompasses a theoretical perspective and provides a rationale for a set of methods to answer the research question/s. Critical methodologies aim to disrupt the status quo or social structures through positioning phenomena in their historical, political and social contexts, and uncovering underlying assumptions, paradigms and power structures which shape these phenomena.[94]

2.3.1 Autoethnography overview

Autoethnography is a methodology which uses the personal to examine broader culture.[105] Autoethnography emerged as a response to post-modernist criticism that research and research findings are inextricable from the paradigms and language of scientists themselves.[106] The limitations of the ontological, epistemological, and axiological limitations of the social sciences began to be addressed by the use of personal experiences and reflexivity to examine cultural experiences[106,107] Autoethnography is derived from ethnography, a qualitative methodology for studying human cultures from the perspective of the subject through the lens of the researcher.[108,109] Reflecting the epistemological (knowledge as co-constructed) and axiological (privileging reflexivity) foundations of a critical perspective, *auto* qualifies this methodology and foregrounds the researcher who takes an active, scientific, and systematic approach to personal experience in relation to the cultural group (e.g., dietetics).[108]

As a methodology in which the researcher's personal experiences are both the starting point and the central material of the research,[110,111] autoethnography can sensitise the reader exploring the complex phenomena[105] and assist in making visible aspects of culture and experience to increase understanding.[110] Two broad approaches to autoethnography exist along a continuum related to the prominence given to the personal in the wider social and cultural world.[112] This binary classification is useful as an initial way of making visible the variation in how the autoethnographer manages the

integration of strands of self and culture in their writing.[112] Evocative autoethnography foregrounds the writer's personal stories focussing on narrative presentations that evoke emotional responses to open up dialogue about particular phenomena.[105] Analytic autoethnography connects to broader social contexts[113] and is focussed on developing theoretical explanations.[114] This evocative or emotive autoethnography presents life stories of first-person narrative which, evoke an emotional response from the reader through the sharing of experiences, and aims to engage the reader in an examination of broader cultural phenomena.[113] Evocative autoethnographers value narrative truth or meaning of a story or experience[106] as well as the way in which these are understood and responded to.[2,115] Without a universally accepted format or methodology, evocative autoethnography is social constructivist and literary in its orientation and reliability and validity relate to narrator credibility and story believability [106]. Developed in response to criticisms that evocative or emotive autoethnography is self-indulgent, narcissistic, or simply introspection, analytic autoethnography utilises a systematic approach to data collection. Analytic autoethnography calls for diversity in types of data in the form of interviews, focus groups, document analysis [116] or academic literature [117] much in the way of traditional ethnography.[113] Analytic autoethnography goes beyond "my experience" and uses broader data sources for an interpretive analysis to better understand questions of the social processes under study, the "who else" and "why?".[113,118] With the researcher's gaze moving back and forth between an inward focus and an outward focus and back again to self as an agent of change,[119-121] analytic autoethnography is consistent with Ellis' conception of autoethnography.[119-121] In both analytic and evocative autoethnography the evocative, concrete texts of the researcher's narrative are as important as abstract analyses.[122] A combination of evocative and analytic autoethnography was used in this research as will be described in more detail in the next section *Choosing Autoethnography*.

2.3.2 Choosing Autoethnography

My PhD was deeply personal evoking much emotion. Initially I considered it to be of little interest in academic spheres. Autoethnography gave me permission to tell my story and to see its value, supporting my agency in the research. In a previous doctoral research endeavour exploring peer influences on adolescent eating I experienced difficulty in maintaining ownership of my research. In attempting to describe the rationale for the research – poor eating habits heavily influenced by cultural norms and identity groups in adolescents requiring different perspective for interventions – I felt pushed towards dominant paradigms of obesity and obesity prevention to better align with funding opportunities. In researching my own experiences and my story I felt that this would be less likely. Autoethnography describes and analyses personal experience in order to understand cultural experiences.[106] Autoethnography is not constrained by the rules of positivist-framed research and allowed me to maintain the power to accommodate telling my story in my way, asking my questions, exploring and learning new frameworks and language to be to articulate and make sense of my experiences. Autoethnography is premised on reflexivity and therefore important for examing one's subjectivity through the examination of one's own beliefs, judgments and practices during the research process and how these may have influenced the research.[106]

As a tool to support effective and equitable professional practice autoethnography can be a transformative research methodology for both the researcher and the reader. Reflexivity triggers transformative learning[123,124] with the autoethnographic process changing people regardless of their goal or intent.[125,126] Through the examination of experiences, assumptions, beliefs and practices that comprise the phenomena being explored, change-oriented praxis can occur in addition to knowledge generation and expands the usefulness of autoethnographic research for professional practice.[125] Autoethnography is thus uniquely positioned in the social science landscape for its ability to straddle the lines of scholarship and praxis applications[125] and has potential as a valuable tool for as a pedagogical method in learning and teaching.[127,128]

Autoethnography was particularly suitable for this exploration of professional identity in dietitians, as autoethnography is evocative and is valuable in sensitising and engaging the reader in interrogating and disrupting the everyday and taken-for-granted ways of being. Sensitising and engaging the reader, autoethnography supports conscientisation through strengthening reflexivity and by introducing new language, frameworks and landscapes of thinking. Autoethnography can facilitate emancipation from dominant paradigms and hierarchies and contribute to the development of agency and anti-oppression perspectives. To best answer research questions within a critical framework this autoethnographic work took an evocative-analytic approach. Evocative autoethnography focuses on narratives that evoke emotional responses opening up reflection, reflexivity and conversations whereas analytic autoethnography focuses on developing explanations of broader social phenomena.[114] To support this hybrid approach, I used layered accounts to narrate my experiences and reflections in the context of participant interviews and the literature. Reflecting the procedural nature of analytic autoethnography, layered accounts narrate the personal data of researcher experiences and reflections alongside external data such as interviews, and synthesise these with abstract analysis and reflexivity.[106] In choosing the layered accounts of autoethnography I was able to explore and share my own professional identity within the particular cultural context of dietetics and to understand and critique broader hegemonies and contributors to this dominance. By moving back and forth between an inward focus and an outward focus I used a process of assemblage to answer the research questions. Assemblage included the collation of dominant storied fragments, autobiography, reflexivity and data from interviews with multiple participant voices into key themes. The themes aimed to illustrate the simultaneous nature of data generation and analysis and the transformative nature of the research on the researcher.

2.4 Context and sample

2.4.1 Context

The context for this research was the Australian dietetics community. Dietitians and the dietetics profession emerged from home economics, nursing, early cooking schools and the sciences.[8,43,44,52] The first Australian dietitians were trained overseas in the 1920s. By the end of the 1930s Australian-trained dietitians held positions in administration, teaching and scientific research and were engaged in food service, clinical practice and public health nutrition.[52] The profession in Australia initially developed on a state basis, reflecting differing opinions about dietitian training. [52] In parallel with the rest of the world, dietetics in Australia was further shaped by the food and nutrition concerns of World War 1 as well as by the advent of nutrition sciences in the early to mid-20th century. An increasing public profile as a result of the establishment of the Australian National Advisory Service in 1936 and with an ever-increasing number of graduates a national approach to professionalisation emerged with the formation of the Australian Dietetic Council in 1950.[52,129] This was followed by standardised dietetic training with the formation of the Australian Association of Dietitians in 1976.[130] Competency-based education has underpinned the education of dietitians around the globe[57] and has been used in Australia since the first Competency Standards were published in 1993.[59]

There are currently more than 8,000 members of Dietitians Australia, the peak body for the profession.[131] Labour market figures indicate that there are currently 4,000 dietitians employed in Australia compared to 43,000 physiotherapists, 24,000 occupational therapists and 17,000 speech therapists.[132] As in other Western countries, dietitians in Australia are predominately female (between 94-98%) and have a median age of 34 years (with 54-58% under the age of 35).[133] The largest percentage of dietitians (69%) work in state public sectors such as hospitals and community health.[133] These figures align with other allied health professions in Australia.[132,134,135] There was an increase in the overall allied health workforce nationally between 2015 and 2020 of 32.9%.[134] In Victoria between 2010 and 2016, the number of domestic dietetics graduates increased from 65 per year to 127 per

year, an increase of 95% in graduates over a seven-year period.[133] Growth in graduates was seen in similar time frames in Victoria to varying degrees in physiotherapy (2012-2014 by 15%), occupational therapy (2010 – 2015 by 39%) and speech pathology (2010 – 2013 by 221%).[135]

2.4.2 Sample

In autoethnography I am both participant and researcher. In addition to myself, eight dietitians participated in the research, two males and six females from across New South Wales (n=3), Australian Capital Territory, Victoria, Western Australia, South Australia and Queensland (n=1 each), and were interviewed to provide contextual, external data. I am an Australian dietitian with more than 30 years' experience practicing as a dietitian. The eight participants in the interviews were also Australian dietitians with an average of more than 25 years post-graduation experience across a range of specialities. Participants were still working as dietitians or within five years of retirement as dietitians. All identified/or have identified as dietitian throughout their careers. Among participants were four Fellows of Dietitians Australia, four professors and one department manager. To maintain anonymity and for ease of presentation of interview data participants were given pseudonyms. I did not feel gender needed to be disguised to maintain anonymity. For details of participants see Table 2.2.

Table 2.2 Interview participant pseudonyms and details

Pseudonym	Practice (main areas)	Practice (years)
Robert	Food service, industry, academia, government/policy	42
Chris	Clinical, community health/health promotion, management	41
Carolyn	Private practice, management	40
Grace	Public health, academia	45
Olivia	Private practice, industry, government/policy	26
Stuart	Public health, academia	44
Fiona	Community health/health promotion, public health, academia	32
Alicia	Clinical, academia	40

2.5 Study design

The overall study comprised two broad components – (i) a literature scoping review and (ii) an autoethnography (Figure 1.1). The systematic scoping review of the literature on professional identify across the health professions was designed to answer research question 1 (RQ1) relating to description of professional identity in health professions research. The autoethnographic component was designed to answer research question 2 (RQ2) relating to experiences of professional identity in dietitians.

2.6 Methods

2.6.1 Overview of scoping review

The preliminary examination of the literature into professional identity in the health professions revealed a body of research that was both overwhelming and confusing. The scoping review method was chosen as this approach lends itself to understanding the extent, distribution and basis of the literature on a topic, that is, professional identity.[136,137] The review was also important to underpin a more thorough exploration of the underlying theoretical frameworks, concepts and methodologies used across this literature. The scoping review further informed the overall critical framework of autoethnography.

The scoping review summarised professional identity research in the health professions literature and aimed to answer research question RQ1. A detailed description of the methodology for the scoping review was documented in the published manuscript presented in chapter 3 and therefore not repeated here. In summary, using "professional identity" and related terms for 32 health professions a search was conducted across Medline, Psycinfo, Embase, Scopus, CINAHL, and Business Source Complete. Empirical studies of professional identity in post-registration health professionals were examined with health profession, career stage, background to research, theoretical underpinnings and

constructs of professional identity being extracted, charted and analysed using content analysis where relevant.

2.6.2 Overview of autoethnographic methods

Autoethnography is both a critical methodology and method that allows for the comprehensive unpacking of underlying assumptions and truths to uncover other realities. As a methodology autoethnography provides a lens to guide the research including data collection and analysis. Autoethnography as method draws upon a number of tools for data collection and analysis. These methods include the researcher in the research and accommodate a critical approach.[108] Autoethnography as method combines characteristics of critical autobiography and ethnography and encompasses many types of qualitative research methods such as reflexive journaling, videotaping, interviewing, fieldwork, narrative analysis and literature reviews.[117] The distinguishing feature of autoethnography is the self as subject.[108]

The primary source of data in this autoethnography was my past and present, as autobiography and reflexive writing. The use of personal memory data is not without criticism and it has been argued that our memory of the past is an imperfect process, illusive, selective, and distortive.[138] However, the primary purpose of memory work is not to provide an accurate, detailed account of the past but is rather the *process* of storying ourselves. The validity of actual memory is less important. Rather, to recollect the past as remembered, autoethnography is a process through which the researcher relearns, reinterprets, and brings to light how the past continues to inform the future. [139] By evoking an emotional response from the reader through storied accounts, autoethnography invites them into one's lived experience where they might imagine themselves or to remember their own.[105]

Utilising layered accounts, the primary source of data, my past and present, was contextualised by data from external sources. Juxtaposing data from multiple sources cultivated a "thick description" of my experiences and their sociocultural context providing additional perspectives and supported the examination of contextualising information to corroborate, complement, or contrast introspectively

generated data.[140] As described, autoethnography is an iterative process and data collection or generation and analysis is neither structured nor linear. The various components of data collection or generation and analysis are heterogenous and often carried out concurrently or overlap with one informing the other.[141] Capturing the iterative and non-linear nature of autoethnography and bringing together heterogeneous elements is difficult.[112] Assemblage is a process of weaving together a range of diverse elements such as autobiographical writing, vignettes or fragments, reflexivity and multiple voices[122,142] are brought together. In my work the term assemblage refers to the gathering together of a suite of stories, autobiographical writing, reflections, and reflexive writing in conjunction with interview and listening data. Assemblage was an attempt to find sense and meaning to experiences of dietetic professional identity through exploration of identified themes, or patterns across the data sets.

2.6.3 Overview of the Research Data Sources, Analysis and Presentation

A variety of methods of data collection and analysis were used for the PhD research see Table 2.3 and are further described below. In summary a total of 1459 single-spaced pages of textual data were generated and used. Note that despite a step-wise depiction of the data generation, analysis and assemblage process in this table, data generation and analysis proceeded simultaneously.

Ethics approval was granted by Monash University Human Research Ethics Committee (MUHREC) on 2-08-2021 (Approval ID 29872 See Appendix 1).

2.6.4 Data generation

2.6.4.1 Timeline

This autoethnographic work was underpinned by the construction of a timeline which arose spontaneously during a period of burnout and career questioning. The meaning-making that followed was the impetus for this PhD. Having always identified as a dietitian, feelings of being out of step at times with dietitians, the profession and the public view of dietitians, I contemplated the dietitian that

I am and what had shaped me. Timelines are a recommended strategy to manage complex and overwhelmingly dense life stories.[117] As this work takes the form of an *edited* rather than a *comprehensive* life document,[143] the timeline gave an opportunity to focus on the research question – what have been the influences on my professional identity. Early in the planning stages of the research I began identifying critical incidents or pivot points that I felt had been influential in shaping my identity and career decisions. These pivot points contributed to the overall structure of the research on which the narrative was built.

The timeline, which forms the backbone of this work, initially focussed on career trajectory with the early life and education focus being added later once the research plan evolved and life-history interviewing was selected as a method. Throughout the research process the timeline continued to be refined in conjunction with the reflexive field diary (see below) with subthemes in each theme of the autoethnographic component of the research reflect critical environments and pivot points identified.

2.6.4.2 Reflexive Field Diary

Personal memory data was the backbone of autoethnography with reflexive data providing context and subjectivity of past and current experiences and perspectives.[117] Reflexivity forms part of the axiological foundation of this critically-framed research. Reflexivity refers to the examination of one's own beliefs, judgments and practices during the research process and how these may have influenced the research. Reflexivity was also important in consideration of issues related to myself as an insider-researcher interviewing cultural members, both in relation to the preconceived ideas, assumptions and perceptions that may direct the interviews as well as their influence on interpretation. The reflexive field diary also tracked transformative aspects of the autoethnography documenting the process of change to my perspectives, beliefs, judgments and practices over the course of the research process.

Table 2.3 Overview of data sources, analysis and presentation

Data source	Description (page)	Aim	Data location	Data volume (pages)
Timeline	27	Management of complex life stories; identification of critical environments, incidents or pivot points	Personal	11
Reflexive field diary	28	Context and subjectivity of past and current experiences and perspectives; examination of my beliefs, judgments and practices in relation to the research	Personal	599
Autobiographical writing	30	Detailed context of critical environments, incidents or pivot points from the timeline	Personal	
Artefact: family diaries	31	Provision of broader cultural (family) context	External	113
Interviewing cultural members	31	Provision of broader cultural (dietetic) context; temporal	External	384
Life history interview 1	38	Early life and education		89
Life history interview 2	38	Career trajectory		105
Life history interview 3	43	Collaborative dialogue on meaning. Please note, as described below in Section 2.6.5.3, p44, these interviews were not used in the research.	Collaborative	144
Data analysis personal		**Aim/Rationale**		
Timeline, reflexive field diary, autobiographical writing	37	Identification and refinement of themes and subthemes of influence on identity and professional identity for development in overall autoethnography		
Data analysis external		**Aim/Rationale**		
Interviews 1 & 2	38	The *Listening Guide*		
Listening for the plot	39	Hearing the overall stories of dietitians		
I-Poems	40	Hearing and understanding how dietitians speak of themselves		
Themes	41	Listening for themes that relate to research questions		
Data presentation: Assemblage		**Aim/Rationale**		
Themes/subthemes	45			
Quotation/fragment	45	Quotation and evocative 6-line pieces to signpost each subtheme		
My story	45	Biographical content to illuminate each subtheme of influences on identity and professional identity		
Thinking about my story and stories of participants	45	Reflection on meaning story in context of participant stories		

2.6.4.3 Autobiographical Writing

Writing more detailed accounts around the important memories, moments, stories and pivotal points, identified in the timeline continued throughout the research process. Some of the writing comprised storied accounts which were to form the basis of the fragments. Some writing provided more autobiographical contexts for these memories, stories and pivotal points. Continuing this exercise, I also began to explore influences on my own professional identity in these stories and pivotal points and to group them according to related content. For example, stories relating to client-dietitian interactions evoking feelings of dissonance were grouped under *Dissonance* to be later unpacked for details of the cause of the dissonance – for example having to resolve the inherent disconnect between a framework of the social determinants of health and one of nutritionism. The labels assigned to these groupings evolved over the research period as insight into underlying power dynamics developed.

Another example was *autonomy in practice* where accounts relating to ability to practice in ways that had been identified from experience-based practice and communities of practice were grouped. These groupings continued to be refined over the period of interviewing (see below) and through the process of reviewing the literature. I continued to move backwards and forwards between the timeline and autobiographical writing, and the additional data collected described below. In doing so, different stories, different perspectives and different groupings surfaced and were refined to two or three major groupings or themes around professional identity influences which were common across participants but still resonated with my experiences.

2.6.4.4 Artefact: Family Diaries

Two family documents with which I have been familiar for many years were accessed for this study. The first document was hand-written by my paternal grandfather Gilbert Clancy Duff and is a series of family stories written in the mid-1960s. Starting with his great-grandfather James Francis McCraw arriving in Australia in 1852 with his wife Jane, the last entry is dated January 1968 and speaks of his own school days. My grandfather died in 1969. The second document was a synopsis of the daily diaries my father. My father Clancy Duff kept a daily diary from the age of 17 until it transformed into a visitors' book during his palliative care. It was a matter-of-fact diary filled with the facts and figures he thought he (and we) would find interesting in the future. The original diaries were edited by my father and typed by him. These were later transcribed into two electronic volumes by my sister Frances who, with her husband Bruce Lamont, created a document including family photographs, a family tree, related eulogies and obituaries which were distributed to family members as printed and electronic copies.

2.6.4.5 Interviewing Cultural Members: Interviews with Dietitians

As described above, autoethnographers use the personal to demonstrate aspects of broader experiences of culture. Considering ways in which other cultural members may experience these same aspects of culture adds contextual information and additional perspectives.[117] Interviews with other dietitians assisted in making meaning from personal narratives and to contextualise these experiences with respect to other cultural members. Life-history interviewing based on Seidman's[144] three-interview series and Goodson and Gill's[145] concept of narrative pedagogy was used for the study. This approach aligned with the epistemological and axiological perspectives of the critical philosophy of this research and the research questions around dietitians' experiences of identity and professional identity over their life.

Overview of life history interviewing

Life history sits within the broader category of narrative research[146] and is a life story concerned with understanding a person's view and account of their life but represented through a conversation with the interviewer.[2] There are multiple forms of life history writing: comprehensive, topical, and edited.[147] The edited format was used in this study. In edited history writing, the author speaks and edits subjects' stories to illustrate the account of their own lives.[147] For this research, life histories were examined with respect to dietetic professional identity. Life histories are temporal in nature whereby a series of in-depth accounts of lived experiences are the focus of interviews with each participant.[144] The timeline aspect of a life history does not focus on the chronological linearity of the timeline but rather on the representation of main events in a person's life.[148] Life history also references other sources of data such as historical, cultural and geographic contexts as well as other people's experiences and stories locating the life narrative both historically and culturally. Life histories challenge the researcher to understand an individual's attitudes and behaviours, including their own, considering how they may have been influenced by decisions made at another time and in another place.[149] Life history interviews provide opportunities for insight, learning and growth for both the researcher and the research participant.[145] Life histories have been used to explore professional identity in early career dietitians,[70] other health professionals[79,150] and educators[151]. With gaps in the literature exploring professional identity across the dietetics career, the life history format supported an exploration of micro-historical (individual) experiences within a broader macro-historical (cultural) framework giving insight into processes of professional identity development over time.[152]

A three-series interview approach undertaken for this study was based on the work of Seidman[144] and focused on life history, career experiences, and meaning-making. In a phased approach, the life history moved from life story 'narration' with the emphasis on the agency of the storyteller, to a more collaborative grounded conversation where interviewee and interviewer seek further insights into and meaning-making of the life story being told.[145] The three interviews were 1) A Focused Life Story, 2)

Details of Experience (Career Trajectory), and 3) Collaborative Dialogue on the Meaning of Dietetic Professional Identity. A summary of the inquiry and focus of each interview is presented in Table 2.4.

The life history interviewing process

To engage participants more actively in research that was both personal and intimate efforts were made to build trust. As the PhD candidate I conducted all interviews with trust being built across multiple interviews. Respect and authenticity were displayed through careful listening, dialogic interchange and sharing, and the collaborative construction of meaning. Interviews were carried out via Zoom videoconference and over the period September 2021 to January 2022 and were audio recorded and transcribed verbatim by Otter (© 2019 and 2020 https://otter.ai/) transcription software immediately after recording and then later checked and corrected for accuracy against audio recordings by the PhD candidate. The first two interviews were scheduled a week apart to maintain the momentum and capitalise on the trust and intimacy developed. To encourage life story narration through personal elaboration there was minimal interrogation during the first interview. 'Flow,' where interviewees began to talk freely about experiences, transitions and concerns, was carefully cultivated with fewer questions and resulted in sections of interviewee's narration being long, intense and meaningful. Prompt questions were rarely needed. An overview of questions anticipated to be covered in each interview are summarised in Appendix 4 along with potential prompt questions. Note that interview material refers to a research title Professional Identity in Dietitians - implications for leadership. This was a working title of the research at the time of interviews however the focus was subsequently changed to innovation rather than leadership and the title of the work changed to *Professional Identity Development in Dietitians: Influences and Impacts*. As the second interview moved across the career trajectory with familiar and more shared dietetic experiences emerging, I began to probe and question the stories more actively and collaboratively.

Table 2.4. Life History Interviewing - summary of inquiry and focus of each interview

Interview	Rationale	Focus
Interview 1 A Focused Life Story	Focused on family, childhood, education and training up to the point of commencing a dietetics qualification. This component of the life history gives context to the overall history with the storyteller positioned as the expert in the details of his/her life over that of the researcher.	- Early life and family - Key influences and people on early life - Education from school to university
Interview 2: Details of Experience – The Career Trajectory	Built on first interview and followed the career trajectory of the interviewee. It is here that the life story moved towards life history with more questioning about decisions and motives by the interviewer.	- Early work as a dietitian and feelings associated with this including expectations being met - Significant points in your career / reasons for these career changes - Employment/job history - Influences on work life
Interview 3: Collaborative Dialogue on Meaning	The third encounter was a mutual, dialogic encounter where I shared with both participants views, theories and explanations to mutually construct a new understanding, a new meaning for the social, cultural and historical 'location' of the narrative.[144] This interview focussed on dietetic identity and pivotal points in careers that had impacted dietetic professional identity. Prompting questions were used as required to explore points where significant career decision or changes may have been made, realisations about dietetics come about, or difficulties that had an impact on the person, practice, or career were faced and general discussions about the dietetics profession (Appendix 4). Please note, as described below in Section 2.6.5.3, p44, these interviews were not used in the research.	- Identity as a dietitian - Alignment with the dietetics profession - Identity as a leader within the profession - Career doubts - Changes recommended/needed for the profession

Interviews one and two were transcribed with transcripts given back to the interviewee in preparation for the third interview which was scheduled a month later. The transcripts gave interviewees the opportunity to correct errors or omissions from the first two interviews as well as to reflect on what they had said. One participant emailed further points after their first interview, and two participants referred to omissions in the first interview during their second interview. The majority of participants recounted that they had time outside of the interviews preparing for the interviews or revisiting what they had discussed in the interviews. By the third interview the collaborative nature of the interview extended beyond the account of a life through the lens of a conversation with the interviewer to a life history being collaboratively generated.[145] Contributing to ongoing narrative meaning-making this crucial transition disrupted my narratives of self and ensured participant narratives didn't remain locked in my interpretation of their stories.[145] A number of participants related that they felt the process was cathartic or therapeutic or gave them a sense of their achievements by looking at the entirety of their career. Transcripts of interviews three were sent back to each interviewee for comment on their interview. No comments were received. Please note, as described below in Section 2.6.5.3, p44, these interviews were not used in the research.

Sample size

Autoethnography by definition has a sample size of one with external data providing context for the examination of one's subjectivity and for a broader exploration of the culture. As supporting external data can take many forms besides research participants, the number of participants for external data is not discussed in the autoethnographic literature. Despite this, in deciding the number of participants to provide external data the concept *information power* was used as a guide.[153] Information power is a concept that suggests that the great the information a sample has, the smaller the sample size can be. Achieving adequate information power is reliant on the size and scope of the study aim, the diversity of the sample, role of theory, depth and breadth of data, and robustness of analysis.[153]. Given this research was a comprehensive exploration of a single complex phenomenon within a highly

specific group of participants having a smaller number of participants was therefore supported. The predicted rich and voluminous interview data was also a significant rationale for the small sample. The quality of the dialogue *was* rich and dense (384 pages of transcript data across 24 interviews), underpinned by synergy, openness and articulation of the participants and the researcher and facilitated by the researcher being an insider as well as a participant in the research. The smaller sample size was also supported by multiple interviews with each participant. The multi-layered analysis strategy of multiple interviews for each participant (see below) also generates greater information power. The well documented theoretical perspectives and constructs of professional identity documented in the initial stages of the PhD research through the scoping review (chapter 3) also supported a smaller sample size as theory provides a framework for interpretation of data and helps synthesise it with existing knowledge to extend knowledge beyond the empirical interview data.[152]

As an exploration of the experience of professional identity within broader cultural contexts, this autoethnographic work included experiences of a range of cultural members. Through the researchers' insider knowledge of the dietetics profession a diverse sample of dietitians was identified as potential participants. The potential participants included a range of experience, areas of practice, professional status, career trajectories, and the state of Australia in which they predominately practiced. As the research interest lay in professional identity across the career, dietitians with more than 25 years of experience were identified.

Twelve dietitians were approached with an email that included a package of supporting information including a personally addressed email outlining the time commitment, an explanatory statement of the research and a proposed interview schedule/questions (see Appendices 2, 3, 4 and 5). Nine dietitians replied immediately, seven agreeing to participate and two declining. Reasons given for not participating were perceived burden of the research and too many prior commitments. Three follow-

up emails were sent to the potential participants who had not replied. There was no response from two and the third responded two months later having overlooked the original emails and agreeing to participate. All participants agreeing to take part in the research received consent forms (Appendix 5) which were completed, returned and securely stored. To maintain anonymity and for ease of presentation of interview data participants were given pseudonyms Participant characteristics are detailed in Table 2.2 above. All eight participants competed all three interviews.

2.6.5 Data analysis

2.6.5.1 Personal data

Categories of influences on identity and professional identity were analysed using thematic analysis. Thematic analysis supports the identification and generation of themes from a dataset and helps researchers understand aspects of a phenomenon that are spoken about frequently or in depth by participants, and the ways in which those aspects may be connected.[154] A 6-phase process of data, coding and theme development described by Braun and Clarke[155] was implemented for the analysis of my personal data and comprised: 1) data familiarisation and writing familiarisation notes (in this case, ongoing as part of autobiographical and reflexive field diary writing); 2) systematic data coding; 3) generation of initial themes from coded and collated data; 4) development and review of themes; 5) refinement of themes; and 6) report writing (in this case, informing interview analysis and literature review). This process was repeated as data from interviews became available to ensure consideration of themes important to participant were considered for further development. Taking a reflexive approach to the analysis, open coding was organic without the use of a coding framework, with the iterative development of themes the final 'outcome'.[155] As a situated interpretative reflexive process, reflexive thematic analysis accommodated the continuum from the inductive or 'grounded in' the data through to the theoretical/deductive.[154,155]

2.6.5.2 External Data: Interviews 1 and 2 – 'Listening' to dietitians

The 'Listening Guide' Rationale

The method for the analysis of the life-histories interviews 1 and 2 was the *Listening Guide.*[156] Due to their collaborative nature the third interviews were analysed in a different manner detailed below. The *Listening Guide* is a voice-centred relational method of analysis that draws on voice, resonance, and relationships designed to illuminate the human psyche. The origins of the *Listening Guide* method lie in the analyses conducted in Carol Gilligan's work on identity and moral development.[157] The *Listening Guide* emerged as a powerful research tool in the 1980s to address the concern that women's voices in particular had not been adequately represented or heard in research studies.[156] As every person has a voice or a way of speaking or communicating that renders the silent and invisible inner world audible or visible to another, the method is universal in application.[156] The method was of particular interest within a critical framework which values emancipation and conscientisation of participants. Given that humans do not always possess the frameworks or language to adequately articulate or describe our experiences which is often filtered through the lens of language, personal and cultural values, as well as gender, social class, race, and ethnicity,[158] the listening guide provides an approach to provide visibility to experiences.

To become attuned to the multiplicity of voices within the participants' narrative, three or more sequential readings (or 'Listenings') were undertaken to attend to the different voices of participants. This allowed for multiple codings of the same text. The technique provided a way of systematically attending to the many voices embedded in participant's expressed experience and allowed for the reduction of the complexity of inner psychic processes to single static categories. Recognising that the researcher is an active instrument within qualitative research, researcher reflexivity is embedded throughout the entire research process.[159,160]. The *Listening Guide* process addresses concerns of feminist researchers, cultural psychologists, and psychological anthropologists about the ways in which a person's voice can be overridden by the researcher and attends to cautions about voicing over

the truth of another.[161,162] The *Listening Guide* has been used for analysis of interview data, for critical reflection papers,[163] and in autoethnography.[164] The *Listening Guide* is a primary analytic tool and functions as a research framework rather than being a fixed prescription for how the analysis must occur and can be customised to the researcher's theoretical perspective and research question.[156,159,165]

The 'Listening Guide' Process

The listening guide was used to analyse interviews 1 and 2 with each participant, a total of 16 interviews. Each interview was analysed in three 'readings' as described by the Listening Guide and detailed below, yielding a total of 48 analyses. Transcribed interviews were *listened* to whilst also listening to audio recordings so that attention could be given to aural aspects of voice in the interview and capture the nuance of the spoken versus transcribed voice, particularly capturing the emotional content of interviews. The first reading of each interview 'listened' focused on the broad story 'what is happening here?' and evident context within the narrative while simultaneously considering my response to this story.[166] Following Listening Guide practices a worksheet technique for this reading was implemented with the respondent's words laid out in one column and my reactions and interpretations in an adjacent column.[167] This allowed for an examination of how and where my own assumptions and views – whether personal, political or theoretical – might affect my interpretation of the respondent's words, or how I later wrote about the person.[166] An example is given below.

INTERVIEW TRANSCRIPT	RESEARCHER RESPONSE
I answered to the Director of Medical Services. So, for years and years and years, I had a direct line management with the Director of Medical Services, and we had medical division meetings and all the allied health managers sat there, and pharmacy, we always met with pharmacy as well. And then we got our first Allied Health Manager. I hate being part of allied health. I think dietitians are, actually, hate's a strong word, I don't think we fit. And if I, if, one thing I would, I would like to see us out, and recognised more in that medical stream, pharmacy, medical division, dietitians, pathology and leave the rest of allied health to it [laughing]. And I think they, we're poorly understood by the rest of allied health. And I think we've paid a price for that, I always, particularly here, I feel like we don't get the same credit. We don't get the same acknowledgement, our new allied health manager's probably better, but I think it's been, I feel like it's brought us down	This is about work life in the hospital structure, there's a sense of the history as well a sense of being an effective part of overall hospital management. Then a restructure and consequent loss of voice, personally and for the profession. This leads to a discussion of where the profession belongs within the hospital, with whom is should be aligned. Questions of identity. I knew that manager, I find my experience of that period creep in here – feeling unheard, dismissed. I didn't understand reporting implications of the restructure. I find myself agreeing with this idea that we are different from the 'therapists.' I've held this view from early in my career. I became aware of the history of our profession being aligned with psychologists, medical scientists and audiologist in our union rather than with the bulk of other AHPs. I wonder about the details of all that. I also hear here a pride in high level of expert medical knowledge and experience that dietitians have and the desire to be aligned with the decision-makers and participating with those with whom our practise intersects. I also hear a feeling of disconnect from other allied health professions, something that I have felt myself. I hear echoes of my feelings of not being understood as a dietitian, of being 'passed over' by the other allied health professions because of it.

The second reading of interview data focussed on how participants spoke of themselves and the voices or 'narrated subjects' within the narrative.[166] This was done to become better acquainted with the manner in which participants spoke of and describes themselves[156] During the research process I-Poems amplified themes of identity influences within the broader context of the narrative.

Participant's voices were given precedence prior to being influenced by the researcher's personal views of the narrative, facilitating a more thorough understanding of the speaker's world.[167,168] Two rules for the construction of an I-poem were followed[156]: (a) every first-person 'I' was underlined within a passage along with the verb and seemingly important accompanying words and (b) the underlined 'I' phrases were extracted and, maintaining the sequence in which these phrases appear in the text, each was placed on a separate line as in the lines of a poem. An example I-poem generated from the same transcript is given below.

I answered to the Director of Medical Services
I had a direct line
we had medical division meetings
the allied health managers sat there
we always met
we got our first Allied Health Manager
I hate being part of allied health
I don't think we fit
I would like to see us out
(I would like to see us) recognised more
I think ..we're poorly understood
I think …we've paid a price
I feel like
We don't get the same credit
We don't get the same acknowledgement
I think
I feel like it's brought us down

Reflecting the methodological diversity and analytic flexibility of the Listening Guide[167,169,170] the third reading focussed on social contexts linking individual stories (micro-narratives) and themes that are important to the participant and related to broader social, historical and political contexts (macro-level structures and processes). Different strands that spoke to the research question were identified, specified and categorised. This entailed reading through the interview multiple times, each time tuning into as aspect of the story being told, or the voice within the person's expression of her or his experience. The theoretical framework and research questions shaped these listenings as did themes important in professional identity for participants signposted by the I-Poems. Constructs of

professional identity from the scoping review were also used as a guide (Appendix 6). Each theme or topic was then highlighted in the passage and as with I-Poems, extracted and placed together. Similar to the I-Poems, this last step/s amplified aspects of the interviews bringing into focus themes that are important for the researcher and the participants and ensuring that all voices are heard. An example extracting a voice or theme of loss, of becoming marginalised, misunderstood based on the same transcript is given below.

> *I think they, we're poorly understood. And I think we've paid a price for that, we don't get the same credit. We don't get the same acknowledgement, I feel like it's brought us down…. often people don't realise that that's what we do…. we are probably better co-located with them [social work] than anybody else. There's a huge amount of overlap with social work patients and dietetic patients…..at the end of the day is there's a lot of similarities…..*

Whilst this autoethnographic work was based on personal experience and interpretation, for the purposes of juxtaposing different interpretations of the major themes within the transcripts, two supervisors of this doctoral work were each assigned two different participant interviews for listening. Interpretations of the transcripts were similar with themes identified aligning with those I had identified.

2.6.5.3 Collaborative Data: Interview 3 - conversing with dietitians

Reflexive Thematic Analysis with Dialogical Focus – Rationale for proposed postdoctoral study

Life history began as a life story or 'narration' stressing the agency of the teller where the researcher 'collects' a person's story as 'data' and across three interviews, moved to life history 'collaboration' or a mutual exploration between of meaning and selfhood for that person.[145] By this third interview my voice as researcher had become more and more present in the data, inextricably linked with that of the participant and required a more nuanced approach to the thematic analysis. Taking a reflexive approach to the analysis, open coding was organic without the use of a coding framework, with the iterative development of themes the final 'outcome'.[155]

As a situated interpretative reflexive process reflexive thematic analysis accommodated the continuum from the inductive or 'grounded in' the data through to the theoretical/deductive.[155] As my voice as researcher became inextricably linked with that of the participant in the third interview issues of voice, authorship and ownership needed to be recognised and addressed.[171] As collaborative data contributed to the autoethnography, it was important to identify dialogic aspects of the collaboration between researcher and participant – who contributed what to the conversation and the consequently the meaning-making.[171] Questions including "whose story is it?" "who 'owns' the product of the work?" and "who is the author?"[171] must be answered through consideration of "who is doing the talking?", "what is the response of the interlocutor?" and "what is the response of the speaker?".[172] Dialogism has been used to inform analyses of psychological processes,[173] narratives[174] and reflective thought,[175] to understand what happens in interviews[176,177] and focus groups[178] and to understand relationship between researcher and research participants.[177,179] Dialogism offers insightful theoretical tools, helping to reveal the contextual and negotiated nature of meaning.[172,177] To facilitate this type of interpretation additional questions based on Gillespie and Cornish's six sensitising questions and sub questions[172] were applied to the analysis of interview data (see below).

As it was impossible to analyse in such depth each statement or utterance within the substantial dataset decisions were made about which sections of interviews warranted further interpretation. Sensitivity to intonation, hesitation, emotion, and contradiction, along with application of my own experience of the profession and a rich ethnographic understanding of the broader context guided the identification of these moments in the interviews.[172,180] Clues or signposts for further interpretation (adapted from Gillespie & Cornish 2014[172]) included: emotionally-laden statements (identified through audio-recordings and transcripts); contrasting experiences or views between researcher and subject; novel concepts or understandings raised by researcher or participant; novel concepts or understandings constructed between researcher and participant. Analysis of interview three with each participant has been commenced but not completed and will be completed post-PhD submission given time and thesis word limit restrictions. Analysis of interviews one and two, in conjunction with readings of interview three, were sufficient to address the research questions.

2.6.6 Data Presentation – Assemblage: Coming and Becoming

In the process of assemblage, autobiographical context, reflexive commentary and multiple voices from interviews were brought together in layered accounts to illuminate themes of professional identity in dietitians. In the iterative and non-linear process that it autoethnography these different various components informed and formed each other. With an aim to "invoke readers to share the emergent experience" of autoethnography[181] each theme or sub-theme in this assemblage was introduced with a vignette or *fragment*. Vignettes,[182] fragments[183] and sketching[184,185] are some of the variety of brief evocative descriptions used in autoethnography. These brief accounts allow for the fragmented and incomplete nature of the memory-based reconstructions of the past to be brought together but not forced into a single story[186] or they can break up larger constructs. They can accommodate a longitudinal perspective of autoethnography as open-ended sketches of past events and experiences.[186] I used short storied vignettes or *fragments* of early life and career, each six sentences in length, to signpost themes of professional identity influences. The six-sentence format

used by Hemmingson (2009) was borrowed from the online journal *Six Sentences* and its corresponding community blog and challenges writers to convey evocative and meaningful scenes, narratives, and prose poems within a six-sentence framework.[187] Evoking emotional connection, fragments aimed to draw the reader into engaging with and understanding detailed autobiographical contexts and reflections.[2]

The layered accounts were arranged as follows:

Themes and subthemes. Categories of influences on identity and professional identity were organised under *Themes* each comprising three sub-themes. Each sub-theme contained a different *Fragment* or short story which was followed by the broader autobiographical context of My *Story*. A reflexive commentary *Multiple voices: Thinking about my story and stories of participants* as described below completed each subtheme.

Fragments. Each sub-theme account began with short, evocative 6-line *fragments* intended to evoke emotional connection to my autobiographical writing and engage the reader. A first-person tense was used to evoke a place that the reader might imagine themselves in or to remember their own places. Fragments were also designed to signpost themes of influences on professional identity which would be developed in each layered account. Fragments were also intended to signpost the contributor to professional identity or theme to be discussed in the following section. As themes comprised sub-themes, fragments were also a useful way in which to draw together different reconstructions of the past under a single theme without forcing them into a single story.

My story. Using a narrative approach, a broader context for each subtheme was provided by a related autobiographical account describing circumstances and events related to the subtheme.

Multiple voices: Thinking about my story and stories of participants. In order to explore and further contextualise subthemes in professional identity within the broader cultural contexts of dietetics professionals, my autobiographical account was followed by a reflexive commentary juxtaposing my experiences with those of study participants. This commentary explored participant experiences that were similar to mine as well as identified and discussed experiences that were different. Excerpts of participants' I-Poems were used to illustrate experiences of dietitians.

2.7 Postamble

Chapter 2 described the theoretical framework of the research, presenting an overview of the study and a discussion of its methodology. The methods section described in detail including the multiple sources of data used in the study, data analysis processes and data presentation. This completes Section 1. Section 2 follows where the findings of the first component of the overall doctoral research, the scoping review into professional identity in the health professions literature, are presented.

SECTION 2 – SCOPING REVIEW

Chapter 3 *Wondering – a scoping review*

3.1 Preamble

Chapter 1 highlighted how professional identity impacts the workforce at personal, interpersonal and profession levels. This chapter presents the systematic scoping review that was undertaken to explore how professional identity was described across the health professions literature. To assist in answering the main PhD research question and to contextualise the research into dietetic professional identity an exploration of professional identity research across practising health professionals was undertaken. The literature was examined by health profession, career stage, and the presence or absence of any theoretical underpinnings. Constructs of professional identity were extracted, charted and analysed.

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3.2 Scoping review

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REVIEW

Professional identity research in the health professions—a scoping review

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Abstract

Professional identity impacts the workforce at personal, interpersonal and profession levels however there is a lack of reviews of professional identity research across practising health professionals. To summarise professional identity research in the health professions literature and explore how professional identity is described a scoping review was conducted by searching Medline, Psycinfo, Embase, Scopus, CINAHL, and Business Source Complete using "professional identity" and related terms for 32 health professions. Empirical studies of professional identity in post-registration health professionals were examined with health profession, career stage, background to research, theoretical underpinnings and constructs of professional identity being extracted, charted and analysed using content analysis where relevant. From 9941 studies, 160 studies across 17 health professions were identified, with nursing and medicine most common. Twenty studies focussed on professional identity in the five years post-entry to the workforce and 56 studies did not state career stage. The most common background for the research was the impact of political, social and healthcare reforms and advances. Thirty five percent of studies (n = 57) stated the use of a theory or framework of identity, the most common being classified as social theories. Individual constructs of professional identity across the research were categorised into five themes—*The Lived Experience of Professional Identity; The World Around Me; Belonging; Me;* and *Learning and Qualifications*. Descriptions of professional identity are broad, varied, rich and multi-layered however the literature is under theorised with current theories potentially inadequate to capture its complexity and make meaningful contributions to the allied health professions.

Keywords Health sciences education · Theory of identity · Professional identity · Professional identity theory

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Introduction

Professional identity impacts the workforce at personal, interpersonal and profession levels, yet our understanding of this phenomenon is still developing. In the health professions, literature reviews of professional identity involve single professions, are focussed on students or involve multidisciplinary teams and do not address the range of health professions or their specific issues post registration (Best & Williams, 2019; Jebril, 2008; Maile et al., 2019; Sarraf-Yazdi et al., 2021; Snell et al., 2020; Volpe et al., 2019; Woods et al., 2016; Wyatt et al., 2021a). There has been no synthesis of professional identity research for practising health professionals or attempts to use the different theoretical perspectives described in the literature to deepen our understanding of professional identity and its impact on the health workforce.

The history of identity research is long and complex with many different approaches employed to understand this phenomenon. Identity research can be overwhelming and confusing (Korthagen, 2004)—the term identity has been used by researchers from a range of different fields and a range of paradigms and language, and has been conceptualised from multiple perspectives with connected and overlapping concepts (Brenner et al., 2021; Grootenboer et al., 2006; Kasperiuniene & Zydziunaite, 2019). It is acknowledged that the various subdivisions and categories within the research are somewhat arbitrary, and the different terms and categories used in professional identity research do not refer to orderly, agreed on, and internally consistent sets of ideas, rather their meaning is dependent on the vantage point of the researcher. Despite this, providing a framework to classify identity research is useful to begin to scope the literature in this area. Grootenboer et al. (2006) suggest these approaches fall into three categories based on theoretical underpinnings of the research: (i) individual—psychological/developmental; (ii) sociocultural; and (iii) poststructural perspectives.

Individual approaches to identity research originated in Erikson's psychoanalytic theory of ego identity (Marcia, 1993) and focus primarily on psychological and/or developmental perspectives of the individual. Identity is conceptualised as being located as internal to the individual with identities being regarded as self-determined in response to life experiences (Kroger & Marcia, 2011). For example, in the health professions individual professional identity has been described as an actualisation of one's morals, values and beliefs (Fagermoen, 1995, 1997; Gomaa, 1999; Peter et al., 2018) giving meaning to one's self and one's professional life (Fagermoen, 1995).

Social approaches to identity in contrast focus on the interaction of the individual with their social surroundings, both in relationships with individuals (Chen et al., 2011) and groups (Spears, 2011) and with culture in general (Serpe & Stryker, 2011). Tajfel (1979) first conceptualised social identity as being located both internal and external to the individual and developed through social interactions and practices. Social aspects of identity in relation to the group, referred to as collective professional identity, are said to guide professional behaviours and practices through professionalisation (Fagermoen, 1997; Niemi & Paasivaara, 2007). This internalisation of beliefs, values, and behaviours of the profession (Cruess et al., 2015; Jarvis-Selinger et al., 2012) dictates the way in which members of the professional group behave (Abrams & Hogg, 2004; Beddoe, 2011, 2013; Hogg et al., 1995; Smith & Terry, 2003; Terry & Hogg, 1996). Identification with the professional group thus contributes to the development of competent and confident health professionals (Carrillo & Rubel, 2019; Cascón-Pereira et al., 2016; Feen-Calligan, 2012; Findlow, 2012; Ohlen & Segesten, 1998; Sawatsky et al., 2020)

influencing the way in which individual professional identity develops and professional practice is enacted (Slay & Smith, 2011).

Poststructural approaches challenge the idea of identity being either an individual or social phenomenon (Halualani, 2017; Zembylas, 2003). With the two key concepts of poststructural perspectives being discourse or 'language in use' (Cameron & Panovic, 2014) and the subject or self (Foucault, 1982), poststructuralism theorises the self and the social world as socially constructed through discourse (Foucault, 1981). Poststructural approaches to identity interrogate discourse and knowledge fields from which questions of identity are posed and rather than being individual or social posit that identity is located within a broader context embedded in power relations, ideology, and culture and dependent on power and agency (Zembylas, 2003). This broader context includes that of the research as well as the researcher (Harding, 1991). Understanding that whoever defines the problem has a powerful role in shaping the worldview that results from the research (Harding, 1991), interrogating the place from which questions of identity are posed can add to understandings of the social and historical context of practices and discourses in the health professions (Bhabha, 1987). Poststructural approaches attempt to address these underlying assumptions, paradigms and biases that impact the research process at every stage, from concepts and hypotheses selected, to research design, to collection and interpretation of data (Harding, 1991).

Criticism of professional identity research in the health professions has begun to emerge with concerns that critical aspects of professional identity and their associated power relations have not been adequately considered (Tsouroufli et al., 2011; Volpe et al., 2019; Wyatt et al., 2021a; b; Wyatt et al., 2020; Sarraf-Yazdi et al., 2021). Critical approaches to identity compel us to consider not only broader contexts such as discourse and knowledge fields and the positionality of the researcher and the research but to also consider the intersectionality of history, culture, race, socioeconomic status and gender to arrive at a more nuanced and contextual understanding of identity (Halualani, 2017). Consideration and understanding of critical perspectives of professional identity is essential for the well-being, resilience and advancement of health professionals and the health professions. For example, it has been argued that identities based on group membership are utilised for implementing forms of control through a standardised identity (Jemielniak, 2008), for the maintenance of dominant social groups (Tsouroufli et al., 2011; Wyatt et al., 2021a) and for the production and reproduction of dominant ideologies (Apker & Eggly, 2004). This likely contributes to issues with reconciling personal and professional identities, an ongoing task of professionalization (Baldwin et al., 2017; Moorhead et al., 2019; Sharpless et al., 2015; Volpe et al., 2019). For many professionals this is straightforward, however for those whose personal identities or beliefs are at variance with aspects of their professional identity, for example, dominant social groups, dominant professional paradigms or expectations of professional roles, consolidation of professional identity may be problematic (Costello, 2005; Monrouxe, 2010; Volpe et al., 2019; Wyatt et al., 2020, 2021a, 2021b). This can be particularly so as public and social policy as well as public perception shape identity as much as the self-definition of the profession and the professional (Landman & Wootton, 2007). Considering the impact of current challenges in healthcare provision and changes to the way in which health care is delivered (Duckett, 2005; Green et al., 2001; Health Professions Council of Australia, 2005; Sturmberg et al., 2018; Swerissen et al., 2018) understanding individual and collective professional identities has never been more important as inability to reconcile personal and professional identity can contribute to identity dissonance and impact personal and professional health and wellbeing (Costello, 2005; Monrouxe, 2010). To address recent criticism of the professional identity literature

and to elucidate different perspectives of professional identity it is important to interrogate why professional identity among health professions has been studied, how, by whom and in whose interest. Synthesising this evidence will provide a more contextual understanding of the body of literature, why it has been studied and in whose interest, which will identify gaps as well as contribute to an appreciation of perspectives that may be impacting our understanding of professional identity and its impact on health workforces. As such we set out to explore the current literature on professional identity across the health professions using a scoping review.

Scoping reviews are effective tools for understanding the extent, distribution and basis of the literature when an area of research is complex or has not been reviewed comprehensively (Arksey & O'Malley, 2005; Mays et al., 2001). Scoping reviews allow for the mapping of theoretical frameworks, concepts and methodologies underpinning an area of research as well as the main sources and types of evidence available (Arksey & O'Malley, 2005; Mays et al., 2001). Categories described by Grootenboer et al. (2006) were used to address questions of theories, frameworks and constructs of profession identity in this review of the health professions literature. Taking into consideration criticisms of inadequate consideration of critical aspects of the research we expanded the category 'poststructural perspectives' to 'poststructural and critical perspectives', grouping together perspectives which interrogate or disrupt underlying assumptions of the research.

This scoping review is not an effort to produce an accepted standard definition or agreed-upon theoretical perspective for professional identity which may perpetuate power structures. Instead through examining and unpacking *how* professional identity is discussed this scoping review will contribute to our understanding of professional identity across the health professions (Greenhalgh, 2021) and encourage stronger consideration of theoretical perspective, broader contexts and reflexivity in research. Rather than simply mapping the research, this systematic scoping review aims to interrogate the research into professional identity of practising health professionals more fully to include questions of "why" and "in whose interest?" This scoping literature review aims to explore the literature on professional identity, specifically in what disciplines and career stage the evidence is focussed, why the research was undertaken, what theory or framework was used to guide the research and what constructs are used to discuss professional identity. Supporting a more contextual understanding of the body of literature this scoping review will not only identify gaps in the literature and identity perspectives of professional identity that are important across the health professions it will also assist researchers in navigating the complexity of literature across multiple health professions guiding considered, relevant and meaningful approaches to professional identity research.

Methods

A scoping review, guided by the six-step methodology originally described by Arksey and O'Malley (2005) and expanded by Daudt et al. (2013) and Levac et al. (2010) with reporting guided by PRISMA-ScR (PRISMA extension for Scoping Reviews) (Tricco et al., 2018) was conducted.

Identifying the research question (step 1)

The scoping review addressed the following question:

How is professional identity described across the health professions literature? Specifically:

Q 1: Where is most of the literature on professional identity located—by profession and stage of career?
Q 2: What is the background for research into professional identity in the health professions—why are questions of professional identity being asked?
Q 3: Which theories of identity form the basis of professional identity research in the health professions literature?
Q 4. In addition to theories of identity what constructs of identity of professional identity are found in the health professions literature?

Identifying relevant studies (step 2)

A broad range of sources were searched for literature including multiple electronic databases and hand-searching of reference lists. However, only peer-reviewed empirical studies, including systematic and scoping reviews, and higher degree by research theses were included. Due to the large, rich, complex and heterogenous volume of literature in this field grey literature, i.e., materials and research produced outside of the commercial or academic publishing and distribution channels, was not included in the review. Inclusion and exclusion criteria for the scoping review were developed prior to study selection. Inclusion criteria used in our scoping study related to: type of study; health profession (n = 32); career stage; terminology and focus of the paper. In line with scoping review guidelines (Arksey & O'Malley, 2005; Daudt et al., 2013; Levac et al., 2010) inclusion and exclusion criteria were refined post hoc as we became more familiar with the literature and the various issues which impacted our search (Table 1). All decisions about inclusion/exclusion criteria were reached by consensus between the three authors.

Literature search strategy

In conjunction with the Faculty Subject Librarian (see Acknowledgements) search parameters were formulated and Medline; Psycinfo; Embase; Scopus; CINAHL; Business Source Complete were searched on 5 April 2020 by MC. An example of search strategies used is described in "Appendix 1". Search syntax (e.g., field codes and proximity operators) were modified to suit the individual databases to support answering the research question.

Study selection (step 3)

Studies from the search of the six databases were downloaded into Endnote (X9) and exported to Covidence (© 2020 Melbourne, Australia) for screening and assessment. Duplicates were removed and remaining titles and abstracts were screened for eligibility against exclusion and inclusion criteria (Table 1). Eligible studies underwent full text screening using the same criteria. All screening was carried out in duplicate by the first author and one of the other authors. Authors were dietitians by profession, with two of the three being experienced researchers and educators in the field and the third an experienced clinician and researcher. Decisions about inclusion/exclusion for disputed studies were reached by consensus between the three researchers.

Table 1 Final inclusion and exclusion criteria

Inclusion	Exclusion
English	Non-English
Professional identity from the perspective of the health professional;	Professional identity from the perspective of anyone other than the health professional
Empirical research only—all study designs including qualitative, quantitative and mixed methods	Books/chapters; conference proceedings; editorial; commentary; opinion; review; grey literature (materials and research produced by organizations outside of the traditional commercial or academic publishing and distribution channels)
Graduate and post-registration health professions as defined by**:** from the Australian Health Practitioner Regulation Agency (AHPRA) (https://www.ahpra.gov.au/) and *Allied Health* Professions Australia (AHPA) (https://ahpa.com.au/)	Trainee/student/pre-registration; mixed populations—students and health professionals; the public and health professionals
Post hoc clarification—health professions as above, and including: psychologist—educational/school; sex therapists; family therapists; school nurses	Psychologist—organisational and industrial; assistants—allied health, physician's, dental, paediatric; veterinarians
Post hoc clarification—as long as eligible for health professional registration: doctoral students; academics; clinical educators (practice teachers); healthcare managers	Pharmacy interns; pharmacy technicians; dental hygienist
Post hoc clarification—naturopaths are not registered with AHPRA or listed on AHPA however, included as mainstream as defined by being widely covered by private health insurance in Australia until 2019 (Ooi et al., 2018)	Homeopaths

Hand searching of reference lists of final included studies did not reveal any further studies.

Data charting and analysis (step 4)

To comprehensively explore descriptions of professional identity in the health professions literature to address the research questions, key information from the included research studies such as author, year and title data and so on were imported from Covidence to directly pre-populate the charting table. Information was noted and charted in a uniform and systematic way using Microsoft Excel (*Version 1808*, 2019). All studies were sorted and counted with respect to study characteristics.

To answer research question 1 additional information was identified including profession and stage of career of the health professionals. To answer research question 2 the background to the research questions was identified and categorised using conventional content analysis (Hsieh & Shannon, 2005). This involved extraction of statements in each study regarding the purpose, background and/rationale of the research which were assigned preliminary codes by the first author. Using content analysis these codes were grouped into initial categories which were progressively and iteratively grouped into larger categories describing the background to the research or why questions of professional identity being asked.

To answer research question 3 studies in which a theory of identity or professional identity was stated as being used (or in which a novel framework of identity was developed within the study) were identified and theories classified. As described above, research into identity and professional identity originates from a range of traditions and encompasses multiple and varied paradigms and broad classification of theory can help with conceptualisations of these theories and their relationships. Three broad categories of identity theory; *individual, social, and poststructural and critical perspectives,* described discussed in the Introduction were used to classify identity theories from the included studies. To further refine categorisation *Narrative* was included as an additional category as descriptions of narrative-identity in the literature span all three categories (Smith & Sparkes, 2008). A further category, *Environmental*, was devised to accommodate a novel perspective of identity in the health professions literature which emphasizes the influence of the physical environment on identity (Hauge, 2007). Where a study did not explicitly state a theory or develop an identity framework, the authors closely examined the text to in an attempt to infer *categories* of identity or professional identity used in the research.

To ensure the rigour of this part of the coding process, a small number of studies (n = 10) were randomly chosen for comparison coding early in the process by selecting every 15th study of an alphabetical list of studies included in the review. These studies were coded against final categories of identity frameworks by two of the other authors (CP and SA) and resulted in strong agreement between the three coders. In instances where no author could agree on the use of a theory this study was classified as having no overt theory or framework.

To answer question 4, individual *constructs* of professional identity described across all studies were identified and classified using conventional content analysis. (Hsieh & Shannon, 2005) Extracted data were assigned preliminary codes by the first author. These codes or categories were then grouped into initial categories which were progressively and iteratively grouped into larger categories. Categorisation and re-categorisation of the categories within themes as well as linkages between them were further elucidated and developed as coding progressed. To ensure the rigour of this part of the coding process, a small number of studies (n = 8) were randomly chosen for comparison coding early in the process. These studies were free-coded (i.e., did not use the codes already developed) by one of the other authors (CP) and resulted in strong agreement between the two coders. This process was repeated for extracted data on influences on identity. Constructs or themes of identity described within the professional identity literature were charted accordingly.

Results (step 5)

The search yielded 9,941 articles and after duplicates were removed 4,691 articles were screened by title and abstract for eligibility against the selection criteria. Three hundred and twenty papers were deemed appropriate for full text-screening with a final 160 studies deemed eligible for inclusion in this scoping review (Fig. 1). For a complete list of the 160 references included in the review see "Appendix 2".

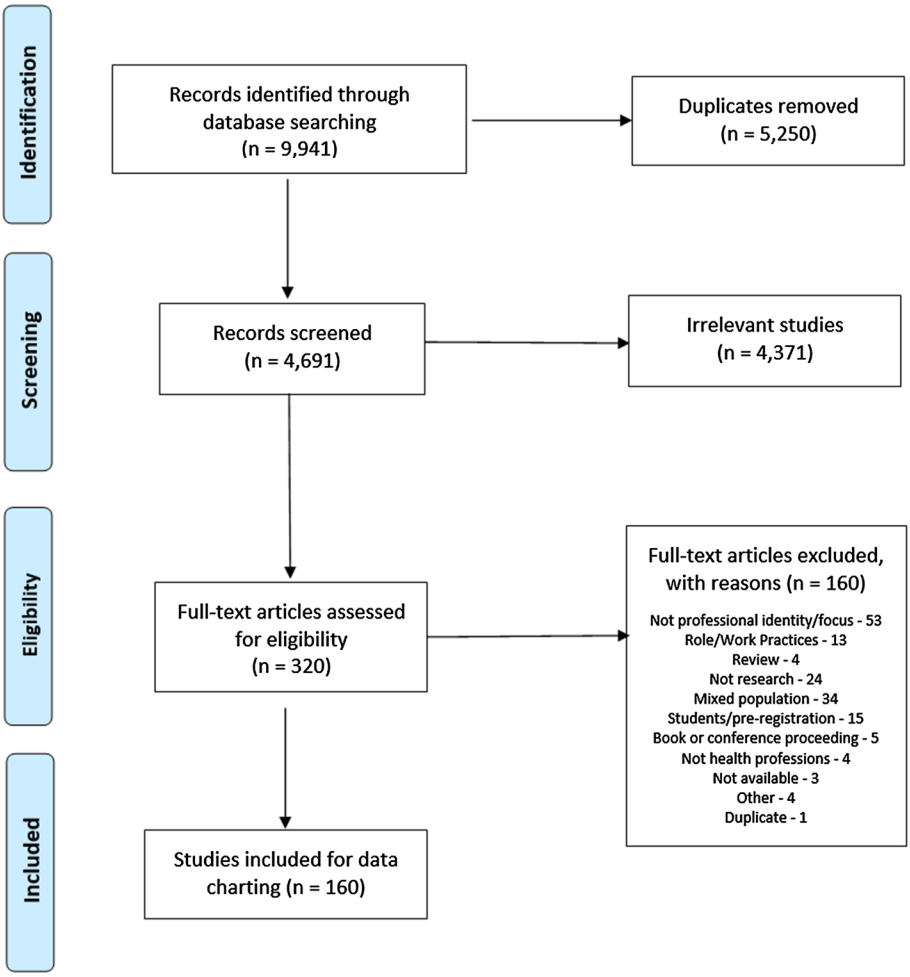

Fig. 1 PRISMA diagram depicting search results and selection of included studies

Q 1: where is most of the literature on professional identity located—by profession and stage of career?

The largest number of studies were from the United States (48), United Kingdom (26) and Australia (21) with the majority of studies focusing on the disciplines of nursing (59) and medicine (38) (Table 2). The remaining 63 studies included other specialities.

Fifty-five studies included health professionals at various stages of their careers. Twenty of the 104 studies where career stage was stated included health professionals within 1–5 years of registration and 14 studies looked at professionals 6–10 years post-registration.

Table 2 Study characteristics

		Studies (no. of 160)
Country	US	48
	UK	26
	Australia	21
	New Zealand	7
	Canada	9
	Japan	5
	Netherlands	4
	Sweden	4
	Norway	3
	Spain	3
	Greece	3
	Finland	3
	Turkey	3
	Italy	3
	China	2
	Israel	2
	Belgium; Brazil; Czech Republic; Denmark; Ireland; Iran; Hong Kong; Malaysia; Portugal; Singapore; Sudan: Switzerland; UK & Australia; multiple countries	1 each, total 14
Publication type	Journal article	135
	Thesis	25
Health profession	Nurse	59
	Doctor	38
	Social worker	18
	Counsellor	9
	Occupational therapist	8
	Psychologist	6
	Pharmacist	4
	Allied health professional	2
	Art therapist	2
	Dentist	2
	Doctor and nurse	2
	Psychoanalyst	2
	Complementary & alternative medicine (Chinese medicine, chiropractic, osteopathy); occupational therapy and physiotherapy clinician educators; optometrist; osteopath; physiotherapist; psychiatrist & psychologist; radiographer; youth worker	1 each, total 8

Table 2 (continued)

		Studies (no. of 160)
Stage of career	< 1 year	7
	1–5 years	20
	6–10 years	14
	10–20 years	5
	> 20 years	2
	Various	55
	Not stated	56
	N/A (Text analysis)	1

Q 2: what is the background to the research into professional identity in the health professions?

Analysis of the research identified nine categories rationalising the research involving professional identity and related to political, social and healthcare reforms and advances; support of professional identity development and maintenance; understanding professional identity; understanding boundary crossing; for education and learning; support of recruitment and retention; exploration of dominant paradigms; enhancing organisational engagement; and improving patient care (Table 3). Forty-five studies (28%) were concerned with the political, social and healthcare reforms and advances. This included the *impact on* professional identity (35 or 22%) (Bertin & Pantalone, 2019; Blomberg, 2016; Bludau, 2017; Bochatay, 2018; Brunton, 2017; Carpenter & Platt, 1997; Cascón-Pereira et al., 2016; Currie et al., 2010; Dahl & Clancy, 2015; de Meis et al., 2007; Feen-Calligan, 2012; Frechette et al., 2020; Furtaw, 2004; Gent, 2017; Gomaa, 1999; Handy et al., 2020; Hendrikx, 2018; Hurley, 2009; Iglesias & De Bengoa Vallejo, 2011; Kyratsis et al., 2017; Larsson et al., 2009; McMurray & Pullen, 2008; Mishra et al., 2012; O'Shea & McGrath, 2019; Ocek & Vatansever, 2014; Piil et al., 2012; Porter & Wilton, 2019; Sanders, 2019; Snelgrove, 2009; Takashima & Saeki, 2019; Thompson, 2005; Thomson et al., 2014; Vincifori & Molinar, 2014; Wiles

Table 3 Categories describing the background to professional identity research in the health professions

Categories	Number of studies of 160 (%)
Political, social and healthcare reforms and advances	45 (28)
Supporting professional identity development and maintenance	37 (23)
Understanding professional identity	25 (16)
Boundary crossing	19 (12)
Education and learning	12 (8)
Recruitment and retention	11 (7)
Dominant paradigms	9 (6)
Organisational engagement	1 (1)
Improving patient care	1 (1)

& Vicary, 2019; Zufferey, 2012), the *role of* professional identity in adjusting to these reforms or advances (8) (Bertrand, 2009, 2010; Dadich et al., 2015; Deppoliti, 2003; Franco & Tavares, 2013; Gregg & Magilvy, 2001; Hammond et al., 2016; Wright, 2007) as well as the broader impact of political and social reform on recruitment and retention of health care workers through professional identity effects (2) (Allen, 2011; Deppoliti, 2008).

Supporting professional identity development and maintenance was the background to research involving professional identity in 37 studies (23%). Sub-themes included supporting the development and maintenance of professional identity generally (5) (Bartlett, 2008; Branch & Frankel, 2016; Fleit, 2008; Forenza & Eckert, 2018; Harris & Guillemin, 2015), supporting the development and maintenance of professional identity of the profession or speciality (15), (Healey, 2010; Hurley & Lakeman, 2011; Iwasaki et al., 2018; Karpetis, 2014; Lafleur, 2007; Mackay & Zufferey, 2015; Mellin et al., 2011; Moorhead et al., 2016; Mousazadeh et al., 2019; Salim & Elgizoli, 2016; Swickert, 1997; Tahim, 2015; Thompson et al., 2018; Zhang et al., 2015) with four specifically in respect to professions regarded as having a poor reputation or low recognition (Leigh, 2014; Mallon, 2018; Morriss, 2014; Sercu et al., 2015). Supporting professional identity development and maintenance in relation to boundary crossing was also a reason for research involving professional identity. Boundary crossing included into new roles or sub-specialities (9) (Barraclough, 2014; Carra et al., 2017; Carrillo & Rubel, 2019; Chan et al., 2018; Croft et al., 2015a, 2015b; Hazen et al., 2018; Hedenskog et al., 2017; Hercelinskyj et al., 2014) and into academia (4) (Ennals et al., 2016; Findlow, 2012; Smith & Boyd, 2012; Stone et al., 2002). Twenty-five studies (16%) were concerned with understanding the experience or perception of professional identity (9) (Elvey et al., 2013; Fagermoen, 1997; Kantek & Şimşek, 2017; Kluijtmans et al., 2017; MacIntosh, 2002, 2003; Ngai, 2007; Niemi & Paasivaara, 2007; Peter et al., 2018), its construction or influences on its development (9) (Chow et al., 2018; Dombeck, 2003; Estrella, 2010; Fagermoen, 1995; Fitzgerald & Teal, 2004; Hinojosa, 2012; Hinojosa & Carney, 2016; Kumpusalo et al., 1994; Real et al., 2009), the role of the organisational identity in professional identity (4) (Barbour & Lammers, 2015; Chang, 2012; Curtis & Day, 2013; Salvatore et al., 2018); and the role of emotion (1) (Cascón-Pereira & Hallier, 2012). Boundary crossing, both the *impact on* and *role of* professional identity was the reason behind of 19 or 12% of studies being conducted (Berghout et al., 2020; Brosnan & Cribb, 2019; Devery et al., 2018; Divall, 2015; Ferrell, 2017; Koskiniemi et al., 2019; Kunhunny & Salmon, 2017; Martin et al., 2020; McKenzie & Williamson, 2016; McNamara, 2010; Meyer et al., 2015; Ng et al., 2018; Ogilvie, 2012; Ong et al., 2019; Owens, 2018; Pape et al., 2018; Pottie et al., 2009; Pratt et al., 2006; Reyes Villagomeza, 2019) including both boundary crossing to academia and clinical teaching and hybrid roles, particularly clinical-management roles. The impact of education and learning, qualifications and credentials on professional identity and professional capital was investigated in 12 or 8% of studies (Arai et al., 2017; Beckett & Gough, 2004; Beddoe, 2013, 2015; Birks et al., 2010; Blouin, 2018; Clandinin & Cave, 2008; Foster & Roberts, 2016; Hansen et al., 2019; Sawatsky et al., 2018; Sawatsky et al., 2020; Sims, 2011) and the role of professional identity on recruitment and retention of workforce (9) (Becker, 2013; Cowin et al., 2008; Jiang et al., 2019; Karanikola et al., 2018; Landis et al., 2020; Lévesque et al., 2019; McCrae et al., 2014; Moorhead, 2019; Sabanciogullari & Dogan, 2017), including through its role in managing work stress and burnout (2) (Diede, 2018; Fragkiadaki et al., 2019). The impact of dominant paradigms such as the biomedical paradigm of health or dominant paradigms of practice, e.g., cognitive behavioural therapy, were also given as context for research involving professional identity. Again, both the *impact on* (7) (Hanson, 2009; Ka-Hi et al., 2019; Lotan, 2019; Motoike, 2003; Nicacio et al., 2016; Schubert et al.,

2020; Yagil & Medler-Liraz, 2015) as well as *the role of* professional identity (2) (Apker & Eggly, 2004; Bentley et al., 2018) was of interest in studies. Organisational engagement of health professionals (Baathe & Norbäck, 2013) and improvement of patient care (Barone & Lazzaro-Salazar, 2015) was the background to one study each.

Q 3: which theories of identity form the basis of professional identity research in the health professions literature?

The majority of studies (131 or 82%) utilised qualitative methods, with the remaining using quantitative (20 or 12%) and mixed methods (9 or 6%) (Table 4). A wide variety of theoretical and methodological approaches were applied (Table 4). Constructionism and phenomenology were used in 25 and 16 studies respectively and 13 studies took a grounded theory approach. The remaining studies using symbolic interactionism (6), interpretivism (5), criticalism (4), constructionism with a critical perspective (3); and poststructuralism (2). One study each used feminism; standpoint feminism; poststructuralism/feminism; poststructuralism (Bourdieu); social realism; existential phenomenology; or multiple theories (Bourdieu/feminism/cultural theory). Seventy-nine studies (49%) made no comment on overall theoretical framework.

Stated theories and frameworks of identity by category

Stated theories and frameworks were identified in the following categories—*individual*, *social*, and *poststructural and critical*. *Combinations of theories* and *theories developed* through the research were also categorised. As described above, the categories *narrative,* spanning all three main categories (Smith & Sparkes, 2008), and *environmental,* accommodating a novel perspective of identity (Hauge, 2007), were included.

Twenty-nine studies utilised theories or frameworks which were categorised under *Social*. Theories and frameworks included Social Identity Approaches including Social Identity Theory and Self-Categorisation Theory (9) (Blouin, 2018; Cascón-Pereira & Hallier, 2012; Cascón-Pereira et al., 2016; Chang, 2012; Jiang et al., 2019; Ka-Hi et al., 2019; Mallon, 2018; Ogilvie, 2012; Salvatore, 2018), self-concept (1) (Cowin et al., 2008) and professional self-concept (2) (Kantek & Şimşek, 2017; Karanikola et al., 2018). Two further studies had a situated learning perspective with identity framed within Wenger's Community of Practice framework (2) (Forenza & Eckert, 2018; Smith & Boyd, 2012). One study each employed Mead's Symbolic Interactionism (Fagermoen, 1995), Social Cognitive Theory (Sawatsky et al., 2020), Dubar's Professional Identities (Nicacio et al., 2016), Relational and Social identity and Identification (Currie et al., 2010), Professional Self-Description (Hedenskog et al., 2017), The Occupational Perspective of Health framework (OPH) (Ennals et al., 2016) and Embedded Intergroup Relations Theory (Furtaw, 2004). Social approaches related to role included Identity Theory (5) (Allen, 2011; Hercelinskyj et al., 2014; Matsui et al., 2019; Ong et al., 2019; Sercu et al., 2015), Role-exit Theory (2) (Bertrand, 2009, 2010) and Positioning Theory (1) (Snelgrove, 2009). Ten studies were categorised as *Poststructural and Critical* and included discursive construction of professional identity (4) (Apker & Eggly, 2004; Mackay & Zufferey, 2015; Real et al., 2009; Schubert et al., 2020), Bourdieu's Habitus (1) (O'Shea & McGrath, 2019), Anzaldúa's (1987) Borderlands Theory (2) (Hinojosa, 2012; Hinojosa & Carney, 2016), Performance Studies (1) (Chow et al., 2018), Sociopolitical Professional Identity (1) (Motoike, 2003), Robert's (2000) Model of Identity Development and Oppressed Group

Table 4 Theoretical perspectives of studies

		Number of studies of 160
Theoretical approach of overall study	Qualitative	131
	Quantitative	20
	Mixed method	9
Stated theoretical frameworks of overall study	Constructionism	25
	Phenomenology	16
	Grounded theory	13
	Symbolic interactionism	6
	Interpretivism	5
	Criticalism	4
	Constructionism (critical perspective)	3
	Poststructuralism	2
	Feminism; standpoint feminism; poststructuralism/ feminism; poststructuralism (Bourdieu); social realism; existential phenomenology; multiple theories (bourdieu/feminism/cultural theory)	I each, total 7
	Not stated	79
Stated theories & frameworks of identity by category	Social	29
	Poststructural and critical	10
	Narrative	**7**
	Individual	4
	Environmental	1
	Combination of theories	4
	Developed theories of professional identity	2
Inferred categories of theories & frameworks	Social	73
	Narrative	10
	Poststructural and critical	6
	Individual	3
Not able to be inferred		11

Behaviour (1) (Birks et al., 2010). Seven studies were classified under the *Narrative* heading and included Narrative Identity—dialogic (3) (Barone & Lazzaro-Salazar, 2015; Kluijtmans et al., 2017; Morriss, 2014), Narrative identity theory (1) (Divall, 2015), Narrative identity (moral Identity) (1) (Peter et al., 2018) and narrative identity—'thick social relational focus' or performative perspective (Barraclough, 2014) and generally a narrative approach (not defined) (Berghout et al., 2020). Four studies used theories or frameworks categorised under *Individual* including a developmental perspective (1) (Fitzpatrick, 2004), Possible Selves (1) (Bartlett, 2008) and one each encompassing learning frameworks of identity related to the individual—Mezirow's Phases of Transformative Learning (Sawatsky et al., 2018) and Illeris' Transformative Learning and Identity theory (Owens, 2018). Place-Identity Theory (Harris & Guillemin, 2015) was categorised under *Environmental* with one study in this category. Four studies indicated the use of a *combination of theories*—Identity Theory and Social Identity Theory (1) (Mishra et al., 2012), Social Identity Theory and Bourdieu perspectives (1) (Beddoe, 2013), Heidegger's Principle of Identity (being is always the being of a being) and a developmental

framework (1) (Ferrell, 2017), and Career Theory and a developmental framework (1) (Gomaa, 1999). Two further studies were identified which comprised *theories or perspectives which were developed* as part of the study—Worker in Environment (Carpenter & Platt, 1997) and a social theory of professional identity formation (Becker, 2013).

Inferred categories of theories and frameworks of identity

One hundred and three studies did not specifically state theories or frameworks of identity used in the research. Four broad categories of identity were inferred from a secondary analysis—*individual*, *social*, *narrative*, and *poststructural and critical and perspectives*. Seventy-three studies of 103 studies were classified as *Social* in three subcategories. Thirty studies were identified as being focussed on group membership in their investigation (Barbour & Lammers, 2015; Bochatay, 2018; Brosnan & Cribb, 2019; Carrillo & Rubel, 2019; Croft et al., 2015a, 2015b; Curtis & Day, 2013; Elvey et al., 2013; Feen-Calligan, 2012; Findlow, 2012; Franco & Tavares, 2013; Gregg & Magilvy, 2001; Hammond et al., 2016; Koskiniemi et al., 2019; Kyratsis et al., 2017; Lafleur, 2007; Lévesque et al., 2019; McCrae et al., 2014; Mellin et al., 2011; Meyer et al., 2015; Moorhead et al., 2016; Moorhead, 2019; Mousazadeh et al., 2019; Niemi & Paasivaara, 2007; Porter & Wilton, 2019; Reyes Villagomeza, 2019; Sabanciogullari & Dogan, 2017; Stone et al., 2002; Tahim, 2015; Thomson et al., 2014) whilst 28 studies focussed on role (Baathe & Norbäck, 2013; Dadich et al., 2015; Diede, 2018; Fleit, 2008; Frechette et al., 2020; Handy et al., 2020; Hansen et al., 2019; Hanson, 2009; Hazen et al., 2018; Hendrikx, 2018; Iglesias & De Bengoa Vallejo, 2011; Kumpusalo et al., 1994; Kunhunny & Salmon, 2017; Landis et al., 2020; Martin et al., 2020; McKenzie & Williamson, 2016; Pape et al., 2018; Piil et al., 2012; Pottie et al., 2009; Pratt et al., 2006; Salim & Elgizoli, 2016; Sanders, 2019; Sims, 2011; Swickert, 1997; Thompson et al., 2018; Wright, 2007; Yagil & Medler-Liraz, 2015; Zhang et al., 2015). A further 14 studies were not focussed on either group membership or role and classified as *Social—General* (Beckett & Gough, 2004; Beddoe, 2015; Bentley et al., 2018; Bertin & Pantalone, 2019; Foster & Roberts, 2016; Hurley, 2009; Hurley & Lakeman, 2011; Iwasaki et al., 2018; Larsson et al., 2009; Lewis, 2004; Lotan, 2019; MacIntosh, 2002, 2003; Takashima & Saeki, 2019; Zufferey, 2012). This included one study which in which societal expectations around gender was the focus of professional identity (Lewis, 2004) and one study in which situated learning was identified as the focus (Beckett & Gough, 2004). Narrative perspectives of professional identity were identified in 10 studies (Blomberg, 2016; Brunton, 2017; Carra et al., 2017; Clandinin & Cave, 2008; Dahl & Clancy, 2015; de Meis et al., 2007; Dombeck, 2003; Fragkiadaki et al., 2019; Karpetis, 2014; Leigh, 2014) and poststructural and critical perspectives in 6 studies (Bludau, 2017; Gent, 2017; McMurray & Pullen, 2008; McNamara, 2010; Ngai, 2007; O'Shea & McGrath, 2019). Individual perspectives were identified in three studies including psychological/developmental approaches theories (Branch, 2016; Chan et al., 2018) and learning impacting the individual (1) (Arai et al., 2017).

Categories of identity frameworks were not able to be inferred and assigned in 11 (7%) of the studies.

Q4. In addition to theories of identity what constructs of professional identity are found in the health professions literature?

Five major themes containing 37 categories of constructs of professional identify were determined from the health professions literature (Table 5). Note that studies may contain multiple constructs of professional identity. Constructs of professional identity linked to references in the health professions literature are presented in "Appendix 3".

As previously discussed, constructs of professional identity were not discrete but rather intertwined, reciprocal and changing dependent on the individual and circumstances (Fig. 2).

The lived experience of professional identity

The Lived Experience of Professional Identity comprised three categories, *Becoming from Performing, Knowing from Practising* and *Practising*. *Becoming from Performing was* referred to in 83 or 52% of studies. This category reflects performative aspects of professional identity development with individuals described as learning to identify as health professionals through observation and role modelling which was consolidated through repetition, practice, feedback and validation, and a growing sense of confidence as a health professional. This was not always experienced in a positive way as "the inhibiting culture of nursing was perpetuated through socialisation processes" (Ogilvie, 2012) or lack of role models for novel roles impacted developing identity. *Becoming from performing* also contributed to the co-construction of professional identity through collaboration with other professionals within intra-professional and inter-professional communities of practice.

Knowing from practising, discussed in 56 studies (35%), describes health professionals' experience with patients, clients, communities and students over years of practice giving meaning to and shaping professional identities.

Knowing from practising included two subcategories—*Witnessing the experiences of others through relationships* (30) and *Personal experiences impacting interactions with clients* (7).

Practising was described as intrinsic to professional identity in 23 or 14% of studies and was identified as a locus of professional identity in the health professions. Clinical practice was also described as important in the development of leadership and management identity, giving meaning to leadership and a contributing to maintenance of professional collective identity. Three subcategories of *Practicing* were identified in the literature as impacting professional identity development—*Philosophy of practice, Visibility of practice* and *Autonomy in practice.*

Role was identified as an important component of professional identity across a number of themes and was referenced specifically in 86 or 54% of studies.

The world around me

Workplace was described as contributing to professional identity in 62 or 39% or studies. Workplace is described as influencing professional identity by dictating practice of health professionals, through perceived inadequacy of workplace conditions (resources, time, remuneration) and through changing role, changing work, changing work environment and changing practice. Workplace influences on professional identity described

Table 5 Constructs of professional identity in the health professions literature

		No. studies of 160 (%)
The lived experience of PI	Becoming from performing	83 (52)
	Knowing from practicing	56 (35)
	Witnessing experiences of others through relationships	30 (19)
	Personal experiences impacting interactions with clients	7 (4)
	Practising	23 (14)
	Philosophy of practice	38 (24)
	Visibility of practice	14 99)
	Autonomy in practice	29 (18)
	Role	86 (54)
The world around me	Workplace and the organisation	62 (39)
	Political, social and healthcare reforms and advances	21 (13)
	Professional hierarchies	44 (28)
	Dominant paradigms	44 (28)
	Knowledge claims	22 (14)
	Health professional-client relationship	14 (9)
	Societal expectations	13 (8)
Belonging	The Group	52 (33)
	Group Collective Identity	15 (9)
	The profession in relation to other professions	7 (4)
	"Thinking of oneself as a…."	9 (6)
	Doing, being, becoming, belonging to a discipline	3 (2)
	Organisational identity	12 (8)
	Boundary Crossing	58 (36)
	Boundary Closure	17 (11)
Me	Self	95 (59)
	The stories I tell about myself	9 (6)
	Gender	18 (11)
	Sexuality	1 (1)
	Race/Culture	5 (3)
	SES	2 (1)
	Age	3 (2)
	Self in relation to others	5 (3)
	Self in relation to the profession	1 (1)
	Self & Fit	54 (34)
Learning and qualifications	Acquiring knowledge and skills	39 (24)
	Enhancing professional capital	16 (10)
	Shaping or controlling the profession	10 (6)

Fig. 2 The complex and interrelated nature of constructs of professional identity in the health professions literature

above capture influences of political, social and healthcare reforms and advances, however these influences were discussed specifically in 21 or 13% of studies.

Professional hierarchies between professions and within professions was described as impacting professional identity in 44 studies. Between-profession power hierarchies described the medical profession at the top of the hierarchy with community midwifery and school nursing literature describing themselves as being low in the hierarchy of professions. Other hierarchies of health professions/specialties were described by academics and by complementary and alternative medicine practitioners who described themselves as professions on the periphery. Within-profession hierarchies were described in the literature in relation to seniority, further training, expanded practice, higher or different qualifications, type of work, place of work (e.g., private vs public), prototypical behaviour in relation to the profession and married vs unmarried female doctors. These dynamics of hierarchy between and within professions were also noted as being important with respect to validation of value and competence of professionals. Hierarchies were noted to exist within an organisational context.

D*ominant paradigms and discourses* of health and practice with its impact on professional identity described in 44 studies. The biomedical model of healthcare was the

paradigm most often cited (in 28 of 44 studies) as being the dominant in models of care influencing development of professional identity.

K*nowledge claims* was described as influencing professional identity development in 22 studies. This included the privileging of evidence-based knowledge over experience-based knowledge, and benchmarked, marketable and externally levied 'quality' criteria being valued over immeasurable dimensions of practice such as the relational and experiential aspects of healthcare.

The *health professional-client relationship* was also discussed in 14 studies as a component of professional identity underpinning identities such 'expert' and 'fixer'.

S*ocietal expectations* of the health professions, were also identified as influencing professional identity formation in 13 or 8% of studies.

Belonging

Group identification (*The Group*) as an important aspect of professional identity was identified in 52 or 33% of studies with group collective identity being seen as important in 15 studies. *The profession in relation to other professions,* was another aspect of collective professional identity in seven studies. "Thinking of oneself as a ….." and doing, being, becoming, belonging to a discipline were identified as important in nine and three studies respectively. Identification with the organisation (*Organisational identity*) was seen as an important aspect in professional identity in 12 studies.

Boundaries in the professions were identified as influencing professional identity in 75 papers and described in two ways—through B*oundary Crossing* and through B*oundary Closure*. *Boundary Crossing* was documented in 58 or 36% of studies impacting professional identity in relation to increasing experience (crossing from novice to expert), undertaking more training or qualifications, as well expanded or specialist practice. Transition from clinician roles were also documented as influences—from clinician to educator, from clinician to academic and from clinician to manager/leader. Changes in clinical professions or working in novel areas of practice were also identified as boundary crossing as were dual roles such as clinician-scientists and clinician-manager and working across multiple boundaries, all of which were identified as influencing professional identity. The creation or existence of *boundary closure* between professions or specialties to consolidate professional identity development was discussed in 17 studies.

Me

Self as a component of professional identity was discussed in 38 (24%) studies. *Self* reflected the foundations of personal identity such as personal characteristics, values, feelings, as well as personal life with strong interrelationships between self, personal and professional identities described. Social work and nursing describe their professions as being intrinsic to self. Another aspect of self relating to professional identity described in nine studies *The stories I tell about myself* and described/included the dominant stories professionals tell about themselves on the basis of their lived experience in the world. These stories, through a reflexive practice, were described as providing opportunities for identification and deconstruction of discourses at play in the narratives with which we construct our professional identity, facilitating professional growth and transformation.

Gender, R*ace and Culture, Age,* and *Socioeconomic Status* were described in 18, 5, 2 and 1 study respectively in relation to professional identity. *Self in relation to others* was

identified as a category within this theme in five studies with narratives of oneself being described as always being in relation to, and constituted by, 'other'—supervisors, colleagues, students and family. *Relation to others* was also described in conceptualisations of professional identity related to the caring aspects of nursing/nursing education interactions—including representing, advocating for and providing for others.

Tensions exist between the self and developing professional identity and professional identity construction is partially triggered by work-identity integrity violations. *Self & Fit* was described in a total of 54 or 34% of studies as being important in professional identity. For example, *Self & Fit* was described as impacting professional identity in relation to fit, or not, between self and work, role or practice expectations, as related to fit with members of the professional group as well as fit with the profession.

Learning and qualifications

Learning through the *acquiring knowledge and skills* was discussed in 39 or 24% of studies. Further learning and qualifications was described as important in the differentiation of self from others within the profession with lack of further training and learning opportunities described as hampering professional identity development. *Qualifications or credentialing as enhancing professional capital* or improving the status of the health professional was discussed in 16 or 10% of papers. *Qualifications or credentialling as shaping or controlling the profession* were discussed as an influence on professional identity in 10 or 6% or studies.

Discussion

This scoping review sought to explore and interrogate the literature on professional identity for practising health professionals in order to understand on what disciplines and career stage the evidence is focussed, why the research was undertaken, which theory or framework was used to guide the research and what constructs are used to discuss professional identity. The findings provide insight into professional identity across 17 health professions of 32 investigated. Overall, the majority of studies were in nursing and medicine early in careers with the allied health professions poorly represented. Novel to this review, we identified the role of learning and qualifications as contributing to professional identity through increased knowledge and skills and social capital of the profession. Despite the number of studies and the demonstration of commonalities across the professions, this review demonstrates gaps in the research, both in the number of health professions that are represented in the literature as well as issues with theoretical perspectives and critical aspects of the research. Highlighted as well is the imperative for researcher reflexivity including an interrogation of how the agenda for the research into professional identity is set. Future research must further refine theoretical frameworks to develop questions and guide data collection and its analysis (Merriam & Tisdell, 2015). While there is promising new literature emerging (Devery et al., 2018; Hammond et al., 2016; Scanlan & Hazelton, 2019; Jiang et al., 2019) there is a need for further research that explores professional identity in post-registration allied health professionals. However, these findings provide guidance for health workforces, as individuals and collective identities, to successfully negotiate the constantly changing face of healthcare.

Our review scoped the rationale for research into professional identity, addressing the question of 'why' in professional identity research. This synthesis has developed a deeper understanding of the broader contexts and underlying perspectives, assumptions and

biases of the research and the researchers. This not only contributes to a more nuanced and critical understanding of the limitations of the literature but also contributes to an understanding of conceptualisations of professional identity across the health professions. Interrogating the rationale for the research also calls to attention to the range of issues that are significant to the health professions and their professional identity, for example the impact of role transition or organisational change on professional identity or links between knowledge, credentials and professional identity. This scoping review has identified that professional identity research in the health professions is largely conducted to explore the impact of political, social and healthcare reforms and advances and to support the development of professional identity. This understanding can guide future research, professional development and education that is pertinent to the health professions including recruitment and retention of workforce, teamwork, progression to academia and leadership.

Highlighting the theoretical framing of professional identity research in this review further contributes to the understanding of the way in which professional identity is understood and discussed in the health professions literature. Our review identified that only 35% of research into professional identity explicitly states a framework or theory of identity. This may reflect a lack of coherence around important theoretical considerations underpinning much of the research and should caution the reader in interpretation of the research. Drilling down further into discussions of professional identity five categories of constructs of professional identity were identified across a broad range of health professions. As well as reflecting the broad categories of individual, social, narrative and poststructural and critical theories of identity, these multiple categories with their multiple subcategories reflect the multi-faceted and nuanced nature of professional identity and provide broad and rich insight into professional identity across the health professions. Taking into account the breadth of these aspects of professional identity will be useful for informing future professional identity research that is relevant to the health professions and further highlights that the arbitrary frameworks must be used with caution with a recognition of the complexity and depth of concepts comprising each category.

Our scoping review reinforces themes identified in previous reviews on professional identity in interprofessional teams and in studies which have included students. Themes of self, the impact of relationships with clients and other health professionals, as well as clinical experience and practice were identified as important influences on the professional identity in this review and others (Best & Williams, 2019; Volpe et al., 2019). As the research into professional identity in the health professions is important it is imbued with power (Zembylas, 2003) and this is reflected in the findings which describe hierarchies, dominant paradigms, contested knowledge, and social expectations. This scoping review also describes the role of hierarchies, autonomy and role enactment in professional identity and affirms existing evidence (Best & Williams, 2019; Volpe et al., 2019). The scoping review also highlights the limited exploration of race and indigeneity, socioeconomic status and gender in professional identity research which has been previously raised as a much needed area of professional identity research in health professions (Sarraf-Yazdi et al., 2021; Tsouroufli et al., 2011; Volpe et al., 2019; Wyatt et al., 2020, 2021a, 2021b).

Limitations

Due to the small number of studies within most health professions in this scoping review it was not possible to sort theories and constructs of professional identity by profession and thus to identify if aspects of professional identity were more important to some professions

than others. In addition, we recognise that categorisation of the theories used may not fully reflect the complex and interrelated nature of aspects of professional identity. Many studies included interwoven aspects to the research, often with one category of identity within another. It was at times difficult to differentiate between aspects of the social such as the group and group-defining behaviours and role with its expectations. For example, "what it means to be and act like a nurse" could be potentially interpreted as a Social Identity Approach (the group) or an Identity Approach (role).

Conclusion

This scoping review makes an important contribution to the literature by comprehensively examining the rationale and theoretical underpinnings of professional identity research across the health professions as well as exploring the multi-faceted and nuanced nature of professional identity. Professional identity research is under-represented in many health professions and is poorly theorised limiting the cohesion of research across a broad range of health profession. Critical perspectives of professional identity in the health professions literature is lacking, particularly with respects to race and indigeneity, socioeconomic status and gender. Addressing these limitations and taking the broad nature of professional identity into consideration will impact the articulation of meaningful questions and theoretical frameworks for future research.

Appendix 1 Example search strategy—scopus

Parent term	Related terms
Professional identity	Professional PRE/3 identit*
AND	
Various (32) health professions (included psychologist; doctor; nurse; midwife; dietitian; physiotherapist; occupational therapist; speech therapist; podiatrist; social worker; pharmacist; optometrist; paramedic; dentist; allied health professional; audiologist; osteopath; chiropractor; Chinese medicine practitioner; naturopath; exercise physiologist; orthotist; prosthetist; orthoptist; perfusion technician; medical radiation practitioner; rehabilitation counsellor; music therapist; art therapist; radiographer; imaging technologist; sonographer; genetic counsellor)	psychologist* OR "psychology graduate*" OR "psychology student*" OR doctor* OR medicine OR "medical student*" OR physician* OR nurs* OR midwif* OR "allied health" OR dieti?ian* OR dietetic* OR physiotherapist* OR "physical therapist*" OR "occupational therap*" OR "speech therap*" OR "speech patholog*" OR podiatr* OR "social work*" OR pharmac* OR paramed* OR dent* OR audiolog* OR osteopath* OR "exercise physiolog*" OR orthot* OR prosthet* OR optometr* OR orthopt* OR "rehabilitation counsel*" OR "music therap*" OR "art therap*" OR radiograph* OR "radiation therap*" OR "imaging technolog*" OR "nuclear medicine" OR "nuclear medicine technolog*" OR ultrasonograph* OR "perfusion techn*" OR "genetic counsel*" OR chiroprac* OR "Chinese medicine pract*" OR naturopath*

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Appendix 3 Constructs of professional identity linked to references in the health professions literature

Constructs and themes of professional identity in the health professions literature	References
The Lived Experience of PI	
Becoming from performing	Fagermoen (1995), Fagermoen (1997), Swickert (1997), Gomaa (1999), Gregg and Magilvy (2001), MacIntosh (2002), Stone et al. (2002), Deppoliti (2003), MacIntosh (2003), Motoike (2003), Pratt et al. (2006), Lafleur (2007), Bartlett (2008), Clandinin and Cave (2008), Cowin et al. (2008), Deppoliti (2008), McMurray and Pullen (2008), Bertrand (2009), Hanson (2009), Healey (2009), Larsson et al. (2009), Pottie et al. (2009), Real et al. (2009), Allen (2011), Hurley and Lakeman (2011), Iglesias and De Bengoa Vallejo (2011), Cascón-Pereira and Hallier (2012), Chang (2012), Feen-Calligan (2012), Hinojosa (2012), Ogilvie (2012), Smith and Boyd (2012), Baathe and Norbäck (2013), Becker (2013), Beddoe (2013), Franco and Tavares (2013), Woo (2013), Karpetis (2014), Vincifori and Molinar (2014), Barone and Lazzaro-Salazar (2015), Dadich et al. (2015), Harris and Guillemin (2015), Mackay and Zufferey (2015), Sercu et al. (2015), Zhang et al. (2015), Branch and Frankel (2016), Ennals et al. (2016), Foster and Roberts (2016), Hammond et al. (2016), Hinojosa and Carney (2016), Moorhead et al. (2016), Carra et al. (2017), Kluijtmans et al. (2017), Kunhunny and Salmon (2017), Blouin (2018), Bochatay (2018), Chow et al. (2018), Diede (2018), Hazen et al. (2018), Hendrikx (2018), Iwasaki et al. (2018), Mallon (2018), Ng et al. (2018), Owens (2018), Thompson et al. (2018), Brosnan and Cribb (2019), Carrillo and Rubel (2019), Fragkiadaki et al. (2019), Hansen et al. (2019), Jiang et al. (2019), Lotan (2019), Mousazadeh et al. (2019), O'Shea and McGrath (2019), Ong et al. (2019), Porter and Wilton (2019), Reyes Villagomeza (2019), Sanders (2019), Takashima and Saeki (2019), Wiles and Vicary (2019), Frechette et al. (2020), Landis et al. (2020), Sawatsky et al. (2020), Schubert et al. (2020)

Constructs and themes of professional identity in the health professions literature	References
Knowing from practicing	Fagermoen (1995), Carpenter and Platt (1997), Gomaa (1999), Gregg and Magilvy (2001), Stone et al. (2002), Beckett and Gough (2004), Furtaw (2004), Pratt et al. (2006), Clandinin and Cave (2008), Cowin et al. (2008), Hanson (2009), Healey (2009), Larsson et al. (2009), Pottie et al. (2009), Real et al. (2009), Snelgrove (2009), Hurley and Lakeman (2011), Feen-Calligan (2012), Becker (2013), Beddoe (2013), Barraclough (2014), Karpetis (2014), Morriss (2014), Thomson et al. (2014), Vincifori and Molinar (2014), Barone and Lazzaro-Salazar (2015), Dadich et al. (2015), Mackay and Zufferey (2015), Sercu et al. (2015), Zhang et al. (2015), Ennals et al. (2016), Hammond et al. (2016), Moorhead et al. (2016), Nicacio et al. (2016), Arai et al. (2017), Hedenskog et al. (2017), Kluijtmans et al. (2017), Kunhunny and Salmon (2017), Kyratsis et al. (2017), Sabanciogullari and Dogan (2017), Chow et al. (2018), Forenza and Eckert (2018), Hendrikx (2018), Iwasaki et al. (2018), Owens (2018), Peter et al. (2018), Sawatsky et al. (2018), Carrillo and Rubel (2019), Fragkiadaki et al. (2019), Hansen et al. (2019), Jiang et al. (2019), Mousazadeh et al. (2019), O'Shea and McGrath (2019), Porter and Wilton (2019), Sanders (2019), Takashima and Saeki (2019), Landis et al. (2020), Schubert et al. (2020)
Witnessing experiences of others through relationships	Carpenter and Platt (1997), Fagermoen (1997), Beckett and Gough (2004), Furtaw (2004), Clandinin and Cave (2008), Cowin et al. (2008), Hurley (2009), Larsson et al. (2009), Hurley and Lakeman (2011), Baathe and Norbäck (2013), Karpetis (2014), Leigh (2014), Vincifori and Molinar (2014), Barone and Lazzaro-Salazar (2015), Dadich et al. (2015), Sercu et al. (2015), Zhang et al. (2015), Branch and Frankel (2016), McKenzie and Williamson (2016), Arai et al. (2017), Ferrell (2017), Kyratsis (2017), Diede (2018), Peter et al. (2018), Sawatsky et al. (2018), Bertin and Pantalone (2019), Hansen et al. (2019), Lévesque et al. (2019), Takashima and Saeki (2019), Schubert et al. (2020)
Personal experiences impacting interactions with clients	Swickert (1997), Gomaa (1999), Motoike (2003), Bertrand (2009), Bertrand (2010), Ferrell (2017), Sawatsky et al. (2018)
Practising	Fagermoen (1995), Gregg and Magilvy (2001), Deppoliti (2003), Cowin et al. (2008), Deppoliti (2008), McNamara (2010), Sims (2011), Cascón-Pereira and Hallier (2012), Ogilvie (2012), Smith and Boyd (2012), Baathe and Norbäck (2013), Franco and Tavares (2013), Croft (2015a, 2015b), Divall (2015), Nicacio et al. (2016), Carra et al. (2017), Ferrell (2017), Kluijtmans et al. (2017), Kunhunny and Salmon (2017), Mallon (2018), Brosnan and Cribb (2019), Koskiniemi et al. (2019), Landis et al. (2020)

Constructs and themes of professional identity in the health professions literature	References
Philosophy of practice	Carpenter and Platt (1997), Swickert (1997), Gregg and Magilvy (2001), MacIntosh (2002, 2003), Beckett and Gough (2004), Ngai (2007), Niemi and Paasivaara (2007), Wright (2007), Bartlett (2008), Clandinin and Cave (2008), Hanson (2009), Healey (2009), Hurley (2009), Pottie et al. (2009), Snelgrove (2009), Zufferey (2012), Karpetis (2014), Leigh (2014), McCrae et al. (2014), Ocek and Vatansever (2014), Thomson et al. (2014), Dadich et al. (2015), Dahl and Clancy (2015), Mackay and Zufferey (2015), Sercu et al. (2015), Zhang et al. (2015), Branch and Frankel (2016), Nicacio et al. (2016), Bludau (2017), Ferrell (2017), Kyratsis et al. (2017), Diede (2018), Forenza and Eckert (2018), Sawatsky et al. (2018), Thompson et al. (2018), Lévesque (2019), Takashima and Saeki (2019)
Visibility of practice	Ngai (2007), Hanson (2009), Snelgrove (2009), Hercelinskyj et al. (2014), Karpetis (2014), Morriss (2014), Kunhunny and Salmon (2017), Bochatay (2018), Diede (2018), Mallon (2018), Thompson et al. (2018), Lévesque et al. (2019), Takashima and Saeki (2019), Landis et al. (2020)
Autonomy in practice	Swickert (1997), MacIntosh (2002, 2003), Furtaw (2004), Ngai (2007), Fleit (2008), McMurray and Pullen (2008), Hanson (2009), Larsson et al. (2009), Currie et al. (2010), McNamara (2010), Findlow (2012), Piil et al. (2012), Zufferey (2012), Baathe and Norbäck (2013), Morriss (2014), Ocek and Vatansever (2014), Sercu et al. (2015), Cascón-Pereira et al. (2016), Brunton (2017), Gent (2017), Ng et al. (2018), Owens (2018), Salvatore et al. (2018), O'Shea and McGrath (2019), Frechette et al. (2020), Landis et al. (2020), Martin et al. (2020), Sawatsky et al. (2020)

Constructs and themes of professional identity in the health professions literature	References
Role	Kumpusalo et al. (1994), Swickert (1997), Gomaa (1999), MacIntosh (2002, 2003), Motoike (2003), Beckett and Gough (2004), Furtaw (2004), Thompson (2005), Pratt et al. (2006), de Meis et al. (2007), Lafleur (2007), Wright (2007), Fleit (2008), McMurray and Pullen (2008), Hanson (2009), Healey (2009), Hurley (2009), Larsson et al. (2009), Pottie et al. (2009), Real et al. (2009), Snelgrove (2009), Currie et al. (2010), Allen (2011), Hurley and Lakeman (2011), Mellin et al. (2011), Sims (2011), Cascón-Pereira and Hallier (2012), Findlow (2012), Mishra et al. (2012), Ogilvie (2012), Piil et al. (2012), Smith and Boyd (2012), Zufferey (2012), Elvey et al. (2013), Franco and Tavares (2013), Woo (2013), Hercelinskyj et al. (2014), Karpetis (2014), Leigh (2014), Morriss (2014), Thomson et al. (2014), Barbour and Lammers (2015), Barone and Lazzaro-Salazar (2015), Croft (2015a, 2015b), Dahl and Clancy (2015), Mackay and Zufferey (2015), Meyer et al. (2015), Tahim (2015), Yagil and Medler-Liraz (2015), Zhang et al. (2015), Cascón-Pereira et al. (2016), Ennals et al. (2016), Hammond et al. (2016), McKenzie and Williamson (2016), Moorhead et al. (2016), Salim and Elgizoli (2016), Arai et al. (2017), Ferrell (2017), Kantek and Şimşek (2017), Kluijtmans et al. (2017), Kunhunny and Salmon (2017), Kyratsis et al. (2017), Forenza and Eckert (2018), Hazen et al. (2018), Hendrikx (2018), Iwasaki et al. (2018), Mallon (2018), Owens (2018), Pape et al. (2018), Salvatore (2018), Sawatsky et al. (2018), Thompson et al. (2018), Bertin and Pantalone (2019), Fragkiadaki et al. (2019), Hansen et al. (2019), Ka-Hi et al. (2019), Moorhead (2019), Ong et al. (2019), Porter and Wilton (2019), Sanders (2019), Wiles and Vicary (2019), Berghout et al. (2020), Frechette et al. (2020), Handy et al. (2020)

Constructs and themes of professional identity in the health professions literature	References
The World Around Me	
Workplace and the organisation	Fagermoen (1995), Carpenter and Platt (1997), MacIntosh (2002), Deppoliti (2003), MacIntosh (2003), Motoike (2003), Beckett and Gough (2004), Fitzpatrick (2004), Furtaw (2004), Thompson (2005), Pratt et al. (2006), de Meis et al. (2007), Wright (2007), Bartlett (2008), Deppoliti (2008), Fleit (2008), McMurray and Pullen (2008), Hanson (2009), Larsson et al. (2009), Pottie et al. (2009), Real et al. (2009), Sims (2011), Cascón-Pereira and Hallier (2012), Chang (2012), Feen-Calligan (2012), Findlow (2012), Piil et al. (2012), Smith and Boyd (2012), Zufferey (2012), Baathe and Norbäck (2013), Beddoe (2013), Hercelinskyj et al. (2014), Leigh (2014), Ocek and Vatansever (2014), Beddoe (2015), Dadich et al. (2015), Harris and Guillemin (2015), Sercu et al. (2015), Zhang et al. (2015), Hammond et al. (2016), McKenzie and Williamson (2016), Moorhead et al. (2016), Bludau (2017), Kantek and Şimşek (2017), Kyratsis et al. (2017), Devery et al. (2018), Hazen et al. (2018), Iwasaki et al. (2018), Ng et al. (2018), Owens (2018), Pape (2018), Fragkiadaki et al. (2019), Jiang et al. (2019), Koskiniemi et al. (2019), Moorhead (2019), Mousazadeh et al. (2019), Ong et al. (2019), Porter and Wilton (2019), Frechette et al. (2020), Handy et al. (2020), Landis et al. (2020), Martin et al. (2020)
Political, social and healthcare reforms and advances	Carpenter and Platt (1997), Swickert (1997), Thompson (2005), Hurley and Lakeman (2011), Findlow (2012), Mishra et al. (2012), Ogilvie (2012), Zufferey (2012), Ocek and Vatansever (2014), Blomberg (2016), Bludau (2017), Brunton (2017), Gent (2017), Forenza and Eckert (2018), Hendrikx (2018), Iwasaki et al. (2018), Sawatsky (2018), Fragkiadaki et al. (2019), Wiles and Vicary (2019), Frechette et al. (2020), Martin et al. (2020)

Constructs and themes of professional identity in the health professions literature	References
Professional hierarchies	MacIntosh (2002), Deppoliti (2003), MacIntosh (2003), Apker and Eggly (2004), Lewis (2004), Thompson (2005), de Meis et al. (2007), Deppoliti (2008), McMurray and Pullen (2008), Currie et al. (2010), McNamara (2010), Feen-Calligan (2012), Findlow (2012), Ogilvie (2012), Piil et al. (2012), Beddoe (2013), Karpetis (2014), Morriss (2014), Ocek and Vatansever (2014), Thomson et al. (2014), Beddoe (2015), Croft (2015a, 2015b), Divall (2015), Meyer et al. (2015), Sercu et al. (2015), Foster and Roberts (2016), McKenzie (2016), Salim and Elgizoli (2016), Kunhunny and Salmon (2017), Kyratsis et al. (2017), Chan et al. (2018), Diede (2018), Ng et al. (2018), Thompson et al. (2018), Brosnan and Cribb (2019), Ka-Hi et al. (2019), Lotan (2019), Matsui et al. (2019), Mousazadeh et al. (2019), Frechette et al. (2020), Landis et al. (2020), Martin et al. (2020), Schubert et al. (2020) Between-profession power hierarchies described the medical profession at the top of the hierarchy (Deppoliti, 2003; Deppoliti, 2008; Larsson et al., 2009; Beddoe, 2013; Divall, 2015; Blomberg, 2016; Hammond et al., 2016; Lotan, 2019; Mousazadeh et al., 2019; Wiles & Vicary, 2019; Landis et al., 2020)
Dominant paradigms	Swickert (1997), Gomaa (1999), Dombeck (2003), Apker and Eggly (2004), Beckett and Gough (2004), Lewis (2004), de Meis et al. (2007), Ngai (2007), McMurray and Pullen (2008), Hanson (2009), Larsson et al. (2009), Real et al. (2009), Currie et al. (2010), Findlow (2012), Ogilvie (2012), Piil et al. (2012), Beddoe (2013), Morriss (2014), Ocek and Vatansever (2014), Thomson et al. (2014), Barone and Lazzaro-Salazar (2015), Beddoe (2015), Meyer et al. (2015), Sercu et al. (2015), Yagil and Medler-Liraz (2015), Zhang et al. (2015), Blomberg (2016), Arai et al. (2017), Gent (2017), Kyratsis et al. (2017), Bentley et al. (2018), Devery et al. (2018), Mallon (2018), Ng et al. (2018), Peter et al. (2018), Thompson et al. (2018), Brosnan and Cribb (2019), Ka-Hi et al. (2019), Lévesque et al. (2019), Matsui et al. (2019), Wiles and Vicary (2019), Berghout et al. (2020), Landis et al. (2020), Schubert et al. (2020)
Knowledge claims	MacIntosh (2002), Deppoliti (2003), MacIntosh (2003), Ngai (2007), Deppoliti (2008), McMurray and Pullen (2008), Larsson et al. (2009), McNamara (2010), Findlow (2012), Ogilvie (2012), Thomson et al. (2014), Zhang et al. (2015), Nicacio et al. (2016), Gent (2017), Kunhunny and Salmon (2017), Devery et al. (2018), Brosnan and Cribb (2019), Mousazadeh et al. (2019), O'Shea and McGrath (2019), Takashima and Saeki (2019), Landis et al. (2020), Schubert et al. (2020)

Constructs and themes of professional identity in the health professions literature	References
Health professional-client relationship	Fagermoen (1997), Ngai (2007), Barone and Lazzaro-Salazar (2015), Yagil and Medler-Liraz (2015), Zhang et al. (2015), Branch and Frankel (2016), Arai et al. (2017), Bentley et al. (2018), Diede (2018), Peter et al. (2018), Lévesque et al. (2019), Takashima and Saeki (2019), Handy et al. (2020), Schubert et al. (2020)
Societal expectations	MacIntosh (2002), Dombeck (2003), MacIntosh (2003), Motoike (2003), Lewis (2004), de Meis et al. (2007), Ngai (2007), Larsson et al. (2009), Healey (2010), Bentley et al. (2018), Lotan (2019), Matsui et al. (2019), Mousazadeh et al. (2019)
Belonging	
The Group	Fagermoen (1997), Gomaa (1999), Gregg and Magilvy (2001), Deppoliti (2003), Lafleur (2007), Niemi and Paasivaara (2007), Bartlett (2008), Cowin et al. (2008), Deppoliti (2008), Hanson (2009), Healey (2009), Hurley (2009), Real et al. (2009), McNamara (2010), Iglesias and De Bengoa Vallejo (2011), Mellin et al. (2011), Cascón-Pereira and Hallier (2012), Hinojosa (2012), Mishra et al. (2012), Ogilvie (2012), Zufferey (2012), Elvey et al. (2013), Woo (2013), Karpetis (2014), McCrae et al. (2014), Vincifori and Molinar (2014), Barbour and Lammers (2015), Croft (2015a, 2015b), Hammond (2015), Mackay and Zufferey (2015), Meyer et al. (2015), Cascón-Pereira et al. (2016), Ennals et al. (2016), Hinojosa and Carney (2016), Carra et al. (2017), Ferrell (2017), Kunhunny and Salmon (2017), Blouin (2018), Bochatay (2018), Forenza and Eckert (2018), Hendrikx (2018), Ng et al. (2018), Thompson et al. (2018), Carrillo and Rubel (2019), Jiang et al. (2019), Moorhead (2019), Mousazadeh et al. (2019), O'Shea and McGrath (2019), Porter and Wilton (2019), Takashima and Saeki (2019), Wiles and Vicary (2019)
Group Collective Identity	Gregg and Magilvy (2001), de Meis et al. (2007), Bartlett (2008), Fleit (2008), McNamara (2010), Findlow (2012), Ogilvie (2012), Leigh (2014), McCrae et al. (2014), Mackay and Zufferey (2015), Blouin (2018), Iwasaki et al. (2018), Mousazadeh et al. (2019), Porter and Wilton (2019), Martin et al. (2020)
The profession in relation to other professions	Larsson et al. (2009), Piil et al. (2012), Beddoe (2015), Croft (2015a, 2015b), Salim and Elgizoli (2016), Ferrell (2017)
"Thinking of oneself as a…."	Stone et al. (2002), Beckett and Gough (2004), Birks et al. (2010), Cascón-Pereira and Hallier (2012), Chang (2012), Bentley et al. (2018), Chan et al. (2018), Berghout et al. (2020), Sawatsky et al. (2020)
Doing, being, becoming, belonging to a discipline	Fagermoen (1995), McCrae et al. (2014), Nicacio et al. (2016)

Constructs and themes of professional identity in the health professions literature	References
Organisational identity	Curtis and Day (2013), Franco and Tavares (2013), McCrae et al. (2014), Barbour and Lammers (2015), Croft (2015a, 2015b), Kyratsis et al. (2017), Salvatore et al. (2018), Thompson et al. (2018), Bertin and Pantalone (2019), Berghout et al. (2020), Martin et al. (2020)
Boundary Crossing	Stone et al. (2002), Beckett and Gough (2004), Furtaw (2004), Thompson (2005), Ngai (2007), Wright (2007), McMurray and Pullen (2008), Larsson et al. (2009), Pottie et al. (2009), Snelgrove (2009), Birks et al. (2010), Currie et al. (2010), Estrella (2010), McNamara (2010), Sims (2011), Cascón-Pereira and Hallier (2012), Findlow (2012), Hinojosa (2012), Ogilvie (2012), Piil et al. (2012), Smith and Boyd (2012), Baathe and Norbäck (2013), Becker (2013), Curtis and Day (2013), Barraclough (2014), Ocek and Vatansever (2014), Croft (2015a, 2015b), Divall (2015), Meyer et al. (2015), Cascón-Pereira et al. (2016), Ennals et al. (2016), Carra et al. (2017), Ferrell (2017), Gent (2017), Hedenskog et al. (2017), Kantek and Şimşek (2017), Kluijtmans et al. (2017), Kyratsis et al. (2017), Chan et al. (2018), Hazen et al. (2018), Hendrikx (2018), Ng et al. (2018), Owens (2018), Salvatore et al. (2018), Bertin and Pantalone (2019), Brosnan and Cribb (2019), Carrillo and Rubel (2019), Hansen et al. (2019), Ka-Hi et al. (2019), Koskiniemi et al. (2019), O'Shea and McGrath (2019), Ong et al. (2019), Reyes Villagomeza (2019), Berghout et al. (2020), Handy et al. (2020), Martin et al. (2020)
Boundary Closure	Swickert (1997), Furtaw (2004), Lafleur (2007), Fleit (2008), Hanson (2009), Hurley (2009), Snelgrove (2009), McNamara (2010), Mellin et al. (2011), Smith and Boyd (2012), Beddoe (2013), Curtis and Day (2013), Hercelinskyj et al. (2014), Beddoe (2015), Tahim (2015), Thompson (2018), Brosnan and Cribb (2019)
Me	
Self	Fagermoen (1995), Carpenter and Platt (1997), Gomaa (1999), Stone et al. (2002), Fitzpatrick (2004), Furtaw (2004), Thompson (2005), Wright (2007), Bartlett (2008), Cowin et al. (2008), Bertrand (2009), Healey (2009), Real et al. (2009), Bertrand (2010), Estrella (2010), Hurley and Lakeman (2011), Iglesias and De Bengoa Vallejo (2011), Feen-Calligan (2012), Leigh (2014), McCrae et al. (2014), Morriss (2014), Vincifori and Molinar (2014), Hammond (2015), Sercu et al. (2015), Branch and Frankel (2016), Ferrell (2017), Hedenskog et al. (2017), Sabanciogullari and Dogan (2017), Iwasaki et al. (2018), Karanikola (2018), Peter et al. (2018), Jiang et al. (2019), Koskiniemi et al. (2019), Matsui et al. (2019), Ong et al. (2019), Takashima and Saeki (2019), Wiles and Vicary (2019), Schubert et al. (2020)

Constructs and themes of professional identity in the health professions literature	References
The stories I tell about myself	Ngai (2007), Bartlett (2008), Clandinin and Cave (2008), McMurray and Pullen (2008), Barraclough (2014), Branch and Frankel (2016), Carra et al. (2017), Fragkiadaki et al. (2019), Berghout et al. (2020)
Gender	MacIntosh (2002), Dombeck (2003), MacIntosh (2003), Motoike (2003), Lewis (2004), Thompson (2005), de Meis et al. (2007), Healey (2009), Larsson et al. (2009), Hinojosa (2012), Ogilvie (2012), Divall (2015), Hinojosa and Carney (2016), Nicacio et al. (2016), Hedenskog et al. (2017), Chow et al. (2018), Lotan (2019), Matsui et al. (2019)
Sexuality	Hinojosa (2012)
Race/Culture	Dombeck (2003), Estrella (2010), Iglesias and De Bengoa Vallejo (2011), Hinojosa (2012), Hinojosa and Carney (2016) Age, (Larsson et al., 2009; Iglesias & De Bengoa Vallejo, 2011; Hedenskog et al., 2017)
SES	Lewis (2004), Estrella (2010)
Age	Hedenskog et al. (2017), Iglesias and De Bengoa Vallejo (2011), Larsson et al. (2009)
Self in relation to others	Clandinin and Cave (2008), Becker (2013), Barraclough (2014), Ferrell (2017), Blouin (2018)
Self in relation to the profession	Ogilvie (2012)

Constructs and themes of professional identity in the health professions literature	References
Self & Fit	Fagermoen (1995), Carpenter and Platt (1997), Gregg and Magilvy (2001), MacIntosh (2002), Deppoliti (2003), MacIntosh (2003), Fitzpatrick (2004), Pratt et al. (2006), Wright (2007), Bartlett (2008), Deppoliti (2008), Fleit (2008), Hanson (2009), Healey (2009), Sims (2011), Cascón-Pereira and Hallier (2012), Chang (2012), Findlow (2012), Smith and Boyd (2012), Zufferey (2012), Becker (2013), Hercelinskyj et al. (2014), Leigh (2014), Morriss (2014), Barbour and Lammers (2015), Croft (2015a, 2015b), Dadich et al. (2015), Sercu et al. (2015), Zhang et al. (2015), Blomberg (2016), Branch and Frankel (2016), Cascón-Pereira et al. (2016), Bludau (2017), Brunton (2017), Ferrell (2017), Gent (2017), Kunhunny and Salmon (2017), Bentley et al. (2018), Bochatay (2018), Forenza and Eckert (2018), Hendrikx (2018), Iwasaki et al. (2018), Peter et al. (2018), Bertin and Pantalone (2019), Bresnen et al. (2019), Fragkiadaki et al. (2019), Ong et al. (2019), Wiles and Vicary (2019), Berghout et al. (2020), Frechette et al. (2020), Handy et al. (2020), Martin et al. (2020), Schubert et al. (2020) For example Self & fit was described as impacting professional identity in relation to fit, or not, between self and work, role or practice expectations, (Gregg & Magilvy, 2001; Deppoliti, 2003; Fitzpatrick, 2004; Pratt et al., 2006; Ngai, 2007; Niemi & Paasivaara, 2007; Wright, 2007; Deppoliti, 2008; Hanson, 2009; Healey, 2010; Sims, 2011; Zufferey, 2012; Woo, 2013; Morriss, 2014; Sercu et al., 2015; Yagil & Medler-Liraz, 2015; Zhang et al., 2015; Cascón-Pereira et al., 2016; Brunton, 2017; Ferrell, 2017; Gent, 2017; Kunhunny & Salmon, 2017; Kyratsis et al., 2017; Forenza & Eckert, 2018; Peter et al., 2018; Jiang et al., 2019; Wiles & Vicary, 2019; Handy et al., 2020; Landis et al., 2020; Schubert et al., 2020) as related to fit with members of the professional group (Cascón-Pereira et al., 2016) as well as fit with the profession. Wright (2007), Zufferey (2012)

Constructs and themes of professional identity in the health professions literature	References
Learning and Qualifications	
Acquiring knowledge and skills	Gregg and Magilvy (2001), Stone et al. (2002), Deppoliti (2003), Beckett and Gough (2004), Pratt et al. (2006), de Meis et al. (2007), Niemi and Paasivaara (2007), Deppoliti (2008), Bertrand (2009), Pottie et al. (2009), Snelgrove (2009), Bertrand (2010), Birks et al. (2010), Hurley and Lakeman (2011), Sims (2011), Feen-Calligan (2012), Piil et al. (2012), Smith and Boyd (2012), Becker (2013), Curtis and Day (2013), Franco and Tavares (2013), Karpetis (2014), Tahim (2015), Zhang et al. (2015), Arai et al. (2017), Kluijtmans et al. (2017), Sabanciogullari and Dogan (2017), Blouin (2018), Chan et al. (2018), Devery et al. (2018), Owens (2018), Salvatore et al. (2018), Sawatsky et al. (2018), Carrillo and Rubel (2019), Hansen (2019), Jiang et al. (2019), Moorhead (2019), Takashima and Saeki (2019), Schubert et al. (2020)
Enhancing professional capital	Gregg and Magilvy (2001), de Meis et al. (2007), Larsson et al. (2009), Pottie et al. (2009), Snelgrove (2009), Birks et al. (2010), Hurley and Lakeman (2011), Findlow (2012), Beddoe (2013), Franco and Tavares (2013), Karpetis (2014), Tahim (2015), Chan et al. (2018), Ng et al. (2018), Beddoe et al. (2019), Brosnan and Cribb (2019)
Shaping or controlling the profession	de Meis et al. (2007), Lafleur (2007), Feen-Calligan (2012), Findlow (2012), Beddoe (2013), Barraclough (2014), Karpetis (2014), Beddoe (2015), Mackay and Zufferey (2015), Brosnan and Cribb (2019)

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval This paper is a scoping review of the existing literature and so an ethics review was not sought.

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3.2 Postamble

This chapter has presented findings from the systematic scoping review which explored how professional identity was described across the health professions literature. From 160 studies across 17 health professions, with no studies focussed on dietitians, individual constructs of professional identity across the research were categorised into five themes—*The Lived Experience of Professional Identity*; *The World Around Me*; *Belonging*; *Me*; and *Learning and Qualifications*. Only 57 studies (35%) used theory. The review found that descriptions of professional identity were broad, varied, and multi-layered however the literature was under theorised with current theories potentially inadequate to capture its complexity

This completes Section 2 in answer to research question 1, how was professional identity described across the health professions literature? The review demonstrated gaps in the health professions represented in the literature. Therefore, the autoethnography in the profession of dietetics, underpinned by critical theory, was undertaken as the focus of the thesis.

In the next section, Section 3 comprising Chapter 4 relating to early life and family and Chapter 5 relating to the career trajectory, findings of the autoethnographic study are presented. In Chapter 6, both of these chapters are discussed in answer to research question 2, what are the experiences of, influences on and impacts of professional identity in dietitians?

SECTION 3 – AUTOETHNOGRAPHY

Chapter 4 *Coming* – stories of early life and family

4.1 Preamble

We are born into stories that we depend on for our identities and that depend on us to perpetuate; we are both formed by story and form the story
Based on Perih 2017[187]

***

This Chapter 4 *Coming* presents an assemblage relating to professional identity and the relationship to early life – *how* and *with what* we come to dietetics as well as *why*. Life history shapes the construction of professional identities with themes that are central to life histories also critical to the way professional identities are constructed and understood.[79] The stories in this chapter and the following chapter are stories that are important to me, often-repeated stories of self, and which form and are formed by my identity. The particular stories emerged from the construction of my timeline and thinking about the stories of my childhood that held the most significance for me. A comprehensive overview of data used in the assemblage is given in Chapter 2 *Methods*. Data are presented under two broad themes of antecedents of professional identity from early life and education 1) education and career aspiration and 2) personal attributes and family values in choosing nutrition and dietetics. Each of the two themes comprises three separate sub-themes introduced by a 6-sentence biographical *fragment* of important or pivotal aspects of my early life and education to signpost the subtheme. Each *fragment* is connected to a short biography (*my story*) which is then followed by a reflexive examination of my experiences. This reflexive examination, by taking into consideration the experiences of participants, provides further context for my story in relation to its subjective nature within the broader culture of dietetics *(multiple voices: Thinking about my story and stories of participants*). Participant stories will be illustrated by I-Poems created from interview transcripts. A summary of each theme is provided after the presentation of the assemblage. The chapter concludes with a short summary of the findings. As described in the Introduction (page 2), three asterisks denote a shift to a different temporal/spatial/attitudinal/writing domain.

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4.2 Theme 1: Education and career aspiration – *Coming* to dietetics

Valuing education and learning

A father gives his child nothing better than a good education
Prophet Muhammad

***

Fragment

I'm a small child, standing on a stool beside my father of an evening as he shaves, a favourite spot for us as children, to have his attention for a while. He tells and retells stories of his life, of his family, our family, in a distracted way as he concentrates on what's in the mirror. I listen carefully to a story of my grandfather, a story with which I am familiar, that has been written down by him. My father retells the story of Grandfather, son of modest country people, being sent 30 miles down the train line to another school at Jeetho just so he could access the advantages of a teacher of great renown. Shared with parents of 150 other children from around the district my great-grandparents held an ambition for their children to gain the Merit Certificate, to obtain better positions, to set them up to be more than bullocky's sons and daughters. Grandfather did better than that, so affected by his teacher's ability to have children want to learn, to find out, to have a try – he become a school teacher himself, to pay the gift forward.

***

My Story – a story of my father and a love of learning

Stories of educational aspiration and achievement, among so many stories, are part of the fabric of my family. Mine is a family of story tellers, of writers, of know-it-alls. We love and value stories, reading, being funny, being curious and knowing things. It was a competition. It still is. To be funnier, smarter, noticed, in that busy house. To tell a better story. My father Clancy Duff kept a daily diary from the age of 17 until it was transformed into a visitors' book during his palliative care. A 'writer', the occupation he wrote whenever he had the opportunity, my father came late to a career as copy writer in radio realising a long-held dream. Son of a school teacher he had left school at 14 to work in his uncle's factory, but was always driven by his interests to learn more. In music, photography, lapidary, and writing. His diaries are full of projects and ideas and lessons. He was a voracious reader. My earliest memories are of books crowded around the house, of television scripts for submission, projects on the go, a writing course, the photographic enlarger and a drum kit in the hall closet, my father's typewriter in constant use. The house was filled with the instruments, equipment, tools and the chemicals he used throughout his life to follow his hobbies. And he worked hard at his hobbies. As a weekend amateur drummer and freelance writer, he kept the family afloat financially for much of his married life. Every Friday and Saturday night for over 45 years my father played drums in a band for weddings, bar mitzvahs and 21st birthdays celebrations. Age 58 he enrolled in a journalism degree at RMIT and took out the *Frederick Blackman Award* for best first-year student. Learning of all types was always accommodated in the family, following one's interests was encouraged and despite the lack of money, there was always a way.

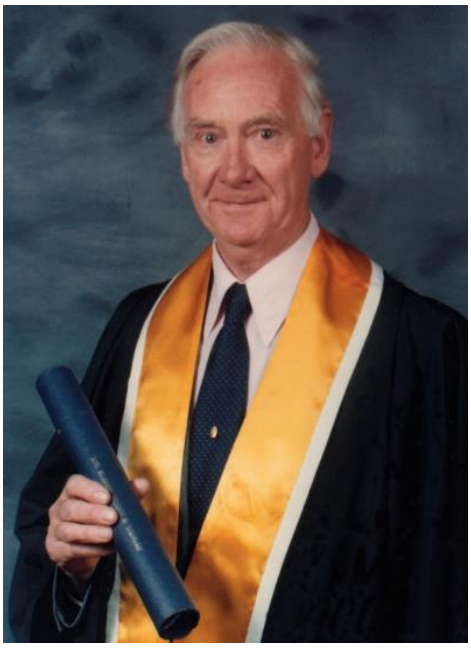

Figure 4.1 My father Clancy Duff on his graduation from RMIT in 1979

Figure 4.2 Old-fashioned family selfie circa 1960 L to R - back row: Peter, Paul and John; middle row: my mother Anne (Nancy), Anne with me on her lap and my father Clancy; front row: Franny, Xavier and Anthony

I was born last in a family of eight children late in the evening of a hot January day in 1960, just as the cool change arrived as a thunderstorm. A relief. There were now 8 children at home ranging from the new baby to a nearly 16-year-old, all but two at school. My birth is noted in my father's diary in his pragmatic way "On January 17th, 1960 I took Anne to hospital after tea and at 9.30 pm, we had a new daughter, Marian Kathleen, a beautiful little baby as each one was. The hospital bill was £33. About this time, I was given a new typewriter at work. They used to change them over about every 2 years and I eventually bought that type-writer for its trade-in value". As children, we laughed out loud each birthday when given the special treat of reading dad's diary entries of our births.

I started school at St Vincent de Paul Strathmore, the local Catholic primary school as all my siblings had. I have memories of all four of us at the school at one stage as the primary school still went to Grade 8. My sister Anne had gone off to the scholarship school St Philomena's Central School in Moonee Ponds, my mother later describing this support from the Catholic Education Department and the good will of the local uniform shop being vital to my sister continuing at school. My sister Frances, (Franny to me always) and I followed in later years. All of my brothers went to the Christian Brothers in Moonee Ponds and later West Essendon – as my father wrote "You only paid for the first two at that College which was a great help to those with big families". By the time the younger children left primary school, by then at the end of grade 6, finances, government funding of schools and scholarships, were enough to ease the burden of our secondary schooling. None of us were outstanding students in our secondary school years but most of us made it through, in one way or another. In addition to school we had other opportunities afforded us, there always seeming to be a way to fund things that were thought to be good for us.

Figure 4.3 My first day of school 1965 wearing my home-made school uniform

My father wrote "It was in 1956 that we bought a good second-hand piano from a bass player I knew for £140. We were lucky it was such a good piano as we did not know much about pianos. As each of our eight children came along, we had them taught piano at the appropriate age. Some stuck at it but it was a bit difficult to have them practising piano and doing exams when they reached secondary education."

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Multiple voices: Thinking about my story and stories of participants

To consider broader cultural contexts, my story is juxtaposed with those of study participants related in interviews with them.

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A central theme in the story of my early life is the value of education and learning through a number of generations of my family. This theme has its origin in my family history, family stories, family expectations, my role models and my own experiences. Starting with the family history written by my grandfather Gilbert Duff and the stories re-told by our family, through to my father Clancy's stories and diaries and the stories of my mother, the importance of and prospects for education created a narrative of successful educational attainment. Stories of early life and family with themes of value of education and the support of the social networks of families for education were described by many of the participants in my study. This value was reflected in themes around expectations of ongoing education in families which were implicit, as in my family, as Robert describes "I guess that was always in the back of my mind, that there was an encouragement to education, both from him [my father] and his father, …. my grandfather, who was …a primary school teacher, but a pretty quiet, gentle man, …. but was obviously quite well educated" or explicit as Grace explains "it was sort of regarded as mandatory, to get some sort of tertiary education and qualification. And all of, out of the eight of us, seven of us did well at school, and were able to go on to university". The value of education in my family was also reflected in a willingness to prioritise financial sacrifice for education and learning.

> I guess that was always in the back of my mind,
> [I think] there was an encouragement to education
> Both from him and his, his Father
> I think probably from both of them
> I got at least a subconscious message that
> education was important and valued.
>
> **Participant Robert**

These themes of sacrifice were mirrored in participant stories of families prioritising education, as Olivia remembered “my parents had to scrimp and save to send me there because I had an older brother who was already going to a private Catholic boys’ school”. Olivia also described the broader family investment in the value of education with a story of the family network providing material support for education “it was a big thing for me, and for my grandmothers would help pay for my school books …education was really important”. Family stories of educational attainment and learning had another, important layer of meaning which contributed to broader family values, particularly the values of equity and social justice that will be discussed below. Stories of educational attainment and learning in my family were told on a backdrop of financial and material hardship, my grandfather’s, my father’s, my mother’s and my own family. My grandfather recounted financial hardship in his history, recounting his family’s hope that he would amount to being more than just a bullocky’s son by gaining the Merit Certificate and obtaining better positions. My mother’s stories were set in a period of drought and lack of work. There are constant references in my father’s diaries to how much (how little) was in their bank account, how much band money was earned that year, how much was paid for a new pair of shoes for my brother, the price of car repairs, the much-needed washing machine. And so on. Implicit in these stories of education were notions of getting ahead and improving one’s lot. I was surprised at the extent to which participants had similar family stories of modest financial and material circumstances with little access to education or good jobs although this simply reflects the post-war years in Australia. Themes of education and upward mobility and independence are discussed in the following sections.

> I think both my father and mother’s stories have a strong influence on me becoming involved in nutrition. I guess I hadn't experienced it myself [growing up in poverty]
> I worked in communities where it still is that level of poverty is still very real.
>
> **Participant Grace**

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Career aspirations

She lived her life as though it were her own
My mother, Anne (Nancy) Duff

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Fragment

My afternoons are long and quiet, the only child left at home, too young for school. At her sewing machine, seemingly always working to clothe us, my mother tells her stories, for just the two of us, stories of another person in another time, unimaginable. She tells me a favourite story with pride as she works, a story of a country girl who went so far, but also with resignation that she didn't go that far at all. "When I couldn't find work after Intermediate, the nuns offered me free tuition for Leaving and Matriculation, if we could find the uniform. I matriculated in 1934, first in my family", she says equivocally. I still have her school books, her young girl's name inside, a symbol of pride and an imagined future that didn't go far.

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Figure 4.4 A young girl's books circa 1934

My Story – a story of my mother and opportunity denied

My mother was baptised Annie rather than Anne McPartland although I only found this out only recently. She was named after her mother but was known by her family as Nancy. To avoid confusion, I assume. She told my father when they met that her name was Anne, something she later told me she regretted, and this is how she was referred to by my father and his side of the family. I often think about those names, and wondered if she felt her real name was lost to her, Annie, Nancy, Anne, or if in our family she was somehow not the person she felt she really was. My mother studied European history, English, botany at school and matriculated in country Victoria in 1934. Without the financial wherewithal or experience of university life there was no prospect of more education for my mother. There was no point in educating women in those days. She would instead have also been expected to contribute to household finances. These were drought years in Victoria and as tenant farmers the family had little to spare. Faced with the issue of not being able to find stable work in regional Victoria, my mother moved to Melbourne and boarded with cousins eventually finding work in the city. The drought worsened and she was joined by the rest of the family in Essendon. It was difficult finding suitable work following the Great Depression and because of the largely forgotten religious sectarianism that existed in Australia up until the 1950s. But find work she did and over the following years worked for a variety of professionals, the pinnacle of which was during the second world war when she worked for the prestigious Naval and Military Club in Melbourne.

Figure 4.5 A street photographer captures Anne and Clancy Duff in Collins Street Melbourne circa 1942

My mother often told stories of that period in the early war year, of how much she loved the job, about feeling she was someone doing an important job, of the glamour of rubbing shoulders professionally and socially with servicemen from Australia and across the globe. She never admitted to that, the importance, the glamour, but I could hear it in her voice. My brother Paul spoke of that period at her funeral.

Our mother was a person of pride. We have a lovely photograph at home of Mum and Dad walking down Collins Street. Perhaps it is Sunday afternoon. In the photograph they are in their early or mid-twenties. Beautifully dressed, both of them. We, as children, often wondered at this photograph. It was so unlike the Mum and Dad that we knew. Dad in his hat and coat (always in a hat) carrying his pig skin gloves, Mum in two-tone shoes, also in a hat. A very handsome couple, and not at all like our mother and father. Yet this image might explain a little the way we were brought up. Mum always had us well dressed, our carefully cut hair, rarely a home haircut for us, and Saturday night washed. …. We remember the hours she spent sewing dresses, shirts, blouses so that we might be presentable. Most of us had shirts with turned collars and cuffs. She would re-knit the frayed sleeves on our jumpers. "What will people think if you wore that?" she would say.

Figure 4.6 My mother – photo taken, developed and printed by my father (as with all our photographs)

Without other options she married my father at the age of 25 years and as was the social expectation of the day, my mother left paid work in late 1943 when her first pregnancy became apparent. She settled down to busy family life. Her life was no longer her own, it now belonged to marriage, motherhood and family, to the eight children in 16 years that followed. A busy life indeed. My brother

Paul spoke of her at her funeral “She sewed and knitted constantly, for everyday, for school, for debs, for bridesmaids, for special occasions. She took up hems, she lengthened, she shortened and she darned, for her children, grandchildren and for those without the time or the skills to do so for themselves. And if there was not enough to do for her own family, she spent many years playing mother in this way to the Christian Brothers of St. Bernard's”. A busy life indeed. Perhaps reflecting her burden, my mother would sometimes speak unkindly of a much younger cousin of my father’s, a woman from a wealthy family, who had many more options available to her, fewer children, nannies, work, a hobby farm. My mother accused her of “living her life as though it were her own”.

Despite much of the activity and learning that went on in the household reflecting my father, my mother was regarded as the educated one, the intellectual in the house. A country girl of fierce intelligence and proud of her education. She was a formidable household manager, a skilled dressmaker, priding herself in keeping across current affairs, politics. She read the paper every day, was well aware of local, national and global politics. She could name every political leader in every state in Australia and their opposition. My mother was the one to help with our homework, my father, despite his skills and general knowledge was not cut out for school work. It was my mother who sat with all of us at the kitchen table through our school years and well into university, initially helping with the learning and later acting a sounding board, provided clarity to study and writing. My mother was eventually grandmother to 25, continuing her parenting in different way and contributing to the care and identity of another generation. My mother asked of us as she was dying from cancer at age 80 “what have I ever done with my life?” Of course, we answered in the currency of her life as *we* knew it and spoke of children and grandchildren, of values and education, achievements. *Our* education, *our* achievements. I know now, as a mother, that this would not have been an answer to satisfy her.

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Multiple voices: Thinking about my story and stories of participants

There were stories of education in my family that were told in relation to women or rather one particular girl's (lack of) access to education and career. The stories of my mother's education, her prestigious work and eventual retreat into family life have always been important to me and central to my view of my mother, of women and their opportunities and barriers. These stories have had an impact on me in a number of ways. The story in the family of her academic achievement and the pride with which she recounted the story, but also of its limited run, were reminders of two things – that women were eminently capable and that they have not always had access to education and career. Once again, I was surprised at the extent of similarity between stories of participants' mothers and stories of my mother – of their lack of access to education and career despite clearly having capability, and the lot of women in general. For me, hearing these similar stories from participants consolidated my *experience* of women being *capable* but not necessarily achieving their ambitions and making clearer to me the constraints of postwar Australia for women. Mothers were described as having less access to education but nonetheless intelligent with capacity to learn. As discussed above, there was only mother with a post-secondary qualification supported by a scholarship and a family benefactor. As with my mother, women's pursuit of education was not prioritised, as Chris explains "Mum actually got tapped on the shoulder at high school at 15, I think, and told that there was a job as a secretary and a building firm, they thought she'd be really good for the job and literally told to leave school. I think in this era, mom would have gone to university".

> I would be first in family to go to university …straight out of school
> I had one option, that option was to do science
> I think he (my father) wanted
> I think he thought that going into a male dominated profession
> I could actually stand out
> [I] could actually excel in
>
> **Participant Fiona**

A number of participants described mothers who worked outside of the home during their childhood but that with little formal education or training there were few opportunities for skilled work, as Fiona explains "Because my parents grew up with not a lot, mum worked when I was growing up, so she

always had a job. She cleaned houses for the local doctor. She worked at Medicare for a while, she worked at Big W layby, you know. But, because she wasn't trained in anything, extraordinarily intelligent woman, no opportunity. None". As well, Chris recounts some of the issues for working mothers, reflecting the beliefs of the times "Mum was a bit of a trendsetter in that she went back to work part-time when women were not going back to work, she was bored … But she often talked about, as we were growing up she talked about the comments that she got as being this wicked woman that was going back to work". For my mother, even if she had entertained the idea of working outside the home, the workload at home would have made this impossible especially with the lack of structural supports that came later.

Stories of my mother's commitment to family without complaint or resentment combined with a lack of alternative or additional opportunity helped me make sense of a perception I had of my mother's ambivalence around her daughters' education and careers. My mother was nearly 43 when she had me in 1960. On the cusp of the great social change of my childhood, my mother was a product of an earlier time and religion for which change had been a long time coming. She was likely conflicted about aspects of her life, of our lives. On the one hand she encouraged education and travel, independence, delaying marriage but always with the underlying proviso that at some point in the future you would need to knuckle down and defer to family and children. "Do it now. You'll be a long time married". At the same time, my mother could be dismissive of the generation of women and mothers coming up behind her, resentful perhaps of the relaxation of social expectations, increases in opportunities and infrastructure to support women to have careers. Understandably. I am not sure she ever resolved this conflict, reflected in that comment "she lived her life as though it were her own". We thought this hilarious as young women with our lives and opportunities ahead of us. "Of course! Who else's life would it be?!" Until we came to realise the limitations of her life and opportunities.

I aspired to be like my mother. But not like her. I recognised and shared the value she placed on education, on being smart. And in common with my participants, I saw her as recognised and valued as smart and capable by my father, by the family. This rejection of gender-role stereotyping and gender-related beliefs about our abilities in my stories and the stories of participants were likely underpinned by these themes of mothers. They would also have reflected the momentous social changes for women in the 1970s from which my oldest sister was already benefitting. Recognising the opportunities that our mothers had never been afforded and experiencing a breadth of educational and career options we leant away from the usual pursuits of daughters of our mothers' era, from secretarial and administrative work, from teaching and nursing, to be more the boys, like brothers. Like fathers. I wanted to do science. And I very much wanted, and was able, to live my life as it were my own. Recognising that the traditional roles of women were not for her, Grace recounted "I was picking up on that in my years of school that women's work meant low paid work and very subservient roles, and I didn't want to go into that. I didn't know what I wanted, but I knew I didn't want to go into that".

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Choosing university

A good example has twice the value of good advice
Albert Schweitzer

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Fragment

My brother John and I spend time together on holiday, telling each other stories, catching up on childhoods separated by 14 years. I listen to stories of a family that is distant and different from mine, a family in another time, another world, and hear about adult siblings as small children, a mother as a young woman, a father as playful dad, of a house literally filled with family. *"You know Peter just made a decision one day, just like that, to become a doctor?"* I'd never thought about it, Peter had been studying, doing medicine since I was 3. *"We were sitting on our beds one night and he told me 'You know, I'm going to be a doctor and I so I think I will start acting like one.' And he did, from that day he developed the persona of caring, responsibility and gravitas, traits that we loved him for throughout this life".*

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My Story – a story of those who led the way

Neither of my parents accessed post-secondary education. Formal learning past secondary school began with the eldest child in the family, my brother Peter. My five brothers were taught by the local Christian Brothers. None were exceptional students. I don't know what prompted my brother Peter to decide to study medicine. There were school teachers in the family, my grandfather, an uncle who studied at night school to become a mud engineer, another a policeman, but no doctors or lawyers. The story of my brother and his choice of a medical degree goes on to relate that despite being accepted into medicine, Peter repeated matriculation so as to be competitive for a government scholarship. There was always a way. He was one of Monash University's first medical students, eventually going into anaesthetics. Peter was followed to university by John who started out his adult life in the seminary but found his way, through psychiatric nursing, into sociology and politics at Monash University in the days of Albert Langer and onto a Master's Degree in political sociology at the University of London. The eventual arrival of his first children sparked an interest in the politics of public health and in his 50's John completed his PhD thesis *Nutrition Research: Setting the Agenda for the 'New' Public Health*. His input into my PhD has been invaluable. It continued from there. For Anne, third eldest and eldest girl, matriculating in 1964 there were two choices – nursing or teaching.

Anne studied teaching at a local teacher's college, later becoming a school librarian and much later, during extended periods overseas in the US, Europe and the UK, completed her MBA in her 30s to work in the finance industry. She ended her working life in finance having worked in country risk assessment for one of the big four banks and then in the superannuation industry. Anne shared my mother's fierce intellect and formidable management skills. She was popular, very social and cultured, a voracious reader and radio lover, a keeper of friends. She was also opinionated and argumentative, a force to be reckoned with. We were great sister-friends but she was always the elder, the boss and she had significant influences on my identity and life. She died in 2019 at age 72, 12 months after being diagnosed with cancer. I miss her profoundly. My brother Paul also studied teaching at teacher's

college with a story that tells of him talking his way into teacher's college having failed to matriculate with two attempts. Successfully completing a teaching qualification, he taught in country Victoria and in Melbourne, eventually going into special teaching for many years. Following a Master's Degree in Education later in life, he moved back into mainstream education in school principal roles and, after a year volunteering in Namibia in a teaching mentorship, he finished his working life back in the classroom as teacher-elder. He is now the oldest surviving sibling, the family elder, much loved, wise, spiritual, spending time volunteering with St Vincent de Paul with the homeless in Fitzroy.

My sister Frances finished school after a second attempt at her Leaving Certificate (Year 11). Frances longed to be a mothercraft nurse but lacking confidence and a sense of self-efficacy went into administrative work eventually working as a high-level legal secretary. She followed a more traditional path of marriage and a large family, her mothercraft ambitions realised in another way. She describes herself as the dumb one, still. She is the holder of the mothering wisdom of our mother. My brother Anthony started a photography degree but the pull of working to support himself proved too much and he left for a career with Sony and eventually the Australian Bureau of Statistics. My brother Xavier, having succumbed to the science and practicality of country life on our second-cousin's above-mentioned hobby farm, studied agricultural science as a second choice to veterinary science. Working in rural communities and reporting on agriculture, farming and livestock for local newspapers, Xavier ultimately found greater satisfaction in writing and eventually moved into rural journalism and non-fiction writing. Finishing year 12 in 1977 and having seen my brother Xavier enjoy free university, and the freedom that came with a tertiary education allowance in mid-1970s I applied for a university course that took all that applied and required me to leave home. I applied to study nutrition at the newly minted Deakin University in Geelong.

Figure 4.7 (Some of) the Duffs gathered at my sister Anne's home in 2019 for a celebration of her life

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Multiple voices: Thinking about my story and stories of participants

Through a lens of strong family values around education, stories of our educational achievement and prestige have always been important to my family and to me and important influences – I live the stories.

As one of a first-generation to attend university family identity as successful learners and seekers of education was an enabling factor in my accessing higher education and in my family's educational and socioeconomic upward mobility. However, as one of a first-generation to attend university different sources and types of social networks were also required to support these aspirations of higher education. These social networks consisted of grandparents, uncles and aunts, cousins and, for me, siblings who had attended university as well as networks within our schools and communities which supported preparation for and access to higher education.

In contrast to my experience, a number of participants had a parent with post-school qualifications and were not first-in-family to attend university. Participants described the importance of material support in facilitating their parent to access higher education and ultimately contributing to narratives

of access to higher education within the family. Grace described the only mother with a post-secondary qualification amongst participants, supported by a scholarship and a family benefactor "There was very, very little cash… she won scholarships to secondary school and she was also fortunate to have an uncle, who … was employed overseas and sent money to support her education. So, she went to boarding school and was able to do her secondary education and then trained as a teacher… she graduated as a teacher". Robert recounted his father had had government support as a returned solder to study an economics degree after the second world war. Fiona's father also benefited from government support, "when Whitlam introduced free tertiary education, Dad went and did his degree in applied physics part-time. So, it took him 10 years, he was working shift work at the time and, and did that for 10 years". Another father achieved post-secondary qualifications whilst in the workforce, as Chris explained "he studied at night to get all of his qualifications and worked during the day in a different job" an experience which influenced Chris' family impetus for children to go to university immediately post-secondary school "Dad was very clear that we were all going to university and that none of us were going to work and study like he did".

Not all participants were exposed to university experiences or to implicit or explicit family aspirations of higher education as Alicia described "neither of my parents had been to university, in fact, they left school at 14, so … they weren't in a position to help with homework or, you know, provide a lot of specific guidance…it wasn't like I had a role model to follow there" In addition, Alicia overcame explicit barriers and lack of resources to access higher education "the school I went to didn't offer science subjects for girls in in Year 12, I had to, with a couple of other people, ride my bike down to the local boy's school to, to do the science subjects". Stuart, not finishing secondary school, also found his way to

> We [the children] were all going to university
> I think they were quite open, outward-looking parents
> I'm not quite sure how that happened
> I wanted to be a ballerina
> I can remember
> I discovered this school of dance in Sydney
> I wanted to go there
> [getting told very clearly] I would not be doing that
> I'm not going to be a dancer
> I was going to go to university and find something clever to do
>
> **Participant Chris**

university but later, with the support of post-secondary learning networks to which he was exposed as an apprentice “And at the same time, …..the [apprentices] were sent to like a TAFE to learn to learn more about the trade…. I loved this, I thought it was great. And I did very well. And quite unlike the other apprentices …. I did extremely well in the first year …. [they told me] this is the best report we've ever [laughing] …, you should try for another, more advanced course”. In stories that differ from my experience, participants described expectations of them to go to university explicitly because they were female. As Olivia described “I did acknowledge that this was an amazing educational opportunity. And no female in my family had ever finished school, let alone to Year 12, let alone gone to uni”. Mirroring aspects of getting ahead in life within her family Grace recounted “My parents were anxious we would have a career, … and they were particularly anxious that we girls would do that. They were very, there was no sense that you don't need to do that because you're going to get married. It was more the opposite you know, you need to be able to stand on your own two feet, because you never know what life's going throw at you”.

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Summary – Theme 1 Education and career aspirations – coming to dietetics

The value of education and successful educational attainment were important themes in stories of when considering influences of early life and education on my professional identity. Internalised through family stories, positive images and portrayals of educational attainment and learning represented what was desirable and possible and contributed to a self-narrative of the value education and more importantly an identity compatible with education. Education embodied intelligence, being smart, capable. These were also familiar themes in participant stories of early life and education. For many participants, the value of education was explicitly expressed as expectations by parents, often in relationship to daughters having an education. Themes of the value of intelligence, being smart, clever are echoed throughout participants stories of early life. The theme of women once being less able to access education and have careers was another important theme in my early life

and also contributed to a self-identity. Career in the family stories is seen as an extension of education, a manifestation of being educated, smart. My perception that my mother's lack of career may have rendered her intelligence invisible possibly contributed to my need for ongoing educational achievement. Despite lack of education and career however, mothers were universally regarded as smart by participants with themes of empathy for their mothers' positions common among female participants. Being linked to career, education was also linked to better financial prospects, upward mobility. In my perception of my mother's stories, and despite her ambivalence, it was also linked to independence. This contribution was in reinforcing the value of education and the privilege of having *access* to education. Choosing university is a final theme under the value of education. Choosing university was a manifestation of the value and privilege of education together with a self-identity that is compatible with success. Contributing to these themes of the importance of role models and family and social networks important in deciding to access higher education. For two participants without themes of the importance of education in stories of the early life, educational success at secondary or post-secondary contributed to their accessing higher education.

Self and self-as-reflection-of-family or, potentially for some, self as a shift from family, along with the family's social milieu, are important aspects of who *comes* to dietetics education and training to begin the process of *becoming* dietitians. This self both informs and is informed by developing professional identity or the narratives professional self.

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4.3 Theme 2 – Personal traits, food and family values – choosing dietetics

Why did I do what I did?

Knowledge that is acquired under compulsion obtains no hold on the mind.
Plato

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Fragment

I lie in the bath with a heavy physics text book balanced on my stomach. I am desperate to focus on my study, have taken to the bath to constrain me from jumping up at the slightest pretext. I have had everything set up for me at home to study, after all I am the last one at home. I have a table in a quiet place, I have been exempted from chores, I have no need of a job for pocket money. Nothing to distract me, yet still I can't focus. The doorbell rings, there are voices in the hall, I wonder who is here; I lower my book to the floor and pick up my towel.

***

My Story – a story of ambition meeting reality

As was the norm, during the latter years of secondary school I had to choose the subjects for years 11 and 12. These would impact my future university choices and I was keen to study sciences at university and had been thinking about medicine. Accordingly, I chose maths and the sciences. It was usual to study 6 subjects in Year 11 and 5 subjects in Year 12. But I also had a strong sense that I should do science as it was not a typically female thing to do – something that boys did. I wanted to be like the boys. Did I have a sense, from my mother perhaps, that boys were more highly valued, that boys' things were more highly valued? Or was it that I wanted to be like my brother Xavier? And if so, why? Heeding my brother Xavier's advice against straight sciences in senior years I included French and European history alongside Maths 1 & 2, chemistry, physics and the requisite English. I was not an effective student in my senior years of secondary school due to ongoing struggles with focus. My best subjects according to my school reports were English and history. I struggled to study and highly distractable I did not work enough or efficiently. My school reports consistently state "Marian could

put more effort into her work". "Marian could improve by organising her home study better". "Marian could do better work". "Marian is a good worker and can improve her standing with more careful work". Realising I would not be competitive for entry into a medical degree I looked for other options. During my senior year I shared a laboratory bench with new girls who had arrived at our school, one of whom had a sister who was a dietitian. Listening to her descriptions of her sister's role I felt that this career would be a good compromise – studying science without (at that time) the burden of high entry scores. I applied for the Bachelor of Science at Deakin University with the intention of completing the undergraduate requirements for entry in the Graduate Diploma of Dietetics.

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Multiple voices: Thinking about my story and stories of participants

Despite ambitions for the prestige of higher education in the sciences I have long had to deal with the reality of my capabilities. Stories related to my (sometimes) perceived underachievement in the academic sphere haven taken form in the context of family stories of 'making it' even as ordinary students, ordinary people. It is a story that I still live.

As my career aspirations formed during my later year in secondary school it became clear that I wanted a science-based career and I toyed with the idea of doing medicine as my brother Peter had done rather than follow my brother John into the social sciences. As it became clear to me that far more application than I was capable of would be required to be competitive for entry into a medical degree, optimism ultimately gave way to pragmatism and I recalibrated my career choice, couching my decision around not wanting to sacrifice quality of life in the present for some future goal. Instead, I explicitly decided to aim for being very good at being average. Not intending to pursue admission into a medical degree I did however persist with the intention to study science and maths in Years 11 and 12 to potentially support a science-based career. My explanation for pursuing science had always been "to be like my brothers" but this doesn't hold when I consider the juxtaposition of my two oldest brothers' careers. Rather, my pursuit of science likely reflected the perception of prestige that science, medicine has over the social sciences. Female participants also touched on prestige and the related gendered aspects of career aspiration.

> I was this strange outlier that did something different
> I was the odd one out in that I did math-science
> I think a bit of that was about I was smarter than other people
> I could mix it with the boys
> I must have had some sense
> I didn't quite fit in
> It was my way of being clever
> I'm going to do this.
> I just had this determination
> I have to confess to this sneaking little bit of pride
> I sat there and went Maths I, Maths II, chemistry, physics and English
> All those girls that don't think I'm so cool.
> I had this competitive streak
> I can still remember
> I won the spelling competition
> I beat a boy, beating boys was very important to me
> I could beat the boys
>
> **Participant Chris**

These were experienced as both internal and external influences. Fiona recounted her father wishing for her to have degree in a male-dominated area "He wanted me to go into a male dominated profession, … [he] desperately wanted me to do engineering or computer science or something that was male dominated... I think he thought that going into a male dominated profession was somewhere that I could actually stand out and could actually excel in". Grace experienced similar influences in her family with "Nursing is very much regarded as a poor choice, as something that if you couldn't do anything else. But it certainly wasn't something that, that we were encouraged into. And nursing wasn't highly regarded". For some, a push towards science subjects was related to aptitude, as Chris explains "I liked maths because it was neat. It was clean, you had your formula, it was [laughing]], right or wrong, and you knew your formula. It didn't need imagination. It just needed you to know what you had to do".

> I did Home Ec
> Home Ec was really important for me
> I chose it as a subject in year 9 and 10
> I chose food studies in Year 11 and 12
> I wanted to be a chef
>
> **Participant Fiona**

For others, studying maths and sciences reflected the influence of parents on potential careers rather than aptitude or their own career choice. Fiona explained that despite her well-developed interest in food in secondary school "I had one option, that option was to do science. My father actually wanted me to do engineering…. Only problem was I got straight C's in maths. Physics, maths, it just didn't sing to me at all". For Stuart, school completion was not a prospect as he explained "I'd made a terrible mistake at school by not really buckling down, …, I was a very bad pupil, a very bad school student. I played hooky …I'm not going to blame the kids I hung out with, but that was a big motivator, to be just like them". Participants however also described more complex reasons for subject choice. For Chris studying maths and science related to her competitive streak as well as her self-esteem describing the pursuit of science and maths subjects as a measure of self-worth, both in relation to being seen as clever and being able to 'mix it with' and be competitive with boys. As well, choosing science and maths subjects was seen as ameliorating feelings of not fitting in at school.

> I was lucky enough to be offered a place at a university in …. in chemistry
> I left school at 16
> I didn't go the traditional
> I left school at 15,16
> [I] had to go back to study at night school to get the necessary qualifications
>
> **Participant Stuart**

you just think about the socialisation
I'm gonna say young women
I'm one of those
I was one of white privilege
[I] didn't do nursing
I thought I was too
my family thought I was too good for nursing
[I] wouldn't do teaching, all Catholic girls did teaching or nursing
I had to do a science degree
where do I go
[I went to] a relatively safe profession for white, middle class woman
there were no other options for me

Participant Fiona

Most participants shared my experiences of not having heard of dietetics until very late in the secondary school years, with a single participant describing aspirations to be a dietitian whilst still in secondary school. This likely reflects the participants younger age compared to other participants and the greater visibility of the profession of dietetics in the community at that time. Oliva recounted "when I was 14, in Year 8, we had a dietitian come to our class … And listening to her speak made me realise that what she did was actually a combination of my two favourite subjects at school, which was, food and nutrition and the human body in science". For Olivia, a defined career goal of dietetics influenced subject choice at secondary school. Rather than there being cognisance of the profession, happening upon information about nutrition and dietetics by chance, for most participants and for myself it connected with their interests rather than with what a dietitian might do (of which they had no knowledge). For me, nutrition and dietetics seemed an answer to the dilemma of finding an accessible, science-based career. A career in nutrition and dietetics wasn't nursing or teaching, as would be expected of a girl, and so for me, more prestigious. An added bonus was that at the time, subjects were a mix of heavyweight science and social science subjects such as psychology and sociology. Small and large quantity cooking were also part of the course and I liked the idea of a qualification in food and nutrition that would enable me to talk to everyday people about my work. Nutrition and dietetics also offered a solution for Fiona, to the competing demands of her father for science and her own for food as she related "I kind of went well, what, what kind of job can I do that can combine the science with the food and it was actually talking to people because, you know, I needed to really talk to people. And I went to one of those

I knew that that's what I wanted to do
I wanted to be a dietitian
nothing was going to stop me from doing that
we couldn't do [Home Science] for Year 11 and 12
I thought blow that
I'm going to convince [them]
let me do home science until Year 12.

Participant Olivia

career fairs and dietetics was there, just a simple pamphlet". Chris had had other plans for a career as she recounted "I was actually always going to be a science teacher. And it wasn't until year 12 and one of my friends went to the Deakin open day and came back with this brochure about dietetics. And I looked at that and thought, oh, that looks a bit more interesting than science teaching". Chris did acknowledge, however, that she also related her choice of nutrition and dietetics to its food aspect "we'd had all this health food at home and it [the course] listed things like food science and stuff, I thought, you know, that looks really interesting to me". Alicia as well, in rejecting a medical degree, chose her degree because of her interest in food. Starting off however, it wasn't quite what she had hoped and she switched in her first year, as she described "I went there because they had a food technology course and I thought food'd be really interesting …. I don't even know why I thought that. I started there and in the middle of the first semester, there was a lot of publicity [about xxx University], around its key courses, and it was the only dietetic course that was available ….. I thought, oh, you can actually study nutrition …. I was able to switch in the middle of the year and started [nutrition and] dietetics". Other participants also started in other university courses prior to finding their way to nutrition and dietetics. Robert had worked for a number of years in industry after a general science degree before completing a dietetics qualification. Nutrition and dietetics was a third choice for Grace having failed to get into her degree of choice (agriculture to deal with aspects of global health) and then failing to engage in a general science degree. She explains "I went to a general science degree, and that wasn't me at all. And I took a year out working … and during that time, I met a friend of a friend who was studying dietetics … and she told me about it. I thought, that sounds very interesting". Grace becoming a dietitian was however compatible with many aspects of her identity established before she entered dietetics. Another and very important consideration in choosing to study nutrition and dietetics for me was that I would have to go away to go to university giving me a

> I did do food studies
> I loved it, absolutely loved it
> I can still remember
> So I kind of went well
> what, what kind of job can I do that can combine the science with the food
> I needed to really talk to people
> I went to one of those career fairs and dietetics was there
>
> **Participant Fiona**

way of leaving home 'legitimately.' My mother was from a generation and religion that expected you to stay at home until marriage. I was keen to avoid the many arguments my mother and my sisters had had around appropriate behaviour. Leaving home for me, as it was for my sisters, was about craving a space devoid of scrutiny to be able to experiment and become whatever adult I chose to be.

> I had no idea what a dietitian did
> I did the course
> I was interested in the subjects
> I actually looked at the subjects
> it didn't occur to me to think about what I was going to do next
> that looks really interesting so I'll have a crack at that
> it was more about what I was going to learn than what the career was going to be
>
> **Participant Chris**

My post-school aspiration, as an adolescent what I wanted to be, was an expression of how I understood myself and the world around me. It was shaped by the complex interplay of individual, family and significant others, school and broader social contexts of Catholic middle-class Melbourne in the 1960s and 1970s. During the period of aspiration formation in my adolescence higher education choices were demarcated through ideas about the future that began to form and crystallise as I navigated my life and negotiated the diverse realities of choice. What was seen as desirable and possible was shaped by internalised images, schemas, forms of knowledge and competence acquired through socialisation within my family. I made decisions about higher education consciously and unconsciously through calculating not only what was desirable and valued, but also what was possible, impossible, or probable for me from my specific place in my family, in my community and in the stratified social order with its structural enablers and constraints.

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Food and the family

The shared meal is no small thing. It is a foundation of family life, the place where our children learn the art of conversation and acquire the habits of civilisation: sharing, listening, taking turns, navigating differences, arguing without offending.

Michael Pollan

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Fragment

It must be December, nearly Christmas. There are apricots everywhere. On every surface, in every receptacle, every laundry basket, every sink. There are bottles in varying stages of preparation, being washed, being sterilised, being filled, being boiled, ready for the shelf, for the year ahead. It's relentless work, never keeping up, a job on top of a day job at the office. Thank goodness it's not hot, there's still the jam to make.

***

My Story – a story of food as central to family

When I was growing up the garden was my father's domain. He planned, planted and maintained that garden which was part of the rhythm of the household – vegetables planted and harvested, fruit trees, flowers and lawns, weeding, mowing, watering, compost to be turned. We still had chickens in the early part of my childhood. Built in the days of post-war rationing and shortages, with building supplies supplemented by the social capital afforded by my mother's workplace, ours was a modest red clinker brick house that my parents built in 1946. My father built a kitchen table extension to accommodate us all for the family evening meal and as the youngest I despised my place at the ill-matched junction between the two surfaces. This is where we shared a cooked breakfast each morning, a small quantity of egg or porridge, coffee, where we shared Sunday roasts after church, birthday cakes and a glass of lemonade, ice cream spiders after school concerts, pancakes after school sports. This is where we came together for baking and ironing in the days before adequate bench space and ironing boards. It's where we did our homework, cut out dress patterns for sewing, where we shared afternoon tea with anyone who dropped in. We also learnt about the world around that table, about our community, about our family and friends, we shared discussions about life, love, birth, death, some of us fought

over politics, enemies, war. Saturdays were baking days when my mother would make the week's supply of cakes, biscuits and slices – an afternoon-long affair. Amazed by her power of hearing as she admonished us with "who's at the biscuit tin" we would be reminded that once gone there would be no more until the following week. The baked goods supplemented school lunches in the days of a modest sandwich and a piece of fruit in a brown paper bag.

In my father's obituary my brother describes the "indelible images we … have of our Dad…. standing at the kitchen bench, tea towel tucked into [the waist of] his trousers [as an apron] making the school lunches" nearly every school morning for 28 years. Despite not cooking very often my father was a capable cook, one of the benefits, my mother always told us, of him having lived in a boarding house. That, and being able to darn his own socks. He would cook special things for us on special occasions – pancakes on Shrove Tuesday. He certainly ran the apricot bottling industry that started to ramp up prior to Christmas and petered out some time in January. My mother made the jam. In the winter, he always made the marmalade. He loved to experiment with sauce making. My father had a love of food that matched his love of clothes. He always had coffee brewed at breakfast, he loved exotic cheeses, pâtés and small goods. He was always open and happy to try new foods, new cuisines and the Christmas baby stilton my sister Anne would bring home from England. Right up until the end he enjoyed food. We tell the story of his request, on his final day-leave from palliative care, for green chicken curry, and laugh how, the day before he died, he complained that someone had eaten his sandwiches.

My mother was a good cook and provider. She liked to do things properly – there was always a cloth on the table, table set properly, milk in a jug, butter on a dish and we all sat down together as was the norm in the day. Ours was a family before the days of diets or food intolerances, there were rules around food but these largely related to quantity, frequency, not being greedy, or a glutton. There was always cream and butter in the fridge but they were to be used judiciously. Small quantities. No

butter and cream on your bread. Ours were family meals with desserts, bread and butter, which in small quantities, were adjuncts and fillers for the main meal of expensive meat. Like many women she was sick of cooking by the end of family life but that effort was always made, an effort my father continued in the 4 years he lived after she died.

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Multiple voices: Thinking about my story and stories of participants

Not originally identifying food as an important theme in my identity/professional identity when first working on my timeline of pivotal environments and events, the resonance I experienced in the many discussions with study participants about food, its role in early life and family made me explore the place of food in our family. In pausing to examine stories of food in my family, I recognised that food, growing, preserving, preparing and sharing food, was central to our family life and still is. Although the role of food seems less central to my decision to study nutrition and dietetics I do recall thinking that the food-aspect made a science-based career more accessible to people, that I would be able to share with people and discuss what I did.. Food contributed a humanising perspective to the science, an aspect I missed when working in molecular genetics research and underpinned the move (back) to dietetics. Amongst participants there were many discussions of food in early life and family. As with me, not all of these discussions related to food underpinning the choice of nutrition and dietetics. Carolyn shared food experiences similar to mine, in a family where producing, preserving and preparation of food, had its roots in the post-war privation. For Carolyn, in contrast to me, dietetic identity was interwoven with her ability with the practical aspects of food "I think it was a great gift to have from my parents that … capacity to …use

> I've always been really interested in, in food
> everybody in our family been interested in food
> I had a very fairly balanced approach to food
> … I think .. mum …brought us up with a very good, sort of rounded idea about food
> …we didn't have much money
> I was actually quite good at that [cobble together tasty meals out of nothing]
> I am actually still quite good at that
> I think it was a great gift to have from my parents
> … I knew how to make sauces
> I look at a recipe
> if I've only got half the ingredients
> we'll do that, you know, just wing it
> you have to understand how food goes together
> you have to have a fundamental grounding to know
>
> **Participant Carolyn**

inexpensive food creatively, to be able to make tasty things out of leftovers, and all that sort of stuff…" particularly in the lack of cooking in her dietetic qualification, and important in aspects of her practice "being able to talk to them [clients] about things they could do, on a practical level is really, really important". For some participants however, a culinary interest in food was central to career aspiration. Fiona's interest in food did not evolve from a family interest in food "my people aren't food people" however becoming a chef was her career aspiration. Due to family expectations to follow a science pathway, the compromise for Fiona was dietetics. For Fiona, a culinary interest in food is a master narrative which weaves through her early life, practice and research, across her career. Olivia also referenced food as an important aspect of career aspiration although from a health perspective, relating that dietetics combined her two favourite subjects at school, food and nutrition and the human body and science. For other participants, an interest in cuisine related to food cultures and countercultures of the 1960s and 70's. Once again, broader contexts of family experiences and values can be seen to underpin characteristics of identity which are taken into later life and careers – life history shapes the construction of professional identities with themes that are central to life histories also critical to the way professional identities are constructed and understood (Gomaa 1997).

I started to take a real interest in food as cuisine
I discovered somebody called Elizabeth David, who wrote books
I followed some of her recipes to the letter
[I] trudge[d] around all over … getting the right ingredients
I loved it
I really adored it.

Participant Stuart

***

Family values

There but for the grace of god go I

Quoted often by my father Clancy Duff, attributed to 1 Corinthians 15:8-10 and/or John Bradford 1553

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Fragment

Another Sunday, up and out for early Mass, home for breakfast: a routine that had lasted a lifetime. Near lunchtime, my father is on the phone having returned from the weekly trek out to the old Pentridge jail. He is organising clothing for a court appearance, a fellow on remand having been arrested in his footy shorts and thongs, no way to impress a judge. Next, a mother and her family of young children without their dad; organising supplies, support for a baby not yet arrived. Organising travel, housing, food, clothing, furniture; lending an ear, offering condolences, hearing resentment and anger, disappointment and heartbreak. My father did that for 25 years and never asked for anything in return, least of all recognition.

***

My Story – a story of social justice in the everyday

Feeling he would like to contribute more to his community when only two of us children were left at school my father joined the St Vincent de Paul Society in his late 50's. He visited Pentridge Prison every Sunday for over 25 years and attended regular meetings of the St Vincent de Paul Society. My father wasn't someone who loved meetings or being in the limelight. Every Sunday he would attend (a second) Mass at Pentridge Prison followed by a catch-up with any prisoners who might need assistance, assistance with families, with bills, with sorting out clothing for court appearances. He would come home with his notebook and start making phone calls on their behalf and during the week he would source clothing, furniture and so on. In addition to weekly mass each year he would organise over a thousand Christmas parcels for all the prisoners – gifts of food and toiletries and other essentials. He would source donations, organise working parties and deliver the parcels himself on Christmas morning, providing a lavish morning tea for prisoners and visitors to Christmas mass at Pentridge. For 25 years.

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Multiple voices: Thinking about my story and stories of participants

It was through my family that I experienced, albeit second-hand, family life in the context of financial hardship. Experiencing the economic difficulties and conservatism of post-war Australia, as well as the financial constraint of having a large family life, our family was less financially precarious by the time I was in secondary school. However, I grew up with stories of the hardship of early family life, stories hard to hear in late 20th century. My father's diaries are filled with the facts and figures he thought he (and we) would find interesting in the future and, as already described, he makes constant reference to how much (how little) was in their bank account. My father's work at St Vincent de Paul and his "there but for the grace of god go I" are a central theme in recounting my early life and family. As my brother Xavier wrote for my father's obituary "Clancy never passed judgment, moralised, or patronised". It was through my family and especially through my father that I *experienced* issues of equity and social justice.

Most participants came from families where there were experiences or stories of financial and educational hard times. These broader contexts of family values underpin characteristics of identity which are taken into later life and careers. I don't think my exposure to disadvantage and the experience of issues of equity and social justice had a direct impact on my initial choice of dietetics however I believe they fundamentally shaped my world view, my identity, and my professional identity and client-centred approach to practice.

> I wanted to be heroic
> [I wanted to] go off to developing countries and work there
> [I wanted to] work on the issue of hunger
> it was something I was always passionate about.
> **Participant Grace**

Fiona also recounted her family of modest means living within a broader community of greater means. She tells of a father concerned about the homogeneity and sterility of their local community "that's where my strong sense of social justice comes from, you know, but there for the grace of god..." Whilst social justice was not specifically linked to her career choice initially it has been a major theme in her career which has centred around cultural

aspects of food and food insecurity. Similarly, for Grace, stories of financial hardship in her family and community provide context for Grace's career in dietetics. In addition, both her father's work in agriculture and the broader political and environmental era of the Green Revolution inspired her interest in the global perspectives of world hunger. "I wanted to be heroic and go off to developing countries and work there, work on the issue of hunger".

***

Summary – Theme 2 Personal traits, food and family values in choosing nutrition and dietetics

In considering identity and professional identity and the journey to nutrition and dietetics, the alignment of personal interests or values with nutrition and dietetics was an important theme in my early life and education. Without cognisance of dietetics as profession, nutrition and dietetics provided a pathway for me, a mediocre student, to continue with sciences at university as well as providing a science-based career that involved people. The desire for a science-based career related to my interest at the time but likely reflected the perceived prestige of a science-based career. Participants also described choosing nutrition and dietetics due to matches with their interests and, from some, their strengths, however the prestige of a science-based career was discussed by many. Nutrition and dietetics was not always a first choice for participants – for some it was a compromise, for others they came to it in later years, for me, it was a return after an interruption in my nutrition and dietetics trajectory.

Food as a theme in choosing nutrition and dietetics varied across culinary interest, interest in food, nutrition and the human body, interest in gastronomic aspects or simply food having had a significant place in family life. For me, food as experienced growing up was not so much central to the choice of nutrition and dietetics but rather as a factor that humanised the study of science for me and made it more interesting than the laboratory-based science. Family experiences of food and its place and function in the family had greater influence on the practice of dietetics once a dietitian. This was

similar with the family value of equity and social justice with this having greater impact on professional identity related to the practice of dietetics rather than in the choice of nutrition and dietetics.

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4.4 Postamble

Personal identity and narratives of self which inform future professional identity are shaped by social and cultural context and family is the primary social context. This chapter has described experiences of personal identity and narratives of self in early life and education which this research has found act as antecedents of professional identity in dietitians.

The next chapter, Chapter 5 *Becoming* will explore aspects of identity during dietetics education and over the course of my dietetic career as well as the careers of co-participants.

Chapter 5 *Becoming* – stories of careers

We craft our lives as an 'improvisatory art ... (where) we combine familiar and unfamiliar components in response to new situations.'
Mary Catherine Bateson (1985)

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5.1 Preamble

In an assemblage identical to Chapter 4, Chapter 5 relates professional identity and the career trajectory in dietitians. A detailed overview of how data was assembled is given Chapter 2 Methods. As in chapter 4, data are presented in two broad themes of professional identity over the career trajectory 1) self, reflexivity and adaptability – shaping emerging professional identity and 2) discourse and agency – strengthening professional Identity which were identified in personal data and external data (dietitian interview data) as described in the methods section. Each of two broad themes comprises three separate sub-themes and each of the three subthemes is introduced by a 6-sentence biographical *fragment* of important or pivotal aspects of my early life and education to signpost the subtheme. Each *fragment* is connected to a short biography (*my story*) which is then followed by a reflexive examination of my experiences. This reflexive examination, by taking into consideration the experiences of participants, provides further context for my story in relation to its subjective nature within the broader culture of dietetics *(multiple voices: Thinking about my story and stories of participants*). Each theme is followed by a summary of the results. The chapter concludes with a short summary of the chapter. As previously described, three asterisks denote a shift to a different temporal/spatial/attitudinal/writing domain.

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5.2 Theme 1: Self and reflexivity – emerging professional identity

Emerging from discomfort

Fear, uncertainty and discomfort are your compasses toward growth.
Barack Obama

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Fragment

It's Wednesday afternoon again, standing around in the department waiting for everyone to gather, we are in white coats, signature of our trade in the 1990s. I am filled with the sinking feeling of dread, again; its Weight Clinic day, again. We head over to outpatients together; the thick files, the expectations, the hope, the reality, all waiting, I am sick with it. I hear about families; of work or boredom that is never ending; of lives that are too busy, too dull, too precarious, too dangerous; of lives that don't fulfil dreams that are too big, too far away or worse, no dreams at all. I feel duplicitous, being asked for more than I have to offer; I don't want to contribute more disappointment, disillusionment. Connected, I want to walk away.

***

My Story – a story of dietetic beginnings

I came to a dietetics qualification at the age of 30, in 1990. In a familiar theme, I didn't achieve the standard required for entry into the graduate diploma of dietetics immediately following my undergraduate degree. Instead I took a research path for a number of years, but the pull of nutrition and people prevailed and this time I was accepted to the programme at Deakin University. I did well in my dietetics qualification – I loved the intersection of science, the food, people and community in the work. I had found my place. We had a cohort of teaching staff many of whom were trailblazers in their fields and brought a breadth of knowledge, skills and experience from nutrition, dietetics, public health and social nutrition. I had the long clinical placement of my graduate diploma of dietetics, and eventually my first job, at St Vincent's Hospital, a fast-paced tertiary referral hospital in inner-city Melbourne. Established by the Sisters of Charity, a Catholic order of nuns with an ethos

of commitment to people who are poor or vulnerable, I felt a strong connection to the organisation which aligned with my family cultural values. St Vincent's served a community of inner-city migrants, intellectuals, rooming-house residents, bohemians and the homeless and, despite being the daughter of a Pentridge Prison visitor, working there opened my eyes to the reality of day-to-day lives for many people. As a Grade 1 dietitian I was assigned the medical wards, surgical wards, plastics and the rehabilitation wards which were in the day, as a Catholic hospital, described by saints' names. We looked after inpatients, ran outpatient clinics, helped educate the nursing students who were still trained in-house, and ran group sessions for clients. Our department was headed by Dr Beverley (Bev) Wood, an early dietitian-researcher, whose work in thiamine studies related to alcohol use disorders. Bev was scholarly, clinically knowledgeable and experienced. She had exacting standards, was unafraid to question the accepted practice, especially suspicious of commercial aspects, in relation to day-to-day lives that we encountered as dietitians. She had compassion. Our day-to-day routine began in the diet kitchen within the main kitchen where the many special diets that existed in the day were plated. We picked up new referrals for prescribed diets before heading off to the wards to assess and educate patients and refine diets. It was here we learnt about the practicalities of feeding and nourishing patients with special requirements and needs, where we became adept at translating the science-of-the-day into the reality of people's meal trays and ostensibly meal tables at home.

Figure 5.1 Graduate Diploma of Dietetics Deakin University Class of 1990, with me second front right

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Multiple voices: Thinking about my story and stories of participants

Two central themes in stories of my early career were the love of the work and the environment in which I worked and the significant discomfort and dissonance I experienced. Discomfort was the uneasy feeling of anxiety, embarrassment, of 'not knowing,' dissonance was more a feeling of lack of harmony, congruence between things, a signpost to something 'not right' or 'not lining up'. There were many aspects of my work at St Vincent's Hospital that I loved. I loved the hustle and bustle of the inner-city hospital, the breadth of work and people that we saw. I loved the high-level of expertise in both the department and the hospital, the scholarship. I loved its history, its quirkiness, its familiarity through connection to my family's religious and educational background. But there was also significant discomfort and dissonance associated with the work. Some of this was related to being in a new job which is difficult and there are always challenges. *Everything* is new. You are uncertain and lack confidence. And credibility. You are the 'new-grad' after all and so I was grateful to be 30 years old, to escape some of the scrutiny of being 'new.' Some of the discomfort reflected my personal traits, painfully self-conscious, somewhat anxious and fearful of not being good enough. Carolyn recounted her own early career vulnerability "we're so fragile at the beginning". Some of the discomfort I experienced early in my career was dissonance related to the mismatches between what I had expected to encounter in my practice and the reality of that practice.

> I can absolutely imagine that
> we're so fragile at the beginning
> it's such a competitive, competitive
> environment to be in as students …with quite
> a few high achievers
> then to be unleashed on the world
> you're, so that your existence is so precarious
> to have that sort of cut from under you
> **Participant Carolyn**

Many of the clients and the lives that I encountered early in my career at St Vincent's hospital did not sit well with the neat scripts for dietetic assessment and education that I had learned at university. Many clients were culturally different and whilst many spoke English I had little understanding of cultural practices and foodways. While I learned to use interpreters to communicate with our inner-city clients who spoke little English they were less able to translate the minutiae and significance of

their eating and culinary practices. Significantly, I also felt at odds listening to Greeks and Italians describe what I knew to be fabulous and delicious cuisine (didn't we love to frequent the Greek and Italian restaurants in inner city Melbourne) and having to tell them that what they were doing was wrong and had to change. It began to occur to me that so much of what I had to offer in nutrition education was based on white, middle-class Australia and not meaningful for many people, for many reasons. Clients also had complex mental health, social, financial, emotional and psychological concerns more pressing than nutritional concerns, and I felt ill-equipped to interact with them. I was ready with my science, my knowledge and the strategies for the recommendations I was to deliver but many people were not in a position or had the capacity to hear it, to listen to or understand what I had to say. Interview participants in this study also described discomfort and vulnerability around the complexity of clients they were expected to manage, both around behaviours, psychosocial complexity of individual clients and their disorders as well as broader social contexts. Olivia described being 'burned badly' as a new graduate "because eating disorders was just not something that I felt really comfortable with… underlying that drug problem was an eating disorder problem, which was underlined by a psychosis that she had. So it was a really complicated case… I got so badly distraught by these disorders that I never wanted to do that again". Feelings of discomfort and dissonance were clearly articulated by participants around a variety of practice issues including constraints on practice. For Carolyn, time and frequency constraints for consultations was a significant issue "they would give you 40 minutes for a first appointment and 20 minutes for a second appointment… I thought that this was wrong… I wanted people to be able to sit down and tell their story, and to be able to have time to explain to people what you're trying to do". Carolyn also struggled with the timing of the education she was expected to deliver recounting "if someone came in… and had had a heart

> I also had to do … the psych ward
> I didn't like doing
> that freaked me out every time I went there
> that used to stress me out
> **Participant Olivia**

> you could see people regularly
> you could support them
> you couldn't do that in the outpatient clinic
> you'd say
> you can come back for review in eight weeks-time
> That's largely the reason why I actually got out of clinical
> **Participant Carolyn**

attack … the dietitian would go up to see them when they had just been admitted, and do a food history with them and then tell them they had to go on a low salt, low fat, you know, no food diet. And the poor bastards were so shit-scared because they just had …the fright of their life and maybe weren't going to make it anyway. And here you were trying to educate them within days, within minutes of their heart attack about their new dietary regime". Carolyn also described an experience in eating disorders similar to mine, highlighting the disconnection between what she thought to be acceptable practice and actual practice which she considered to be *against the client*. "I was really horrified because, they had this girl, this is back in the day when they had this girl in a bed, in a white room, with white sheets, in a white gown, and nothing in the room, nothing else at all. And the nursing unit manager did the menu for this girl…. it was really barbaric then". For Fiona, it was lack of integrity relating to a consultancy to aged care that contributed to intolerable dissonance and resulted in her terminating her contract. I also struggled with the expectations I felt of my practice. The weekly weight clinic was the peak of this underlying anxiety related to expectations of me as dietitians and of what I could deliver. Mostly women attended on a regular basis for a 'weigh-in' to check progress against the weight loss diet they had prescribed and to keep themselves 'accountable'. I didn't feel in any position to question, judge or prescribe how these women ate. I wondered if weight loss would bring the answers they sought and felt the burden of misplaced hope. I felt helpless, useless, my interactions simply adding to their sense of failure, guilt. I could not tell people what to do. I wanted them to walk away from these weight loss goals, have different goals.

I talked to the owners
I left
I said we need a halal food
I said that's not right
I can't do this anymore
I don't care how liquidity varies
I'm not doing it
so I gave that gig up

Participant Fiona

Workplace issues were also a source of discomfort for study participants. For Fiona, maintaining employment when experiencing a toxic workplace and bullying was also a significant source of discomfort shared with other employees in the department. Other participants also spoke of bullying and toxic workplaces as having the cause of discomfort that impacted their working life with Carolyn

recounting a manager “who systematically destroyed everybody's self-esteem, self-confidence and self-worth. And I became quite profoundly depressed, to be perfectly honest….“we're so fragile at the beginning… your existence is so precarious. So to have that sort of cut from under you, that little bit of, you know, confidence or learning, it could be devastating”. Discomfort and dissonance from being overworked, of ‘giving too much’, and unsustainable high-intensity work, were also described and related to (re)considering career decisions and movement, included an attempted move outside the profession of dietetics. For Stuart it was burnout after a particularly intense couple of years in isolated practice who recounted “by that time, I was really overwhelmed with nutrition. I just wasn't very interested in it”. Professional loneliness or isolation and a move away from the core-business of nutrition were described as issues that impacted dietitians’ experiences of professional identity, largely consolidating their sense of being dietitians and also their career trajectories. Robert described “that was probably the first time in my dietetic career I was thinking, do I want to take on that job, which would take me away from dietetics?” Olivia described isolation in practice as causing dissonance “I realised very early on I did not want to work in private practice full time. I found it very lonely, I'm not stupid, I was a new graduate and I knew I had a lot to learn”.

Feelings of dissonance, for me, were experienced as failures – a failure to be able to do 'the right thing' and practice 'in the right way.' Despite this, with irreconcilable practice expectations I was able to make changes in my working life to reduce the incongruity at the same time becoming more aware of the dietitian that I was *becoming*. Dissonance in a variety of ways helped to articulate and refine personal and professional identity, in this study, "the dietitian that I am", and influenced career trajectories. Self-identity the 'who I am' brought to early dietetic practice and met the 'what I do.' In moments of discomfort and dissonance, I was compelled to identify 'why?', 'what makes me feel this way?' In defining what is 'wrong' I clarified, defined, refined who I believed, what I thought 'I should be,' 'who I am.' In this way, self-identity was elemental in my professional identity development and in return professional identity was instrumental in my self-identity awareness and refinement. Experiences of dissonance in working life and practice were universal across my experiences and the experiences of participants. Dissonance triggered reflection – examination, exploration, learning and affirming of how we thought things should be and who we were – and action to achieve congruence. Discomfort and dissonance were managed in a variety of ways depending on personal and professional capacities and the particular circumstances we found ourselves in and the choices available to us. For guidance as a new graduate at St Vincent's I had access to excellent and experienced colleagues and supervisors whose world views and values happened to align with mine. Dr Beverly Wood and Sandra Houghton who, in both espousing equity and social justice frameworks in their approach to their professional work, acted as role models for my professional identity. And it was not just in our department, it was across the hospital and community. Ultimately, I was able to move into areas of practice which were better aligned with developing values around the body and eating. Participants also described feelings of discomfort or dissonance in relation to their practice, significant enough at times to also influence career choice. For Carolyn, restrictive and unsatisfactory practice within a context of workplace bullying steered her to community health and private practice. Fiona on the other hand was able to bond with other employees over the shared experience of a toxic working environment. In this way, she was supported to be able to use the experiences as a learning

opportunity for managing difficult interpersonal relationships in the workplace and contributed to feelings of professional self-efficacy. For Chris, issues with discomfort around outdated dietetic practice were resolved when she moved into a management role and was able to implement changes to practices within her department. Whether or not participants chose areas of practice deliberately or opportunistically, participants gravitated to areas of dietetics or ways of practicing that were congruent with earlier antecedents of professional identity such as personal interests in science, food or family values such as social justice. For other participants with careers comprising a number of different positions in what have been described as portfolio careers[188] managed discomfort and dissonance in positions was managed by giving up problematic work and finding alternative work and at times influenced career direction. However, the options of changing specialty or changing employment are not always options.

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Other perspectives

It's too bad patient-centred care is not rocket science, because if it was, we'd be really good at it.
Laura Gilpin poet, nurse advocate for hospital reform

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Fragment

It's July, the psychiatry ward is quiet and dark late on a winter's morning and my young patient's door is closed; not enough weight gained for the privilege of it being opened. I go in and sit with her, at a loss for what to say once again, but at least I'm a distraction that needn't be earned. She is warming to me; I ask and she tells me stories of home, her siblings, of her study, the pressure of family; she articulates not feeling good enough, of feeling too much. She is warming to me; she starts to acknowledge she is unwell; something needs to change, she wants things to be better. She is engaged; she starts to listen that food is nourishment, has a role; starts to trust, starts to ride the fear; be reassured things will be better; she begins to eat.

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My Story – a story of another way

In my second year at St Vincent's I successfully applied for a Grade 2 position that had been vacated. Continuing with generalist work I was also assigned more complex work including diabetes and psychiatry. Responsible for inpatients admitted for diabetes complications, I was also responsible for the diabetes outpatient clinics. One of these, the diabetes transition clinic, was where young adults with type 1 diabetes were supported in coming across from children's services. I dreaded these clinics too. My responsibility in these clinics in the early 1990s was to educate and support young adults with fixed daily insulin dosages about maintaining day-to-day and meal-to-meal consistency in carbohydrate intake. It was obvious however that for many that was an impossible task with the irregular patterns of behaviour around meals, meal content, exercise and sleep being the norm for many in this age group. I did not know what to say to these young people even though I recognised that it was important they remain engaged and coming to the clinic. I had similar experiences in the psychiatry unit where occasional inpatients with anorexia nervosa were managed with rigid and

severe behavioural programmes where privileges such as the door being opened, having magazines to look at or, down the track, having day leave were earned with weight gain. The unit manager chose the meals and I had no contact with other clinicians; no psychiatrists, psychologists or therapists. Other than calculating energy requirements required for weight restoration I was unsure of my role with these clients. Instead, I would visit regularly to chat, largely to provide a distraction and help pass the time for them but I began to understand some of their complex histories. Despite the discomfort of working unsupported in these areas, particularly in eating disorders, I became more interested and wanted to pursue work in the area. By chance, in 1992, 18 months after I had started out as a dietitian at St Vincent's Hospital, a 12-month maternity locum in eating disorders opened at the Royal Prince Alfred (RPA) Hospital in Sydney.

I remember that journey to the interview, to a different world where the psychological and social aspects of nutrition were regarded as valid and central. I was to fall deeply in love with my professional practice. The nutrition and dietetics department at RPA was very different from St Vincent's hospital. There were more dietitians than St Vincent's and many high-level specialists with PhDs in progress – in allergy, in liver transplant, AIDS and eating disorders. The eating disorders unit was overseen by Professor Peter Beumont, internationally renowned as a clinician and researcher in eating disorders, and with an interest in the many perspectives of eating disorders "the ascetic and behavioural, the perceptual and psychodynamic and finally, perhaps, the endocrinological".[189] With my compassionate and experienced dietitian-colleague Janet Conti as guide, I took on a case-load in eating disorders sharing responsibility for a 6 – 8 bed inpatient eating disorders unit, many outpatients and a weekly eating disorders outpatient clinic. Our role involved regular visits to our inpatients, particularly on weigh days, for counselling and support related to weight gain, loss or maintenance and for consequent menu adjustments. Professor Beaumont's only requirement of us was that we know how many kilojoules our clients needed and were receiving, how much they were eating and to have explanations for their weight status. We worked in a similar way in outpatient work although in a less

structured environment. Our work in eating disorders revolved around long-term relationships supporting and guiding (mostly) women to long-term goals of weight 'restoration' and/or 'normalisation' of relationships with food, eating and their bodies. Whilst these were *our* goals, we firmly believed that these would ultimately align with and underpin patient goals, something which we communicated in the spirit of trust and openness from the beginning of our therapeutic relationships.

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Multiple voices: Thinking about my story and stories of participants

A theme in the stories of my career was that out of the discomfort and dissonance of my practice came the recognition of others', often different, perspectives and other ways in which to practice. With clients not fitting the neat scripts for assessment and education and my strategies for the communicating recommendations lacking, I watched one day in awe as my supervisor distilled complex low-protein education sessions into manageable instructions for an elderly Italian man and his wife, pitching the education at the level of "you eat cheese and salami at each meal? Switch to one or the other" and getting nods of understanding all around. I was both relieved (at the lack of complexity that I would have to convey) and dismayed (what was all that science about? And how would I demonstrate my expertise?). I wondered what my dietetic education had been all about – where was the science, the numbers? But I did come to understand that the numbers and the science, whilst important as the basis of what we do, needed to be implemented from the perspective of people's lived experiences and capacities. Rather than finding clients 'difficult to engage' I instead began to change the rules of engagement. Listening to their experiences I learned and began to understand their perspective and how I might best contribute. With much of my dietetic practice at St Vincent's Hospital occurring within the context of financial hardship, homelessness and food insecurity, my understanding of the broader contexts of health, illness, diet and disease grew as did my recognition for the need of different approaches to practice. It was learning of Bev Wood's practical involvement with the local community around the issue of food insecurity that I began to see

other ways of being a dietitian in food, health and people's lives. I could imagine a role in direct community involvement, in advocacy – an equity and social justice lens to dietetics. The *practiced experience* of dietetics began to shape who I was as a dietitian. I began to settle into the profession of dietetics, understanding that whilst science may have answers, science does not always ask the right or relevant questions. I was emerging as a dietitian.

> it was probably the best thing I ever did
> I learned so much about mental illness
> [I learned so much about] people
> I learned so much about just working with psych staff
> I was there then when it transitioned from a hospital to getting closed down
> I worked through that whole period
> I went from being hospital-based dietitian to a community-based psych services dietitian
> [I] built that role
> I started seeing eating disorders
> [I started seeing] a lot of bipolar, schizophrenia
> We had a cooking programme
> I did a lot of one-pot recipe
> that was my role at psych services
>
> **Participant Chris**

Study participants also described changes to their perspective of dietetics practices. Chris spoke about similar experiences "[working in psychiatry/community psychiatry] that's where I really got that strong psychosocial approach. It was a huge eye opener as well around the poverty of the people with mental illness" recognising other perspectives of dietetic practice were needed "You've actually got to end up knowing where the soup kitchens are, which foodbanks operate and how they can access food and, you know, forget your highfalutin…. eat this, eat that, eat that, like, how can you actually get it, that whole food security thing comes into it as well. And I still have a very, very soft spot in my heart for anyone with a mental illness. I think it's one of the cruellest things that can happen to people". For some participants, alternative perspectives preceded entry into dietetic work. Grace recounted that growing up in the era of The Green Revolution[191] with a father who worked for a national agricultural body helped shaped her early professional identity in international nutrition and global public health. For Stuart, on a background of a long-held interest in food and cuisine, having a family of his own and embarking on a PhD contributed to a deepening appreciation of the social location of food and eating

he related that at once stage “I was trying to write about the social side of food…and I was very much pushed towards an understanding of family meals and family eating patterns from the work of, well if you look at the social context of food, you're inevitably drawn to its, its social situation”. Similarly, Fiona, with her strong interest in food from childhood, was drawn to people-culture-food perspectives of dietetics, and underpinned by strong family values of social justice was able to create opportunities for herself consolidating her professional identity in this area.

I also pursued a growing interest in social aspects of food, eating and health. Surrounded by dietitian-colleagues who were educated in broad aspects of food and nutrition, and particularly to support my work in the eating disorders unit, I started my self-education in psychology and eating disorders. Having been introduced to Susie Orbach‘s feminist *Fat is a Feminist Issue*[192] by my sister Anne who had lived in New York in the 1970s, I also began to explore feminist writing on food, eating, the body and self and along the way discovered such notions as gendered histories and the history of anorexia nervosa, discourses of women’s bodies, religio-historical contexts of eating and the pursuit of thinness. Through my brother John, a sociologist interested in nutrition and public health, I was introduced to broader sociological and political aspects of food and eating and most surprising for me, to the sociology of health and dietary recommendations. Surprised that an entirely different perspective on food, eating and health existed at all and in such breadth and that it lay outside of scientific literature, I was more surprised that I was largely unaware of it.

> I very quickly came to the conclusion
> I didn't think that I could work in an environment like that
> I couldn't be keep telling people all the time
> I decided I was going to set up my private practice
> I thought that this was wrong
> [That’s] why I set up a private practice
> **Participant Caroline**

I enjoyed the lack of 'rules' of dietetics practice in eating disorders, by which I meant lack of practice guidelines. At that time, I had been struggling with guidelines that conflicted with and undermined my practice experience and professional knowledge, guidelines around weight recommendations, fat intake and so on. I felt particularly that these guidelines came out organisations which had no practice-base and had vested interests in producing dietary advice that aligned with their narrative. I realised that food, diet and health was a contested space. Working in the eating disorders unit I had to confront one of the most ubiquitous frameworks in dietetics, that is, one of dietary restriction to support weight loss to a healthy weight.

Many of the frameworks of eating-disordered thinking and behaviours encountered in my practice were underpinned by paradigms of healthy weight and grounded in paradigms of healthy or sustainable eating according to the popular message du jour – low fat, low carbohydrate, high protein, vegetarian, vegan and bound in discourses of compliance, control, restraint and virtue. And promised transformation. Dispelling misinformation, updating obsolete dietary advice, contextualising science and educating about broader aspects of health and wellbeing, I began to move away from frameworks of prescriptive, perfectionistic ways of eating and idealised weights to frameworks that better sustained individuals and their overall physical, mental health and social wellbeing.

Study participants also described moves towards and maintaining more pragmatic, experienced-based practice which aligned with personal values or interests. This happened very early on for Carolyn who early moved to private practice to enable "people to be able to sit down and tell their story". Oliva also described that through her private practice "It gives you that real insight into what's going on in people's lives, which then impacted, or, you know, I can even ask them questions about you know, what do you think of this? Or are you confused about that?" Keeping in touch with dietetic practice and people was important for Stuart who, despite work that was "more policy …. I did have a small clinic because I want to keep in my hand in clinical practice, so I had a small paediatric clinic". Fiona,

with a background interest in and love of food along with experience in food service, was always drawn to the people-and-food perspective, creating opportunities for herself that aligned with her interests and values recounting the genesis of major cultural food projects. When employed in an undemanding administrative role unrelated to dietetics, Fiona saw an opportunity “Look, do you want me to use my skills while I'm here to do you want me to … pop out to the aged care facilities and find out what food they're preparing? You know, and how prepared they are to kind of go the extra mile with you know, culturally appropriate food”.

My practice continued to became more contextual, meeting my clients where they were, reassuring and guiding them around food, eating, their bodies and weight in the context of who and where they were.

Taking off – starting to thrive

Flourishing is not a solo adventure
Barbara Fredrickson psychologist

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Fragment

We are seated in the psychiatry ward's Day Room, invading their space, both physical and spiritual. A team of eating disorders professionals, nine or ten or us; daunting. We discuss the young woman and the slammed door as she leaves as 'progress.' I speak, offer my opinion from hours of listening, don't just talk of kilojoules; they hear, they nod; we confer, concur; Prof approves. I am part of the unit, I have an impact on clients, the narrative, the team. I have arrived, I am taken seriously; I am connected, I have something to offer, I want to stay.

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My Story – a story of a growing faith in oneself

The nutrition and dietetics department at RPA felt different from St Vincent's hospital in ways other than size. The number of specialist dietitians at RPA added to a greater sense of professional autonomy, that dietitians could be trusted to get on with the business of being experts in their field. Studying in conjunction with clinical practice was not only permitted and accommodated, it was facilitated and celebrated. Private practice was also accommodated with dietitians supported to work their requisite hours in a manner that supported this. When I arrived at Royal Prince Alfred Hospital in 1992 I came to a nutrition and dietetics department and an eating disorders unit with an established, valuable and valued role for dietitians. The dietitian on maternity leave was one of a small group of dietitians who had begun practicing in eating disorders in Sydney in the late 70s, early 1980s, under the guidance and support of Professor Beumont who oversaw public and private eating disorders services in Sydney. This original group of dietitians, one of whom also had a psychology background, were involved in early practice, research and publishing in eating disorders, guiding the next generation of eating disorders dietitians. This early work and research was supported and facilitated by Peter Beumont, a generous teacher and clinician. He embraced input from the varied

health professionals comprising his teams – psychiatrists, psychiatry registrars, psychologists, specialist nursing staff, family therapists and, at times, art and exercise therapists, all of whom taught and shared much valuable practice guided by experience and expertise. These team meetings as well as regular meetings with other eating disorders dietitians practicing in Sydney were our communities of practice. Counselling and supporting clients in relation to weight restoration, loss or maintenance and/or normalisation of eating is complex and an area of dietetics that was relatively new and without a large body of evidence-based treatments and there were few recommendations and guidelines directing practice.

Through a combination of learning, knowledge acquisition and experience I began to build expertise to guide my practice. Practice development was underpinned by experience-guided research, research-guided experience and consensus-guided treatment. Supported by an eating disorders team who welcomed and valued the input of dietitians I was motivated and rewarded for pursuing a deep understanding of energy metabolism, body composition and set-point theory, starvation biology and the biology of growth and development and so on. I learned about the various and varied impact of starvation on the human body, psyche and emotions. Novel insights, contributions and innovations were always welcome and clinical experiences at times led to the initiation of research projects. Our day-to-day experiences of gradual energy increases in anorexia nervosa inpatient refeeding, informed original research contributing to an understanding of the hypermetabolism of refeeding in anorexia nervosa. In addition to clinical knowledge and experience it was also accepted that dietitians acquired a well-developed working understanding of psychology, sociology, feminism, family therapy as it related to the management of eating disorders and were welcomed into broader therapeutic discussions.

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Multiple voices: Thinking about my story and stories of participants

It was at RPA that I continued to experience and learn about the complex context of eating disorders practice – the psychological, the social, the physical and the clinical aspects of eating disorders practice. Much of my knowledge, expertise and confidence grew in the context of eating disorders practice and within the eating disorders team in particular and the nutrition department in general. I have always considered it was Professor Peter Beumont's 'gift' of autonomy in practice, his trust in me to do as *I* saw fit, that enabled my t*aking off* in my practice and learning and contributing to my growth and confidence as an expert in eating disorders. This was supported by the broader team who were also products of Peter Beumont's framework. Together these contributed to my agency as a dietitian, to that power to act that, for me, came from the sense of self-efficacy and confidence as expert. This agency was also supported by discourses within the eating disorders team of an expanded role for dietitians within the broader team, one with clinical and psychological expertise and insights, as well as the capacity for high level practice, research and practice innovation.

> by the end of that, of course, I had huge expertise
> there were these obesity conferences I went to
> I shifted my expertise into that
> I was growing the department as well
> it was a way of growing the department
> We got a project worker, that was another person
> It was a way of increasing our health promotion in this region
>
> **Participant Chris**

These discourses had their origins in the Beumont team's philosophy of eating disorders treatment as well as in practice-relationships between team members and in turn shaped by highly experienced and skilled eating disorders dietitians that had preceded me. These discourses reflected and were supported by the nutrition and dietetics department and management, there likely being a reciprocal relationship between highly skilled eating disorders dietitians and discourses of highly skilled, agentic clinicians and researchers. With increasing agency, I was more able to resist competing narratives of healthy eating and body weights and better trust and enact my professional knowledge and practice and being to shape the discourse. Within the eating disorders team, the dietitians guided consistent narratives of health, food and eating and concepts of *normal* eating, expunging narratives which normalised dieting. Having high

profile and well-regarded eating disorders dietitians within the nutrition department also helped shape broader narratives of health, weight and healthy eating.

Study participants also spoke at length about their experiences of being valued members of teams within healthcare organisations. Carolyn recounted with great warmth her experiences of being embraced as part of a team rather than feeling she was viewed as a nuisance. She recalled her respected role in an eating disorders team as a new experience "we made this dynamic duo. And that was where I met my first ... where I had actually more involvement and was embraced as being part of the team as opposed to being a thorn in the side". Carolyn's experiences, in the context of a work environment that caused her great discomfort both around treatment by her manager and her general unhappiness with departmental practice and protocols, gave her confidence and contributed to her continuing as a dietitian and to specialising in eating disorders. Stuart also related with enthusiasm his experience as a dietitian as a respected member of a team within a paediatric metabolic unit, of being treated as an equal and at times directing care. Within the broader context of Stuart having originally seeking work outside dietetics because of burn-out, this was a significant experience contributing to his ongoing identity as a dietitian and identity as an expert. As Stuart remembers "I got a job at the Children's Hospital …. and I stayed there for five years and I loved that job, that job was just glorious. We…had a great team. It was very, very well set up, with clear and respected lines of division … the physicians really respected the dietitians. They never saw them as kind of second-class people … he saw us as, more than technicians, you know, he would defer to us all the time, if things were not going very well with a particular family".

> That is what I wish
> there's pockets of regret
> that's one of the huge ones …
> I didn't have that mentor
> nobody said to me
> All you've got to do is this bit and this could be a PhD
>
> **Participant Chris**

Experiences in teams were not always direct contributors to developing an identity as dietitian-as-expert. Chris described teams where the role of dietitians was misunderstood or where dietitians were simply resources to obtain supplements or to implement others' ideas. "we've got a surgeon who's interested in nutrition, but it doesn't mean he uses the dietitians for their knowledge. It's 'I want you as a dietitian to get me some glutamate or I want you as a dietitian to put them on fish oil'". Alicia speaks of similar experiences "I was, quote, the practical one and so I could understand the science but my job was then to, you know, catch up to the sport scientists about how to implement it…that was a foot in the door, but it sort of used to drive me mad a little bit because I kept thinking, no, but I've got ideas too as a scientist". Participants also spoke about the role of dietitians being misunderstood as Chris lamented "we're poorly understood by the rest of allied health and I think we've paid a price for that, … we don't get the same credit, we don't get the same acknowledgement… I think that scientific-medical focus that we've got, often people don't realise that that's what we do…there's a huge amount of overlap with social work patients and dietetic patients, there is this really clinical dietitian, very scientific and you know, your ICU model, your dialysis, …but then there is also this psychosocial side that overlaps with social work as well".

I was hoping to make a career out of sports nutrition
I could sort of see that it was an opportune area
But I didn't know how to get myself into [it]
I didn't know if there was such a thing anywhere
how would I get myself into it
he kept popping up and introducing me
he just introduced me
I look back
I think there's a lot of generosity
people were very good to me
I think it's really important to be able to do the same thing down
[I think it's really important to be able to] mentor down
I think it's really important to be able to] give people opportunities

Participant Alicia

Participants also discussed mentors as an aspect of being valued and supported members of teams. Mentors were important for providing feelings of being valued and supported, in these cases as member of the profession, providing confidence, feedback and support for practice and professional development. Mentors contributed to developing identities as dietitians-as-expert and innovators as well providing guidance for career trajectories, particularly in contexts were participants did not have

access to informal mentoring such as in small department with few experienced colleagues or in emerging areas of practice. For Alicia, the valuable role of mentors was such a significant feature of her career trajectory, being a mentor and supporting others in her field became part of her own professional identity. Chris on the other hand lamented a lack of mentorship, particularly around navigating career development, feeling that the support of a mentor may have helped guide her around her research, intellectual property and a PhD.

The central theme in the story of my time at the RPA is that I began to feel and wear my expertise with comfort and confidence. It began to be part of my identity, my practice. The discourses of dietitian-as-expert, the extended roles for dietitians supported the development of practice, innovation, research as well as influence, for myself and many dietitians at the RPA hospital. These discourses underpinned and supported further development of agentic power – the power to not only act in a way that one deemed as fit, but in turn to begin to further shape discourse, discourses of practice as well as discourses of expertise. With this developing agentic power, I found myself *Letting* go.

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Summary – Theme 1 Self and reflexivity – emerging professional identity

Discomfort and dissonance is a central theme in my early career stories. Discomfort largely reflected the challenges of being in a new career (potentially amplified because of personal traits). Dissonance, whilst there was little cognisance of the fact at the time, echoed mismatches between personal values, perspectives and capacities in relation to developing professional practice and professional identity development. Rather than stories of failure in practice, stories of dissonance articulate developing professional practice and identity. Participants also told stories of dissonance experienced over their careers, significant enough at time to impel career changes. Through attempting to achieve greater congruence between self and professional identity and practice, dissonance guided professional practice, identity and careers. Dissonance in professional practice related to emerging recognition of

other perspectives and ultimately changes to perspectives of dietetic practice was another important theme in my career trajectory stories. Once again, this dissonance was experienced as a failure to align with professional practice, however with increasing sense of professional confidence and through being mentored within an environment of shared values, these experiences began to feel more as though the profession was out of alignment rather than me. Using alignment with self, values and beliefs as guide, perspectives shifted to new ways of practicing.

5.3 Theme 2: Discourse and agency – strengthening professional identity

Letting Go – becoming expert

Creativity follows mastery
Benjamin Bloom psychologist

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Fragment

We are gathered for a focus group organised for my research on eating disorders at the University of British Columbia. We are animated, dietitians gathered from across Canada and Australia, amongst our tribe, excited to be understood. We share stories of our work, our enthusiasm for supporting those with eating disorders; we share our struggles, stories of people's lives, of their triumphs and their frustrations; we laugh, and we metaphorically cry. We inhabit similar places with our practice, arriving from different worlds, years of listening, filtered through 'science' and an appreciation of its limitations, through an understanding of the complexity of psychology, society, culture. But mostly we are all here together because of the lives we have had the privilege of sharing, the courage and effort we have witnessed, the journey.

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My Story – a story of other places

In 1997, feeling unmoored after the death of my mother from cancer and the breakup of a significant relationship, I sought the distraction of adventure and travel. Once again, a romantic connection offered a (at least short-term) landing pad in Vancouver and so I was emboldened to apply for post-graduate studies with Professor Gwen Chapman at the (then) School of Family and Nutritional Sciences, University of British Columbia (UBC). Dr Chapman was a dietitian and qualitative social researcher and I intended to develop a research topic related to markers of recovery in anorexia nervosa. Expecting to immediately undertake research for a PhD qualification, I instead enrolled in a Master's degree as I didn't have the requisite nutrition-related Master's degree. In addition, I discovered I would need to attain an adequate sufficient grade to allow me to transfer across into a PhD in the future *and* I would be expected to take a comprehensive examination across the field of nutrition and dietetics. Not wanting to pursue additional or broader clinical knowledge in dietetics but instead interested in original research related to my clinical practice I was dismayed by these requirements; however, I did embark on the postgraduate qualification in nutrition at UBC and began to plan and implement my research.

As part of data collection for my research project on the role of the dietitian in recovery from anorexia nervosa as perceived by dietitians, I ran and recorded several focus groups with eating disorders dietitians in Vancouver and in Sydney and Melbourne. Interviewing dietitians from across Canada, from Sydney and from Melbourne I heard details of their work and thinking about nutritional therapy in eating disorders. At the Vancouver Women's and Children's Hospital I worked in diabetes as well as the eating disorders inpatient unit with a much younger cohort of clients than I had encountered previously. It was interesting to be exposed to an eating disorders environment with a different perspective and philosophy and to have the novel experience of working to support a programme of in-*home* transitional care for eating disordered clients in the community. I both struggled and enjoyed these experiences as I grappled with approaches and philosophies not aligned with mine as it helped

me unpack and refine those aspects of my own practice. I did not finish my research degree at UBC. The need to continue working to support myself as well as the imposition of life and relationships saw me take a different direction. I was fortunate enough to work for a number of years in Canada as a dietitian in a variety of roles before returning to Australia in 2001 with a husband and a young son.

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Multiple voices: Thinking about my story and stories of participants

The theme of dietitian coming to expertise through practice and learning has been central to my sense of self-efficacy and agency as a dietitian. Taking part in the discussions of those focus groups it became apparent very quickly that, largely, dietitians from a wide geographic spread were practicing in very similar ways. This must be considered in the context of there being no formal education in and very little literature on eating disorders dietetic practice at that time. The expertise of these dietitians was the lived experience of practice what I call their *practiced experience*. Whilst I had expected the Sydney cohort to be aligned, a cohort functioning as a community of practice through regular meetings, secondary consultations and informal contact during my time there, I was surprised to learn of the similar practices of dietitians from across Canada, which in turn were similar to the practice I had been exposed to in Sydney. It is probable that the Canadian dietitians were known to each other professionally with opportunities to catch-up provided by conferences and workshops helping support, validate and cross-fertilise eating disorders practice, again as a de facto community of practice.

Through my research I came to know the dietitians working in eating disorders in Vancouver well and one dietitian in particular stood out. Kosa Matic-Smyrnis was an experienced, compassionate and dedicated eating disorders clinician at St Paul's Hospital Vancouver and it was she that introduced me to the concept of *dietitian-as-doula*. Kosa likened dietitians in the treatment of eating disorders to the doula assisting women in childbirth, that while the doula cannot give birth to the child the doula's clinical knowledge, their experience of working with many women and the shared stories of these many women make the doula an invaluable resource to support and assist the woman giving birth. This was a model of dietetic practice I was to make my own.

Study participants spoke also spoke about their experiences in knowledge acquisition, learning and expertise development as well as innovation. Within a broader narrative of a small department, little organisational respect or support and little alternative employment in the local area, Chris fashioned her own opportunities that supported developing expertise and agency. Successfully applying for significant funding and with a great deal of self-education Chris moved into health promotion and obesity prevention fields which "by the end of that, of course, I had huge expertise in health promotion, and obesity prevention and there were these obesity conferences I went to and things. So, I shifted my expertise into that". She saw widespread recognition of her developing expertise and innovation, although in accordance with the narrative, only outside of her own organisation. Fiona also recounted experiences of creating opportunities to pursue expertise and innovation in the area she was interested; people-culture-food. Employed in an unrelated role for a health department project, Fiona offered her dietetic expertise to the project, summed up her findings in a report on the basis of which she was awarded nutrition-specific funding which underpinned further expertise development.

> I was looking at anaemia
> I was very concerned
> I'd spent my last years …looking at the anaemia issue
> I felt it had not been addressed
> I realised that from my work
> we didn't actually didn't have good information
> I did that when I [did my] PhD
>
> **Participant Grace**

Not all participants were confident in their clinical experience alone to underpin their sense of expertise. Carolyn related “I actually did my Bachelor of Counselling …it wasn't general interest…XXX had always been terribly complimentary about my capacity to work in a psychological framework, but I actually had no training... it was a bit all by the seat of your pants... she provided very good informal supervision…. but it was all done with no theoretical understanding”. Participants described pursing expertise through formal learning whether for specific work they were doing, for interest, for social or research capital or to locate their food and nutrition expertise within broader social, historical and political contexts. Grace described lingering concern about knowledge gaps in her clinical work as being the impetus for her PhD. Alicia wanted to continue to have access to researchers and academia “I started the PhD only because I wanted to be able to still talk to [researcher X] about it and … also have access to the library because back in those days, you know, you couldn't get papers”. This formal research further underpinned ongoing development of her expertise.

The organisation within which Alicia worked provided unique opportunities for research that was important globally, providing her with a high degree of status, facilitating Alicia to develop a high level of expertise and innovation, research networks and funding. For other participants a PhD also fit in with personal circumstances as Fiona explains “the XXX Project was basically the impetus for my PhD because that's where we got it we all are talking to all these people about what authentic … that kind of led me down that pathway… I had always thought I would do a PhD when I was pregnant or had had small children. So, I started my PhD when I was eight months pregnant with my second child. I had a two-year-old”. Post-graduate degrees were an opportunity for participants to explore aspects of dietetics other than the clinical as Fiona relates about her PhD studies “it was very cultural studies… I looked at cookbooks, looked at advertising, I looked at the Mediterranean diet, I looked at that, all of that semiotically and through the lens of the public and private and global and local”. Stuart had

> I knew I didn't want to do a PhD that was around, in nutrition, or in science
> I wanted to do was to do a PhD that was about philosophy
> [I wanted to do was to do a PhD that] was about, you know, something different.
> **Participant Fiona**

previously rejected research in the field after an Honour's year in nutritional science "It gave me an insight into research, which made me realise then, and I still hold it now,…it really is potluck…I didn't find it very convincing" but later approached his PhD from a social angle "I was still interested in, in, in food as cuisine… I looked at the way in which our views of food and our engagement with food had a kind of moral underpinning…I was trying to write about the social side of food". Robert describes a more pragmatic approach to a PhD in order to provide social capital recalling "I wanted to get a PhD because working in hospitals …there's a value of being called a doctor. And, and well maybe, maybe also [I] just wanted to do it". Lastly, Alicia recounts a similar attitude to "if you can just trust that everything you do is going to contribute, like nothing's ever wasted. I think back to the times I went and did a locum for money while I was doing a PhD, and you'd be in an ICU or a cardiac unit or something and you'd think how has this got anything to do with sports nutrition but it does. Really the more that you have a broad understanding of physiology, nutrition, and, you know, even just the interactions with people, you, you broaden just your appreciation for so many parts of what nutrition can do… the broader you have that skill set, the better".

Themes of developing expertise, innovation and agency in practice were also underpinned by discourses of collegial, team and organisational support, feedback and recognition. In turn, this strengthening agency facilitated and supported further development of expertise though expanded practice, innovation and informal and formal learning.

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Pushing back – developing agentic power

Fragment

The call comes late one afternoon while I'm driving fractious children home from a long day at childcare, home to their bath while their tea is cooked in a hurry. I pull over into the cycle lane to answer, a request to consult with fat players – weight loss; I groan inwardly, really? but an opportunity too good to pass up, I accept. I am set up in a corporate box at the stadium, my 'office' for the afternoons I visit once a month, unconnected to anything, anyone; I'm not even a fan, I don't know the game, the names. But it's soon confirmed, fat is not the problem; the many things that impact eating are the problem instead. I need to be connected, know what goes on, have influence, relationships, trust. I talk my way in and see for myself, make a place for myself in the club, have the players on side; things start to change.

My Story – a story of finding a way through

In early 2001 after toing and froing between Canada and Australia in the context of family visits and irregular work, my husband and I finally accepted a permanent move to Australia would be in our best long-term interest. I was fortunate enough to continue with the contract work I had completed a year earlier, now implementing an eating disorders service in Geelong, a regional centre an hour's drive from Melbourne. For the next three years with time off for a new baby, I worked with the Disordered Eating Service and ran a private practice for eating disorders and sport until one day, out of the blue, a phone call from the strength and conditioning coach at Geelong Football Club changed it all. It was a request to consult with their fat players to help improve performance. My heart sank, weight loss? Of course, not my cup of tea, but a very nutritionally interesting, rare and prestigious opportunity too good to refuse. I started at Geelong Football Club late in 2004 for the preseason training for 2005. Initially brought in to consult the fat players – let me clarify, players with skinfolds higher than an arbitrary requisite number – to help reduce body fat and ostensibly improve performance. I was given one of the corporate boxes at the Geelong Football Club stadium in which to consult once a month,

the players coming in to see me one by one. It became apparent immediately that this disconnected interaction was not viable. I had no agency with these players. It also became apparent immediately that body fat levels were not an issue for these players and that the broader issues of lack of access to appropriate food for fuelling and recovery and a disproportionate focus on body fat were. To be able to implement effective practice and programmes I began to advocate for space in their workplace, advocated successfully, and for the next four years saw the development of the role of sports dietitian at the club including travelling with the team.

I was to develop and oversee programmes for match-day nutritional preparation, support and recovery and physical development programmes for younger players including food-related skills. I did a lot of work with players and coaches around body composition including narratives of body composition and performance, and upskilled considerably in its measurement, etc. But the implementation of the sports nutrition programme at the club could not occur outside of the *structure* of the club – the culture, beliefs, systems and hierarchies of roles, influence and relationships; the power relationships. With an initial goal at the club to have a presence in the training environment and to begin to understand the demands of professional sport and engage with players and staff, I immersed myself in the environment. I began attending the gym and training grounds on a regular basis. In this way, I also started to engage coaches and ancillary staff and observe club culture in action. Importantly, I also began to understand the networks and allegiances within the club. By the end of my time at Geelong Football Club I was contracted to provide sports nutrition services for 30 hours a week, attended training and recovery session as well as all games including interstate games. I had effective working relationships and was well regarded and trusted by the players, many of the staff and management. I had agency. In my final year there, after 5 years with the team, the Club won its first premiership in 44 years. I now had professional capital.

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Multiple voices: Thinking about my story and stories of participants

I had intended to write that work at Geelong Football Club was very different from my work in health but on reflection, in fact there were many similarities with my other work environments. What *was* different was that it was a high stakes environment and there was a unanimous view that nutrition was a vital aspect of success. My presence at the club was not a given and, bought in by the strength and conditioning coach, I was firmly anchored to one of the many factions within the organisation. This made me vulnerable in the context of the many machinations of professional sporting life. Similar experiences were described by Grace who recounted her vulnerability in an academic unit once her champion was no longer there to advocate for her and she eventual left the position. Olivia also described experiences of having to manage broader organisational relationships as part of carrying out her work, she recounted "I went home that night and went, oh, my god, why is it that I can't just go walk into a really nice job without there being this underlying, undercurrent issue that I had to solve, the politics of it". Despite experiencing credibility and agency in health settings, albeit variable I arrived at the club without *any* credibility outside of the relationship with strength and conditioning coach (I had little credibility with most of his department). Rather, I was met with suspicion and resentment. There were allegiances to previous non-dietetic staff who had taken up the role of sports nutrition management. Besides, I was a 40-something year old woman without a connection to elite sport, let alone football. What could I possibly have to offer. I could fail to have my contract renewed at any time. What was not so very different from elsewhere were the different views of which nutrition framework, with what sort of effects, was important. Just what was vital to the success of the players and the club, and what strategies would be most effective in implementing these yet-to-be-agreed upon nutrition frameworks was contested. Football clubs, like many sporting

> just a couple of months after we started
> we lost our key support person
> not only would he have been a great support professionally
> he would have been, embedded us into …,
> [he would have] embedded the nutrition topic into public health
> he had brought in nutrition against the wishes of his colleagues
> when he was gone, there was no one championing us anymore
> We just didn't have the support
> I applied to start a PhD and moved to that
>
> **Participant Grace**

organisations, are the stuff of mythology and legend, superstition and every man's tried-and-true methods of 'the winning formula', cowboys.

I had to deliver on something that I didn't believe in – I was to run a 'fat club.' The most important work I had to do at the football club, because it underpinned all the other work that I had to do, was to establish myself as credible and to promote discourses of nutrition, physique and sports performance that focussed on optimal nutrition and adequality fuelling training and recovery. And just how that might be achieved for individuals.

Study participants also described many ways in which their professional identity continued to develop aligned with increasing self-efficacy and ability to exert their influence. Power struggles within medical and scientific hierarchies were described with participants describing aspects of their training and expertise supporting their confidence, self-efficacy and ability to pursue their own avenues of practice, research or career trajectories. Chris describes that having trained in a large Melbourne hospital gave her the confidence and carried enough agency for her to wrest control of enteral feeding from nursing staff "but I could stand up to nurse XXX because I'd come from Melbourne, and I knew what I was talking about when it came to tube feeding. And it was the first time anyone really took XXX on and said, this is how we're going to tube feed our patients". Study participants described growing expertise and self-confidence affording them control of their professional practice and the type of work that they carried out which contributed to personal and professional identities that were increasingly congruent.

> [I was making the changes]
> I had a lot of independence in terms of what I could do
> [I had a lot of independence in terms of] changes I could make.
> I think [autonomy is important]
> the nearest that would have come to that
> I was always able to push back
> I never felt that I had to …. compromise my standards
> there were times when you had to stand up for yourself
>
> **Participant Robert**

Equally, these robust professional identities allowed participants to exert influence on their environments, in hospital departments, in professional education and practice, in academic and

research environments and well as in broader society. Robert described his pursuit of new opportunities to broaden his skill set and to exert influence “liked the idea of a new challenge and learning new things in some role. And also getting into roles where I had some influence in outcomes, not just doing the work that I was paid to do, but I could make changes”. Alicia described that her level of expertise and reputation allows her to have the greatest level of control over her work to date enabling her to set research agendas both within her organisation and internationally as well as influence professional practice and education and influence the behaviours and practices of the public. Not having an environment, discourse, that supported her as expert Chris was compelled to seek out her own opportunities for professional growth and development which she did numerous times throughout her career in the one organisation. Within a broader narrative of a small department, little organisational respect or support and little alternative employment in the local area, Chris fashioned her own opportunities that supported developing expertise and autonomy. Successfully applying for significant funding and with a great deal of self-education Chris moved into health promotion and obesity prevention fields which saw widespread recognition of her developing expertise and innovation, although in accordance with the narrative, only outside of her own organisation.

> I don't really know
> when you go into private practice it's very easy to become incredibly isolated from other practitioners.
> if you're not
> if you don't have sort of an affiliation to a university
> [if you don't have sort of an affiliation] to a major teaching hospital
> [if you’re not] doing something that brings you in contact with sort of more mainstream dietitians
>
> **Participant Carolyn**

Flying solo – making it my own

A man travels the world over in search of what he needs and returns home to find it
George Moore

Fragment

In passing, one day during my own consultation, my GP said "I learned so much about eating disorders from you when I first came here". I am taken aback, *that* GP who refers so many women to me for support and 're-education'. "That letter you wrote, always write", she continued, "so considered, taking so much of her life-history into account. I would never have considered it, seen it, that eating disorder, but it all made sense". She went on "I think about that letter every time I see someone new, think to ask them about their story, *listen* to their story. And look just how many come your way".

Figure 5.2 Home - Port Fairy Victoria Australia

My Story – a story of finding 'my' way

But our lives were busy, too busy. Too much work and a husband travelling two hours daily to and from long arduous days and nights as a paramedic in Melbourne. As well, in 2007 there was a changing of the guard at Geelong Football Club with the original strength and conditioning coach ousted and new staff, keen to make their mark, brought in. Due to a change in favour, certain allegiances in the club were a disadvantage and I was marginalised and excluded from day to day operations and decision making. I saw the writing on the wall. It was time for a change, we made another move.

Our move this time was to a small coastal town, Port Fairy, in southwestern Victoria, in Gunditjmara country. It was to provide a country life for our small children and to ease the burden of our working

lives. I moved without work opportunities in place and for a number of years made do with what was on offer. I took up case management work for a local community health programme, taught nutrition under contract at the local campus of a metropolitan university, was community health dietitian at a regional hospital, until in 2013, I found work as dietitian at the small rural hospital in my home town. Seven minutes-walk from home.

I have been at Moyne Health for more than ten years as a dietitian working eight hours per week to provide generalist dietetic services to our community, as well as to our small eight-bed acute hospital, to our 84-bed residential aged care and to our in-house food service. I was back in general practice where I began, albeit in a more affluent community. In general, it is good work – what a local GP calls slow-medicine – healthcare practiced with people we have known over many years, people who are interconnected with us and the community. We often have the luxury of long-term relationships, of connection to underpin our practice. A large proportion of my work is in diabetes in which I work in dual consultations with the diabetes educator. We see clients together to facilitate negotiation and communication both between healthcare practitioners and the client and between the practitioners, in real time, about priorities and approaches to care, to reduce the need for our clients to repeat their stories and the time required to consult with multiple practitioners. I have worked in other positions in my health service over the last ten years, largely in administering community health programmes. But I have always identified as a dietitian, worn my dietitian-hat. Over the years, I have supplemented my allocated hours for dietetics from these other positions and was able to provide better dietetics services to the community including those in health promotion. Health promotion work comprised both in-house and community-based work including the participation in region-wide health promotion

Figure 5.3 My PhD workplace for the last four years

activities through schools, kindergartens and sporting groups. But it was too much on my own, there was never enough time, too many demands. I felt unvalued and gradually disengaged. In 2018 during a period of burnout from working full-time work with limited support and with meagre work opportunities in the local area, I decided to make another attempt at completing a PhD. I had been thinking quite a lot about my career during this period of burnout and wondered if I had done as well as I could have in my career. I wondered why that despite identifying strongly as a dietitian I felt out of step with dietitians at times, with the profession. I wondered what had made me the dietitian that I am, I wondered about dietitians with whom I felt more attuned. I was interested in researching dietitians and their experience navigating their career. I saw this as an opportunity to reflect on and find meaning in my career whilst capping it off. I have continued to work as dietitian and work full-time on the PhD which is now nearing its completion. And I wonder what I will do next. Whilst this PhD was meant to be a grand finale it instead is just the next point on my timeline. Whilst I wonder what will be next, I am headed in a particular direction. A few years ago, I came across the community that is *World Critical Dietetics* with its mission "to create a space for critical inquiry and dialogue to build on and broaden the body of knowledge in dietetics through collective and inclusive efforts". Resonating with much of my thinking I am enjoying interacting with research, commentary and colleagues around issues of equity, justice and disruption in dietetics. I have met dietitians from across the world and coming from many perspectives. I continue to find meaning and direction from these interactions and hope to have a few more years growing as a dietitian.

Figure 5.4 Presenting for World Critical Dietetics at the American Academy of Nutrition and Dietetics Conference FNCE Denver 2023

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Multiple voices: Thinking about my story and stories of participants

First starting at Moyne Health as a dietitian in 2013 there it was again, the dissonance, 20 years on. Again, experiences of dissonance related perceived expectations about "what I did" and "what I was expected to do", to work in ways which were foreign to me. At times, I have received letters from GPs prescribing dietary interventions that I was to implement, at other times, referrals from residential aged care about very elderly residents losing weight; there were expectations from people about the promises of weight loss; I was co-opted into school lunchbox audits with local area health promoters. The old feelings of expectations not matching what I thought I could do. Feelings of helplessness and futility returned. I did not like it at all. I wanted to walk away. In a period of discomfort, I was compelled once again to think about my practice. I thought about the changing nature of nutrition advice and looked for constants. I thought about my days working in eating disorders and the knowledge and expertise I had garnered listening to clients. I thought particularly about the comment that a computer could do what we dietitians did, the point at which I really had come to terms with "what I did" and "what I had to offer". I answered that question, drawing on experiences across my career. I could form relationships with people, understand aspects of their lives, their stories, their personal traits, strengths and limitations and see where eating or food issues lay. As Chris recounted when mentoring young dietitians "we have [that] conversation quite often and some of the, some of the dietitians will panic a bit, "Oh, this new person, I've got to see someone" And I say "do an assessment, tell them that today, you're going to do an assessment. That's what you're going to do today. And then you'll be back in touch with them about what they need to do next, after you're done the assessment, and thought about what might be most appropriate to do". Compared to a computer, I could form expert opinions about 'what might be done' and 'what the

> [I] worked in private practice, basically, for 15 years
> my eating disorder life, then just dribbled away
> I was doing a fair bit of nursing home work
> my eating disorder life just evaporated
> if you're not, if you're not linked to a team
> you're not part of the team
> you don't have the corridor consultations
> it was a little bit sad I have to say
> I really felt
> I was giving up something
> I didn't especially want to give up
>
> **Participant Carolyn**

priorities were.' Once again, I began with the person in front of me and allowed them tell their story. I could also be reflexive, responsive. I could advocate.

As Chris went on to say of her mentoring work "…..I'm constantly saying our core business is to make sure people are meeting their nutritional requirements. At the end of the day, that's our core business, we have to figure out how that's going to happen. So, we have got to look at all of these things, like impacting ability, funds, can they eat, can they not eat, whatever it might be. But at the end of the day, for every single person you see, you're trying to figure out how they're going to meet their nutritional requirements in this mess of everything else is going on for them…." As a dietitian I didn't always have to have the answers. I could offer information, the science, strategies, others' experiences. Or care, reassurance. I could research, question, investigate, seek out alternative answers. Chris finished with "your … gold standard, this is what we're going to aim for. If it doesn't work, then you come down to the silver standard. And if that doesn't work, you come down to your bronze, which is give out some free tins of Sustagen and see if you get her to drink [laughing]. But at the end of the day, all of it, if you just remember that every single time, whenever you're assessing, whatever, you're trying to meet their nutrition requirements. And that's always, that's the hole you're trying to fill". I girded myself with my experience and expertise and pushed back on expectations, perceived expectations of me. I reframed my practice to fit my philosophy of practice, my professional identity. I settled back into practice as a generalist dietitian.

I think that's the other thing
"How long have you worked there?"
you can't really go back and explain
I haven't worked here in just, rocked up and done the same thing
I was able
I think I was fortunate
I was able to recreate the job a number of times
what I wanted it to be

Participant Chris

Flying solo in the final stages my career, my professional identity and current agency have allowed me to find a place in which my practice fits – I am able to reconcile my personal identity with my professional identity. And I continue to exert my influence on my environment. I have realised that it is not just individual clients that I influenced but, just as in my role within the eating disorders team guiding consistent narratives of food and eating, of concepts of normal eating, in my role in aged care teams, community health teams, health promotion teams I continue to display and exert my philosophy of practice, steering narratives of 'healthy eating' within contexts of physical and mental health and capacities as well as the structural barriers of financial, accommodation and food security.

Broader contexts of organisational structures, despite being unsupportive at times, also underpin a sense of professional identity and of expertise by providing the basis for professional connection but in also providing stability. The private sector proved precarious in the long-run for Carolyn with the commercial imperatives of the sector and changes to private health insurance gradually seeing her disconnected from regular contract employment in her specialist area. The precarious nature of work and decreasing professional connection undermined her self-efficacy and sense of relevance. Carolyn pursued new expertise however her professional identity underwent significant and adverse transformation. Reliant more and more on private practice and with eventual paradigmatic changes to publicly funded universal health care insurance, professional competition from a larger number of professionals in the area with less remuneration as well as the advent of the internet and the need for a social media presence saw much of Carolyn's

it really, like was dagger the heart
But afterwards, I thought that was just what I really needed to hear
I could have been
I could hug him
I mean
I have thanked him profusely
that's what I've needed to hear
I'd been so stuck at this idea that the xxx … and I were one thing
that was the only thing that that I, you know, that would allow me to do the best work that I could
now, I'm in a much better position
I'm just
now I'm a researcher, full time researcher
having done it only as a hobby before
now it's a full-time occupation
I've had to learn about how academia works

Participant Alicia

livelihood disappear. Without the support of professional or organisational networks or colleagues, and possibly due to a decreasing sense of self efficacy over a number of year due to significant changes in her private practice, Carolyn no longer had the agency nor the drive to adapt to professional life. She left the profession with significant resentment and feelings of irrelevance. Even well-established employment in stable organisations can be disrupted and necessitate work on (re)negotiating professional identity. Alicia recounted significant restructuring in the organisation she had worked for nearly 30 years resulted in her having to consider leaving an organisation which was (she felt) inextricably linked to her professional identity and practice. Convinced to take the opportunity to leave on her terms, the move was a resounding success creating new opportunities to better align personal and professional identity.

There have been one or two changes to my employment over recent times, sometimes by choice, sometimes through necessity but I have been fortunate enough to be in a place to practice how I see fit. It is however only through this autoethnographic work that I have been able to begin to deconstruct and articulate my professional identity as a dietitian and qualitative, interpretive researcher working within a critical-postmodern framework. This framework is reconciled with personal values of reflexivity, interrogation, equity, agency and anti-oppression through conscientisation. Whilst I still grapple with feeling different and out of step at times with other dietitians and the profession I now recognise what it is that connects me. Participants described many ways in which their professional identity continued to develop as their self-efficacy increased with increasing ability to impose their will or simply do as they saw fit. Power struggles within medical and scientific hierarchies were described with participants describing aspects of their training and expertise supporting their confidence, self-efficacy and ability to pursue their own avenues of practice, research or career trajectories. Participants described growing expertise and self-confidence affording them control of their professional practice and the type of work that they carried out contributing to personal and professional identities that were increasingly congruent.

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Summary Theme 2: Discourse and agency – strengthening professional identity

Reflecting congruence between personal and professional identities, strengthening professional identity underpinned increasing agency in my practice. Beyond the agency of simply being able to manifest one's professional expertise in practice, *realised* professional identity and practice were manifested as agentic power or the ability to act independently of the constraining power of social structures and discourses and in turn begin to influence those discourses and structures. Identity can be described as where agency and power intersect. This is where innovation sits.

5.4 Postamble

This chapter has explored professional identity as experienced by me and my participants during our dietetics careers and their broad structural and discursive contexts. In this chapter I have not focussed on specific dietetic practices other than some very specific moments in our careers as illustration. Rather I have focussed on broader contexts that shape those practices.

Chapter 6 Autoethnography summary

As the story evolves and identity takes form, we come to 'live' the story as we 'write' it, assimilating our daily experience to a schema of self that is a product of that experience
Goodson, 1992

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6.1 Preamble

Chapters 4 *Coming* and Chapter 5 *Becoming* comprise the qualitative study designed to answer question two of the overall study of professional identity, namely.

RQ2. What are the experiences of, influences on and impacts of professional identity in dietitians?

More specifically:

- What have been my experiences of professional identity (subjective experience)?
- Have other dietitians had similar experiences of professional identity?
- How did my professional identity shape my career?
- How did professional identity shape the careers of other dietitians?

6.2 My experiences of professional identity and impacts on career

The value of education and successful educational attainment was an important theme in early life and education influences on my professional identity. Internalised through family stories, positive images and portrayals of educational attainment and learning represented what was desirable and possible and contributed to a self-narrative of the value of education and more importantly an identity compatible with education. This theme included stories of my mother's constrained educational and career aspirations underpinning an importance and privilege of women being able to access education and have careers. In conjunction with being an adolescent in the 1970s and an older sister engaged in second wave feminism, these stories made higher education taken for granted rather than a choice to be made. Choosing higher education also reflected my pursuit of prestige and success as well as my continuity with family members who had been to university before me. My higher education choices

were also made easier for me by having family, school and community networks as role models who made day to day life in higher education visible and who provided a guide to accessing and navigating higher education. My education and higher education choices were also supported by material resources – Catholic Education Department and Commonwealth Government support with fees and living allowances along with family financial capacity all supported my education journey. These supports rather than academic achievement were the main drivers of my higher education journey. Importantly, the value of education became part of my identity as aligned and compatible with higher education. This identity facilitated me accessing university and realising educational and career attainment and contributed to educational and professional self-efficacy despite not being a high academic achiever.

Themes in my choosing dietetics reflect choices driven largely by aspects of my personal traits including valuing the prestige of studying science, the pragmatism in choosing a non-competitive course, an interest in a career involving human interaction and, importantly for me, an excuse to move away from home. Whilst food per se was not a very important factor in choosing dietetics, it was a factor. And certainly, the food environment in which I grew up had an important impact on my professional identity and dietetic practice. In as similar way, the very important theme of social justice, whilst not directly influencing dietetics as a choice, bringing this value to my career heavily influenced my professional identity and practice.

Discomfort and dissonance were important themes in my early career trajectory, beginning the shaping and consolidating of both self-narrative and professional identity. At the time, dissonance was largely *emotional* rather than rational or intellectual. Through processes influenced by the environment in which I found myself including the people who supported me in my early career I began to process these emotions, verbalise them and deconstruct them. Through these influences and supports and an environment articulating my narrative of social justice, I began to move in a

career direction that would be better aligned with these narratives, and began to move away from practice that did not. I began to learn about and understand broader aspects of health and food and nutrition as well as different ways in which to practice, all of which contributed to professional identity. Moving to an environment where self-identity aligned much more closely with practice, my professional identity and practice were further shaped and consolidated. A supportive environment that encouraged seeing broader roles for dietitians and that encouraged and facilitated the pursuit of expertise, further influenced my professional identity, practice and expertise. As I grew more confident in articulating my professional curiosity and role aspiration I sought learning and education opportunities which underpinned and enhance developing expertise. The environment afforded agency – a growing self-efficacy and confidence in my professional identity and practice. Through increasing agency and confidence in practice and knowledge and increasing professional identity as expert I was able to begin, in turn, to influence my environment in turn and ultimately set expectations about how dietetics should be practiced. I was able to make dietetic practice my own. In moving back to general clinical practice, I once again experienced emotions of discomfort and dissonance related to perceived expectations of my practice in the new practice setting. Triggering the verbalisation and deconstruction of these emotions, and with the degree of confidence and self-belief in my identity and practice 30 years in the making helped, I was able to resist perceived expectations of my practice and negotiate ways to articulate my professional identity in new ways of practicing. Underpinned by this same self-belief in my practice I began to disseminate my practice philosophies through timely letters to referring GPs, through secondary consultations to allied health practitioners, nursing staff and general staff, and through involvement in community organisations.

6.3 Experiences of professional identity by participants and impacts on career

Strong themes of the importance of education and career were found amongst participant stories. Similar stories of grandparents, parents, especially mothers and their role in valuing education were told by participants contributing to identities that also aligned and compatible with higher education and careers. Stories also reflected the social and material resources available to participants that contributed their successful access to and navigation of higher education, further contributing to identity aligned compatible with education and career. Two participants who did not recount stories of the family value of education or social network support for higher education instead accessed higher education by way of high academic achievement, for one participant years after leaving school. There were other different experiences amongst participants including experiencing pressure to attend university or to engage in courses which were not aligned with their interests. In addition, several female participants expressed wishes of their families to access to education in relation to economic independence for women.

Themes of the influence of personal traits in choosing nutrition and dietetics as a profession were evident in stories told by participants about being competitive, of not feeling good enough for a medical degree, of wanting to be heroic, of wanting to be smart and do science. Stories of food varied across participants and contributed to professional identities in more direct ways through an interest in food and cooking, food and health, or food in global health, or in more indirect ways with family food environments impacting the form and place of food and eating in dietetic practice. In ways similar to my experiences, family values were reflected in ways of practicing, in professional identity, guiding the journey through careers, through movement in job environments, through creating or shaping of roles to better align with their interests and their identity.

Participants told stories of being valued members of teams within their organisations contributing to their sense of self-efficacy in practice and to their professional identity as experts. Other stories described of the value of professional networks and of being mentored to their developing practice, expertise and professional identity for one participant to such a degree that mentoring became part of their identity. For one participant, driven by deep interest in food and food-in-culture, created her own opportunities aligned with her narratives of self that lead to further opportunities to develop her interest into a burgeoning area of practice with substantial government and community support.

Yet another participant, not finding organisational support and reflecting her self-definition as a doer, created her own opportunities and networks through branching out into different areas of practice to create broader professional networks in the local community as well as in state-level organisations. Participants also describe stories of beginning to contribute to expanding roles, expertise and knowledge through further education including undergraduate and post-graduate degrees in related fields such as psychology and doctoral degrees in areas such as food culture and sociocultural aspects of food.

Professional identity was found to be shaped by influences in four key themes: (i) education and career aspirations (ii) personal traits, food and family (iii) self and reflexivity and (iv) discourse and agency. The first two, (i) education and career aspirations and (ii) personal traits, food and family were located in stories of early life and family and the second two iii) self and reflexivity and (iv) discourse and agency were located within the career trajectory.

Careers were largely opportunistic within the constraints of such matters as personal and professional identities, job opportunities, family commitments, geographic location and organisational culture. Personal attributes, identity and professional identity including agency – the reconciliation of personal and professional identity – came together to have significant influence on careers. This included

influences on career decisions such as changing employment organisation and moving to particular specialities, industries or type of work. Influences of professional identity were also seen in the creation of opportunities and the cultivation of professional networks to support novel and emerging roles, the (re)shaping of roles to better align personal and professional identities as well as navigation of workplace conflict. Strong professional identity was intrinsic in making careers meaningful and successful.

6.4 Postamble

Chapters 4 and 5 comprise findings from the autoethnographic study, Chapter 4 from early life and family, Chapter 5 from the career trajectory. These findings were then discussed in order to address research question two, what are the experiences of, influences on and impacts of professional identity in dietitians? This completes Section 3.

In Chapter 7, the findings of Chapters 3, 4, 5 and 6 will be further explored in relation to current literature relating to professional identity to contextualise findings with historical, cultural and political contexts of identity and influences on identity

SECTION 4 – DISCUSSION

Chapter 7 *Realising* - discussion

the limits of my language mean the limits of my world
Wittgenstein

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7.1 Preamble

The chapter *Realising* comprises a summary of key findings from my PhD research in the chapters *Wondering, Coming* and *Becoming*. These key findings are then discussed in light of existing professional identity literature in the health professions as well as literature related to broader historical, cultural and political contexts of identity and influences on identity. This discussion is followed by a summary of the original contributions this PhD research makes to knowledge and its implications for health professionals including dietitians, and for professional education. The chapter includes an outline of the strengths and limitations of the PhD research and recommendations for further research. The chapter concludes with a summary of reflections on my PhD journey.

7.2 Introduction

In this doctoral research I explored professional identity in the health professions with a focus on experiences of professional identity in dietitians. Professional identity, the reconciling of personal and professional selves, impacts the health workforce at personal, interpersonal and profession levels. Professional identity is important in professional wellbeing and satisfaction that contributes to motivation, resilience and workforce retention in the health professions.[72,73] Professional identity guides us in navigating and negotiating our careers and making important decisions about our professional life.[74,76,77] Professional identity is a fundamental aspect of professional roles and practice and in their development and innovation.[78,82,83] Professional identity is important in the overall advancement of health professionals and the health professions.

Providing background for the overall research, a comprehensive scoping review presented in Chapter 3 *Wondering,* explored conceptualisations of professional identity across health professions research. This exploration of theoretical frameworks, methodologies and methods informed the critical autoethnographic study central to this research. Presented in Chapter 4 *Coming* and Chapter 5 *Becoming,* the autoethnography study explored experiences of professional identity in dietitians, including the impact on dietitians' careers. These results make visible the processes of professional identity negotiation that can make important contributions to navigating professional identity across the career. This is the first time that these processes have been explored in dietitians. Further exploration of the broader contexts of experiences of professional identity within cultural, political and historical contexts is offered in this discussion chapter and will provide broader insight into influences on professional identity formation for dietitians.

Understanding the processes of professional identity development and its broader influences makes important contributions to education and professional development programmes to educate, prepare and support health professionals for their professional lives. It will also contribute to the ongoing development and adaptation of the profession of dietetics, in a changing world. Understanding professional identity can broaden the lens of dietitians and dietetics beyond hegemonies and traditional or dominant paradigms and open us up to embracing new ways of framing how we know, practice, educate and research in dietetics.

Summary of overall purpose of PhD and key findings

In this PhD research *Professional Identity Development in Dietitians: Influences and Impacts* I sought to explore experiences of, and influences on, professional identity in dietitians within a critical research paradigm. The research comprised two studies, a scoping review and an autoethnographic study using methods as detailed below.

7.3 Scoping review – Chapter 3 *Wondering*

The scoping review sought to explore and interrogate the literature on professional identity for practising health professionals to answer research question one as follows:

RQ1. How is professional identity described across the health professions literature? More specifically:

- Where is most of the literature on professional identity located – by profession and stage of career?
- What is the background for research into professional identity in the health professions – why are questions of professional identity being asked?
- What theories of identity form the basis of professional identity research in the health professions literature?
- In addition to theories of identity, what constructs of identity of professional identity are found in the health professions literature?

In this exploration I sought to understand the disciplines and career stages on which professional identity evidence is focussed, the theories or frameworks which have guided professional identity research, and what constructs were used to discuss professional identity in the literature. Applying a critical perspective, the review also addressed criticisms of this professional identity research in the health professions and confirmed the research does not adequately explore critical aspects of discourse and knowledge fields, positionality of the researcher and the research, or the intersectionality of history, culture, race, socioeconomic status and gender. As such, this scoping review interrogated how the agenda for research into professional identity is determined.

Synthesis of results from across 160 studies identified that professional identity research in the health professions is largely conducted to explore the impact of political, social and healthcare reforms and advances, and to support the development of discipline-specific professional identity. Five major themes of constructs of professional identity - The Lived Experience of Professional Identity, The

World Around Me, Belonging, Me and Learning and Qualifications - comprising 37 subcategories were identified from the literature. Table 7.1 presents a summary of the research and findings.

Through the scoping review I also identified gaps in the research in the number of health professions that are represented in the literature, the lack of theoretical perspectives used to understand professional identity, and the lack of critical perspectives taken in the research. The majority of studies into professional identity were in nursing and medicine, early in careers, with the allied health professions sparsely represented. Only 35 percent of the research studies explicitly stated a framework or theory of identity. This may reflect lack of coherence around important theoretical considerations underpinning much of the research and should caution the reader in interpretation of the research.

In this scoping review themes identified in previous reviews on professional identity in interprofessional teams and in studies which have included students were reinforced. Themes of self, the impact of relationships with clients and other health professionals, as well as clinical experience and practice were identified as important influences on the professional identity in this review and others [99,193]. Professional identity in the health professions is imbued with power[194] reflected in findings describing hierarchies, dominant paradigms, contested knowledge, and social expectations.

Table 7.1 Summary of scoping review findings

Overall Research Question: **How is professional identity (PI) described across the health professions literature?**			
Question component	Key Findings	Key Strengths	Limitations
Where is most of the literature on professional identity located – by profession and stage of career?	Of 32 searched, 17 health professions were represented in the PI literature, most in nursing (37%), medicine (24%) and social work (11%). Fifty-six studies (35%) did not reference career stage; fifty-five studies (34%) included various career stages; twenty studies (13%) stated within 1–5 years of registration; and 14 (9%) studied professionals 6–10 years post-registration.	Comprehensive examination of PI across 32 health professions describing rationale and theoretical underpinnings; exploration of the multi-faceted and nuanced nature of PI.	Due to small number of studies within most health professions it was not possible to sort theories and constructs of PI by profession and thus to identify if aspects of PI were more important to some professions. Categorisation of theories may not fully reflect the complex and interrelated nature of aspects of PI. Many studies included interwoven aspects to the research, often with one category of identity within another. It was at times difficult to differentiate between aspects of the social such as the group and group-defining behaviours and role with its expectations.
What is the background for research into PI in the health professions – why are questions of PI being asked?	Nine categories of rationales: to understand the impact on and role of PI on political, social and healthcare reforms and advances 45 (28%); to support PI development and maintenance 37 (23%); to understand PI generally 26 (16%); to understand the impact on and role of PI in boundary crossing and hybrid roles 19 (12%); to understand the impact of education and learning PI and professional capital 12 (8%); to support recruitment and retention including managing work stress and burnout 11 (7%); to explore the impact on and role of PI around dominant paradigms of health and health practice on PI 9 (6%); to enhance organisational engagement 1 (1%); and improving patient care 1 (1%).		
Which theories of identity form the basis of PI research in the health professions literature?	Theoretical bases or framework of identity either stated or inferred were classified into the categories—individual, social, and poststructural and critical. A fourth category, narrative, spanned all three main categories and a fifth category, environmental, accommodated a novel perspective. Combinations of theories and those developed within the research were also categorised. Most notable was that fewer than 36% of studies stated an identity theory or framework and in 11% of studies no category of identity theory or framework could be inferred.		
In addition to theories of identity what constructs of identity of PI are found in the health professions literature?	Five themes with 37 categories/sub-categories were identified: **1) *The Lived Experience of PI*** comprising four categories, *Becoming from Performing*, *Knowing from Practising* (sub-categories *Witnessing experiences of others through relationships* and *Personal experiences impacting interactions with clients*), *Practising* (sub-categories *Philosophy of practice, Visibility of practice* and A*utonomy in practice;* **2) *The World Around Me*** comprising seven categories *Workplace and The Organisation, Political, Social and Healthcare reforms and*		

	Advances, Professional Hierarchies, Dominant Paradigms, Knowledge Claims, Health Professional-Client Relationship, and *Societal Expectations;* ***3) Belonging*** comprising eight categories *The Group, Group Collective Identity, The Profession in Relation to Other Professions, "Thinking of oneself as a…." Doing, being, becoming, belonging to a discipline, Organisational Identity, Boundary Crossing* and *Boundary Closure;* ***4) Me*** comprising 10 categories including *Self, The Stories I Tell About Myself, Gender, Sexuality, Race/Culture, SES, Age, Self in Relation to Others, Self in Relation to the Profession, Self & Fit; and* ***5) Learning and Qualifications*** comprising three categories *Acquiring Knowledge and Skills, Enhancing Professional Capital and Shaping or Controlling the Profession*		

In the scoping review I described the role of hierarchies, autonomy and role enactment in professional identity and affirmed existing evidence.[99,193] I also highlighted the limited exploration of race and indigeneity, socioeconomic status and gender in professional identity research that has been previously raised as a much-needed area of professional identity research in health professions.[99-101,195-197] Novel to this review, the role of learning and qualifications as contributing to professional identity through increased knowledge and skills and social capital of the profession was identified. While there is promising new literature emerging,[198-201] there is a need for further research that explores professional identity in post-registration allied health professionals. A manuscript of the work, *Professional identity research in the health professions – a scoping review* was published in Advances in Health Sciences Education in 2022.

7.4 Autoethnographic study– Chapter 4 *Coming* and Chapter 5 *Becoming*

Taking a critical perspective in the study I addressed questions of professional identity in dietitians using autoethnographic methods to explore wider cultural, political, and social meanings and understandings of professional identity in dietitians. In an assembly of my life story, the basis of the work was an edited life document in two broad time periods, early life and education and the career trajectory. The longitudinal perspective of this narration provided the opportunity to reflect on critical incidents, pivot points or environments influential in shaping identity, professional identity and career across my life. In conjunction with a three-part interview series (early life and family; the career trajectory; and collaborative dialogues on meaning) with each of eight experienced dietitians to provide context, stories were analysed with themes important in identity, professional identity and career identified. The life story together with interview series were analysed to answer research question 2 below.

RQ2. What are the experiences of, influences on and impacts of professional identity in dietitians?

More specifically:

- What have my experiences of professional identity been (subjective experience)?
- Have other dietitians had similar or different experiences of professional identity?
- How did my professional identity shape my career?
- How did professional identity shape the careers of other dietitians?

It was beyond the scope of this PhD to analyse and report on data from the third interview, the collaborative dialogue on meaning described above. See Chapter 2 Section 2.6.5.3 for more detail of the proposed work which is now planned for post-doctoral publication.

7.4.1 Experiences of identity

7.4.1.1. Experiences in Chapter 4 Coming – stories of early life and family

Professional identity was found to be shaped by four key themes: (i) education and career aspirations (ii) personal traits, food and family (iii) self and reflexivity and (iv) discourse and agency. The first two, (i) education and career aspirations and (ii) personal traits, food and family were located in stories of early life and family.

Education and career aspirations – Coming to dietetics.

Early life experiences appear to have significant influence – the value of education and successful educational attainment identified as influencing early life and education in professional identity for me and for participants. Internalised through family stories, positive images and portrayals of educational attainment and learning, represented what was desirable and possible. These influences contributed to a self-narrative of the value of education and more importantly seeing oneself as someone who can access education and succeed. Themes of the importance and privilege of women being able to access education and have careers was another theme. Connected with career, education was also linked to upward financial mobility and independence. Choosing university was a

manifestation of the value and privilege of education in families together with a self-identity compatible with success. Contributing to these themes were the importance of role models and family and social networks in deciding to access higher education. In the absence of these resources within family environments participants' educational success at secondary or post-secondary education underpinned higher education entry.

Personal traits, food and family values in choosing nutrition and dietetics.

Despite a lack of cognisance of dietetics as a profession, the alignment of personal interests or values with nutrition and dietetics was an important theme in the journey to nutrition and dietetics. Nutrition and dietetics also offered a number of other benefits including providing a less competitive pathway at that time to a prestigious science degree at university as well as science-based career centred on people. Food as a theme in choosing nutrition and dietetics varied across culinary interest, interest in food, nutrition and the human body, interest in gastronomic aspects of food or simply food having had a significant place in family life. Despite food not always having a central role the choice of nutrition and dietetics as a career, experiences of food in family was seen as impacting professional practice perspectives around food.

7.4.1.2 Experiences in Chapter 5 Becoming – stories of career

The remaining two of the four key themes of professional identity, (iii) self and reflexivity and (iv) discourse and agency, were located in stories of the career trajectory.

Self and reflexivity – emerging professional identity

Dissonance was a central theme in my career stories and those of participants despite little cognisance of its meaning or role. This dissonance echoed the mismatches between personal values, perspectives and capacities in relation to developing professional practice and role. Stories of dissonance reflected perceptions of failure and often resulted in career changes to achieve congruence between self and

professional identity and practice. In this way, dissonance guided professional practice, identity and careers. With increasingly established professional identity and the accompanying professional self-efficacy dissonance began to be experienced as a failing of professional practice and lead to searching for new ways in which to practice.

Discourse and agency – strengthening professional identity

Reflecting increasing congruence between personal and professional identities, strengthening professional identity underpinned increasing agency in professional roles and practice. Beyond the agency of being able to manifest one's professional expertise in practice, agency helped dietitians *realise* professional identity and practice. These were manifested as agentic power or the ability to act independently of the constraining power of social structures and discourses to better align personal and professional identities. In turn, dietitians began to influence discourses and structures and enhance opportunities for innovation in professional practice and identity.

7.4.2 Meaning-making – contextualising profession identity findings from this study in existing literature

Identity is a contested concept. Three broad perspectives of identity described as notably influential – individual, social and poststructural/critical perspectives, and narrative[202] – provide the framework for this discussion. In individual approaches identity is conceptualised as being located internal to the individual whereas social approaches locate identity as both internal and external and developed through social interactions and practices.[203] Poststructural approaches to identity challenge the idea of identity being either an individual or social phenomenon[194,204] but rather constructed through discourse.[205] Narrative-identity is another conceptualisation of identity that spans all three of the categories[206] where identity is seen as an internalised and evolving story of self that a person constructs to make sense and meaning of their life.[207,208] Most conceptualisations agree however that

identity is a temporal, ongoing, social construction of the self.[209] Rather than a static sense of *being,* individual identity is better understood in terms of *becoming*.[210]

7.4.2.1 Contextualising Chapter 4 Coming – stories of early life and family

Family and identity

In this doctoral research personal identity and narratives of self, important aspects of future professional identity, were found to be shaped by the social and cultural context of the family. Internalised through family stories, positive images and portrayals of what was desirable and possible, family contributed to self-narratives. Family is a highly complex social organism which mirrors and interacts with its social and cultural contexts[211] and my self-defining life story and narrative identity and those of study participants are infused with prevailing cultural norms and the images, metaphors and themes which reflected our families' places in the world.

Education and family

Reflecting the important relationship between identity and higher education in educational processes[212] this doctoral research has identified themes of families valuing education and successful educational attainment as important influences on identity and professional identity. Reflecting middle class cultural values of the day, these values echoed structural constraints of grandparents and parents who had experienced the Great Depression, and world wars and who had memories of childhood and early adulthood as tough and deprived. With education linked to increasing employment opportunities and higher wages,[213] educational aspiration related to hopes of upward economic mobility, as was explicitly described by my grandfather and by a number of study participants. Descriptions of mothers, including my own, lacking educational and career opportunities were likely manifestations of class and structural constraints, values of the era as well as the broader impacts of the displacement of women from the workforce by men returning from war.[214-219] Not seen as potential long-term breadwinners, there was little investment in women's post-compulsory

secondary education or post-secondary education.[214] Reflecting middle-class childhood in the 1960s and 1970s[214] most study participants described mothers only just beginning to work outside the home. In line with changing attitudes to women around marriage and paid work in the middle classes in the 1970s, parents of female study participants saw education as promising economic independence for their daughters. Internalising family stories of the value of education and of educational attainment, families contributed to identities that were seen as compatible with education, that is, identities that align with stereotype of those who succeed in education, important aspects of the education process.[220,221] Not all participants described family values of education contributing to their educational aspiration. For these participants academic ability and achievement alone was potentially a major driver of educational aspiration.

Education and resources

This PhD research also identified families as providing important resources for accessing education and for educational attainment. The social capital provided by family,[222] those intangible resources embedded within a family's social network, are important in education and career aspiration and Karmel, 2011). Resources such as family structure and the intensity of parent–child interactions, parent contact with school and the social networks of parents and pupils[223-225] are important aspects of social capital in supporting educational attainment. Through these relational dimensions of social capital my family and the families of most participants were positively linked with educational aspiration and attainment. In the absence of family stories of the value of education, two study participants described broader aspects of social capital such as school and work networks, friendship networks as well as secondary school and post-secondary school academic achievement, as facilitating higher education participation. These broader aspects of social capital influence educational participation *over and above* the individual effects of background characteristics such as parents' education levels, parental occupation, geographic location, cultural background, school sector and academic achievement, as described in other work.[222]

Material resources were also important and effective supports for accessing education. Financial support through the Catholic Education Department discounts, Catholic scholarship schools and later, Commonwealth Government support enabled all of my family siblings to finish their secondary education. Material supports are effective in supporting educational attainment. Part of broader educational strategies to increase Catholic participation in education in the mid-20th century, material supports of the Catholic Church had such a powerful effect they underpinned significant sociological shifts in society, transforming the largely blue-collar Catholic community to one that had solid representation in the professions.[226] Australian Commonwealth Government assistance including the abolition of university fees and reform of tertiary student assistance by the Whitlam Labor Government in 1972 was also important to supporting my access to university and described as significant by study participants for them and their family members in accessing education. Similar stories of access to university being supported by governments were described by participants born and educated overseas.

Education, prestige and career aspiration

Work possibilities and developmental trajectories are affected by many other variables, including personal attributes (e.g., interests, abilities, values), learning and socialisation experiences, and the resources, opportunities, and barriers afforded by their environments. Reflecting the literature on the influence of prestige on selection of school and university courses or subjects,[227,228] prestige was a theme in my narrative of self and echoed the narratives of study participants and their stories of family valuing science. Prestige is also a component of career choice, with the area of study and type of occupation, and the amount of prestige associated with that occupation, the two primary dimensions to career choice.[229-231] Subject area prestige is highly correlated with difficulty as well as the amount and intensity of mathematics and science in the curriculum[227,232] and this concept of prestige provides a more nuanced explanation of the data of “wanting to be like my brothers” or “wanting to beat the boys”. Career aspiration influenced by mothers not being able to access education and careers was

another important aspect of my professional identity and that of study participants as were narratives of career compromise, of not being smart enough, of lacking confidence, of thinking medicine would be "too much". Career theories provide frameworks for understanding the complex interplay of person, their behaviour and their environment including culture, gender, socioeconomic status, ethnicity, social support and perceived barriers, to shape a person's educational and career trajectories.[233-235] Based on Bandura's general social cognitive framework,[236] social cognitive career theory and the career self-management model define three constructs, self-efficacy, outcome expectations and career goals, as relevant in career choice.[233-235] Self-efficacy, or the of belief that one can successfully complete tasks necessary to making significant career decisions, is not synonymous with objectively assessed skills.[237]

Self-efficacy beliefs are acquired and modified through personal performance accomplishments, vicarious learning and social persuasion including through family, and physiological states and reactions.[238] Gender has also been implicated in the development of self-efficacy beliefs and therefore career aspiration in addition to its impact on career choice through stereotypical expectations of role.[237] Narratives of career choice in my stories of self and of some participants may reflect poor self-efficacy. As self-efficacy is an important aspect of agency and its role in professional identity this may have had significant impacts on the process of *becoming* identified in this research.

Aspects of self in the autoethnographic study reflect findings of the scoping review where constructs of professional identity were included under the theme *Me*. This theme and its categories *Self*, *The stories I tell about myself*, M*yself in relation to other*, *Self in relation to the profession*, *Self and Fit* as well as categories capturing general demographics including gender, race/culture, age, socio-economic status and sexuality were described. The categories *Self* and *The stories I tell about myself* were described in nearly a third (29% of 160) of research papers in the scoping review (Chapter 3).

7.4.2.2 Contextualising Chapter 5 Becoming – stories of career

Hegemony, discourse and dissonance in emerging professional identity: Feelings of discomfort due to the lack congruence between one's values, belief and thoughts and social discourses, scripts or expected behaviours, has been conceptualised as professional dissonance.[237-241] Dissonance was identified as a common theme in this research. A common finding in the health professions research, aspects of discomfort early in careers reflects the reality or transition shock in relation to the mismatch between expectations of work role or practice and the reality of working life,[86,242-244] and are suggested to be related to training that is focused on empirical or technical aspects of science.[70]

Food, nutrition and dietetics practice are also contested spaces. Professional bodies, employers, national and government agencies and the public, as well as accrediting bodies and competency standards, contribute to notions of professional role and best practice.[59,83,247] Multiple conceptions of role and practice converge and can challenge or undermine personal and professional values and conceptions of role and practice as well as undermining professional experience and knowledge.[83,248,249] Themes of discomfort and dissonance described in this PhD research reflect that the negotiation of self and professional identity through reflexivity, is an ongoing task of professionalisation.[72-74,99] During my early years at St Vincent's Hospital, social identity templates for 'dietitian' and the role of dietetics and dietitians in improving people's health were largely experienced within a broader framework which has been described as hegemonic nutrition.[250]

Hegemonic nutrition is produced and proliferated by social structures including mainstream nutrition science, clinical nutrition and medicine as well as the agri-food sector, media, family, education, religion and class,[250-254] a worldview that reduces food, eating, and nutrition to objects that can be standardised, decontextualised, delocalised and ordered.[254] By overlooking perspectives outside of positivist science, hegemonic nutrition removes the impetus to consider social and structural systems that are central to good nutrition, that is, social, economic, political, historical, and cultural impacts

on health, food, eating and nutrition[254] and as a result, fails to appreciate the ways in which social inequities have physiological effects that harm individuals' and communities' health.[255-258] Aspects of my professional work at St Vincent's such as the work in weight clinic and in the diabetes transition clinic reflected broader macro discourses of hegemonic nutrition and dietitian identity and practice.

Experiences of dissonance working in this way triggered identity reflection and a process of sense-making of the mismatches between my work role and self-identity. Through experiences of dissonance I came to understand that these aspects of my role and practice were not well aligned with personal identity and emerging professional identity and my personal and professional identity began to be articulated. I did not belong in weight clinics. It is in this way that cultures to which we do not relate ("I am not like that") are as important as the cultures we do ("I am like that") when constructing our identities.[259]

While the environment of St Vincent's Hospital reflected these macro discourses, coexisting with these were micro discourses of dietitian identity and practice which were specific to the hospital environment. At St Vincent's Hospital, department discourses of equity and social justice in dietetic practice mirrored those of the broader hospital organisation which in turn mirrored the historical managers of the hospital (the Sisters of Charity). These discourses supported pathways to a professional identity and practice better aligned with my equity and social justice values, easing the process of sense-making in the interplay between organisational and professional discourses and narrative self-identity.[83,260] The importance of these cultures to which we relate and do not relate in professional identity was also depicted by study participants in this research. Through experiences of dissonance, or lack of dissonance, with professional practices, roles and specialty areas contributed to articulation, shaping and consolidation of emerging professional identities.

Dissonance, reflexivity and Identity work

The process of sense-making triggered by dissonance due to mismatches between professional identity or work role and self-identity has been conceptualised as *identity work* and captures the forming, repairing, maintaining, strengthening or revising of constructions of identity to achieve a sense of coherence, distinctiveness and meaning.[261,262] My experiences of dietetics and dietetic practice at RPA took place in an environment where self-identity and discourses of professional identity were better aligned, making identity work more straightforward. Professional identity based on client-centred care with a more psychosocial and psychological focus was consolidated, strengthened and articulated. Despite this identity work being easier or more streamlined as it aligned with personal values, there was significant deconstruction of the nutrition hegemony and dominant paradigms of health, food, eating and weight required. Ongoing deconstruction and reconstruction of professional practice and professional identity impelled the pursuit of deeper and broader knowledge in this area of eating disorders and eating disorders practice to provide a new framework or philosophy of practice and to support growing professional expertise and developing agency.

Identity work, reflexivity and agency

Through identity work individuals have the opportunity to interpret, modify or (re)create discourses or 'scripts' for particular templates of social identity, role or practice that do not align with narratives of self.[263] It is through identity work that individual themselves contribute to social identities[263] and can disrupt powerful societal, professional and organisational discourses and expectations that can overpower or dominate narratives of self.[260] The ability of individuals to influence, make choices and take stances on their work and/or their professional identities and roles outside the constraints of these discourses is conceptualised as professional agency.[264]

Agency

The concept of agency is contested. It has been described both as the capacity of individuals or agents for free will and independent action in a given environment as well as the ability for the individual or agent to ability to act independently of the constraining power of social structure and to influence their environment.[265,266] Campbell (2009) describes these aspects of agency respectively as the power of agency and agentic power. Agency is a variable that individuals differentially possess[267,268] related to its multidimensional aspects. Agency is variously captured by constructs of self-efficacy,[269,270] personal autonomy[271] and an internal locus of control,[271] with perceived self-efficacy being central to agency.[270] Aspects of agency, as self-efficacy beliefs, have also been implicated in the adaptive behaviours in which individuals engage to achieve congruent professional identity through positive career outcomes (and avoid negative ones).[273] Adaptive behaviours such as exploring alternate career paths, making career decisions, searching for jobs, updating knowledge and skills, networking, managing multiple roles, and planning for retirement are underpinned by self-efficacy beliefs.[272] Agency underpins congruent professional identity through positive career moves, professional satisfaction and fulfillment.[274,275]

In experiencing a sense of disconnect between aspects of my work at St Vincent's Hospital, a sense of agency supported my seeking out alternatives – alternative perspectives in my practice, alternative clinical interests, alternative specialties in which to pursue expertise and especially alternative employment. A sense of agency reflecting personal attributes of ambition and valuing prestige, and supported by a recent Master of Science research degree, empowered me to make the move interstate to RPA. Similar experiences were echoed throughout narratives of study participants. Carolyn and Olivia described managing dissonance in their working lives through changing work from the public sector to the private sector or blending them to have more control over practice or to avoid professional isolation. Robert took opportunities offered him outside of his hospital-based work to seek opportunities for growth and advancement. Chris recounted stories which demonstrated a

strong sense of self-efficacy “I'm a doer. I see something, I try and get in and fix it. So that's what I did”. Whilst many stories in this research reflect the aligning personal and professional selves through career choice, creating opportunities or shaping professional work and roles to better align with personal values and interests, this was not always straightforward. Agency is also relational, depending on networks of interrelationships with others that enable or constrain it.[276,277] For Carolyn, without affiliation with a university or teaching hospital, a gradual shift to practicing solely in private practice contributed to her sense of isolation and self-efficacy and, isolated from her social networks, diminished her sense of agency and ongoing capacity to adapt to changing practice environments. The importance of social networks in development and maintaining agency is also reflected in Chris’ lament that, despite the many professional achievements, without the support of a mentor to guide her she was unable to capitalise on her health promotion experiences and achieve a recognised research qualification.

Professional identity, agency and learning, and role development

Professional identity is a critical aspect of role and practice development and innovation. In a reciprocal relationship as part of the negotiation of professional identity, professionals construct and refine professional roles in their work setting.[79] Strong identification with aspects of self fostered through reflexivity contributes to agency in resisting dominant discourses, role expectations and innovation.[260] With practice as the locus of professional identity, practice becomes inextricably linked to the self. Through effective engagement in practice and agentic acts of sensemaking, developing effective roles and practice, learning *how to do it better*, becomes inseparable from professional identity development.[277,278] For Fiona, a strong sense of identity related to food and social justice and a strong affinity for dietetic practice supported her agency in the development of innovative roles focusing on cultural and social justice aspects of food aligning personal and professional identities.

Agency is influenced by an individual's structural advantages related to social location, traditionally class, race, or gender,[279] but likely professional location. Reflecting structural advantages, agency also reflects both one's actual capacities, resources and networks as well as an individual's or group's perception of these resources and networks.[280] Many experiences of agency related to niche specialities as well as relationships with prestigious and influential food, nutrition and dietetics organisations were recounted in this research. My expertise as an eating disorders specialist associated with RPA afforded me greater capacity to make career adaptations to best align personal and professional identities.

In similar ways, niche specialities, organisational associations and professional location benefitted study participants through contributing to their agency. Agency is also temporally and socially situated,[281-283] a resource that individuals develop, varying across social stratum, personal experiences, and the life course.[281,282,284] The autonomy associated with positions of authority, as often comes with career progression, provides agency to support developing professional identity. As described in the story of her successful application for health promotion funding Chris, as manager of a nutrition and dietetics department for a long time, experienced the agency to explore ways in which she could align work roles with personal values and beliefs. Robert also described having significant autonomy in his academic and teaching work later in his career.

Professional identity, agency and innovation

Identity work supported by agency is the forming, repairing, maintaining, strengthening as well as the *revising* identity in order to achieve a sense of coherence, distinctiveness, meaning and self-efficacy.[261,262] Identity work also accommodates role transitions, innovation and paradigmatic change in professions.[285] Agency is instrumental in ongoing development and innovation in professional practice and role.[78,262,264] Through identity work, professional identity is a locus of innovation guiding and supporting the profession to adapt, refocus, flourish, survive[78] Moving from the health sector to

elite sport my professional identity required significant identity work to be supported by agency. Negotiating my professional role and practices with multiple stakeholder and factions within the organisation was difficult with my agency now contingent on my new social location within that organisation. My professional agency and agentic power, whilst based in my sense of self-efficacy, was clearly situational. Elite sport was not clinical eating disorders and few were impressed by my credentials or professional practice provenance. Whilst enjoying some level of agency within the micro environment of strength and conditioning coach afforded by my dietetic expertise and by my research degree, my location in the broader organisation, without the prestige of association with elite sporting organisations, afforded me no such agency with coaches, players or the powerful ancillary staff. Effective practice at Geelong Football Club required a strategic process of building expertise over a number of years and more importantly, building agency. This required immersion in the day-to-day minutiae of professional sport along with ongoing practice, experience and engagement with players and staff. Providing evidence-based and personalised sports nutrition support, along with self-education and networking both within and outside of the organisation also contributed to developing agency and underpinned role development and practice innovation realised at the club.

Study participants also described many examples of building agency across careers. Robert understood his professional success to be underpinned by the professional networks, both within the professional organisation and outside, that he engaged with across his career. Fiona described herself as ‘a life-long joiner’ and has been involved in the professional organisation and affiliated organisations all of her working life. I have also described the example of Carolyn and the impact of becoming marooned from professional networks on agency and capacity to adapt to paradigmatic change in the professional practice landscape.

In resisting norms and regulations in conflict with experience-based practice professional roles or practice, or with personal and professional values, agency can be manifested in the development of existing work practices and roles and in innovation.[82,83,286-289] Workplace innovation however can be viewed as deviant and damaging, and spontaneity seen as inherently oppositional or a rebuttal of traditional discourses of role, knowledge and power[286,290,291] and can be obstructed. Professional identity and professional agency can also allow professionals to distance themselves from or revise roles that are complicit in the agendas of power, dominance and discrimination.[290]

Practice development and innovation requires us to be not bound by role, but also, not to be bound by professional identity.[78] Professional identity can *limit* professional role development and innovation if professional identity and role or practice are too tightly bound.[78] Professional identity based on traditional roles or methods of work can prevent a shift from what is not working or no longer relevant[78] A shift in focus the *what* or *how* to the *why* of practice instead can drive new ways of *being* professional selves to better serve the profession's fundamental goals[78] and addressing key issues, both present and future, for professions.[292] Working as a dietitian in the eating disorders unit required a paradigm shift with respect to food, nutrition and health and the adoption of an identity as therapist albeit within boundaries that were negotiated, supervised and supported within the team. Fiona, driven by her personal interest in food and culinary aspects of dietetics, approached her work with residential aged care food services with a focus on cultural appropriateness. This work led to a novel area of practice that developed further, attracted substantial and ongoing grants and underpinned her professional identity in this area. Fiona, along with other study participants described completing undergraduate degrees or doctoral studies in adjacent areas of interest such as in counselling, cultural food studies and sociology of food, offered support for and underpinned expanding professional roles. In this way, professional identity linked with professional agency and articulated through professional education is also linked to empowerment of professionals and innovation in practice.[264,293]

The theme *Learning and qualifications* was identified as important category of construct in professional identity in the scoping review (Chapter 3). The category *Acquiring knowledge and skills* described learning and education as contributing to professional identity in general, possibly through an increased sense of confidence or self-efficacy, with the category *Enhancing profession capital* capturing improvements in professional standing related to postgraduate education opportunities.

7.5.3 Summary

In this autoethnographic study I have identified that articulation of professional identity through identity work can illuminate the role of professional identity in professional dietetics practice. Personal identity and narrative of self have an important role in in *coming* to dietetics and contributes to professional identity in dietitians. Personal characteristics and attributes, and experiences of family, are woven together in identity and narratives of self. Family shapes identity and educational and career aspiration is an articulation of identity – how individuals understand themselves, the world around them and their place in it. Educational attainment and career aspiration, important aspects of coming to dietetics, reflect the complex interplay of individual, family, community, social and political factors in an intertwined and reciprocal relationship with identity. I found that in coming to professional life as dietitians, we bring personal identity as narratives of self that reflect personal attributes as well as family attitudes, beliefs and values and their broader influences. These findings affirm existing evidence in other professions that shows that professional identity underpins personal and professional wellbeing and satisfaction through the articulation of self in professional identity.

Identity is described as both socially contrived identity regulation – an exercise of power – and individual identity work. Hegemonies and dominant paradigms can overwhelm aspects of self in the reconciling of personal and professional, however strong identification with aspects of self-identity facilitates resistance to being regulated by dominant discourses and role expectations. Strong

narratives of self are aspects of agency (self-efficacy) strengthening the maintenance of narratives of self in professional identity. I have demonstrated for the first time in dietetics that narratives of self can be articulated in the career trajectory contributing to a strong sense of agency in professional identity and career fulfilment. Practice and dissonance-triggered identity work or transformative learning is fundamental to the negotiation of professional identity or becoming – practice is a locus of professional identity. Professional identity is the sense-making and reconciling of personal and professional identities. The sense-making and reconciling of personal and professional identities in the process of becoming is conceptualised as identity work or transformative learning. Dissonance or a disorientating dilemma triggers reflexivity as an aspect of the identity work and transformative learning that reconciles personal and professional identities.

Experiences of dissonance related to professional discourses and expectations being poorly aligned with personal identities narratives, expectations and values signpost personal identity as well as hegemonies, dominant discourses and role expectations. I have demonstrated that the navigation and resolution of professional dissonance throughout the career articulates, shapes and consolidates identity and professional identity. In dietetics, these narratives were grounded in self, family values, food and the practice of dietetics and gave rise to dissonance in the context of the dominant scientific paradigm which forms the foundation of dietetics education. For the first time I highlight how key experiences of food and family are to professional identity development in dietitians.

Strong self-identity guides and shapes professional identity and agency, and in turn professional identity guides and transforms practice, articulating self, expertise in effective practice. Practice is inextricably linked to the self with identity articulated through practice. Agency, derived from well-developed professional identity and social resources, supports the resistance of the powers of hegemonies, dominant paradigms and discourses to underpin personal, professional and profession development and innovation, reconciling personal and professional identity and supporting the

articulation of professional expertise. As an aspect of professional identity, professional agency supports role and practice development, expertise and innovation.

With professional identities, roles or ways of practicing not always aligned with the views of the profession, agentic power is also important in resisting professional hierarchies to adopt professional identities and ways of working aligned with development and innovation in the profession. In this PhD research I describe the development of innovative roles, practice and expertise aligned with developing professional identity and agency and which articulates personal and professional attitudes and beliefs. These innovative roles, practice and expertise will contribute to changing narratives of self, changing discourse and contribute to shifting hegemonies of health, nutrition and dietetic practice. For the first time in dietitians, I demonstrate that participants have effectively adapted themselves and their roles to better align personal and professional identities, particularly when opportunities or resources were limited. These are important considerations for promoting diversity in a profession. I also demonstrate for the first time the role of different aspects of agency and agentic power, that is the role of self-efficacy and social connection through personal and professional networks. Making visible these different aspects of agency allows for the development of strategies to foster this agency in dietitians. Agency afforded by the strong self-narrative can be further cultivated through social resources of connection and support.

7.5 Unique contributions of the research

With this PhD research I make an important contribution to the professional identity literature by comprehensively examining both professional identity research across the health professions as well as exploring experiences of professional identity of dietitians well-established in the profession. The research makes significant and unique contributions to the dietetics professional identity literature. The unique contributions of the scoping review include:

- A comprehensive review providing the rationale and theoretical underpinnings of professional identity research across 17 of 32 health professions providing a solid foundation to inform research into dietetic professional identity;
- A novel critical interrogation of how the agenda for the research into professional identity in the health professions is positioned;
- A comprehensive review of constructs of professional identity across 17 health professions;
- Identifying the role of learning and qualifications as contributing to professional identity through increased knowledge and skills and social capital of the professional and the profession.

The unique contributions of the autoethnographic study include:

- Describing the experiences and contexts of professional identity in experienced Australian dietitians which highlighted the place of personal identity in professional identity or the *coming* to professional identity. For the first time showing the influences of food, family, education in the development of identity as a dietitian in a certain place and time;
- Contributing to a small but growing body of research in professional identity in allied health professions, adding to a foundation of professional identity research in dietitians in Canada in the early to mid-2000s;
- Providing a critical perspective to professional identity of dietitians and the dietetics profession in Australia considering broader social, historical and political contexts of dietetics

experiences. This contributes to the body of qualitative research in the dietetics profession that has its methodological roots in positivism and showcases the importance of alternative theoretical frameworks such as poststructuralism in understanding dietetic professional identity which in turn impact dietetics roles and practice;

- Showcasing a qualitative approach to the research utilising the novel methodological perspective of autoethnography and the novel research methods of life-history interviewing using the *Listening Guide* for analysis. This was a valuable demonstration of the rich and complex data that can be generated by qualitative research into understanding dietitians and the dietetics profession;
- Exploring professional identity in dietitians with a focus on dietitians with significant experience in the profession rather than a focus on students or young graduate dietitians. This facilitated a longitudinal perspective on professional identity and a more informed and insightful commentary of its experiences;
- Demonstrating the importance of narratives of self in shaping the construction of professional roles and identities through the use of life-histories.

7.6 Strengths and limitations of the research

The strength of this research is the rich data that were generated from my personal experience and the experience of eight experienced dietitians. Sharing the vulnerability of my personal experience was a strategy to make the research accessible, to engage the reader, to invite them to consider different perspectives of experiencing, knowing and being a dietitian and to begin to understand sociocultural aspects of their identity, their professional identity and the identity of their profession. Life history stories from eight participants provided cultural context for my personal experiences and the exploration of the literature introduced the reader to different perspectives. In the research I have also showcased a novel theoretical framework and methodology and provided novel methods for data collection and analysis in autoethnography that can produce rich and meaningful data.

Limitations of this doctoral research include the large volume of data generated and the inability to treat it in a way that capitalises on the generosity of participants in the duration of the PhD candidature and word limits of thesis. As an autoethnographic work, the stories of participants provided context for my subjective experiences and provided a broader cultural context. While my life story formed the foundations of this thesis and the autoethnographic study, the rich and broad data will be treated with the respect it deserves in future research as described in research above. In addition, the life-course interviewing technique limited the number of interviewees with my research question guiding sampling of dietitians who continue or continued to practice throughout their working lives. A significant number of participants were also highly recognised within the profession which may have affected results. Future research could explore the experiences of dietitians who have not practiced at such levels of recognition or who left the field at various time points following registration for further insight into processes of identity work. It would also be of value to explore experiences of professional identity in dietitians poorly represented in the profession to better understand hegemonies and discourses to which participants were blind due to being part of the dominant group in dietetics.

7.7 Implications of the research

The perception of our environment is influenced by our ability to describe it
Unknown

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7.7.1 For practice

Through this PhD research I have made visible the process of *coming* to dietetics and *becoming* dietitians fosters an understanding of the influences on our professional identity that are inextricably linked with our professional roles and practices. I have highlighted how what we bring to practice – our values, beliefs, attitudes and experience – shapes our individual practice, and that societal, professional and organisational structures and discourses and expectations as much as science and

evidence shape our professional roles and practice expectations. This insight may encourage greater reflexivity in dietetics practice that will underpin the development of effective practice that is client-centred, responsive and inclusive rather than being driven by a role as professional scientist complicit with the agendas of power and perpetuating dominant paradigms. This reflexivity can support the articulation of professional identity which could be considered to be the development of a philosophy of practice. Making visible the process of *coming* to dietetics and *becoming* dietitians to current and emerging dietitians fosters an understanding of professional identity and its relationship to developing self-efficacy and agency, expertise and innovation in practice. Through understanding dissonance and its role in the critical reflexivity of transformative learning, the hegemonies, dominant paradigms and discourses that may undermine or align with our professional experience, are uncovered and can be deconstructed. In this way, both self and professional identities are better articulated, shaped, refined and strengthened.

Not being bound by dominant paradigms and roles but rather guided by practice, experience and reflexivity, dietitians can become comfortable envisaging and accommodating other ways of knowing that can drive innovation and underpin practice that is responsive and that remains relevant. Understanding processes of professional identity fosters engagement in knowledge and learning that contribute to strengthening agency, expertise and innovation in professional identity and practice. Rather than a sole focus on positivist frameworks of knowledge and knowledge acquisition, understanding processes of professional identity as identity work or transformative learning fosters an investment in the cultivation and articulation of self-identity and professional identity through practice, in turn increasing self-efficacy and agency.

In this research I have shown that identity is formed through agentic acts of sensemaking in practice. Understanding that the agency afforded by the strong self-narrative can be further cultivated through social resources of connection and support will encourage dietitians to seek out opportunities for

discourse with colleagues and peers. Professional identity and practice develop and are articulated as expertise and innovation in conjunction with, or in resistance to, dominant paradigms and discourses to remain effective and relevant. Strong professional identity can encourage and support the cultivation of different perspectives and other ways of being and knowing outside of dominant paradigms. The findings from this research give dietitians the confidence to overcome professional self-doubt associated with the perception of departing from dominant models of practice.

The articulation of strong professional identity and practice is both shaped by and shapes micro discourse within communities of peers, colleagues, clients and students. In this PhD research I have shown that increasing influences on micro discourses through agentic acts of sensemaking in practice with others can in turn influence macro discourses of professional identity and practice. It has also shown that with professional identities, roles or ways of practicing not always aligned with the views the profession, agentic power is also important in resisting professional hierarchies to adopt professional identities and ways of working aligned with development and innovation in the profession. Understanding and fostering agentic power of professionals within the profession can facilitate the disruption of the status quo in the profession and introduce new perspectives not bound by dominant discourses and power relations, inviting novel paradigms for effective professional practice and roles of the profession into the future.

7.7.2 For dietetics education

This study of professional identities contributes to the development of more effective education and continuing professional development programmes. The role of professional pre-registration education in dietetics in promoting an understanding of the components of professional identity as well as processes of professional identity development is essential in preparing students for successful professionalisation and practice. An understanding of these processes is essential to allow

professionals and those involved in their training to better navigate the reconciling of self-identity and professional identity that is an ongoing task of professionalisation.

Dissonance is an important and vital aspects of identity processes. For each professional, recognising dissonance will be very different, but, in all cases, advocacy and support from professional educators and researchers will be centrally important. With support through pre and post-professional education, dissonance can be fostered as an opportunity to examine, explore, learn, and affirm developing professional identities and practice – dissonance then becomes agency.[83] Without support, dissonance can undermine professional identity and professional decision-making and agency. Calling attention to and nurturing internal resources such as personal strengths and values, that play an important role in the interpretation and construction of professional identity, professional role and professional practice is also an important task of professional education.

Pre- and post-professional education may have an important role in supporting strong professional identities by educating about ways to foster the agency of professionals. The findings of this research can be used by dietitians to support choices within their practice that reflect their professional identity as well as the experience and knowledge of their micro environments.[83,294] As already described in this chapter, agency, as connected to self-efficacy and self-fulfilment, can act as both a factor in the achievement of overall professional potential[71] and a force for change and for resistance to structural power.[295,296] Highlighting the important role of agency to dietitians through education is an important step towards strengthening the professions identity.

7.7.3 For research

A number of studies are proposed using material generated from this PhD research. As previously described in Chapter 2 Methods, data from the third interview of the three-series life interviewing, the collaborative dialogue on meaning, was to be used in conjunction with interviews one and two to

address research question two *What are the experiences of, influences on and impacts of professional identity in dietitians*? Whilst the third interviews have been completed, their analysis has not. This new study will be tentatively titled *Professional identity in dietitians – addressing current and future issues.* Two research questions are put forward as follows: *What are the experiences of important current professional issues that impact the professional identity of dietitians and the profession and how might these be addressed*? and *What are the anticipated issues that will have a profound impact the professional identity of dietitians and the profession in the future and how might these be addressed*? As described in detail in Chapter 2 Methods section 2.6.5.3 it is proposed that this data be analysed using reflexive thematic analysis with a dialogical focus. It is intended that the interview data be presented as two interviews, each interview with a composite participant. This will have the function of reducing the volume of material to present, capture a breadth of themes and retain anonymity for participants (see Chapter 2 section 2.6.5.3 for details of the proposed work now planned for post-doctoral research).

Interview data from three interviews with each of eight dietitians were used to contextualise my experiences of professional identity however these data were both rich and broad and warrant further detailed exploration. It is proposed that the interview data be used as the basis for another research into professional identity in dietitians tentatively titled *Professional identity in dietitians – stories from early lives and careers.* I intend to ask questions similar to the doctoral research, *What are the experiences, influences on and impacts of professional identity in dietitians? More specifically what have been their experiences of professional identity been (subjective experience)*? and *How did professional identity shape careers*? More specifically I intend to take a more individual and longitudinal approach to the data, that is, to analyse individual narratives in their entirety using themes and constructs identified in the doctoral research to guide and contain the analysis. Analysis of interviews one and two already undertaken using the *Listening Guide* will be utilised for a more individual and in-depth reporting. Each collaborative dialogue on meaning, the third interview, will be

analysed individually using reflexive thematic analysis with a dialogic approach as described in Chapter 2 Methods however will be presented individually rather than as composite interviews.

In addition to the above, it is proposed that a methodology paper be written to disseminate the potential of novel qualitative methodology and methods that can generate rich and meaningful data that capture complex and nuanced experiences of health professionals. Through the paper or papers I will explore autoethnography as methodology, life-history interviewing as data collection method and the *Listening Guide* a data analysis method particularly in relation to investigating professional identity. In the paper or papers I will also emphasise the need for and explore theoretical framework for research into professional identity in dietitians and the allied health professions. It is proposed a series of papers be written with titles and research questions as follows: *The importance of theoretical frameworks in exploring professional identity in the health professions*; *Understanding autoethnography: a method and methodology for health professions education research*; *A guide to life-history interviewing: A method for health professions education research*; and the *'Listening Guide': hearing other voices in health professions education research.*

Further research beyond the data collected from this PhD is also recommended below based on the findings. This research had a focus on one dietitian albeit with reference to other dietitians, all of whom are well-established and have continued to practice dietetics for over 30 years. It would be of value to carry out research with dietitians who are at varying stages of their careers for comparison of professional issues that are yet to be resolved and to explore the impact of the different time in history and culture of their *coming* to dietetics and *becoming* dietitians. A more streamlined approach to this research would enable its application across a wide range of career stages. This research should include an investigation of individuals who have left the profession that could potentially uncover further obstacles and barriers in the successful navigation of professional identity and dietetic career. It would also be of value to target dietitians who have largely been involved in clinical work throughout

their careers and compare them with dietitians who have been involved in community and public health or in research or academia to determine if there are differences in attitudes about the role of dominant paradigms in health professions identity, practice and education across these disciplines in relation to the locus of practice.

Research into teacher identity has identified a number of different categories of identity within teaching.[297] With professional identity being identified as having important implications for roles and practice and their innovation,[78] it would be of value to investigate whether professional identity can be categorised within the profession and how these categories of identity potentially impact innovation. This would be of particular relevance in light of work that has been carried out on the future of the profession as envisaged by dietetic professionals in Australia and New Zealand.[291]

Finally, an exploration of the concept of philosophies of practice in dietetics, whether they exist, are articulated and on what they are based, would be an important contribution to the development of the dietetics profession. Despite its basis in science and evidence, the practice of dietetics is complex and firmly situated in the social, cultural and political requiring the nuanced navigation. As part of the investigation into philosophies of dietetics practice, it is envisaged that the role of professional identity in the process would also be explored. An exploration of philosophies of practice as frameworks to guide dietetics practice will identify gaps in the knowledge base and awareness of dietitians with respect to epistemologies and theoretical underpinnings of their dietetic practice. These gaps can then be used to inform the development of dietetic professional education and continuing education.

7.8 Conclusion and reflection

Life can only be understood backwards, but it must be lived forwards
Søren Kierkegaard

Dietetics has been described as being at the crossroads, of failing to reach its potential due its ambiguity about professional identity or lack of clarity about 'what we actually do.' [4-14] Increasing everyday experiences of the social, political and environmental contexts of nutrition such as economic disparity, systemic discrimination and climate change,[5,53-56] provide a favourable environment in which the social aspects of nutrition and its sociopolitical and climate contexts can be advanced by the profession and become intrinsic to the identity of dietitians. This body of work makes visible the processes that contribute to who we are as individuals, as dietitians and as a profession as well as the broader contexts which influence it. In doing so I offer insight into how the issue of professional identity might be addressed and remedied in dietetics and highlights the importance for dietitians and the profession understanding broader frameworks and contexts of professional identity. In the research I also showcase and reinforce the importance of aspects of ourselves, our social selves and our professional selves that we bring to the negotiation of our practice and our roles as dietitians. In this work the personal and cultural resources that can be cultivated as agency to support the negotiation of professional identity that is aligned with narratives of self have been highlighted. For the first time in dietetic research, I have described our practice as a locus of professional identity, a practice that articulates our expertise and innovation and contributes to ongoing practice development, relevance and professional satisfaction.

With a professional identity bound to science and positivism without adequate recognition of the complex and nuanced social, cultural and political contexts of our practice of dietetics we are in danger of ignoring the fundamental aspects of dietetic practice wherein our expertise and innovation lie. This body of work offers insight into the need to interrogate our professional identity and determine if it

limits us as dietitians, and if so, to resist the structures and discourse that exist to maintain a status quo that may constrain us and that could lead us increasingly to irrelevance.

Towards the tail-end of a dietetics career, this PhD research is a continuation of my dietetic professional identity and professional practice development and innovation. I have a new identity as a researcher in the dietetics profession. As transformative learning I feel empowered to carry out this work with the agency afforded and supported a life-long career in dietetics and a supervisory team that is open-minded, open-hearted and generous with respect to the practice of dietetics. This doctoral work has equipped me with frameworks and language to better *realise* meaning in my personal and professional life through the context of others' experiences and broader contexts of hegemonies, dominate discourse and paradigms. I now understand why I have always identified as a dietitian and how I came to be the dietitian that I am. I have an appreciation of why I might feel out of step at times with other dietitians and the profession. I understand what I hope to contribute to dietitians and the profession – in understanding professional identity we can broaden the lens of dietitians and dietetics beyond hegemonies and traditional or dominant paradigms and open us to embracing new ways of framing how we know, practice, educate and research in dietetics.

SECTION 5 – REFERENCES AND APPENDICES

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APPENDICES

Appendix 1 Ethics Approval Letter

MONASH University

Monash University Human Research Ethics Committee

Approval Certificate

This is to certify that the project below was considered by the Monash University Human Research Ethics Committee. The Committee was satisfied that the proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research* and has granted approval.

Project ID: 29872
Project Title: Professional identity development in dietitians – implications for innovation and leadership
Chief Investigator: Professor Claire Palermo
Approval Date: 27/08/2021
Expiry Date: 27/08/2026

Terms of approval - failure to comply with the terms below is in breach of your approval and the *Australian Code for the Responsible Conduct of Research*.

1. The Chief Investigator is responsible for ensuring that permission letters are obtained, if relevant, before any data collection can occur at the specified organisation.
2. Approval is only valid whilst you hold a position at Monash University.
3. It is responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.
4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
5. The Explanatory Statement must be on Monash letterhead and the Monash University complaints clause must include your project number.
6. Amendments to approved projects including changes to personnel must not commence without written approval from MUHREC.
7. Annual Report - continued approval of this project is dependent on the submission of an Annual Report.
8. Final Report - should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected completion date.
9. Monitoring - project may be subject to an audit or any other form of monitoring by MUHREC at any time.
10. Retention and storage of data - The Chief Investigator is responsible for the storage and retention of the original data pertaining to the project for a minimum period of five years.

Kind Regards,

Professor Nip Thomson

Chair, MUHREC

CC: Professor Claire Palermo, Ms Marian Cornett, Dr Susan Ash, Dr Jacqui Gingras

List of approved documents:

Document Type	File Name	Date	Version
Consent Form	2021-07-30 Consent Form v2	30/07/2021	v2
Supporting Documentation	2021-07-30 Interview Schedule and Questions v2	30/07/2021	v2
Supporting Documentation	2021-07-30 Example email to personal contacts v1	30/07/2021	v1
Explanatory Statement	2021-08-2 Explanatory Statement v3	02/08/2021	v3
Explanatory Statement	2021-08-19 REVISED Explanatory Statement v4	19/08/2021	v4

Appendix 2 Example Email to Personal Contacts

30-07-2021

Dear……..

We are currently undertaking research for our project **Professional identity development in dietitians – implications for innovation and leadership** and would like to invite you to participate.

The aim of the study is to investigate professional identity development in dietitians, specifically what are the influences on professional identity development and what implications they may have for innovation and leadership for dietitians and the profession. The study will take an historical, political and cultural approach so that the broader contexts of influence on the professional lives of dietitians are elucidated.

As a participant, you are invited to take part in a series of three life history interviews, each interview taking 60 – 90 minutes. Interviews will be carried out by Marian Cornett using the Zoom platform and will be audio-recorded and transcribed by automated transcription services.

If you are interested in taking part you can read the attached *Explanatory Statement* and proposed interview schedule for further details. You are also invited to contact Marian Cornett PhD Student for more explanation of what is involved.

We thank you for considering taking part in this important research.

Professor Claire Palermo and Marian Cornett PhD Student

Appendix 3 Explanatory Statement

MONASH University

EXPLANATORY STATEMENT

19-8-2021

Project ID: 29872
Project title: Professional identity development in dietitians – implications for innovation and leadership

Chief Investigator: Professor Claire Palermo
Monash Centre for Scholarship in Health Education
Phone: 0 39902 4261
Email: claire.palermo@monash.edu

Student: Marian Cornett
Email: marian.cornett@monash.edu

You are invited to take be part of the study **Professional identity development in dietitians – implications for innovation and leadership** which Marian Cornett is conducting as part of her PhD studies.

Please read this *Explanatory Statement* in full before deciding whether or not you are would like to participate or whether you have capacity for the time commitment required. If you would like further information regarding this project, please feel free to contact Marian Cornett via the phone numbers or email addresses listed above to clarify any aspect of the study.

What does the research involve?

The aim of the study is to investigate professional identity development in dietitians, specifically what are the influences on professional identity development and what implications they have for innovation and leadership for dietitians and the profession. The study will take an historical, political and cultural approach so that the broader contexts of influence on the professional lives of dietitians are elucidated.

As a participant you are invited to take part in a series of three life history interviews, each interview taking 60 to 90 minutes. Interviews will be carried out by Marian Cornett using the Zoom platform and will be audio-recorded and transcribed by automated transcription services. Following the first two interviews you will have the opportunity to read interview transcripts accompanied by preliminary analysis. You will be invited to amend, make additions or comment on this. After the third interview you will have this opportunity again. It is expected that the total time commitment for the interviews and readings will be up to seven hours.

1. **The first interview** will have a life history focus on childhood, family and education and how you came to dietetics;

2. T**he second interview** will focus on career trajectory. These two interviews will be scheduled up to a week apart. This interview will begin to focus on pivotal points in your career that have impacted your self-concept as dietitian and the implications for innovation and leadership of both you and the profession.
3. Prior to the third interview you will be given **a transcript of the first two interviews** as well as some preliminary analysis. You will be given the opportunity to correct, amend, add to information or comment on the contents as well as to reflect on what has been talked about.
4. **A third interview** will take place some weeks after the initial interviews. This third encounter is planned to views, theories, explanations to mutually construct a new understanding, a new meaning for the social, cultural and historical 'location' of the narrative.
5. Once the interviews are complete, you will be provided with the **final interview/dialogue transcript** and given further opportunity to comment and provide feedback. A draft of the overall final analysis will also be provided to you for comment.

Why were you invited for this research?

You have been chosen for this research project as you have been identified as someone who has practiced as a dietitian over a long period and have demonstrated innovation and leadership during this time. It is believed that you will have many interesting stories to tell about your career that will give insight into experiences of professional identity development, innovation and leadership in the dietetics profession. Your contact details have been obtained via social media or the world wide web. This research is supported by an Australian Government RTP PhD scholarship. There are no other funding sources.

Consenting to participate in the project and withdrawing from the research

If you would like to take part in this research you will be requested to provide written signed consent prior to the beginning of the first interview. Please be aware that participation is wholly voluntary and you are able to withdraw from further participation prior to the transcription of any data.

Possible benefits and risks to participants

The risks and discomfort associated with this research are potentially related to painful memories of difficult times in your career. Every effort will be made to support you with any disclosures of this nature – whether or not, or to what extent, these memories are discussed. It is anticipated there will be a level of inconvenience with this research with respect to the time commitment. If you do experience distress from recalling memories you are encouraged to contact Lifeline on 13 11 14.

Confidentiality

The anonymity of participant data will be protected as only the investigators will have access to the identified information. Any personal information obtained by the participants during the interview is confidential and will not be disclosed or recorded. Findings from the study will be reported in such a way to protect the anonymity, privacy and confidentiality of participants.

Storage of data

All records will be kept on the secure Monash University drive on the LabArchives platform and will be accessible by the chief investigator and Marian Cornett only. Data will be accessed through password protected Monash University laptops. Research data will be stored on the secure Monash drive for a minimum of 5 years after completion of this project.

Results

As a participant you will be given multiple opportunities to access transcripts of your interviews and discussions as well as any analyses. You will be given the opportunity to contribute to the final report. The data will form the basis of a thesis as well as publications in peer-reviewed journals as well as at conferences. Once the data is analysed and compiled, a copy of this summary will be sent to all participants.

Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics Committee (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
Room 111, Chancellery Building D,
26 Sports Walk, Clayton Campus
Research Office
Monash University VIC 3800
Tel: +61 3 9905 2052 Email: muhrec@monash.edu Fax: +61 3 9905 3831

Thank you,

Claire Palermo
Professor Claire Palermo

Appendix 4 Interview Schedule

Professional identity development in dietitians – implications for leadership

The Three-Interview Series Interview Schedule

Interview One: A Focused Life Story

This interview will focus on family, childhood, education and training up to the point of commencing work as a dietitian. This component of the life history gives context to the overall history. The life storyteller is the expert in the details of his/her life rather than the researcher. The initial life story interview requires that the researcher listens very carefully.

Interview Two: Details of Experience – The Career Trajectory

The second encounter builds on first interview and follows the career trajectory of the interviewee. It is here that the life story may move towards the life history with more questioning about decisions and motives by the interviewer.

The first two interviews will be close together to maintain the momentum and capitalise on the trust and intimacy developed. They will be transcribed and given back to the interviewee in preparation for the third interview. This transcript will give interviewees the opportunity to correct errors or omissions from the first two interviews as well as to reflect on what they have said.

A preliminary analysis will be undertaken by the researcher to establish points for discussion in the third interview. In advance of the third interview a broader frame including historical context and cultural context will be considered.

Interview Three: Collaborative Dialogue on Meaning

The third encounter is a mutual, dialogic encounter where both participant and researcher share views, theories, explanations to mutually construct a new understanding, a new meaning for the social, cultural and historical 'location' of the narrative (Gill 2010).

This interview will focus on pivotal points in the career that impact self-concept as dietitian and the implications for leadership of both the individual and the profession.

My questions

In encouraging 'flow' in participants, interrogation will be kept to a minimum. It is envisaged that the questions following will be needed only as prompts as the life story unfolds.

Interview One: A Focused Life Story

- Describe the family where you grew up with
- What was it like growing up in your family?

  Prompt: Where were you born? Where did you grow up? Do you have any brothers and sisters? Birth order? Tell me about your mum/dad/caregivers; What was valued in your family? How were you viewed by your family? What was expected of you in your family?)
- Who made a strong impression on you as you were growing up?
- In what ways have these people influenced you?
- When you think about your childhood, can you describe for me the people or events that might have influenced your interest in a career in dietetics?

  Prompt: who had a significant role in your upbringing? What role did they play? Did anyone have an influence on your role to study nutrition? Can you describe the influence those individuals had on your decision to choose a career in dietetics?)

Education

- Where did you go to school?
- What do you remember the most about your school years - primary and secondary?
- What sort of student were you?

  Prompt: favourite subjects, favourite teachers, friends, extracurricular activities
- What were your earliest career plans as far back as you can remember?
  - What did you think about doing once you left school in secondary school?
  - Which career? What did apply to study?
- When was the first time you learned about dietetics?

- What did you think about it then?
- Did anyone influence your decision to become a dietitian?
- Did anyone help you pursue your plans?

- How did you get to your dietetics qualification? Courses? Undergrad, post-grad? Master's etc.
    - Where did you study?
- Can you tell me a bit about your experience during your dietetic education and training?
    - Was it what you expected?
- What aspects of your university experience have had the most lasting impact upon you?
    - What aspects had the least impact?

- Can you describe anybody during your dietetic education and training that you believe are significant to your development as a dietitian? What was it about those relationships that were so important?

  Prompt: relationships with university lecturers/supervisors/other students/dietitians

INTERVIEW TWO: Details of Experience – The Career Trajectory

Early Professional Life

- Do you remember your first days as a dietitian? What were you doing?
- How was it? Did it meet your expectations?
- Briefly list/describe the jobs that you have had/sort of work you have done in your career

I am interested in significant points in your career where you might have made changes, significant changes - changes in direction or type of work that you do – or had realisations about dietetics or faced difficulties that impacted you as a dietitian, your practice, your career?

I am interested in your reasons for these career changes or realisations and if/how they might relate to how you see yourself as a dietitian.

- Thinking back to the list of jobs that you have described can you think of anything like that?

  Prompt: I can give you a couple of examples of my own….
- Can you think of any influences that might have been at play to have brought about these situations?

INTERVIEW THREE: Collaborative Dialogue on Meaning

This section of the interviewing schedule will be collaborative and will follow the lead of the interviewee. Potential aspects to be prompted if they do not arise are:

I am interested in how you see yourself as a dietitian

- Describe to me who you are as a dietitian within the profession; OR SPLIT INTO
- Describe yourself as a dietitian; describe the profession of dietetics; etc.

  Prompts:
  - How would you describe yourself as a dietitian? What sort of dietitian are you?
  - Is how you see yourself now different from what you expected?
  - Can you tell me about how you feel in terms of your alignment with other dietitians?
  - Can you tell me about how you feel in terms of your alignment with the dietetics profession?
    - In what way? What impacts this?
  - Do you feel that the profession is all it could be?
    - In what way? What impacts this?
  - Can you tell me about how you feel in terms of your alignment with other dietitians?
    - In what way? What impacts this?

- Can you tell me about how you feel in terms of your alignment with the public's view of dietitians?
  - In what way? What impacts this?
- Can you tell me about your satisfaction with your career as a dietitian?
  - In what way? What impacts this?
- Can you tell me about how your feel about having reached your potential as a dietitian?
  - In what way? What impacts this?
- Can you tell me about how your feel as a leader in dietetics?
  - In what way? What impacts this?
- Can you tell me about how you feel about leadership in dietetics?
  - In what way? What impacts this?

- Can you tell me about how times you may have asked yourself whether to stay in the profession or leave it?
  - At what time in your career did these doubts occur?
  - Why did you stay?
- If you had to do it all over again, would you go into this field?
  - Why or why not?
- What do you wish was different about dietetics?
  - In what way? What impacts this?
- What advice would you give to beginning students of dietetics?

Appendix 5 Consent Form

MONASH University

CONSENT FORM

Project ID: 29872
Project title: Professional identity development in dietitians – implications for innovation and leadership

Chief Investigator: Professor Claire Palermo **Student: Marian Cornett**
Monash Centre for Scholarship in Health Education

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Audio recording of Zoom interviews	☐	☐

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project.

I understand that any data extracted from the interview will not, under any circumstances, contain names or identifying characteristics.

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

I understand that reports based on the interview(s) will be kept in a secure storage and accessible to the investigators only.

I also understand that the reports held by the university will be destroyed five years after the completion of the study.

Name of participant: _____

Participant signature: _____ Date: _____

Appendix 6 Constructs of Professional Identity in the Health Professions Literature

Constructs and themes in professional identity research*
The Lived Experience of PI
Becoming from performing
Knowing from practicing Witnessing experiences of others through relationships Personal experiences impacting interactions with clients
Practising
Philosophy of practice Visibility of practice Autonomy in practice
Role
The World Around Me
Workplace and the organisation
Political, social and healthcare reforms and advances
Professional hierarchies
Dominant paradigms
Knowledge claims
Health professional-client relationship
Societal expectations
Belonging
The Group
Group Collective Identity
The profession in relation to other professions
"Thinking of oneself as a…."
Doing, being, becoming, belonging to a discipline
Organisational identity
Boundary Crossing
Boundary Closure
Me
Self
The stories I tell about myself
Gender
Sexuality
Race/Culture
SES
Age
Self in relation to others
Self in relation to the profession
Self & Fit

Learning and Qualifications
Acquiring knowledge and skills
Enhancing professional capital
Shaping or controlling the profession

* FROM: Cornett, M., Palermo, C. and Ash, S., 2023. Professional identity research in the health professions—a scoping review. Advances in Health Sciences Education, 28(2), pp.589-642.