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ARE COUNSELLORS' MULTIPLE PROFESSIONAL IDENTITIES PROBLEMATIZED?

A DISCOURSE ANALYSIS

BY

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Abstract

The counselling and psychotherapy profession is currently undergoing significant regulatory development in Canada. Some scholars suggested the diverse nature of counselling may have posed challenges for defining the profession's identity. I used Discourse Analysis to answer the research question of whether counsellors' multiple identities are problematized, and if so, how? I interviewed three therapists who have a professional identity in addition to their counsellor identity. Their additional identities were clinical psychologist, registered nurse, and registered social worker. I also analyzed professional codes of ethics and job postings. The level of tension participants experienced within their identities varied. The problematization of their professional identities appeared to relate to tensions within professional discourses that arose in some participants' contexts and not others. Several discourses were identified and will be discussed. Limitations of the research and implications for counsellors with multiple identities, counselling regulatory bodies, administrators, and future research are discussed.

Keywords: counsellor, therapist, professional identity, multiple professional identities, professional regulation

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Glossary

Actuality (and actualities): A term used within Institutional Ethnography to direct the focus of inquiry to the reality that is occurring outside of textually mediated discourses. The term *actuality* is purposefully left open (it is not given specific content) with the intention to not direct the researcher's looking in a specific way. This openness is meant to allow the researcher to explore the world outside of the text and what makes up a person's everyday living. The term actuality refers to what is really happening in the everyday living, not what is written in the texts that direct these processes (Smith, 2005).

Clinical psychology: A specialty within psychology that focuses on assessment, diagnosis, and treatment of people who have emotional, cognitive, or behavioural disorders (Saskatchewan College of Psychologists, 2017).

Coordination: The ways in which people influence the experiences of others to align people's activities together. Coordination includes influence over the way people think and perceive, which influences their activities. Within Institutional Ethnography, it is essential to recognize the agency of the people who coordinate and who are coordinated (Smith, 2005).

Counselling psychology: A specialty within psychology that focuses on supporting healthy functioning, well-being, and growth (Canadian Psychological Association, 2009; Saskatchewan College of Psychologists, 2017)

Counselling and psychotherapy profession: A profession that includes practitioners whose primary focus is doing counselling and psychotherapy under various titles, including "counsellor," "therapist," "psychotherapist," amongst others. Counselling is a skilled process of establishing and using the therapeutic relationship to help people make changes in their lives. Counselling has a range of focuses, including wellbeing, growth, relationships, career

development, mental health, and mental illness or concerns. Counsellors may work in a variety of settings including hospitals, community health settings, schools, private practice, and others (Canadian Counselling and Psychotherapist Association, 2021b). Counsellors come to be counsellors in a variety of ways, and from a variety of backgrounds (Burkholder, 2012; Calley & Hawley, 2008; Gale & Austin, 2003; Mellin et al., 2011; Woo et al., 2014). For example, counsellors or psychotherapists might have come to be counsellors through studies of marriage and family therapy, nursing, psychiatric nursing, psychology, social work, or other disciplines.

Discourse: Systems of spoken and written language that are socially created and that influences and organize the actualities of people's living (Campbell & Gregor, 2002; McCoy, 2008; Potter & Wetherell, 1987; Smith, 1987; Smith 2005; Wooffitt, 2005). People use discourse to construct and organize their own and others' thinking, perceiving, and doing (Bryceland, 2006; Pence, 2001; Potter & Wetherell, 1987; Smith, 1987; Smith, 2005; Taylor, 2001; Wooffitt, 2005). Individuals are active in how they read, perceive, and use discourse in their everyday living to accomplish things (Pence, 2001; Potter & Wetherell, 1987; Smith, 1987; Smith, 2005; Wooffitt, 2005).

Discourse analysis: A theory and research method (Wetherell et al., 2001) which addresses the study of the function of language in use (Potter & Wetherell, 1987; Taylor, 2001; Wetherell et al, 2001; Wooffitt, 2005). Discourse analysts explore consistency and variation in how speakers use language (Potter & Wetherell, 1987; Taylor, 2001; Wetherell et al, 2001; Wooffitt, 2005) and are interested in how social experiences and occurrences are problematized (Glynos et al., 2009). There are various branches of discourse analysis based on different theoretical frameworks (Potter, 2005; Potter & Wetherell, 1987; Taylor, 2001; Wetherell et al., 2001; Wooffitt, 2005).

Discursive psychology: A branch of Discourse Analysis which was developed as a critique to the positivist assumptions of psychology (Glynos et al., 2009; Potter et al., 1993; Potter & Wetherell, 1987). Within discursive psychology, inner processes, such as thoughts, attitudes, and emotions are believed to be socially constructed (Glynos et al., 2009; Potter & Wetherell, 1987). Discursive psychologists study people's use of language within a variety of contexts (Hepburn & Wiggins, 2005) and see language as both socially constructive and constructed (Potter & Wetherell, 1987). Discursive psychologists consider what is being accomplished through the use of language (Potter et al., 1993; Potter & Wetherell, 1987).

Epistemology: Theories about what knowledge is and the methods for obtaining knowledge (Glesne, 2016; Taylor, 2001).

Institutional ethnography: A sociological theory and method of inquiry. The focus of Institutional Ethnography is to discover the social relations that organize institutions and how people participate in this organizing (Smith, 2005).

Interpretative repertoire: A term used in Discourse Analysis to refer to common ways of speaking about a specific topic within a social or cultural group. Interpretative repertoires may include metaphors, imagery, figures of speech, or frequently used language associated with an event, object, or group of people. They are systematic, coherent, and used in specific ways to accomplish goals (Edley, 2001; Potter, 1996; Potter & Wetherell, 1987; Wooffitt, 2005).

Mapping: A process within Institutional Ethnography, where people's actualities and experiences are linked to institutional texts to identify how peoples' activities are socially organized (Smith, 2005).

Multiple professional identities: Having more than one profession with which one identifies and uses to do one's work.

Ontology: Theories about the nature of reality, existence, or "what kinds of things make up the world" (Glesne, 2016, p. 5).

Paradigm: A way of viewing the world (Mertens, 2015).

Problematization: To construct some experience as a challenge to be addressed.

Professional identity: A mental framework that professionals use to inform and express their roles, tasks, obligations, decision-making, and approach to interacting with others (Brott & Myers, 1999).

Professional regulation: A means to ensure professionals provide safe, competent, and ethical services. A profession's regulatory body sets the requirements for initial registration within that profession, including education and character requirements. The regulatory body also sets the requirements for maintaining that registration, including setting standards for practice and competence and continuing education requirements. Regulatory bodies have complaints and discipline processes to enforce these standards and hold professionals to account (Steering Committee on Modernization of Health Professional Regulation, 2020).

Professionalism: The expression of one's professional identity, including one's behaviour, attitudes, beliefs, and values (Barnhoorn et al., 2019).

Registered nurse: A regulated nursing professional who works independently and collaboratively to attain the highest level of health for individuals, families, groups, communities, and populations. Registered nurses work with people of all ages who experience health, illness, disability, and injury. Registered nurses work directly with clients and coordinate healthcare within a variety of settings. They work in the areas of direct practice, education, research, policy, and administration (Canadian Nurses Association, 2015).

Registered psychiatric nurse: A regulated nursing professional. Registered psychiatric nurses (RPNs) use bio-psycho-social and spiritual frameworks to approach their work with clients holistically, with a focus on feelings, thoughts, and behaviour. RPNs integrate physical and mental health interventions and coordinate client care in a variety of settings. They also work in education, research, and administration. RPNs work with individual clients, families, groups, communities, and populations and focus their interventions along a continuum ranging from mental health promotion and prevention to rehabilitation and recovery (Registered Psychiatric Nurse Regulators of Canada, 2021). RPNs also work with clients to reduce harm when people prefer to live at risk.

Registered psychologist: A regulated professional who uses knowledge from the psychology discipline to help people address mental, physical, and everyday problems, as well as help people maximize their functioning throughout the lifespan. Psychologists work in the areas of psychological assessments and interventions with clients. They also work with organizations, governments, and other professionals to support mental health and physical benefits on a broad scale. There are numerous areas of specialization in which a psychologist might practice, including but not limited to clinical and counselling psychology which are defined above (Saskatchewan College of Psychologists, 2017).

Registered social worker: A regulated professional who uses a strengths-based, social justice, and culturally responsive perspective to engage people in addressing life and health concerns. The focus of social work is to improve the health and social wellbeing of people within their social environments. Social workers acknowledge the impacts of family, community, culture, legal, social, spiritual, and economic systems on people and intervene at individual, family, and community levels. Social workers work within numerous settings including schools, child and

family services, hospitals, correctional facilities, community health agencies, with governments, in private practice, and in other administrative roles (Canadian Association of Social Work, n.d.).

Ruling relations: The large scale, trans-local, socio-systemic relationships which organize peoples' actualities through various forms of text, including print, audio, and audio-visual texts (Smith, 2005).

Social, the: A term used within Institutional Ethnography to refer to what people do, and how these doings are coordinated with the actions of other people (Smith, 2005).

Social constructionism: A theory about knowledge that posits that reality is always understood through language, which is socially determined. According to this theory, what is "known" is constructed and limited through the social process of language. Language is socially determined and influences what is known and how people think about it (Gergen, 2015).

Social relations: Within Institutional Ethnography, social relations are the series of activities that link what one person does to what other people do. It is through these relations that people's subjectivities and behaviours are socially coordinated (Pence, 2001; Smith, 2005).

Social organization: A term used within Institutional Ethnography to refer to the combined impact of social coordination, resulting in various people doing the same or similar activities in numerous contexts (Smith, 2005).

Standpoint: The social position that each person occupies in their everyday living (Smith, 2005). It is the person's actualities of their daily lives, and it is from one's standpoint that the ruling relations can be seen (Smith, 2005).

Text: In Institutional Ethnography, texts are materials that can be and are reproduced. Texts reflect and direct what people do. They include communications in written, audio, audio-visual, or visual forms. For example, texts include movies, television, internet content, drawings,

policies and procedures, and other forms of print-media which are dispersed and are taken up in multiple contexts (Smith, 2005).

Chapter 1. Introduction

A profession's identity guides the work of its members (Bimrose & Brown, 2019; Brott & Myers, 1999; Ibarra, 1999; Evetts, 2011 as cited in Tapson, 2016). Counselling is a relatively new profession and people come to be counsellors in various ways. Counselling is also diverse: those that use titles such as "counsellor," "therapist," and "psychotherapist" come to the profession from various backgrounds and have a variety of professional designations that fall under the umbrella of counselling (Burkholder, 2012; Calley & Hawley, 2008; Gale & Austin, 2003; Mellin et al., 2011; Woo et al., 2014). Many people who identify as counsellors have another professional identity in addition to their counsellor identity (Gale & Austin, 2003; Mellin et al., 2011). Although the profession of counselling and its identity is now considered to be well-defined (Canadian Counselling and Psychotherapist Association [CCPA], 2021b; Gignac & Gazzola, 2018), some scholars questioned the impact of this diversity on the professional identity development of counselling (Burkholder, 2012; Calley & Hawley, 2008; Gale & Austin, 2003; Mellin et al., 2011; Woo et al., 2014).

The counselling profession in Canada is currently undergoing development. There is wide variation across Canada regarding the professional regulation of counselling and psychotherapy and the profession is undergoing significant regulatory change (CCPA, 2021b). Counselling is becoming a regulated profession in many provinces and working toward this end in other provinces (CCPA, 2021b). CCPA is a national Canadian "association that promotes the profession of counselling and psychotherapy and its contribution to the mental health and well-being of all Canadians" (CCPA, 2021c, para 1). Counsellors can register with the CCPA to have their credential recognized and demonstrate an ongoing commitment to accountability and quality improvement within their practice. However, not all provinces and territories require that

counsellors register with an external body that sets and enforces standards for their practice. While significant work has been done to regulate counselling across Canada, that work is not uniform or consistent (Gazzola et al., 2010; Gignac & Gazzola, 2018). In Canada, professions are regulated through provincial legislation and the purpose of regulation is to provide consumers who received incompetent or unethical counselling services an avenue for complaint (FACT-SK, 2017). Regulation is aimed at ensuring competent, safe, and ethical counselling for the public.

Counselling and/or psychotherapy is currently regulated in Quebec, Ontario, Nova Scotia, New Brunswick, and Prince Edward Island (CCPA, 2021a). Alberta's (2018) *Mental Health Services Protection Act* authorizes the regulation of counselling professionals within that province. My study focused on counsellors in Alberta and Saskatchewan. The regulatory body for counsellors in Alberta is presently being developed (Association of Counselling Therapy of Alberta [ACTA], n.d.). There are ongoing efforts to regulate counselling in Saskatchewan. The Federation of Associations of Counselling Therapists in Saskatchewan (FACT-SK) indicated on CCPA's website that they "recently launched an advocacy campaign with the provincial government, however activities were suspended due to the provincial election" (CCPA, 2020b). Because counselling is unregulated in Saskatchewan and in Alberta until the regulatory body is established there is no title protection and anyone within the province can call themselves a counsellor or psychotherapist regardless of their education, experiences, or competencies. There are no required standards or ethics that an unregulated professional is required to follow. If a client receives unethical or inadequate care, there is no body to hold the person providing the service to account.

As I considered this context of regulatory change and scholars' points about the diverse backgrounds of counsellors, I wondered if counsellors experience pressures related to their professional identities. Particularly, I became curious about the experiences of counsellors with more than one identity. Many authors advocated for a unified professional identity to advance the counselling profession, with some authors noting that the professional diversity of counsellors might have created challenges for accomplishing this goal. I wanted to know if counsellors with more than one professional identity felt a tension between their identities and if they did, how has this tension come to be?

My Standpoint: Positioning Myself in Relation to this Work

Standpoint is the social position that each person occupies in their everyday living (Smith, 2005). It is the *actualities* of a person's everyday living; their experiences, perspectives, and what they do (Smith, 2005). A standpoint is not the same as a perspective (Rankin, 2017), although one's standpoint does influence what can be seen (Campbell & Gregor, 2002; Rankin, 2017; Smith, 2005). It is the person's actual experiences in their daily lives, and it is from one's standpoint that the social organization of our everyday living and experiencing can be seen (Smith, 2005). Starting with a person's standpoint means to begin with the actualities of their living and to map these to the layers of social organization that influence their everyday experiences of living (Smith, 2005).

My standpoint is inextricably intertwined with this inquiry into counsellors with multiple professional identities. It has influenced my looking and how I have taken up what I hear and learn about in doing this research (Taylor, 2001). I entered Athabasca University's Master of Counselling program with an established, yet evolving, professional identity as a *registered psychiatric nurse* (RPN) and planned to carry aspects of this identity forward in my future work

as a counsellor. RPNs partner with clients and other healthcare team members "to coordinate health care and provide client-centered services to individuals, families, groups and communities" (Registered Psychiatric Nurse Regulators of Canada [RPNRC], 2021, para. 1). RPNs focus on feelings, thoughts, and behaviour "while integrating physical health care and utilizing bio-psycho-social and spiritual models for a holistic approach to care" (RPNRC, 2021, para. 1). Psychiatric nursing interventions occur within an intentional and therapeutic relationship with clients. Psychiatric nursing is practiced within a variety of settings, including acute care, long-term care, correctional, educational, addictions, and other community and residential settings. RPNs focus on health promotion, prevention, treatment, rehabilitation, and recovery (RPNRC, 2021). They also work within harm reduction models.

Before obtaining my credentials to become an RPN, I attained a degree in psychology. The undergraduate courses I took in psychology, sociology, and philosophy created a foundation upon which I developed my identity as a psychiatric nurse. Through taking these undergraduate courses, I became increasingly aware of power structures and inequities within society. I was exposed to ideas about the social construction of knowledge and truth through language. These ideas resonated with me and when I studied psychiatric nursing, I integrated them into my emerging professional identity through intentionally committing to integrate awareness of the social determinants of health, social justice concerns, and post-modern ideas about the social construction of knowledge and truth into my psychiatric nursing practice.

Within the psychiatric nursing diploma program, I was exposed to the Tidal Model of Recovery and Reclamation which strongly influenced my psychiatric nursing practice. The Tidal Model is an all-embracing model of fundamental psychiatric nursing practice (Barker, 2001) developed by mental health nurses in partnership with mental health service users and their

family members (Buchanon-Barker & Barker, 2008). Within the Tidal Model, nurses are encouraged to relate to those that they work with as people, work collaboratively to identify the goals of the person having difficulty, avoid pathologizing problems, respect the person's story in his or her own words, and frame challenges as invitations for change (Buchanon-Barker & Barker, 2008). The model encourages true partnership between nurses and the persons they work with and recognizes the role of language and storytelling in a person's healing process and return to a meaningful life even while experiencing challenges (Buchanon-Barker & Barker, 2008). The Tidal Model's focus on the use of language and respecting peoples' experiences from their perspective aligned with the structure described above which I grounded my psychiatric nursing practice within.

The intersection between my professional and personal identities influenced me to pursue further education in counselling psychology. I wanted to hone my counselling skills, become better skilled at partnering with those that I worked with, and enhance my ability to work from the person-centered, holistic, preventive, recovery-wellness-based framework which I had adopted as a psychiatric nurse. In choosing counselling psychology, I was seeking to continue to widen my lens to build on ways that I can incorporate a wellness and growth perspective into my work. Seeking additional education within psychology as opposed to psychiatric nursing was also practical. Psychiatric nursing is a small profession. In Saskatchewan members of the profession have been in steady decline and it was not clear to me at the time of deciding on a graduate degree what opportunities might exist for Saskatchewan's psychiatric nurses in the future.

As I reflect on my emerging counsellor identity and psychiatric nursing identity, I recognize that when entering the master's program, I felt as if I belonged in two worlds at the

same time. Barker (2001) argued this is characteristic of mental health nursing which exists somewhere between the disciplines of health and social science. Despite the two professions having similar philosophies and foundations; counselling and psychiatric nursing also have their own histories and a different focus leading to different contributions to mental health services (Pistole & Roberts, 2002).

I believe that combining my psychiatric nursing identity, experiences, and nursing knowledge can enhance my future work as a counsellor. At the same time, I believe my counselling education and experiences have made me a more effective psychiatric nurse. Athabasca University's Master of Counselling Program has exposed me to research on common factors, which suggests success in counselling rests mainly on an individualized approach based on the client and counsellor's characteristics and the quality of their therapeutic relationship (Anderson et al., 2010; Frank, 1995; Hubble et al., 2010). Based on this research and my experiences, I assumed that the diversity of perspectives that I will have gained from my different professional experiences would be an asset to my development as a professional counsellor, the persons I work with, colleagues, and both my professions. When entering a counselling program, I thought that I could combine the two different perspectives of psychiatric nursing and counselling to offer unique insights to those with whom I work and help me to further develop my ability to see from multiple perspectives.

In the actualities of my professional practice, I experienced what I perceived as barriers to practicing within a recovery-oriented and partnership-based paradigm, where services extend beyond acute, crisis management services. For example, I had envisioned taking part in accessible mental health care across social, health, and educational systems that focus on mental health promotion, mental illness prevention, and early intervention. I thought studying

counselling psychology might better set me up to practice consistently with who I am and how I see myself as a mental health professional. It was this assumption that led to my interest in studying counsellors with multiple professional identities. As I have worked through this research study and began working with a regulatory body for psychiatric nurses, I have come to see how adding an additional professional identity has not significantly changed the actualities of my practice although it has increased opportunities to work within different contexts. This likely has more to do with how health and social services are organized than it did with my psychiatric nursing skills and abilities.

Assumptions

My studies and experiences in psychiatric nursing and counselling have led me to assume that one's identities influence how a professional interacts with those they work with. Therapeutic interactions have been found to influence client outcomes (Hubble et al., 2010). As a former psychiatric nursing educator and mental health practitioner, who now works for a psychiatric nursing regulator, I agree that it is vital to socialize professionals to adopt values and standards consistent with the profession. I also believe that clients and practitioners benefit when counsellors have the freedom to express themselves within the therapeutic relationship, are open to learning from diverse disciplines and perspectives, and are permitted to use these diverse perspectives to the benefit of the client. I also assume that clients desire and expect practitioners to use all their professional knowledge, skills, and abilities to provide the best quality care to them.

Conceptual and Theoretical Framework

I began looking at counsellors with multiple professional identities from a social constructionist lens. Social constructionists acknowledge that reality exists but believe that

people always define and understand their world through "some tradition of sense making" (Gergen, 2015, p. 5). This "tradition of sense making" is socially determined and based on language (Gergen, 2015). According to social constructionists, knowledge and "truth" are both constructed and constrained through language. Having language for some experiences and not others make some experiences visible and others invisible (Gergen, 1985; Gergen, 2015; Potter, 1996; Smith, 1987). The use of language shapes thinking which impacts what people do (Gergen, 2015). From a social constructionist perspective, the way in which counsellors' multiple identities are spoken about influences how they are thought about. And how their identities are thought about has implications for what counsellors do.

From a social constructionist lens, identity, like other aspects of reality, is socially constructed through language and story (Gergen, 1985; Gergen, 2015; Potter & Wetherell, 1987; Van Maanen, 2010). People use language to both describe and understand who they are (Potter & Wetherell, 1987). Identities are created through narratives and adjusted to how speakers see themselves and to how others respond to them (Ibarra, 1999; Ibarra & Barbulescu, 2010). Although people seek congruence in their identities and identity stories (Ibarra, 1999; Ibarra & Barbulescu, 2010), identities are continuously being maintained and updated (Ibarra, 1999; Ibarra & Barbulescu, 2010; Van Maanen, 2010). Thus, counsellors are continuously developing their professional identities. According to a social constructionist framework, this work happens largely through language and storytelling.

From a social constructionist lens, the self is not viewed as a singular entity rooted in a single, objective reality (Potter & Wetherell, 1987). Instead, the self is considered to exist in multiple forms which vary based on context. These selves are socially created and recreated through social interactions and language use over time (Potter & Wetherell, 1987). Because

language is used by individuals to create social realities, but it also reflects social norms, values, and expectations, identity from a constructionist lens is influenced both by the individual and collective (Ibarra & Barbulescu, 2010). Therefore, from a constructionist framework, professionals create and recreate their identities through social interactions, highlighting different aspects depending on their situation.

Purpose of the Study

The purpose of my inquiry into counsellors with multiple professional identities was to find out if counsellors who have more than one professional identity have had their identities problematized. I wanted to know whether counsellors who had more than one identity experienced their multiple professional identities as being framed as a challenge or difficultly within the systems that they work. If they did experience their identities as being problematized, I wanted to explore how it came to be this way.

Limitations and Delimitations

This study focused on counsellors' experiences in the Western Canadian context, particularly, Alberta and Saskatchewan, and on counsellors with multiple professional identities who work in the healthcare system. This was to keep the project's scope manageable and be able to attend adequately to the context within my analysis. This may pose a limitation to the applicability of these findings to counsellors practicing in other contexts. For example, as I discussed above, efforts to regulate counselling are currently underway in Alberta and Saskatchewan. Canadian provinces are in various stages related to the regulation of counselling and psychotherapy. The stage of professional regulation in their local context likely impacts counsellors' experiences with multiple identities.

Research Question

The research question I addressed within this project is: Do counsellors who work in healthcare experience problematization of their multiple professional identities? If so, how?

Definition of Terms

Professional and Collective Identity

The definition of *professional identity* that I am using in this thesis involves both individual and group elements. Brott and Myers (1999) defined professional identity as a mental framework that professionals use to inform and express their roles, tasks, obligations, decision-making, and approach to interacting with others. A similar definition of professional identity is offered by Ibarra (1999), based on Schein (1978): "the relatively stable and enduring constellation of attributes, beliefs, values, motives, and experiences in terms of which people define themselves in a professional role" (p. 765). Professional identity might also be defined in terms of *collective identity* which is "shared with a group of others who have (or are believed to have) some characteristic(s) in common" (Ashmore et al., 2004, p. 81). Identifying with a group is a mental process; therefore, direct or regular interaction with other group members may not be required to develop a collective identity (Ashmore et al., 2004).

However, personal acknowledgement of group membership is a critical component of collective identity (Ashmore et al., 2004). Ashmore et al. (2004) preferred the term collective identity instead of *social identity* because, they argued, all identities, including personal and relational identities, are social. Ashmore et al. asserted that the term collective identity is clearer. A person may have multiple collective identities, and these identities may not exist independently; instead, identities may overlap and influence one another (Ashmore et al., 2004; Collins, 2010).

Professionals have been found to describe their professional identities at various levels, including individual-level self-conceptualizations, conceptualizations of their inner professional group, and descriptions of the larger professional group they belong to (Bayerl et al., 2018). Professionals may influence both the construction of collective professional identities and their own individual professional identities when developing their professional identities (Bayerl et al., 2018). Based on their findings, Bayerl et al. (2018) advocated for taking a multi-level focus to understanding and studying professional identities. They suggested that since professionals do not distinguish their individualized professional identities from the collective, studying only one of these aspects will lead to incomplete understandings of professional identity (Bayerl et al., 2018). Within this thesis, I use the term professional identity to refer to both the individual and collective characteristics, attributes, beliefs, values, and philosophies that people relate to their professional role and inform people's behaviours in a professional context.

Counselling Profession

Within this document, I am using CCPA's (2021b) definition of the profession of counselling. CCPA noted that counselling is made up of professionals who use over 70 different titles, including "counsellor," "therapist," "psychotherapist," amongst others. The CCPA defined the activity of counselling as "a relational process based upon the ethical use of specific professional competencies to facilitate human change. Counselling addresses wellness, relationships, personal growth, career development, mental health, and psychological illness or distress" (Definition of Counselling section).

Counsellor Identity

Throughout this document, I use the terms *counsellor professional identity* and *counsellor identity* interchangeably to refer to how counsellors and therapists characterize and

relate to the profession's values, beliefs, attributes, and qualities. I have used the terms "counsellor" and "therapist" interchangeably, based on the CCPA's (2021b) assertion that there is no discernable difference between counselling, psychotherapy, and therapy nor titles. Woo et al. (2014) conducted a literature review and concluded that the literature on counsellor professional identity often focused on the profession's foundational philosophy; counsellors' knowledge, competencies, roles, professional behaviours, beliefs about the profession and about oneself as a professional; and interactions between counsellors within the field. Calley and Hawley (2008) asserted that research into counsellor identity has focused on the values unique to counselling; the range of activities that counsellors engage in; the focus of counselling research; the theories that counsellors use in their practice; how counsellors understand the history of counselling; and counselling qualifications and training. Thus, counsellor identity may relate to counsellors' theoretical orientation and approach, the values within the profession; counsellors' skills, attributes, and work roles, how counsellors work with other counsellors, mental health professionals and clients, and their reflections about belonging to the counselling profession.

Multiple Professional Identities

Throughout this thesis, I use the term *multiple professional identities* to refer to situations in which a person identifies with more than one profession and uses these identities together to do their work. Examples include counsellors who also identify as teachers, psychologists, nurses, psychiatric nurses, social workers, physicians, pastoral or spiritual care providers, or with another profession in addition to their counsellor identities. As noted above, people may have multiple identities which may overlap and influence each other (Collins, 2010). Some identities may become more or less prominent depending on context (Collins, 2010). The experiences of counsellors with more than one professional identity are the focus of this thesis.

Chapter Summary

Counselling is currently undergoing regulatory change within Canada. The counselling profession is made up of practitioners with diverse educational backgrounds and credentials. My standpoint as an RPN and counselling student led me to cast my gaze towards counsellors with multiple professional identities. Some scholars have suggested that the diversity of counsellors created challenges for the development of the profession. I wanted to know what counsellors' experiences were with their identities and if their identities had been problematized. If counsellors did experience their multiple professional identities as being problematized, I wanted to know how it came to be this way? I have approached this work using a social constructionist framework.

Overview of the Thesis

In Chapter 2. Review of the Literature, I discuss literature that tells a story about the development of the counselling profession's collective identity. It is this story that formulated my curiosity about whether counsellors' multiple professional identities are problematized. Within Chapter 2 I also discuss literature that speaks to how counsellors construct their professional identities. Chapter 2 ends with an overview of the Canadian context in relation to counselling as a distinct profession.

In Chapter 3. Methodology, I provide a detailed explanation of how I studied the experiences of counsellors with multiple professional identities. The chapter begins with an overview of how my methodology connects to my theoretical framework. I then describe the research method that I used, which was the Discursive Psychology branch of Discourse Analysis. I also describe how I took theoretical influences from Smith's (1987, 2005) Institutional Ethnography to organize my analysis of the discourses related to counsellor' multiple

professional identities. I provide details about my research methodology, including how I recruited participants, carried out interviews, and analyzed the interview transcripts and documents to identify and locate discourses related to participants' professional identities and answer the question of whether counsellors' multiple identities have been problematized and how.

In Chapter 4. Participant Maps, I outline my analysis. I organized the analysis into *small hero* diagrams, to present and highlight each participants' standpoint. This method was taken from Smith's (1987, 2005) theory of Institutional Ethnography and allowed me to locate the discourses to which participants discussed within institutional texts. My analysis demonstrated that identity tensions increased when participants struggled to find a single role where they could enact both of their professional identities. I also identified several professional discourses with supported or increased tension within participants' multiple professional identities, depending on their contexts.

In Chapter 5. Discussion, I discuss patterns within the discourses to which all three participants referred throughout my interviews and situate these findings within existing literature. The discourses I discuss in Chapter 5 fit into patterns related to credibility, boundaried autonomy, and interprofessional collaboration. Through my analysis and discussion, it became clear that while interdisciplinary practice is highly valued within healthcare, multidisciplinary people are not. I also identified that all three participants oriented towards discourses of client-centered care and doing what is best for the public. I close the chapter with a discussion of the implications and limitations of this study with recommendations for future research. Finally, in Chapter 6. Conclusion, I offer reflections on my methodology, my research findings,

implications and limitations, and my standpoint in relation to the thesis. I provided the study materials within the Appendices.

Chapter 2. Review of the Literature

The literature on counsellor professional identity provides an understanding of what is valued and how meanings are made within the profession, and how counselling communities define themselves (Dollarhide & Oliver, 2014). Literature on counsellor identity tends to have one of two focuses: the first is on individual counsellor's identities and how these identities develop (Lile, 2017). The second focus is the collective identity of the counselling profession (Lile, 2017). Scholars have explored professional identity development of practicing counsellors (Alves & Gazzola, 2011; Gignac & Gazzola, 2016; Gignac & Gazzola, 2018; Healey & Hays, 2012; Mellin et al., 2011; Moss et al., 2014; Rønnestad & Skovholt, 2003), practicing school counsellors (Brott & Myers, 1999), counsellor educators (Reiner et al, 2013; Woo et al., 2016), counsellors in training (Lile, 2017; Prosek & Hurt, 2014; Shuler & Keller-Dupree, 2015), and counsellor students of doctoral programs (Dollarhide et al., 2013). In this chapter, I will review the literature on counsellor professional identity, including the literature about the relevance and development of individual counsellor identity and the development of the collective identity of the counselling profession. Finally, I will discuss the counselling profession within Canada. I will focus on Saskatchewan and Alberta to give the reader an understanding of my participants' context.

Multiple Identities Within the Profession

Research conducted between 2008 and 2010 across Canada "confirmed clear understanding of the generic term 'counselling profession' as being inclusive of more than 70 professional titles" (CCPA, 2021b, para. 5). These titles included but were not limited to counselling therapist, psychotherapist, mental health therapist, clinical counsellor, career counsellor, and marriage and family therapist (CCPA, 2021b). Within this thesis, I am referring

to counselling as a distinct but broad profession encompassing several titles, communities of practice, and educational backgrounds.

Counsellor identity is now well established in the literature and scholars have designed numerous counsellor identity development models (Gignac & Gazzola, 2018). While it is well-defined today, counselling as a profession has not always been clearly delineated. The following sections will discuss literature that has focused on the lack of clarity in the collective identity of the counselling profession and the research that has moved counselling towards a unified collective professional identity.

Counsellors come to the profession from diverse educational and professional backgrounds (Gale & Austin, 2003; Mellin et al., 2011). In the past, some authors proposed this feature of counselling may have created challenges for the articulation of a collective identity due to counsellors having different values and philosophies (Burkholder, 2012; Calley & Hawley, 2008; Gale & Austin, 2003; Mellin et al., 2011; Woo et al., 2014). Similarly, some have argued that counsellor educators often belong to varying professions and educator diversity may have led to differing or mixed messages to counselling students about what it means to be a counsellor (Burkholder, 2012; Calley & Hawley, 2008; Gale & Austin, 2003). Calley and Hawley (2008) found that several counsellor educators in their study held more than one license and not all had doctoral degrees in counselling: some were educated in other fields such as counselling psychology, clinical psychology, and education.

Counsellor educators in Calley and Hawley's (2008) study did not frequently participate in leadership activities to support the future of the counselling profession. Counsellor educators in Woo et al.'s (2016) study identified involvement in the profession at a larger scale as being essential to their identity development. Calley and Hawley concluded that within counselling

there was a focus on individual professional identity over collective needs. They argued that this narrow focus jeopardized the profession. "The professional identity (counselor or psychologist) or multiple identities (both a counselor and a psychologist) and their impact on how counselors, other helping professionals, and the general public perceive the counseling profession remain unclear" (Mellin et al., 2011). These authors' observations about professional identity development within a diverse profession, coupled with my experiences as a psychiatric nurse and counselling student, developed my curiosity in counsellors' experiences with multiple professional identities.

Articulating Counsellor Identity

Defining Counselling as a Profession

Many counselling scholars advocated for developing a cohesive collective identity to promote awareness and the perceived legitimacy of professional counselling. Counselling is a relatively new profession and has had to define itself as a profession (Mellin et al., 2011). Scholars proposed that defining its professional identity was key to advocating for the profession and counsellors (Gale & Austin, 2003; Gazzola & Smith, 2007; Gazzola et al., 2010; Myers et al., 2002). Counsellors agreed that clarifying the profession's collective identity would benefit counsellors: they believed that developing and articulating a clear and cohesive identity would support counsellors to educate the public about who they are, what they do, and the value of their services for the public (Gazzola & Smith, 2007; Mellin et al., 2011; Reiner et al., 2013). Counselling scholars advocated for developing the profession's collective identity. Next, I will outline defining aspects of the counselling profession.

Humanistic Foundation. Professionals with a variety of designations engage in counselling activities. Therefore, providing counselling services does not solely define the

profession (Federation of Associations of Counselling Therapists in Saskatchewan [FACT-SK], 2017). Participants in Gignac and Gazzola's (2018) study said its ethics, philosophy, and therapeutic practices are what distinguish counselling from other similar professions. A humanistic philosophy underpins the counselling profession (Hansen et al., 2014). This humanistic orientation highlights the therapeutic relationship, strengths, wellness, growth, and prevention (Alyott et al., 2019; Hansen, 2007; Hansen et al., 2014; Mellin et al., 2011). Within counselling there is also an emphasis on a holistic approach, multiculturalism, social justice, and empowerment (Executive Committee for a Canadian Understanding of Counselling Psychology, 2009; Gale & Austin, 2003; Woo et al., 2014). Brady-Amoon and Keefe-Cooperman (2017) said that professional counselling and counselling psychology have recently focused on multiculturalism. CCPA's (2021b) scope of practice addresses all elements of the humanistic approach identified above: diversity and inclusiveness, health promotion, development, growth, and working holistically.

Medical Model. Scholars have said that counsellors have experienced tensions and pressures related to the philosophy with which they practice. The counselling philosophy of wellness, development, and prevention differs from a dominant medical perspective in Western society. A medical or healthcare model focuses more on addressing pathology instead of highlighting and growing strengths (Gale & Austin, 2003; Hansen, 2007; Hansen et al., 2014; Woo et al., 2014). Counsellors struggled with knowing "how to embrace their traditional values and the dominant discourse emerging in the field that is informed by the medical model" (p. 86) as well as whether embracing both is achievable or wanted (Gazzola et al., 2010). Totton (1999) argued that framing counselling as a medical activity has developed from economic pressures to create business and gain access to third-party payment. For example, insurance providers

requiring a client to have a diagnosis for counselling services to be insured (Totton, 1999). Therefore, counsellors might be motivated to describe their work in medical terms to increase their access to clients and payment.

In addition to humanistic language, the CCPA (2021b) uses healthcare language to describe counselling practice. The CCPA counselling scope of practice states that counsellors provide assessment, evaluation, and treatment for disorders of feeling, thinking, behaving, and relating. Thus, it appears that the national counselling association in Canada has embraced a scope of practice that permits counsellors to focus on both, wellness and growth and intervention for a diagnosed condition. It is unclear if Canadian counsellors experience tensions between their traditional humanistic foundations and the symptoms medical model.

Contribution of Counselling

The Canadian mental health and addictions system does not fully meet the needs of Canadians, particularly Canadians with minoritized identities (First Nations, Inuit and Métis Advisory Committee [FNIMAC] for the Mental Health Commission of Canada, n.d.; Stockdale Winder, 2014). It has been asserted that this is due to emphasis on the bio-medical model to the exclusion of other ways of understanding and approaching mental health, illness, and recovery (FNIMAC, n.d; Stockdale Winder, 2014). The FNIMAC (n.d.) asked participants how to improve mental health and addiction care for all Canadians. Recommendations included integrating diverse ways of knowing in mental health and addictions care, meaningful connections between clients and practitioners, and reflexive practice. Because of their humanistic and multicultural focus, counsellors may be well-positioned to meet Canadians' diverse mental health needs. Counsellors with more than one professional identity might be prepared to work within multiple paradigms and meet clients' needs differently.

Benefits of a Well-Defined Professional Identity

Researchers proposed that a single, unified professional identity would assist with promotion and advancement of the counselling profession and increased recognition and legitimacy (Calley & Hawley, 2008; Gale & Austin, 2003; Gazzola & Smith, 2007; Pistole & Roberts, 2002; Reiner et al., 2013; Woo et al., 2014), increase clients' awareness of and access to counselling services (Alves & Gazzola, 2011; Burkholder, 2012; Gale & Austin, 2003; Gazzola & Smith, 2007; Myers, et al., 2002; Pistole & Roberts, 2002), enhance inter-professional collaboration (Gazzola & Smith, 2007; Mellin et al., 2011), support insurance coverage for counselling services (Calley & Hawley, 2008; Pistole & Roberts, 2002; Reiner et al., 2013), and support licensure and regulation of the profession (FACT-SK, 2017; Gignac & Gazzola, 2016; Reiner et al., 2013). There have been advancements in regulation and licensure across Canada since 2015: counselling and psychotherapy are regulated in Ontario, Quebec, New Brunswick, Nova Scotia, and Prince Edward Island (CCPA, 2021a). Efforts to regulate counselling are underway across the rest of the Canadian provinces. The territories are not currently seeking counselling regulation (CCPA, 2021a). While there has been significant progress related to professional licensure and regulation, it is not clear whether counselling has achieved its other goals of having a clearly defined professional identity. It is likely too early to assess.

Relevance of Professional Identity

A profession's philosophy serves as a foundation for its values (Calley & Hawley, 2008). Counsellors integrate the profession's philosophy into their ways of being (Gignac & Gazzola, 2016), and professionals orient to their professional identities when doing their work (Warren & Braithwaite, 2020). For example, Brott and Myers (1999) found that professional identity impacted school counsellors' decisions about how to interact with managers, educators, and

other counsellors to develop services. They discovered that counsellors contributed significantly to the programs and services delivered and suggested a relationship between counsellors' professional identities and these decisions.

Within this thesis, I have understood professional identity to involve professionals' internalized understandings of their characteristics, values, beliefs, and experiences within their professional roles (Brott & Myers, 1999; Ibarra, 1999; Warren & Braithwaite, 2020). I have understood *professionalism* to involve expressing one's professional identity, including through behaviour, attitudes, beliefs, and values (Barnhoorn et al., 2019). Counsellors' values appear to be constructed or refined within their professional identities and expressed through what counsellors do (Alves & Gazzola, 2011; Dollarhide & Oliver, 2014; Gazzola & Smith, 2007; Gignac & Gazzola, 2016; Van Maanen, 2010). Professionalism is taken up within professions as a value itself and coordinates counsellors' work (Evetts, 2011 as cited in Tapson, 2016). Professional identity has been described as "an 'internal compass' to regulate practitioners' work" (Professional Standards Authority [PSA], 2018, p. 1). Therefore, understanding professional identity is highly relevant to understanding what counsellors do and the decisions they make.

Development and Construction of Counsellor Identities

The counselling literature suggests that what counsellors do for a living becomes a part of who they are as people and who they are as people become a part of what they do for a living. Further, literature suggests that counsellors construct their identities over time and in response to both professional and personal experiences. I will review this literature in this section. I have not found research exploring how having more than one professional identity impacts the process of integrating one's personal and professional identities to create coherence.

Individual Differences in Identity Development

Researchers have suggested that individuals differ in how they take up professional identity development. Lile (2017) found that students' identity processing styles, as classified according to Beronsky's model, influenced student counsellors' professional identity development. Some students more readily take up their profession's identity than others. Brott and Myers (1999) found individual variation in school counsellors' level of engagement in the process of developing their professional identities. Below I provide an overview of how counsellors and counselling students build their professional identities, acknowledging that when and how individuals engage in identity development varies.

Time and Experience

Professionals construct their identities actively over time and draw on experience to do so (Alves & Gazzola, 2011; Bimrose & Brown, 2019; Brott & Myers, 1999; Gignac & Gazzola, 2016; Gignac & Gazzola, 2018; Moss et al., 2014; Prosek & Hurt, 2014; Rønnestad & Skovholt, 2003; Woo et al., 2014; Woo et al., 2016). Gignac and Gazzola (2016) identified themes for Canadian counsellors' professional identity development. Early in their career, counsellors said they often experienced stress and doubt related to their professional practice. In response, counsellors worked towards resolving their self-doubt and adapted to the profession's requirements and their roles. Counsellors intentionally developed their identities throughout their careers: they were purposeful and made active decisions to support their counsellor identity construction (Gignac & Gazzola, 2016). Counsellor's identity work is never complete; they will continue to refine their professional identities indefinitely (Brott & Myers, 1999; Gignac & Gazzola, 2016; Gignac & Gazzola, 2018; Woo et al., 2016). Thus, identity development is not a passive process. Counsellors actively take up work processes, continuing education

opportunities, and their profession's collective identity to intentionally construct professional identities that they are comfortable in. This is a process that occurs over time.

Core Tasks. Moss et al. (2014) found that counsellors' professional identities developed as they dealt with core tasks. Core tasks involved discovering and coping with the realities of counselling and opening oneself up to integrate one's personal and professional identities. The counsellors in Moss et al.'s study described experiencing years of challenges related to the profession, which led to burnout; they saw their process of working through burnout towards restoration as contributing to their professional identity construction. Experienced counsellors accepted challenges, such as feeling underappreciated by the public and the interdisciplinary team as a reality of the profession and made a conscious effort to move forward in their professional growth (Moss et al., 2014). Part of the construction and refinement of their professional identities involves dealing with challenging realities of the profession and allowing these challenges to impact them as people.

Continuing Development and Experience. Continuing professional development, mentorship, and interactions with clients also influence counsellors' professional identity development (Alves & Gazzola, 2011; Gignac & Gazzola, 2016; Gignac & Gazzola, 2018; Moss et al., 2014; Rønnestad & Skovholt, 2003; Woo et al., 2016). Prosek and Hurt (2014) suggested having counselling experiences promotes professional identity development in counsellors in training. Counsellors in Rønnestad and Skovholt's (2003) study identified connections with clients as having the greatest influence on their professional growth. Reflecting on past successes and failures in counselling impacted counsellors' professional identities (Brott & Myers, 1999; Moss et al., 2014). Similar to above, exposing oneself to experiences and allowing these experiences to impact the professional appear to be an essential aspect of developing one's

professional identity.

Professional Stance. Doing job tasks is not sufficient for the development of a professional identity. A person has to take up a profession's stance for tasks to translate into identity (Christmas & Cribb, 2017; PSA, 2018). This professional stance is developed through multiple processes over time, extends beyond knowledge and skills, and relates to how professionals understand, respond to, and connect to the world (Christmas & Cribb, 2017). There appears to be a relationship between how counsellors approach their work and their professional identity development. Professional identity development involves approaching one's work intentionally and relationally with an openness to allow the work to impact the counsellor.

Personal Identities

Research has implied that counsellors construct and reconstruct their personal identities along with their professional identities. Counsellors in Gignac and Gazzola's (2016) study said that their professional identities developed through a process of balancing personal factors with social and contextual factors. Brott and Myers (1999) asserted that professional identity involves combining beliefs and attitudes towards one's profession with one's self-view. Whereas novice counsellors kept their personal and professional identities separate, "expert counselors reached a level of congruency with their professional and personal selves. They were able to reflect and see how personal experiences affected them professionally and how professional experiences affected their personal life" (Moss et al., 2014, p. 8). Counsellors identified significant events in their personal lives, such as interpersonal losses and parenting, as being strong influences on how they connected to others and to their work as counsellors (Rønnestad & Skovholt, 2003). Senior counselling students had already begun incorporating their professional and personal identities (Prosek & Hurt, 2014). According to this research, the intentional and relational aspects of

professional identity development extend beyond one's work professional experiences to include personal ones.

Researchers have found that counsellors' professional identities become personalized and that personal and professional identities become united (Alves & Gazzola, 2011; Gignac & Gazzola, 2016; Gignac & Gazzola, 2018; Rønnestad & Skovholt, 2003; Woo et al., 2016). Non-counselling university students in Bowen's (2018) study said a non-personalized professional identity would be mechanical, taking away from professional behaviours. Similarly, Gignac and Gazzola (2018) interviewed a participant who said: "I think there can be a disjointed jarringness [*sic*] to a person's way of projecting their identity if they don't cultivate, refine it somehow" (p. 216). Part of developing an effective professional identity involves working to connect one's identities to allow for authenticity in how identities are expressed.

Compatibility between their personal and professional identities may enhance counsellors' skills and abilities (Brott & Myers, 1999; Rønnestad & Skovholt, 2003). Experienced counsellors based their decisions more on their personalized vision of their roles and responsibilities whereas novice counsellors prioritized externally guided, structured approaches to making decisions (Brott & Myers, 1999). Health professionals, in general, consulted their regulatory body's practice guidelines less as they gained experience (PSA, 2018). As counsellors advance their practice, they may seek to integrate their personal and professional identities and apply counselling techniques and interventions in a way that is congruent with their unique style (Brott & Myers, 1999; Rønnestad & Skovholt, 2003). Some counsellors said the strength of their professional identities depended on the strength of their personal identity and related professional identity crises to their personal identities (Alves & Gazzola, 2011). Shuler and Keller-Dupree (2015) suggested that the relationship between counsellors' personal and

professional identities implies that professional identity development is not separate from work on one's other identities. These findings indicate that professional identity development involves more than orienting towards an externally defined professional identity. It involves taking up this identity and making it one's own and this is a process that occurs over time.

Ibarra and Barbulescu (2010) suggested that people who can better connect their previous professional identities with their newly attained roles have more success during professional transitions. Professionals who incorporate these aspects into a revised, coherent identity are more likely to feel authentic in their identities and to receive validation from others (Ibarra & Barbulescu, 2010). Therefore, counsellors may construct professional identities that are congruent with other aspects of themselves, and those who do so may experience increased comfort and authenticity. It is unclear from the literature how having more than one profession might impact this process.

Collective Professional Values, Culture, and Behaviour

Counsellors' professional identities also relate to the counselling profession's culture, definitions, philosophy, and values. Counsellors have discussed the importance of shared personal, educational, and professional values and connections to other professionals in their professional identity development (Alves & Gazzola, 2011; Gignac & Gazzola, 2016; Woo et al., 2016). Although counsellors work in diverse jobs and roles, counsellors share common values, including helping others, connecting with others, and personal and professional growth (Gazzola & Smith, 2007). In Gazzola et al.'s (2010) study, counsellors identified helping others, using their skills and knowledge, and personal development as their top three values. In Tapson's (2016) study, counsellors said they based their practice on an ethical framework that supports their self-awareness and therapeutic use of self with clients. The framework included education,

boundaries, supervision, and personal therapy for themselves. Counsellors take up and personalize shared professional values, integrating them into their identities and their behaviour.

Interactions with other counsellors influence how counsellors construct their identities in different ways. Interacting with other professionals and communities of practice influences counsellors' learning and professional identity development (Bimrose & Brown, 2019). Observing other professionals influenced how non-counselling students constructed and enacted their professional identities (Bowen, 2018). Receiving validation from other counsellors was supportive of a professional's identity development (Gignac & Gazzola, 2018). Supervision and mentorship also impacted counsellors' identity formation (Gignac & Gazzola, 2018). These findings indicate that counsellor identity development is a social rather than individual process.

It is unclear from the literature how having more than one profession might impact how a professional takes up the values of each profession. One participant in Gignac and Gazzola's (2018) study identified the need to combine or balance two identities (counselling and clinical psychology) that at times felt philosophically opposed. The purpose of Gignac and Gazzola's study was not to explore this conflict. Ford (2012) noted that tensions might arise when there is incongruence between individuals' identities and the collective identity of the profession to which they belong. These tensions may negatively impact an individual's life satisfaction and professional achievement (Ford, 2012). Research into multiple professional identities could help clarify if counsellors with more than one professional identity experience friction between their identities. Research might also clarify if counsellors find meaning or value in having more than one professional identity and if they believe that having more than professional identity enhanced their therapeutic practices.

Counsellor Identity in the Canadian Context

Regional contexts in which counsellors work are also relevant to identity development. While there are similarities between counsellors internationally, local differences may impact counsellors' identities (Rodgers, 2012). Canadian counsellors work in various roles and sectors (Gazzola & Smith, 2007). Counsellors in Gignac and Gazzola's (2016) focus groups said they needed to justify their roles and responsibilities within the multidisciplinary teams in which they work. This finding is consistent with Gazzola and Smith's (2007) earlier study of Canadian counsellors who felt they made unique contributions to the mental health system in Canada yet did not feel valued by allied professionals nor the public.

FACT-SK (2017) articulated that the need for regulation of the counselling profession relates to the risks to the public from unethical or incompetent practice. FACT-SK asserted that incompetent and unethical counselling practices pose a threat to the public primarily because of the central nature of the relationship between the client and practitioner. Regulation provides an avenue for the discipline of professionals when there are complaints related to their practice. The goal of regulation is to protect the public as opposed to benefiting or promoting the regulated profession (FACT-SK, 2017; Warren & Braithwaite, 2020). In contrast, professional associations focus on advancing professions (PSA, 2018). Thus, regulation will not automatically lead to third-party billing or increased acknowledgment of the counselling profession by other health care providers, although it might support these developments over time (FACT-SK, 2017). It is still unknown how regulating counselling within the Canadian provinces will impact the public's trust in counsellors and how this might impact the profession's status amongst the public and within interdisciplinary teams.

Gignac and Gazzola (2016) studied counsellor identity in Ontario during regulatory changes to the counselling profession. They found that "counsellors are uncertain where they fit in the shifting professional landscape and are somewhat preoccupied with tensions set to affect their wellbeing or prolonged ability to deliver safe, effective treatment" (Gignac & Gazzola, 2016, p. 315). Gignac and Gazzola (2018) wrote "participants expressed a deep loyalty to their counsellor identity because it more closely embodied the values, meaning, altruistic focus, and therapeutic or relational way of being that had called them to this work" (p. 221). Counsellors in their study varied in their responses to regulation, with some experiencing tensions and others seeing it as an opportunity for the profession's transformation. As counselling becomes regulated across Canada, there may be other impacts on those who identify as counsellors. It is unclear how regulatory changes will impact counsellors who have multiple professional identities. Regulatory changes within the counselling and psychotherapy profession could create challenges for counsellors and therapists to navigate.

Social and Systemic Contexts

Regulation and Education. The contexts in which they live and practice also impact counsellors' professional identities. Counsellors' professional identities may be connected to their education (Burkholder, 2012) and professional status and standards (Alves & Gazzola, 2011; Mellin et al., 2011). Interactions with others, including educators, colleagues, mentors, and clients, directly impact identity (PSA, 2018; Warren & Braithwaite, 2020). Education and regulatory processes influence professional identity indirectly (PSA, 2018; Warren & Braithwaite, 2020). Regulation impacts the education professionals receive through setting standards and requirements for what education programs include in their curriculum. Regulators also influence workplaces indirectly by setting professional standards and codes of conduct.

Regulation involves title protection, including who can and cannot call themselves a member of the profession, creating entry to practice, quality assurance, common education standards, and practice requirements common to all registrants (PSA, 2018). These processes create "a community of practice" where members of a profession trust that others are educated and practicing to a similar standard as them, using shared values (Warren & Braithwaite, 2020, p. 22). The assertion about how common standards, education, and practice requirements create a community of practice that supports professional identity development confirms literature about the importance of defining counselling as a profession. Counselling has achieved unity even though it is not yet consistently regulated across Canada; this may be because regulatory bodies indirectly influence a profession's identity and are one source amongst many that impact professional identity (PSA, 2018).

Regulatory bodies appear to directly influence a professional's identity when unusual situations arise, such as when a member of a profession is no longer permitted to practice (PSA, 2018; Warren & Braithwaite, 2020). The PSA (2018) noted that in this way, regulatory bodies *validate* professionals' identities by placing them on the practicing register. Or "an individual's identity can be invalidated if they do not practise in accordance with the community's identity" (PSA, 2018, p. 21). This validation and invalidation of identity by regulatory processes may relate somewhat to Gignac and Gazzola's (2016) finding that counsellors were uncertain about their identities amongst regulation changes.

Workplace and Roles. Another important context is counsellors' workplaces and roles (Alves & Gazzola, 2011; Bimrose & Brown, 2019; Gignac & Gazzola, 2016; Gignac & Gazzola, 2018). Workplaces reflect the societies in which they exist (Henfield et al., 2017). Counsellors' roles and responsibilities change according to political, cultural, and social trends (Bimrose &

Brown, 2019) and technical developments (Warren & Braithwaite, 2020). Workplaces directly impact professional identity (PSA, 2018). For example, Bimrose and Brown (2019) found that changes to how counsellors do their work affected their identities, for example, moving from in-person to online delivery of services and a shift to more collaborative models of care. Counsellors in their study also told stories about how changes in how administrators evaluate their work impacted their identities. What professionals do and don't do affects their professional identities (PSA, 2018). The realities of what a professional can do are broadly defined through regulation and narrowed through their employment. As discussed previously, professionals integrate their experiences into their identities. It might be through these processes that workplaces impact professional identities.

Ramarajan and Reid (2013) argued that generally, society has shifted in focus from work to occupations. This push for professionalization has increased how peoples' personal and professional identities have become intertwined. Although there may be significant pressures for people to include or exclude specific components of their identities, people are not powerless objects for organizations to shape: people's values and desires interact with systemic forces to shape their choices concerning their identities (Ramarajan & Reid, 2013). Individuals may choose which components of their personal identities are included or not with their professional identities and vary the extent to which they integrate or separate their identities (Ramarajan & Reid, 2013). Such preferences may be rooted in various familial, social, and cultural influences (Ramarajan & Reid, 2013). A counsellor's position within their workplace and their locus of control also influenced how they take up organizational pressures on their professional identities (Tapson, 2016). Tapson (2016) pointed out that acts of resistance still influence workplace

culture and professional identities. As noted previously, people are active in how they take up factors that impact their identities, including the conditions of their employment.

In Alves and Gazzola's (2011) study, counsellors said their workplace had a more significant impact on their professional identities than their education, Canadian Certified Counsellor status, and membership in professional associations. This finding is consistent with PSA's (2018) assertion that social and work contexts directly impact professional identity. While there are shared expectations within professions or occupations, there may be wide variation in jobs, even within the same profession, depending on the organization for which one works (Ford, 2012). Further, how work is managed within employment settings could distance professionals from standards communicated through regulatory and educational processes. For example, research finds acting in clients' interests is central to both professional identity (Christmas & Cribb, 2017) and professionalism in mental health (Alyott et al., 2019) and is mentioned within the counselling scope of practice (CCPA, 2021b). However, career counsellors in Bimrose and Brown's (2019) study said that educational opportunities that managers supported did not always align with client needs. Workplace environments might impact identity more directly because counsellors are immersed in these realities daily. Their contacts with regulatory bodies, professional associations, and education programs are likely to occur less frequently.

Congruence between a person and their profession and their profession and their workplace relate to individuals' wellness (Ford, 2012). When professional expectations, values, and roles conflict with those established by the organization, professionals' satisfaction decreases (Ford, 2012). Given the relationship between individual and collective professional identity, the congruence between the professional and the environment (person-environment fit) and the profession-environment fit influence professional identity construction (Bayerl et al., 2018).

Given that many professionals internalize professional values and ways of knowing, it is unsurprising people experience discomfort when working in an environment that does not support the expression of their professional identities.

Control of identities may be exerted subtly, for example, through creating a culture where desired identities are subtly rewarded (Van Mannen, 2010). There are various levels of congruence between a person's identity and the power structures at their work (Ramarajan & Reid, 2013). When workplaces use power to influence identities in a way that is congruent with workers' identities, professionals likely experience the power relationship as supportive or they may be unaware of the power structure (Ramarajan & Reid, 2013; Van Maanen, 2010). People whose workplaces use power to encourage values, behaviours, and perspectives incongruent with workers' identities are more likely to feel controlled by the power relationship (Ramarajan & Reid, 2013). The power relationship between oneself and one's organization is experienced differently depending on congruence between one's values and the values of the workplace (Ramarajan & Reid, 2013). And employers may have a significant influence on which aspects of the self and one's experience that a counsellor incorporates into their identity (Ramarajan & Reid, 2013).

Reay et al.'s (2017) findings support Ramarajan and Reid's (2013) arguments about the impact workplaces can have on professionals' identities. Reay et al. found that healthcare team members worked together to influence changes in physicians' professional identities from independent practitioners to team leaders through their interactions with them. This study demonstrated professionals themselves might not be the leaders of a change in professional identity (Reay et al., 2017). Physicians participated in the identity change; however, managers led the change through organized meetings and private interactions, encouraging physicians to

reconsider their professional roles (Reay et al., 2017). Other professionals, such as nurses and pharmacists, interacted with physicians to promote interprofessional collaboration (Reay et al., 2017). Workplaces may influence the way professionals conceptualize who they are and what they do in a personal and professional sense.

Interaction Between Factors. The counselling literature supports that there is an interaction between personal and systemic forces in identity development. Counsellors have noted that choices about where one works, where one studies, one's engagement in professional development (Gignac & Gazzola, 2016), self-care (Alves & Gazzola, 2011), and level of participation in the profession (Woo et al., 2016) influence the development of their professional identities. In Gignac and Gazzola's (2018) study, counsellors expressed that they felt significant control over their professional identities. People vary in how they address situations where their preferences and the pressures of the organization or system they work in are misaligned (Ramarajan & Reid, 2013). Therefore, the degree to which counsellors integrate their professional and personal identities may vary depending on their characteristics, workplaces, and the pressures their workplaces place on them to include or exclude specific aspects of their identities.

Gignac and Gazzola (2016) found that counsellors felt their workplaces challenged their identities, but counsellors were intentional in how they responded to these challenges, resisting unnecessary changes to their identities. Similarly, Bimrose and Brown (2019) noted that counsellors spoke about "a strong sense of belonging and commitment to providing a professional service to its clients/customers, despite operating in an often hostile and pressurised occupational environment" (p. 767). More experienced counsellors may seek work environments that support their personalized professional identities (Rønnestad & Skovholt, 2003).

Interprofessional Relationships. The relationships between professions and academic disciplines may also influence counsellor identities (Gale & Austin, 2003). Gale and Austin (2003) argued that the relationship between the psychology and counselling professions is contentious, and psychologists have often opposed counselling regulation. Counsellors have expressed that their work has been undervalued by members of other, related, disciplines (Gazzola & Smith, 2007; Gignac & Gazzola, 2016). It is unclear if and how these tensions impact or are experienced by counsellors with more than one professional identity. Counsellors may identify with disciplines that have a tense relationship.

Chapter Summary

A profession's identity guides the work of its members. Over the past two decades, counselling has focused on defining its collective professional identity. Counsellors' individual professional identities are influenced by their experiences, continuing education, personal identities and habits, their profession's collective identity, professional regulation, and education. The literature on counsellor identity has led me to question what happens when someone has more than one profession. Specifically, I wanted to know whether counsellors have had their multiple professional identities problematized. Answering this question and exploring how it has come to be this way is the focus of this thesis. Looking at counsellors' experiences with multiple professional identities could provide important information about counselling work and counsellor professional identity. Research could help identify ways that counsellors might use their multiple identities to better meet clients' needs. I will return to the literature within Chapter 5 to discuss how my results align with the literature on counsellor professional identity. In the next chapter, I will describe the methodology that I used to answer if and how counsellors' multiple professional identities have been problematized.

Chapter 3. Methodology

In this chapter, I will address my research methodology. I used Discourse Analysis (DA) to discover the discourses related to counsellor identity and their impact on counsellors with multiple professional identities. I used Institutional Ethnography (IE) to locate the discourses I identified within the institutional texts in which they originate. Using these approaches together helped me to answer my research question of if and how counsellors' multiple identities are problematized. I will begin the chapter by building on my theoretical framework discussed in Chapter 1 to describe my study's philosophical assumptions. Next, I will identify the research paradigms that influenced my methodology. I will then discuss the theory and methods of DA and IE. Finally, I will discuss how I have used DA, specifically, the Discursive Psychology branch of DA, to identify discourses about counsellor identity and IE to map the discourses to the organizational texts that produce them.

Epistemology

Epistemology relates to what knowledge is (Glesne, 2016; Taylor, 2001). Researchers' assumptions about knowledge shape the methods and the theoretical lens they use to "go about knowing" (Glesne, 2016, p. 5). I based this study in a social constructionist perspective with critical influences from Smith's (1987, 2005) IE. Consistent with critical and social constructionist traditions, my goal was to offer a perspective based on what I have learned from participants' experiences with having multiple professional identities.

Ontology

Glesne (2016) defined *ontology* as "beliefs regarding reality or what kinds of things make up the world" (p. 5). Researchers using critical and social constructionist traditions make the following ontological assumption: "no single truth is possible because reality is neither single

nor regular: there are multiple realities and therefore multiple truths" (Taylor, 2001, p. 12). Smith (1987; 2005) expanded the idea of multiple realities with her *social ontology* upon which IE is based. Within IE, reality is viewed as the actualities of peoples' everyday experiences that, as discussed below, are socially coordinated (Campbell & Gregor, 2002; Smith, 1987, 2005). I have approached participants' experiences as reflective of their reality and made no effort to interpret their truths. Instead, I drew on their accounts to inform my own analysis (Campbell & Gregor, 2002; McCoy, 2008; Smith, 2005).

Paradigm

A *paradigm* is a way of viewing the world (Mertens, 2015). Research methodologies can be categorized according to paradigm (Mertens, 2015). This research was initially rooted within a social constructionist paradigm with what I would describe as a pull towards critical thought and theory. In the planning stages of this research, I was unsure of how to apply a critical lens meaningfully to my project. As the study unfolded and I was introduced to IE, my thinking shifted. IE gave me a practical method to tie together concepts from social constructionist and critical paradigms and explore the everyday experiences of counsellors with multiple professional identities. I used theory and methods from IE to build on my discourse analysis and think about how discourses *organize* counsellors' experiences in addition to how they *construct* them (McCoy, 2008).

The central goal of research within the social constructionist paradigm is to deconstruct discourses and "truths" that are taken for granted (Gergen, 2015). The main objective of critical research is emancipation (Glesne, 2016). As my study unfolded, I sought to do more than deconstruct discourses related to counsellors with multiple professional identities. I sought to identify how discourses are playing out within counsellors' everyday living. IE helped me

identify potential places for change to enhance counsellors' ability to do their work in a meaningful way. I do not assume or propose that counsellors with multiple professional identities are oppressed and in need of liberation. But I do believe there are opportunities for changes within the organization of counselling work that may allow counsellors to draw on their multiple perspectives to improve the counselling services that people receive. Next, I will describe DA and IE in more detail, my focus will be on describing which aspects of each theory I used to inform how I have come to understand the topic of professional identity and the experiences of counsellors with multiple professional identities.

Research Methods

As noted above, I used DA to conduct this study and analyze the data I collected. Specifically, I used the Discursive Psychology branch of DA to identify discourses that participants who were counsellors with multiple professional identities referred to when discussing their counsellor identities and work. I also used IE to map the discourses identified to their institutional texts. Mapping the discourses gave me an indication of what institutional texts to analyze. Locating the discourses within institutional texts made visible how use of discourse constructed participants' professional identities as problematic or not. Mapping also helped to make visible how the social organization of counsellors' work and identities influenced whether they were problematized. In the sections below, I will describe key theoretical concepts associated with DA and IE to help inform the reader how these methods and theory shaped my looking at counsellors with multiple professional identities. In the subsequent section, Research Design, I will describe the steps I took to complete this inquiry into the problematization of counsellors with multiple professional identities.

Discourse Analysis

DA is a theory and a research method (Wetherell et al., 2001). It is the study of language in use (Potter & Wetherell, 1987; Taylor, 2001; Wetherell et al., 2001; Wooffitt, 2005). Discourse analysts attend to oral and written speech, which they frame as a social process (Potter, 1996). Specifically, discourse analysts are interested in the problematization of social experiences and occurrences (Glynos et al., 2009). There are many different approaches to DA which are based upon different theoretical frameworks (Potter, 2005; Potter & Wetherell, 1987; Taylor, 2001; Wetherell et al., 2001; Wooffitt, 2005), I have used the discursive psychology branch of DA within this study to explore the problematization of multiple professional identities for counsellors. Discursive psychology aligns with social constructionist and critical paradigms.

Discursive Psychology (DP) was developed as a critique of the positivist assumptions of psychology. Specifically, DP was developed in response to positivist psychology's sole attribution of psychological phenomenon as internal to the individual (Glynos et al., 2009; Potter & Wetherell, 1987; Potter et al., 1993). DP is a broad category of research that focuses on communication located within a variety of contexts (Hepburn & Wiggins, 2005). Within DP, inner processes, such as thoughts, attitudes, and emotions are believed to be socially constructed (Glynos et al., 2009; Potter & Wetherell, 1987). Discursive psychologists focus on discourse and see psychology "as part of discourse" (Potter, 2005, p. 739).

Within DP, like within social constructionism, spoken and written language is viewed as both socially *constructed* and *constructive* (Potter & Wetherell, 1987). To say language is socially constructive means that it shapes our thinking and doing (Potter & Wetherell, 1987; Wooffitt, 2005). To say language is socially constructed means that it does not reflect objective reality. Instead, language is socially agreed upon (Gergen, 2015; Potter & Wetherell, 1987).

People use discourse to accomplish things (Potter et al., 1993; Potter & Wetherell, 1987; Taylor, 2001; Wooffitt, 2005). When people use language, often they are both describing and evaluating at the same time (Potter & Wetherell, 1987). "For discourse analysts, description is itself a form of social activity, and not just a decontextualized representation of cognitive events, or neutral versions of reality" (Wooffitt, 2005, p. 52). The same event or behaviour can be described and discussed in numerous ways (Potter & Wetherell, 1987). The goals related to the use of discourse could be specific (e.g., to make a request) or general (e.g., to present oneself favourably) (Potter & Wetherell, 1987). How explicit speakers are in terms of what purpose they are trying to achieve will influence their success in meeting their goals (Potter & Wetherell, 1987; Van Maanen, 2010). Generally, the less explicit in their language use, the more successful people are likely to be in attaining the desired end (Potter & Wetherell, 1987; Van Maanen, 2010).

Within DA language is seen as active in that people use discourse in a specific way to influence specific outcomes (Potter et al., 1993; Potter & Wetherell, 1987). People may be unaware of how they are using language to meet specific goals and might be using language in a way that feels natural to them rather than intentionally (Potter & Wetherell, 1987). Further, it is not assumed that people will use discourse consistently or express similar views and beliefs at two different points in time, because points of view and discourse are related to context (Potter & Wetherell, 1987). An analysis using DP does not attempt to interpret or ascribe a hidden motivation or intent to the speakers; the focus is on how language is used in an interaction or text to construct a motivation or explanation (Potter et al., 1993). Discursive psychologists also do not analyze the accuracy of what a participant says, rather, they analyze how reality is created within and through socially embedded interactions (Hepburn & Wiggins, 2005).

If language is found to be used consistently, it might mean that the speaker or speakers are attempting to meet the same goal with their speech (Potter & Wetherell, 1987). *Interpretative repertoires* are discourses that are used on repeat occasions to classify and evaluate behaviours and occurrences (Potter & Wetherell, 1987). Interpretive repertoires become embedded in a culture; this culture may be a wider culture, or a more narrow, institutional culture (Potter, 1996). Interpretative repertoires are generally systematic, coherent, and related to dominant metaphor(s) (Potter, 1996). That is, repertoires "are related or themed terms, such as metaphors or figures of speech, used in particular kinds of ways" (Wooffitt, 2005, p. 80). Users adapt interpretative repertoires to the context (Potter, 1996). Within DA, individuals are viewed to have agency because they choose from repertoires to achieve desired functions (Potter & Wetherell, 1987; Wooffitt, 2005). Interpretative repertoires that occur outside of the narrower institutional cultures can be more difficult to analyze consistently and coherently (Potter, 1996).

DP views psychology as "practical, accountable, situated, embodied, and displayed" (Potter, 2005, p. 740). Psychology is *practical* in that it relates to what people do and how they use language to accomplish things (Potter, 2005). Psychology is *accountable* in terms of how people use its discourse to establish and attribute motivation and responsibility (Potter, 2005). It is *situated* in individual, interpersonal, social, political, and institutional contexts (Potter, 2005; Taylor, 2001). People's speech will vary depending on context, including what they are attempting to accomplish with their speech and with whom they are speaking (Potter & Wetherell, 1987; Wooffitt, 2005). Psychology is *embodied* and therefore, discursive psychologists analyze peoples' psychology from their own constructions and conversations (Potter, 2005). Finally, psychology is *displayed* through how people use language (Potter, 2005). Researchers using DP, emphasize action, particularly "action done through discourse" (Potter et

al., 1993, p. 389). In relation to my exploration of counsellors with multiple professional identities, I considered what is accomplished through discourses related to counsellors' identities in addition to the impact of discourses on participants' realities. This helped me answer the part of my research question that asked how counsellors' multiple professional identities have been problematized if I identified that they were.

Above I mentioned that within DP, psychology and reality are situated within various contexts (Hepburn & Wiggins, 2005; Potter, 2005). For this thesis, I was particularly interested in the institutional context. I wanted to explore institutional and professional discourses about counsellors' professional identities and work practices to help me discover whether multiple professional identities were problematized and if so how. Discursive psychologists vary in the degree that they view institutional processes as influencing the inner psychology of people (Glynos et al., 2009). Some discursive psychologists suggest that institutions create discourses that can powerfully influence peoples' psychological experiences (Glynos et al., 2009; Potter et al., 1993). A focus on the interaction within institutions expands DP's focus on social construction to include a focus on the social organization of work and everyday practices (Hepburn & Wiggins, 2005). Smith's (1987, 2005) institutional ethnography offered me a theoretical and methodological framework to build upon my understanding of how institutional discourses influence the actualities of peoples' everyday living.

Institutional Ethnography

IE helped me expand ideas about the use of discourse to articulate how discourses *organize* the everyday work of counsellors with multiple professional identities. IE also helped me to understand the critical role that texts play in coordinating professionals' work. IE is a feminist and a critical sociology which Smith (2005) defined as an "alternative sociology" and a

"sociology for people." In addition to being a theory, IE is a method of inquiry that involves starting with people's everyday living, doing, and experiencing to identify how people's realities are socially coordinated and organized.

Within IE, knowledge and practices, including professional knowledge and practices, are seen to be socially organized (Campbell & Gregor, 2002). People's actions are coordinated with other people's actions (Smith, 1987, 2005). This coordination of people's doings together is referred to as *the social* (Smith, 2005). *The social* occurs systematically and covertly through *social relations,* which involve coordinating people's actions with the activities of others to accomplish institutional goals (Smith, 1987, 2005). People who work in and derive power through institutions coordinate what people do (Smith, 1987, 2005). *Social organization* is a result of the coordination of multiple people's activities together. As a result of social organization, people working within different institutions, do similar things (Campbell & Gregor, 2002; Pence, 2001; Smith, 1987, 2005).

Social organization is achieved through complex *ruling relations,* which are relationships between local people and trans-local people (Smith, 1987, 2005). People, deriving their influence from their work in institutions, manage people and their actions through texts. Textually based discourses are spread through technology and taken up by people and reflected in how they speak and what they do (Bryceland, 2006; Pence, 2001; Smith, 1987, 2005). Professionals *activate* texts by reading, interpreting, and applying them to their work depending on the situation, position, roles, and intentions (Pence, 2001). In this way, people take up ruling processes and use them in their activities of living and working (Campbell & Gregor, 2002; Smith 1987, 2005).

From the theory of IE, I have come to view professionals' knowledge and work as coordinated through the actions of various people whose power comes from the institutions in which they work. In this way, I have come to view local counselling experiences as influenced by people and institutions external to the local setting in which the counselling is taking place. IE helped me see how counsellors' experiences with more than one professional identity could inform me about how counsellors' *actualities* are externally shaped (Smith, 1987, 2005). That is, how counsellors' embodied experiences of everyday living and working are socially coordinated and organized to meet institutional goals (Smith, 1987, 2005). IE provided me with a wider lens through which to view discourses related to professional identity.

Discourse Within DA and IE

DA and IE have shaped my thinking about how discourses may both *construct* and *organize* peoples' activities (Campbell & Gregor, 2002; McCoy, 2008). Discourse is dispersed through texts and then taken up and used by professionals to do their work. According to both DA and IE perspectives, power and individual agency intersect to influence peoples' doings. Discourses permit and restrict thinking and doing through what ideas and activities they make available to others (Gergen, 2015; Potter & Wetherell, 1987). Discourses are used in a variety of ways. The way that descriptions, or accounts, are constructed and organized has social and political implications (Campbell & Gregor, 2002; McCoy, 2008; Potter & Wetherell, 1987; Smith, 1987, 2005; Wooffitt, 2005). For example, politically, discourses are used to compare people and establish "norms and standards against which behaviour is judged" (Brewer, 2008, p. 25). Because of the active, constructive, and organizing nature of language and its influence on outcomes, discourse has social and political implications, and therefore, studying discourse, has

social and political implications (Campbell & Gregor, 2002; McCoy, 2008; Potter & Wetherell, 1987; Smith, 1987, 2005)

Within DA and IE, people's agency is acknowledged: people actively participate in social construction and organization through their use of language. People use language to do things (Potter & Wetherell, 1987). They take up and adapt institutional discourses to do their work competently (Campbell & Gregor, 2002; Potter, 1996; Potter & Wetherell, 1987; Smith, 1987; Smith 2005). According to IE, these institutional discourses originate primarily from texts and are disseminated through technology and how people talk (Campbell & Gregor, 2002; Smith, 1987, 2005).

However, peoples' agency and experiences are socially constrained as some ideas are made available and others unavailable through language (Campbell & Gregor, 2002; Potter & Wetherell, 1987; Smith, 1987, 2005). Working from an IE lens, Pence (2001) called attention to how organizational texts "are designed to make possible certain activities and to make other activities either difficult or impossible" (p. 205). Further, "professionals are trained to translate what they see and hear and gather from the everyday world into professional discourses about that world" (Pence, 2001, p. 203). For example, Pence (2001) analyzed how professionals working within the criminal justice system responded to domestic violence "cases." Pence demonstrated that professionals transformed women's experiences into professional discourses that are textually mediated and designed to appear as objective accounts of what happened. These institutional accounts left out much of what is significant to victims' safety and made current safety concerns of women in abusive relationships invisible (Pence, 2001).

Another example is Diamond's (1995) study on nursing within personal care homes. Diamond demonstrated how caretaking in the United States became a Government subsidized

business. Diamond's research highlighted the disjuncture between nursing and personal caretaking discourses and the actualities for residents and employees of personal care homes. He demonstrated how processes designed to minimize costs depersonalized and dehumanized caring and translated caring into task, impoverished both residents and workers, and led to substandard care. His work highlighted inconsistencies between discourse and the actualities of nursing staff and residents' everyday experiences.

Research Design

Using theory and methods from the DP branch of DA, I sought to discover whether counsellors with multiple identities had experienced their identities as being problematized. I then sought to make visible how discourses arising out of the coordination of counsellors' work contribute to the problematization of their multiple professional identities, depending on their individual contexts. DP is not a single method of research; it has a variety of theoretical and methodological elements (Potter, 2003). Potter and Wetherell (1987) outlined the process of DA in ten loose, nonlinear steps, which I followed and will describe below. I used methods from Potter and Wetherell and other discursive psychologists to conduct this DA. Below, I will also discuss how IE influenced my research methodology.

Research Question

Potter and Wetherell's (1987) first step is to develop one's research question. Researchers using DA ask questions that focus on the use of language (Potter & Wetherell, 1987). My research question was: Do counsellors who work in healthcare experience problematization of their multiple professional identities, and if so, how?

Participants

Potter and Wetherell's (1987) second step is to select the sample of participants for the study. My intended sample was individuals who work in a counselling role in Saskatchewan, who speak English (because I used English to conduct interviews), and who identify as a counsellor with an additional professional identity (such as teacher, nurse, social worker, psychologist, physician, etc.). I recruited participants through the Saskatchewan Health Authority (SHA), with the support of managers of mental health departments who distributed my letter of information (see Appendix A for the Letter of Information for Managers). I recruited two participants this way. I recruited one additional participant from Alberta through snowball sampling (see Appendix B for the Letter of Information for Participants). As a token of appreciation for their contribution to my research, I provided participants with a $10 Tim Hortons gift card.

Data Collection

The third step of DA is to collect documents, the fourth is to conduct participant interviews, and fifth is transcription (Potter & Wetherell, 1987). Obtaining data from various sources such as documents and interviews allow the researcher to gain a rich picture of the discourses that one is studying (Potter & Wetherell, 1987). Influenced by IE, I switched the order of Potter and Wetherell's third and fourth steps. First, I started data collection with participant interviews and had the interviews transcribed. I selected the documents for examination based on my analysis of the participant interviews. I did this so I could locate the discourses that the participants referred to within their institutional texts which gave me a deeper understanding of the social organization of participants' experiences related to their professional identities.

Participant Interviews. I interviewed three participants. After obtaining informed consent (see Appendix C for Participant Consent Form), I conducted one in-person and two phone interviews between August 2019 and February 2020. The interviews were semi-structured and ranged from 50 minutes to 1 hour and 45 minutes long. Based on Potter and Wetherell's (1987) DA and Bryceland's (2006) doctoral thesis, I asked participants about supports and pressures related to their identities within different contexts such as their work and within the broader counselling community. I asked the following research questions (see Appendix D for demographic questionnaire):

- How connected do you feel to each of your professional identities?
- What are your experiences with working in a counsellor position and having more than one professional identity?
- In what ways are your professional identities supported within your workplace? In what ways are your professional identities not supported within your workplace?
- In what ways are your professional identities supported within the counselling community? In what ways are your professional identities not supported within the counselling community?
- What if any pressures do you experience within your workplace related to your professional identities?
- What guides your work as a counsellor?
- How would you describe your philosophical orientation as a counsellor? Has this changed or stayed the same over time?
- What is your knowledge and experience of the efforts to seek regulation of professional counselling in your province?

- What supports your professional identity as a counsellor and your other professional identity?
- What pressures do you face as a counsellor? "In what ways is your work dictated by these pressures, including outside forces or agencies? How does that affect your ability to do your work?" (Bryceland, 2006, p. 265)

I recorded the interviews using an audio recorder for transcription (Potter & Wetherell, 1987; Wooffitt, 2005).

Data Transcription. A transcriptionist transcribed the interviews. Based on Potter and Wetherell's (1987) DA, the transcriptionist included specific participant responses, noted pauses, and overlaps in speech, with limited specific detail around intonation. I read and verified the transcripts after receiving them from the transcriptionist while listening to the audio recordings. I then sent each participant her transcript for verification. Participants read and verified the transcripts, provided me feedback on aspects they wanted clarified, changed, or removed for confidentiality and then signed a release form for permission to use the transcripts in my data analysis (see Appendix E for the Transcript Release Form).

Documents. I selected documents to analyze based on participant interviews. When analyzing participants' interviews, I identified participants were primarily orienting to their job roles and professional codes of ethics to do their work in addition to employer policies, legislation, and the evidence base within their disciplines. For documents, I analyzed publicly available job postings and regulatory bodies' codes of ethics. While my analysis revealed participants were orienting to several texts within their work, job roles and codes of ethics were primary. Also, focusing on these documents met the aim of the study while keeping the project manageable.

Job descriptions were obtained in February 2021 from the Health Careers in Saskatchewan (n.d.) webpage via job postings (see Appendix F for job postings). The professional codes of ethics that I analyzed were those of the following organizations: the Canadian Psychologists Association (CPA, 2017), the Canadian Association of Social Workers (CASW, 2005), and the Canadian Nurse's Association (CNA, 2017). All participants' provincial regulatory bodies endorsed their national professional association's code of ethics.

Data Coding

The sixth step is data coding (Potter & Wetherell, 1987). I used NVivo to help manage the data for this project. I uploaded the interview transcripts and documents into NVivo, coded, and analyzed them in NVivo. I initially read and coded each interview three times, creating codes to label discourses that I thought could be significant to answering my research question. I developed and used a codebook to track codes for consistency (Creswell & Poth, 2018). The codebook included the name of the code, a definition including an outline of what I would include and exclude under the code label, and finally, examples of discourse that I labelled using that code (Creswell & Poth, 2018). Per Potter and Wetherell's (1987) guide, I did this initial coding phase *inclusively* to avoid missing important discourse from the analysis prematurely.

Coded text from one interview shed light onto the other interviews as I noted consistencies and inconsistencies in participant accounts. After initial coding, I read and reread the transcripts several times to refine my coding (Potter & Wetherell, 1987). As I did this, a thread began to emerge, which led me to notice consistencies and variations in participant experiences and the discourses related to their professional identities. I began to associate these patterns with participants' standpoints. As I refined my understanding in this way, I moved into the analysis.

Data Analysis

Step seven is to analyze the data (Potter & Wetherell, 1987). I continued to look for consistency and variation in discourses as I analyzed the transcripts (Potter & Wetherell, 1987; Taylor, 2001). Within this thesis, I have defined *discourses* as socially created systems of spoken and written language that people use to construct and organize the realities of everyday living (Bryceland, 2006; Campbell & Gregor, 2002; McCoy, 2008; Pence, 2001; Potter & Wetherell, 1987; Smith, 1987, 2005; Taylor, 2001; Wooffitt, 2005). Taylor (2001) noted that DA can focus on the process or content of discourse: I focused on content while attending to participants' contexts and their speech processes to inform meaning. I looked for patterns in the interviews related to how participants' multiple professional identities were supported and not supported (Taylor, 2001). When doing DA, three key issues are attended to: a) action, b) rhetoric (how people construct accounts meant to appear more credible or factual than others), and c) social construction (Horton-Salway, 2001). Using influences from IE, I also attended to social coordination and organization within my analysis.

As discussed above, according to discursive psychologists, people use discourse to do things (such as make attributions related to responsibility, justifications, and personal accountability) (Horton-Salway, 2001; Potter et al., 1993). As I analyzed the data, I postulated the potential functions of the discourse, how it is formed (Potter et al., 1993; Potter & Wetherell, 1987), and the implications of the discourse for counsellors with multiple professional identities (Potter et al., 1993). I used Smith's (2005) participant mapping technique to highlight each participant's standpoint and visually depict the social organization of her work and identities. Within IE, a *standpoint* is the social position that each person occupies. It is the actualities of a person's living. Taking up a standpoint helps the researcher see *how things work* (McCoy, 2008;

Smith, 1987). In my analysis, mapping involved linking the discourses to which each participant referred to the institutional text(s) in which the discourse originates. I also depicted each participant's professional identities and work contexts in the participant maps presented in Chapter 4. Starting with each participant's standpoint and allowing their experiences to inform my looking at the discourses related to their multiple professional identities aligns with the ontology and epistemology I discussed above. Drawing on participants' actualities acknowledges that each person experiences reality uniquely, and "truth" is linked to their embodied experiences. Further, this method aligned with the DP branch of DA which views discourse as contextual. Participant mapping supported me to provide a contextualized analysis of the discourses to which participants were using and orienting to.

Within both IE and DA, the interviewer is not studying the *people* who they interview (Smith, 1987, 2005; Taylor, 2001). Rather, the interview provides data (or a starting place) for what is to be studied. In DA, the means of the analysis is the discourse: the researcher does not interpret meanings or intentions based on this data (Potter, 2005; Taylor, 2001). Similarly, in IE, participants are not objectified as subjects of study and the researcher's aim is to conduct research *within* a person's standpoint (Smith, 1987, 2005). Participants in IE are informants whose experiences help the analyst discover how things work or how things are organized (Smith, 1987, 2005). Thus, my goal was not to study the participants who informed my analysis or interpret their intentions, beliefs, or realities. Rather, I analyzed their interviews to identify discourses related to professional identity and their work and considered how these discourses were constructing and organizing participants' actualities.

I selected documents to analyze based on the texts participants referred to in their interviews (Campbell & Gregor, 2002). Analyzing documents helped me to understand

discourses more fully (Potter & Wetherell, 1987). Reviewing job postings and codes of ethics provided more context related to the discourses that participants were referring to in their interviews, which helped me understand the possible function of the discourses they used. I read each document at least two times initially. I then located discourses participants referenced within documents (Smith, 2005) and looked for patterns and variations within the documents (Potter & Wetherell, 1987; Taylor, 2001), including interpretative repertoires (Potter, 1996; Potter & Wetherell, 1987; Wooffitt, 2005). This involved moving back and forth between participant interview transcripts and documents. Influenced by IE, I sought to understand how the participants I interviewed might be *activating* discourses within the texts or applying them in their everyday work (Smith, 2005). Tracing discourses to texts provided me with a contextualized understanding of how counsellors' identities are socially constructed and organized (Campbell & Gregor, 2002; Smith, 2005).

As indicated above, I looked for patterns and variations within individual interviews and the sample. As I analyzed the data, I considered whether the discourses participants used may be interpretative repertoires. I also considered how participants took up and used interpretative repertoires to do their work and therefore to construct their professional identities (Potter, 1996; Potter & Wetherell, 1987; Wooffitt, 2005). Interpretative repertoires are ways of talking about events, people, or objects that are common to a social or institutional group (Edley, 2001). People often draw on multiple repertoires in speaking about any given topic (Edley, 2001; Potter & Wetherell, 1987). They can include metaphors, imagery, figures of speech, or other common depictions related to a topic (Edley, 2001; Potter & Wetherell, 1987). Attending to interpretative repertoires supported my consideration of the construction of counsellors' identities and their multiple professional identities as problematic or not. Interpretative repertoires appeared as

patterns within different participants' ways of discussing their professional identities (Edley, 2001). I identified patterns in Chapter 4 and discussed them in detail in Chapter 5.

Quality and Trustworthiness

Potter and Wetherell's (1987) eighth step is to evaluate one's analysis for quality and trustworthiness. Many qualitative researchers use the term *trustworthiness* to refer to the quality of a research study, while quantitative researchers use the term *validity* (Glesne, 2016). Qualitative researchers propose a variety of ways to judge trustworthiness (Glesne, 2016). Potter and Wetherell used the term *validation* and outlined four main techniques to accomplish quality and trustworthiness: a) coherence, b) participants' orientation, c) new problems, and d) fruitfulness. First, I checked for consistency within the analysis and my assertions (Potter & Wetherell, 1987). I also looked for cases that did not fit my analysis and built those differences into my assertions by attending to participant standpoints as discussed above (Creswell & Poth, 2018; Potter, 1996; Potter & Wetherell, 1987; Smith, 1987; Smith, 2005). Validation also occurs when the participants' dialogue is consistent with the analysis (Potter, 1996; Potter & Wetherell, 1987). I have provided examples of responses from participants in the writing of my manuscript to support my arguments. Providing a thick description allows readers to understand the researcher's claims (Glesne, 2016).

I checked that my analysis aligns with DA and IE methodology and their philosophical underpinnings (Campbell & Gregor, 2002). I have accomplished this through consultation with my thesis supervisor and engaging in discussions related to DA and IE research methodologies with peers familiar with these methodologies. Throughout the project, I have continued to immerse myself in the theory and methodology of DA and IE to help me apply this lens on an ongoing basis. Lastly, I sought to ensure my analysis was useful (Potter & Wetherell, 1987). I

accomplished this by reflecting on and discussing the implications of this research with a team of peer researchers, my thesis supervisor, and professional colleagues.

Writing the Report

Potter and Wetherell's (1987) ninth step is to write the report. The act of writing (and rewriting) the thesis manuscript was central to my analysis (Campbell & Gregor, 2002; Potter & Wetherell, 1987). I began writing the analysis using Smith's (1987, 2005) small hero diagram to organize themes that I identified within each participant's interview transcript. I provided examples of the analyzed text throughout the analysis to help readers understand my arguments and evaluate the trustworthiness of my assertions (Potter & Wetherell, 1987). I then looked at the participant maps together and noted patterns present within all three participants' experiences related to their multiple professional identities. I examine these patterns in my discussion chapter (Chapter 5) to help the reader understand the broader meaning of my study findings.

Application of Findings

The final stage in Potter and Wetherell's (1987) DA is for the researcher to identify and outline how their research findings may be helpful. I wrote about the implications of my study for future research in Chapter 5. Most importantly, I also discussed the impact of my research findings on the counselling field in the discussion chapter. My goal was to help counsellors, professional associations, regulators, educators, employers, and other administrators make changes that could support counsellors with multiple professional identities in using their unique perspectives to act in the public interest.

Ethical Considerations and Strategies

I completed the Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council

of Canada's (2019) *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS 2: CORE)* on October 7, 2018 (see Appendix G for TCPS 2: CORE certificate). I followed the ethical principles outlined in the TCPS 2 throughout this study. I obtained ethical approval for this study through the Athabasca University Ethics Review Board and the SHA's Research Ethics Board (see Appendix H).

Participation in this study was voluntary and fully informed. I made participants aware that they may withdraw their consent at any time up until data collection ended (see Appendix B for Letter of Information for Participants and Appendix C for Participant Consent Form). I have outlined how I protected client confidentiality when managing the data in the Data Management section below and the letter of information. Confidentiality was also safeguarded by interviewing participants in a private space, recruiting participants from various workplaces, not disclosing the identity of participants who have agreed to participate in the study, and de-identifying interview transcripts. Participants reviewed their transcripts before I analyzed them and consented to their use within the study (see Appendix F for Transcript Release Form). I also provided participants with the opportunity to skip any question they were not comfortable answering.

By asking managers within the SHA to distribute my letter of information, I sought to provide all counsellors who work within the SHA and who met the study's criteria a fair opportunity to participate in my study. I also considered the social and professional risks to participants. I sought to be accurate and respectful while also being truthful in my representation of participants' experiences during the study and dissemination of the findings (Creswell & Poth, 2018; Glesne, 2016). I believe that my methods led to a truthful and respectful analysis. The participants did not become the object of my study: they were informants for *my* inquiry into the discourses related to counsellor identity (Smith, 1987, 2005; Taylor, 2001).

Funding

I received $3000 in funding from Athabasca University's Excellence in Research Scholarship. I used these funds to help with the cost of this research. These costs included hiring a transcriptionist, providing participants with $10 gift cards, and paying for books and tuition.

Data Management

I stored data obtained from this project in REDCap and NVivo, which are password-protected and secure software. Physical copies of participant consent forms are stored in locked cabinets by my thesis supervisor Dr. Emily Doyle. I will keep digitally stored information for five years. The interview transcripts are referred to by participant numbers within NVivo and REDCap. I also held my research and methodological journals within NVivo, which helped me keep the project organized.

I will retain my data for five years for potential secondary analysis. Any proposed secondary analysis will go through the process of ethics approval with the Research Ethics Board. During data collection and report writing, only my principal thesis supervisor and I had access to the data. A transcriptionist had access to the recorded materials to produce transcripts for analysis. The transcriptionist signed a confidentiality pledge (see Appendix J for the Transcriptionist Confidentiality Pledge).

Advantages and Limitations of the Research Design

The number of participants within the study (three) could be considered both an advantage and a limitation. I believe the participants provided diverse experiences with enough similarities and differences that I could complete a rich and in-depth analysis of the discourses surrounding their multiple professional identities. I was also able to trace these discourses to various institutions. This approach provided me with meaningful information about discourses

related to multiple professional identities and allowed me to answer the research question of whether counsellors' multiple professional identities are problematized. The analysis also allowed me to begin to answer how counsellors' multiple identities have become problematized.

Participants in my study had varying levels of experience in a counselling role and with their other professional identities. The literature discussed in Chapter 2 suggested that counsellors unify their identities as time progresses. Therefore, it is possible that more inexperienced professionals would be more likely to experience tensions within their identities and this tension is unrelated to having more than one professional identity. However, counsellors in Gignac and Gazzola's (2018) study spoke about maintaining multiple identities that come out or remain in the background depending on what they are doing at the time. For the participants I interviewed, tensions in their professional identities did not appear to decrease depending on their experience level. Thus, while experience is an important factor to consider related to the solidity of professional identity, it may not be the only factor.

A strength of this study is that I have kept participants' standpoints within view as I explored discourses related to their identities. Through this research, I have attended to an experience that has not been studied to my knowledge. It is also unclear whether and to what extent this issue has been addressed within institutions that educate, regulate, and hire counsellors. This research could inform texts that counsellors orient to when doing their work and could have implications for counsellors, the profession, its regulators, and clients.

Chapter Summary

I used theory and methods from the DP branch of DA to answer my research question of whether having more than one professional identity has become problematized for counsellors and, if so, how? Potter and Wetherell's (1987) clearly laid out methods were advantageous to me

as a novice researcher. I analyzed transcripts from three semi-structured interviews to identify discourses related to counsellors' professional identities and their impact on counsellors with more than one professional identity. I located these discourses within professional and organizational texts, keeping participants' standpoints within view. I attended to ethical obligations through an informed consent process, protecting participants' confidentiality, engaging in reflection and supervision, and seeking to be inclusive of participants' diverse experiences and identities. In the next chapter, I will present my analysis. I used participant maps, an approach taken from IE, to keep each participants' standpoint within view and to help me locate the discourses within institutional documents to which participants referred. Mapping allowed me to see how multiple identities have been problematized or regarded as a challenge for some counsellors and not others. This methodology of locating discourses in institutional texts provided me with a concrete place to suggest change within my discussion chapter.

Chapter 4. Participant Maps

In this chapter, I will use Smith's (2005) *small hero* diagram to represent the standpoint of each participant I interviewed. A person's standpoint is the position that they occupy in their everyday living. It is the actualities of their everyday living, and it is from one's standpoint that ruling relations can be seen (Smith, 2005). Visually representing each participant's standpoint allowed me to map out what discourses, contextual factors, and texts influence each participant's experiences concerning her professional identities. The small hero maps make visible how participants' experiences with their professional identities are socially organized (Smith, 1987; Smith, 2005). I placed each of the three participants within her own map to provide a contextualized account of her *actualities* with her multiple professional identities.

I did not link the participants' demographic information to their maps to provide a reasonable level of anonymity. All three participants in my study identified as female and Caucasian. Their ages were 31, 38, and 42. All identified as "therapists." Their other professional identities were registered nurse, psychologist, and social worker. Two participants had a Ph.D. (one in psychology and one in nursing), and one had a master's degree in social work. All participants worked as counsellors between two and six years and had additional experience in roles related to their non-counsellor/therapist identities. The participants were working within Alberta and Saskatchewan at the time of the interviews.

It may help to understand each participant's standpoint if the reader remembers that counselling and psychotherapy were not regulated in Saskatchewan or Alberta at the time of the interviews. The titles "counsellor," "therapist," and "psychotherapist" were also not regulated in Alberta and Saskatchewan at the time of the interviews. As discussed in Chapters 1 and 2 Alberta has put legislation in place to regulate the activity of counselling, and a counselling and

psychotherapy regulatory body is currently under development. However, at the time of my interviews with participants, there was no regulation of counselling practice within either province. All participants' "other" professional identities were regulated when I interviewed them: this means they had a license to practice their profession and were professionally obligated to follow the standards and ethics of their regulated profession. It is also important to note that counselling is an activity that falls under the scope of practice of many other professions.

I will present the participant who was most comfortable in how her identities were being enacted first and end with the participant who experienced the most discomfort with her multiple professional identities. Within this analysis, I identified patterns within the discourses and texts participants were orienting to. I traced variations in experiences to each participant's standpoint. Regulatory documents and job roles were the primary texts participants referenced. Participants discussed discourses of autonomy, boundaries, credibility, and interdisciplinary collaboration throughout our interviews. The degree of tension within their identities varied and may have depended on whether the participant could create coherence within the discourses coordinating their work. Finding a distinct role in which they could enact their multiple professional identities appeared to be one way to decrease strain between their professional identities. I will close this chapter by identifying the patterns in the discourses that I identified within all three participant interviews. The focus of Chapter 5 is to discuss the patterns identified within participant interviews.

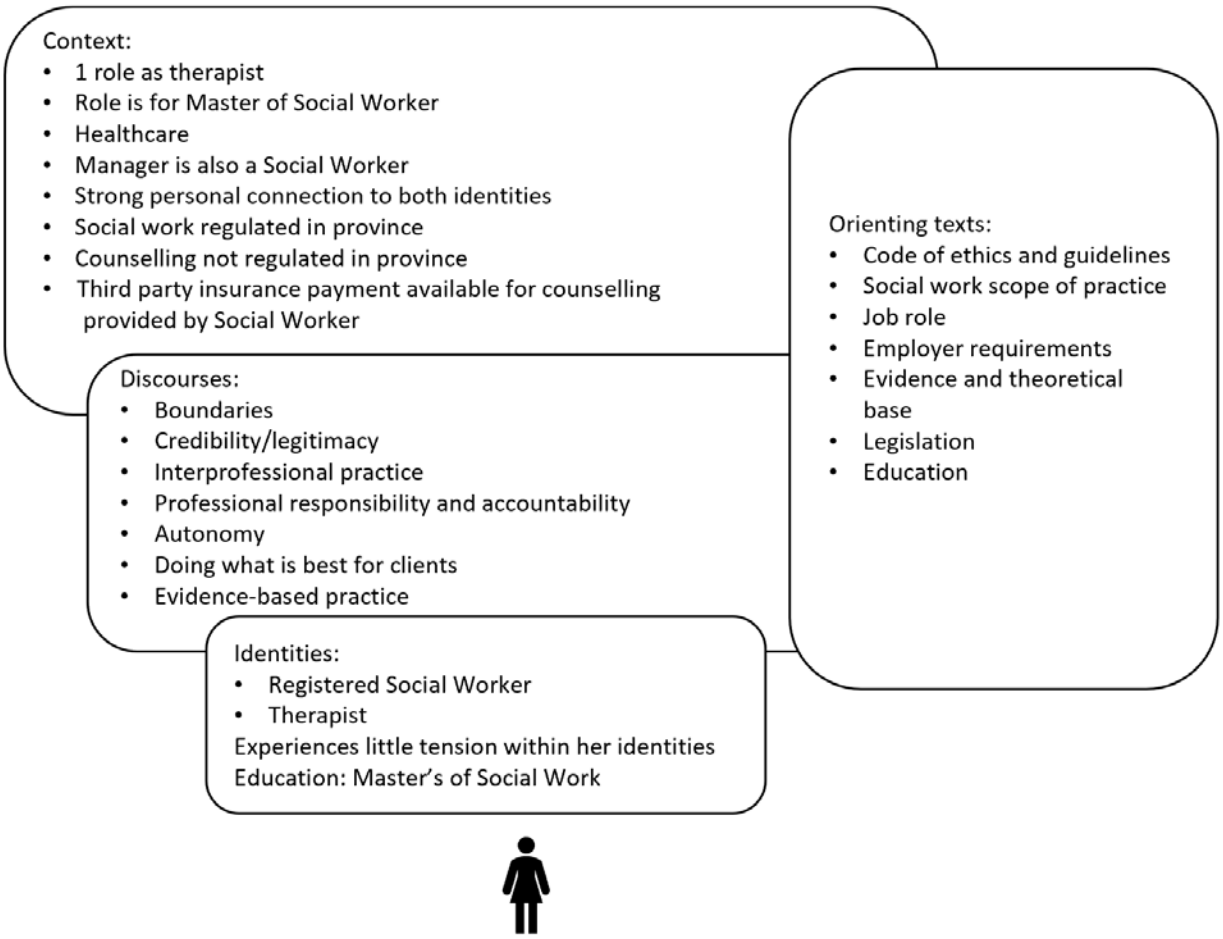
Participant 1

I will present my analysis of Participant 1's experiences with her multiple identities using a small hero diagram. The diagram maps her professional identities and the discourses, contextual factors, and texts that have impacted her multiple identities experiences (see Figure

1). I will expand on her identities and the discourses, contextual factors, and texts she oriented towards in the sections below to present an account of how her multiple professional identities were generally not made problematic within her work.

Figure 1

Participant 1 Small Hero Map



Identities

Participant 1 described her professional identities as a registered social worker and therapist. She felt strongly connected to her identity as a social worker. Her social work identity has become intertwined with who she is. Throughout the interview, Participant 1 referred to her therapist identity as a role. She emphasized a clear boundary between her therapist work and her

personal time, noting that she does not do therapy or enact her therapist identity outside of work. She said: "I try not to like… read therapy books on my time off, stuff like that (laughing)." She clarified, "but it's definitely still a part of like what I would say is like part of my identity" about her therapist identity. In contrast, Participant 1 described her social work identity as a "lens" that she cannot turn on and off. Her description of her social work perspective indicated that she internalized the ethics and values of social work:

> **P1**: You can't just like shut off the activism lens or like the human race lens or those sorts of things when you're not at work.
>
> ***L:*** *Mmhmm.*
>
> **P1:** Obviously, you have to have boundaries, but there's that part of me that … the ethics and the values that come with social work … I think it's really hard to, like, separate those from your like your personal identity as well, so I would definitely say I identify as that and am proud of that as a part of my identity for sure and then in like terms of my role as a counsellor/therapist, I also strongly identify with that as something that I, like, enjoy doing and am proud to be doing and I believe in the work that I'm doing so it's maybe not as … like I guess that's probably where the more clear boundary comes in because I obviously am not doing therapy outside of work hours or things like that.

The way she spoke about her social work and therapist identities implied that Participant 1 subsumed her therapist identity within her social work identity. She described her social work identity in terms of her worldview. In contrast, she spoke about her counsellor identity in terms of what she does rather than how she sees the world.

Participant 1 also qualified her discussion of the social work lens with the use of the words "obviously you have to have boundaries." She mentioned that boundaries are required in

enacting both her social work and therapist identities but noted that she maintains more explicit boundaries with her therapist identity. Her differentiation implied that boundaries primarily relate to what a professional does but could also affect a professional's identities. She noted a greater alignment between her personal and professional social work identity than her therapist identity because she has internalized the social work perspective.

Context

In this section, I will describe the contextual factors that impacted Participant 1's experiences with her multiple professional identities. Participant 1 worked in a mental health program within her provincial health authority as a therapist. The role description for her therapist position was written for a registered social worker with a master's degree. Participant 1 said her identity was supported within her workplace primarily through her interactions with others, including clients, families, interdisciplinary colleagues, and her manager. Participant 1 identified an absence of pressure related to her professional identities. She said: "Pressure. There's no pressure…" The lack of pressure can be contrasted with Participants 2 and 3, who struggled to find one clinical position that allowed them to enact their multiple professional identities.

You can Only do so Much. Participant 1 conveyed that she worked within a supportive environment. In addition to talking about boundaries concerning her identities and role, Participant 1 spoke about how boundaries have helped maintain her team's well-being. Below, Participant 1 described how the team she works with has taken up healthy boundaries and how limits decreased pressures that she feels at work and within her identities:

> **P1**: … for us, there has to be some understanding of like you can only do so much. Like you do what you can within your role. So, I think that helps you actually alleviate a lot of

> pressure like in terms of you know, we work with a lot of suicidal adolescents for example, but we do our checks and balances. And we provide an evidence-based care for them, and we connect with service providers and care providers and parents, but like at the end of the day, that's all we can do within our role. I think actually having some boundaries around that help to alleviate pressure.

Her phrasing "you do what you can within your role" above indicated that while professionals must act with due diligence, it is essential to recognize that professionals are not and cannot be fully responsible for others' lives. The way she spoke about boundaries indicated this discourse is being taken up and applied supportively and healthily amongst her colleagues.

They Value the Lens of Social Work. Credibility came up throughout Participant 1's interview. She talked about feeling supported when others view her as qualified to do her job, particularly those outside her profession. Different factors culminated in creating a validating work and social environment where she felt her contributions were valued and respected. Participant 1 talked about feeling valued and respected as a social worker and therapist when consulted by colleagues from other disciplines. The excerpt below highlights how her perspectives are sought and valued within the multidisciplinary team environment in which she worked. She said this reinforced her identities and created a workplace culture that felt supportive of those identities:

> **P1**: I think my professional identity is strongly supported because our team is made up of, like we have psychologists, and social workers, and nurses and so … and we're heavily involved with like psychiatry, and often we're talking with pediatricians and schools and things like that, and so I think that often they value the lens of like the social work lens.

Participant 1 also talked about credibility in the context of third-party billers. She said that insurance providers' coverage of counselling services provided by social workers demonstrated that they value social workers as providers of counselling, which supported her identities. Her example of insurance providers' policies is an example of a trans-local text that significantly impacts how she experiences her professional identities:

> **P1:** But I do know that like, you know, most insurance plans, for example, cover … if they're going to cover counselling, they'll cover a psychologist or a social worker.
>
> ***L:*** *Mmhmm.*
>
> **P1:** It's like they get … again, seeing … and again, I think a lot of the people who practice privately in this city are registered social workers, so I think it's kind of seen as … yeah … again, a value or you know, it's acknowledged as credible and that sort of thing.

Participant 1 expressed that being seen as qualified to provide therapy by people outside of the social work profession supported her multiple identities. Being deemed credible, particularly by people who can decide which professions' therapy services are considered worthy of being financially compensated, was significantly impactful for Participant 1. Within this context, her multiple identities were supported, and she expressed feeling no tension within them.

Being Held Accountable. I asked Participant 1 specifically about her use of the word "credibility" after she said it several times in the interview. She related credibility to the accountability and responsibility of being regulated and having public safety mechanisms in place for her practice, such as a workplace with accredited mental health services. Participant 1 said regulatory documents and requirements support her work:

P1: …Honestly, I think the credibility piece comes down to what … like for me it's what's expected of me in my role as a social worker, like I said, in terms of continuing education, and being as I'm registered, you know, being held accountable to the code of ethics. I mean, that's something that's sort of hammered into you from, you know, undergrad and grad days. It's like a very strong foundation of, like you know, calling yourself such. And then, of course, like within my work setting, there's you know, Accreditation Canada that makes sure that we're following certain … you know, we have to have policies and work standards that hold us to account and making sure that we're you know, providing a quality service for people, especially because we're a public service that's paid for by taxpayers.

Linked to ideas of credibility, professional responsibility, and accountability was how Participant 1 described working with the interdisciplinary team. When discussing the therapeutic modalities she used in her practice, Participant 1 indicated that she generally used what fits her and the client. In the excerpt below, she also mentioned that a psychiatrist might refer a client for specific therapy, and she will usually follow this recommendation:

P1: … like I might want to go a direction with a client but if the … say if a psychiatrist has referred a client and has specifically requested, "Please see this and do CBT for OCD," then I'm going to probably just do what they ask.

L: *What they ask.*

P1: Even though it's not something that like … I know it works, but it's not maybe the direction I would take depending on you know …

L: *Yeah.*

P1: Yeah. But I also can just oblige.

L: *So, it sounds like you don't feel like you would absolutely have to do that, but you kind of do … you kind of do follow what they've asked you.*

P1: Yeah, like generally. I mean, sometimes no, and like that would be a conversation that I would have with the psychiatrist, you know?

L: *Mmhmm.*

P1: Or if the client is … like if it doesn't fit. Like if we try doing it and the client is like, "I don't really get this. It doesn't work for me." That kind of thing. Yeah.

Her use of the terms "specifically requested," "ask," and "probably" in the interview excerpt above indicated that there is room for her to diverge from the psychiatrist's referral. Her statement, "I also can just oblige," conveyed that while she generally will follow the psychiatrist's request, she feels that she has the freedom to make choices about how to work with the client as needed. She also can have an open conversation with the psychiatrist if her assessment of what is needed differs from the psychiatrist's. For example, if the client is not responding to the therapy recommended.

There are messages in the excerpt above about professional hierarchies, which appear embedded within her workplace, and perhaps within the healthcare system more broadly. Rather than receiving a general referral from the psychiatrist for counselling, she accepts, at least at times, a specific direction about the therapeutic model to apply with the client. While she said she felt she could talk to the psychiatrist about going in a different direction, she generally does what the psychiatrist has "requested" within the referral. Thus, her autonomy appears somewhat confined within this interdisciplinary and professional hierarchical framework.

Orienting Texts

Texts reflect and direct what people do (Smith, 2005). As part of mapping, I determined which texts participants were orienting to when referring to their work and their professional identities. Participant 1 oriented to her job role, employer requirements, legislation, regulatory documents, and evidence and theory when doing her work. She said having the same professional designation as her manager also made it easier for her to practice within her scope and role. Participant 1 clearly stated that she aligned her professional behaviors to her code of ethics. She is obligated to the Canadian Association of Social Work's (CASW, 2005a) *Code of Ethics.* I mapped many of the discourses that Participant 1 discussed to the CASW *Code of Ethics* and the CASW (2005b) *Guidelines for Ethical Practice.* For example, her references to boundaries, interprofessional collaboration, maintaining her social work knowledge base, client-centered care, professional accountability, respect for diversity, and advocacy were all discourses that I identified in her professional regulator's ethics documents.

It's a Social Work Type Thing. Participant 1 said she does not experience tension within her identities as a social worker and therapist. She spoke about her therapist identity primarily in terms of a role with which she strongly identifies. Nesting her therapist identity within her social work identity appeared to decrease tension by ensuring coordination between her identities. She described an alignment between her current job role, education, scope of practice, and identity as a master's prepared registered social worker. She contrasted this with an example of when she worked as an addiction counsellor. Working as an addiction counsellor required her not to enact part of her social work scope of practice. She said it was challenging for her to use only part of her "professional capacity."

In the example below, Participant 1 spoke about how contextual factors, such as her job role and her manager's professional identity, influenced how she enacts her professional scope of practice within her work. Her manager's social work lens decreased tensions within her identity because they work from a similar perspective:

> **P1:** So … in this role, my Manager's a social worker as well, so she's got a strong knowledge and understanding of, like, what our professional capacity is. Obviously, like, there's things that I maybe wouldn't do within my role in terms of, like, you know, finding someone housing for example. But I could definitely, like, make the referral to make connections for that.
>
> ***L:*** *Right.*
>
> **P1:** It's a social work type thing. When I was first in the field, and I actually got an addiction's counsellor position and was working in the community. That was a bit more challenging for me because they were like, my Manager was like, even though you're a social worker, you need to work as an addiction's counsellor and, like, don't try and case manage this situation.

Within the above excerpt, Participant 1 explained how she enacted the social work scope of practice within the confines of her work role. She described how her manager's familiarity with social work's scope and professional stance supported her to apply that framework in her current role. She explained how it became more challenging to enact her scope of practice when working in a position that was not a social work position and under a manager who was not a social worker. Thus, when in a counselling role not written for a social worker, she experienced more pressure in her identities.

It Always Comes Back to the Code of Ethics. When I asked what guides her work, Participant 1 identified that the social work code of ethics had the most substantial influence. She spoke about a duty to the ethical code and guidelines set by her professional regulatory body. She also mentioned that legislation and the health authority she works for influence her work:

> **P1:** …the social work code is set above … you know, we obviously have lots of different bodies of legislation that influence our work in terms of confidentiality and privacy and all that stuff, working within the Health Authority.
>
> ***L:*** *Mmhmm.*
>
> **P1:** But for me, you know, it always comes back to the code of ethics in terms of I feel like that's the strongest … body and I'm obviously registered, so I'm obliged to that.

Her obligation to CASW's (2005a) code of ethics was evident in how Participant 1 spoke about her work and identity. For example, as noted above, Participant 1 described how she has internalized Social Work's "activism lens" and "human race lens." These perspectives can be found within CASW's (2005a) ethical values of respect for others, seeking social justice, and acting in service to others. CASW's (2005b) *Guidelines for Ethical Practice* guide social workers on applying the *Code of Ethics.* CASW's guidelines refer to social workers' responsibility to "demonstrate cultural awareness and sensitivity" (Section 1.1, p. 4). Enacting Section 1.1 involves attending to and valuing diversity, clients', and one's own "racial and cultural affiliations, identities, values, beliefs and customs" (p. 4) amongst other actions. The activism lens to which Participant 1 referred is threaded throughout the CASW ethical code and guidelines. CASW's (2005a) *Code of Ethics* lists the values of "pursuit of social justice" (p. 5) and "service to humanity" (p. 5), whose principles relate to advocacy and promotion of the interests of individual clients and "a just society" (p. 6).

I asked Participant 1 if there were times when the social work code of ethics conflicts with what was expected of her by her employer. She indicated that her professional and employer requirements "generally are in line especially because, like you know, on first appointment we always talk about the limits of confidentiality and things like that and so… and we do like a ton of consent forms." Her discussion about forms is an example of how the requirements for documentation align with her professional code of ethics. CASW's (2005b) ethical guidelines encourage social workers to advocate for alignment between job role responsibilities and social workers' ethical responsibilities.

Participant 1 also talked about accessing resources within her environment that support her working within both her code of ethics and legislation. She said: "and if there was something that's conflicting, generally we would either go talk … like consult the Manager or… and/or talk with like the ethics lead or whatever their title is technically." This action aligns with CASW's (2005a) direction should a social worker encounter an ethical conflict or dilemma. It appeared as if Participant 1's job role aligned with her social work scope of practice and regulatory code of ethics and guidelines.

Good Evidence-Based Practice. Participant 1 also explained how she oriented to the concepts of evidence-based approaches and client-centered care to guide her work. She said her use of evidence-based therapy centered on what fits the client and counsellor is an ethical obligation:

> **P1**: And then I know that in terms of our practice, we obviously have to work from the good evidence-based practice, so there's lots of … obviously lots of modalities that are considered to be evidence-based, and it kind of is what fits for the client and what fits for

> you depending on what you know, the presenting concern. But that would be what I would say is that it's within the, you know, the code of ethics…

Participant 1's example of using evidence-based therapeutic models that fit her and the client indicates a level of flexibility and autonomy in meeting this requirement of ethical practice. The CASW's (2005a) *Code of Ethics* does not use the language of "evidence-based practice." The CASW (2005a) states that "social workers strive to maintain and increase their knowledge and skill" (p. 8). The CASW ethical code says that "social workers analyze the nature of social needs and problems, and encourage innovative, effective strategies and techniques to meet both new and existing needs" (p. 8). "Evidence-based interventions" was a term used within both the job descriptions that I analyzed for Master of Social Work positions within the Saskatchewan Health Authority (SHA). It could be that while social workers within various practice settings are expected to maintain and enhance their knowledge and skills, "evidence-based practice" is a discourse more prevalent in healthcare settings. CASW references dedication to prioritizing clients' needs throughout their code of ethics and ethical guidelines.

Summary of Participant 1's Map

The comfort Participant 1 experienced with her two identities demonstrates how orienting to texts and discourses is supportive when they align and are clear about what professionals should do. While Participant 1 identified as a therapist, she described her therapy work as a role within her social work identity. She explained that she maintained more explicit boundaries within her therapist role and identity than her registered social work identity, which she internalized and could not turn on or off. Her social work and therapist identities aligned closely; she found one role that has allowed her to enact both identities. It appeared that her employment role was closely aligned with the social work scope and practice requirements, including her

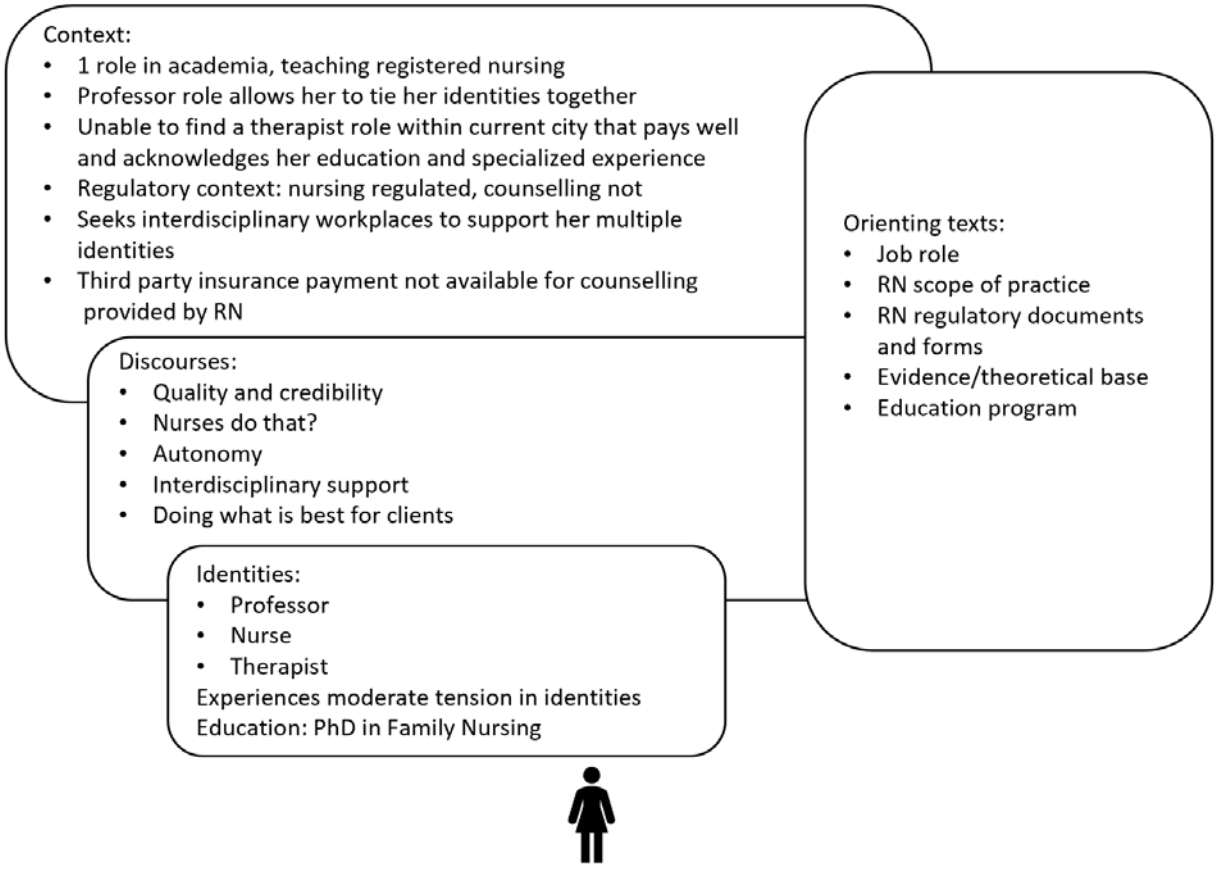
professional code of ethics. Participant 1 experienced little tension and articulated no pressure regarding her professional identities.

Participant 2

As with Participant 1, I have utilized Smith's (2005) small hero map to analyze Participant 2's interview. Within Figure 2, I have presented her professional identities. Along with her professional identities, I mapped the discourses, contextual factors, and texts Participant 2 discussed concerning her multiple professional identities. I will use the small hero map to describe when and how her multiple professional identities were problematized.

Figure 2

Participant 2 Small Hero Map



Identities

Participant 2 identified with the following: professor, registered nurse (RN), and therapist. She explained that her employment role significantly determined which of her identities became most prominent. She said her identities were fluid, and her expression of them was somewhat context-dependent. It was evident throughout our conversation that she felt strongly connected to each of these identities. Participant 2 said she had the following education: a bachelor's degree in nursing and a master's and Ph.D. in family nursing. While she felt connected to each of her professions, Participant 2 described a strain within her professional identities for many years. In the excerpts below, Participant 2 discussed the tensions she experienced related to her professional identities:

> **P2**: … like the story I tell myself is that I've kind of had this, like, tension of do I fit in nursing and where should I go and what should I do? So, when I first started nursing […] I was working with a very critically ill population, and they were on our unit for long periods of time. And we got to know their families, and they went through some pretty traumatic things […] And one of the things that in my practice as a nurse that I became more interested in was, like, how the families were coping. Because most of them, I thought that they were amazing, and so I got really interested in like how are the families doing? Like how do these illnesses impact families? And how do the families cope so amazingly well and like what in my role as a nurse can I do that can help them and so I went into the Master's program. The [University] at the time had a family systems nursing program and so I went into my Master's specifically to do that program…

Participant 2 described how she began to doubt her chosen field of studies during her graduate education. This doubt stemmed from considerations about the type of work she wanted

to do and the role she could obtain with her nursing credentials. She was not confident that employers would hire her to do psychotherapeutic work as a nurse. She said, "I was starting to realize like actually like people aren't going to hire me with an MN to do counselling." She said she had similar doubts when she was in her Ph.D. program: "I actually really struggled with, 'Should I be doing psychology instead?' Like, 'Should I be going to do my Ed Psych? Why am I still in nursing?'" Thus, Participant 2 described a tension within her nursing and therapist identities that existed and remained throughout her career.

Context

Participant 2 was educated as a registered nurse and continued her education in registered nursing. She obtained her therapist competencies from her family nursing education. However, she struggled to find a position as a family nurse and a therapist position that she would qualify for as an RN. She did work within an interdisciplinary counselling center which supported her identity. She also became a nursing faculty member and found validation for her multiple professional identities within the university's interdisciplinary faculty and the research community. While colleagues supported her identities, the barriers to finding a role and the public's perception of psychotherapeutic work as irrelevant to registered nursing challenged her professional identities. I will discuss these contextual factors and how they impacted Participant 2's identities in the section below.

Trying to Find a Niche. Participant 2 described struggling to find a role that allowed her to practice as a family nurse or therapist with her nursing education. She said, "I applied for several jobs, you know, looking … you know, jobs that were looking for counsellors and like I wouldn't get interviews." She said she eventually was offered a full-time therapist job in a non-profit community center, but she would have had to "take like a 50% pay cut from where I was

working as a nurse to go there so I was like yeah, I just couldn't do that at the time." Although she was eventually offered a therapist position, it is unclear whether a clinical job existed that would have fully encompassed her multidisciplinary and advanced competencies in family nursing and therapy.

Participant 2 was working as a nursing professor when I interviewed her. She described how her role as professor worked because it allowed her to bring together her identities: "…really what my research program is now is trying to find like a niche where I can really marry those two things that I'm interested in." Her challenges finding employment that brings together her expertise with families, nursing, and therapy demonstrated the additional work required to enact her multiple identities and create a system that values her perspectives. In addition to her professional identities, she experienced tensions around what "level" to work within: a job where she could work directly with people to support personal change or one where she could focus on creating change at the level of a social system:

> **P2:** The other tension was, you know, I can go into nursing in a faculty position where there are, like, tons of jobs everywhere, and I can, you know, kind of work at a larger systems level where I'm influencing what students are being taught. I'm influencing the research that's being done. Maybe you know, I'm starting to influence some policy and that kind of thing so kind of that larger systems thing.
>
> ***L:*** *Mmhmm.*
>
> **P2:** Versus doing the counselling, which I was like, yeah, you can have a good session with somebody and go home that very day and be like, "Ha! I made a difference!" […] You know, it also has a lot of benefits and rewards, and I really liked doing that, but this just seemed like the path of least resistance so…

Throughout our interview, Participant 2 expressed that while she feels happy with her work as a professor, she continued to feel pulled towards becoming a psychologist. This pull implied that while her professor role meets her interests and helps her combine her identities, she continues to feel tension within her identities. She believes becoming a psychologist can help resolve this strain:

> **P2:** …if it's still master's as entry to practice in [the Province], once I have tenure, maybe I'll go down the road of getting my … getting registered as a psychologist and then that will be my retirement gig. But yeah, right now I'm okay. […]

While Participant 2 has found a role that enabled her to enact her multiple professional identities, she expressed a continued interest in becoming a registered psychologist throughout the interview. She said that becoming a psychologist would decrease barriers to enacting her therapist identity. Contemplating becoming a psychologist to implement the full range of her competencies implied that she experienced barriers to using her competencies within her current professional identities.

Yay! A Family Person! Participant 2 spoke about the support she has received for her professional identities in her current role as a nursing faculty. She felt supported by working with others who share her interests. The interdisciplinary faculty at the university where she works positively received her and her work upon first meeting her. She said:

> **P2**:…there were a couple of Faculty that were like, 'Yay! A family person!' You know, they knew people that I'd studied with, and they knew the research I was talking about and like I'm like, 'Oh yay! This is actually a good fit!'

Similar to Participant 1, Participant 2 identified that validation from interdisciplinary colleagues supported her multiple professional identities. In addition to working within a

multidisciplinary faculty, receiving encouragement from the research community reinforced her identities. She talked about feeling supported when professionals other than nurses find her ideas to be valuable:

> **P2**:… the other thing, like, as academics when you send out research papers and things like that, to send it like as a nurse, to send a paper out to a non-nursing journal where it might be read more by psychologists and social workers and whatever. So that interaction and getting good feedback about that… that you have good ideas that you know, timely and relevant and that kind of thing. That's also, I guess, as an academic, that's also kind of how you get support as well.

Her colleagues at the family therapy center that previously employed Participant 2 supported her identities as a nurse and therapist. She noted "there was always some kind of nursing connection" and "it was a really kind of interdisciplinary place." She discussed that it was normalized within this workplace for therapists to have come from various disciplinary backgrounds, including nursing. She also talked about how her colleagues within this interdisciplinary setting validated her therapist competencies. She said: "I got a lot of positive feedback there about my skills as a therapist and so that really helped and like, 'You know what? I might just be a nurse, but I can do it.'" Participant 2 clarified that "when I moved, that is when I stopped working at the Clinic, and I couldn't really find a similar place here."

Her examples about working within interdisciplinary settings demonstrate that Participant 2 has pursued interdisciplinary workplaces where her multiple perspectives are sought and valued. It is unclear that these workplaces are typical, given that Participant 2 struggled to find a role where she could enact her nursing and therapist competencies. Her experiences highlight that professionals with multiple identities may not have the opportunity to express their unique

perspectives within their work roles. Based on her experiences, it appears that systems are not designed for health professionals with multiple professional identities to use all their competencies within their work with clients.

Within my review of job postings, I looked at several for RNs. None listed any required skills or experience for the position beyond requiring that the RN needed Basic Life Support for Caregivers certification and be registered with the registered nursing regulatory body within Saskatchewan (see Appendix F). Therefore, I could not assess what skills and abilities are sought and valued within the various RN roles within the SHA. No job posting that I reviewed mentioned family nursing. The mental health therapist roles with the SHA were not open to an RN.

Nurses do That? Participant 2 spoke about how expectations and perceptions about the kind of work nurses do impact her identities. While her interdisciplinary colleagues supported her therapist identity, the public and decision-makers often did not recognize RNs' psychotherapeutic competencies. Participant 2 talked about how ideas about what RNs can and cannot do have contributed to tensions within her identities. She also spoke about how she has focused her academic work on resolving this misperception to support RNs' ability to meet clients' needs:

> **P2:** Yeah. Yeah. Because I've had people say to me like when I say oh, I did my Ph.D. on grief or like I'm studying families' interactions or you know, studying family therapy or family interventions with diabetes. And they're like, "Nurses do that?"
>
> ***L:*** *Mmhmm.*
>
> **P2:** Yeah, so yeah, like I think that kind of tension exists, and so I've probably internalized some of that as well. I'm trying to do my research with a focus on, like, you

know what? Nurses *can* do this, and if it's actually helpful for people, they *should* be doing it.

While Participant 2 did not use the word credible, she alluded to this concept when she spoke about the impact of clients' beliefs about the effectiveness of the therapy. Her statement about the quality of service provided by psychologists, her desire to become a psychologist, and her reference to herself as "just a nurse" reflect how she has internalized public perceptions about what nurses do. She said, "there's something also about being a registered psychologist, I think, and it's just a different level of quality. So, I didn't want to do counselling unless I could be that." Discourses about professional hierarchies appear to be underlying her assessments related to "quality." Hierarchical comparisons inevitably lead to positioning some as superior and others inferior, thus valuing some professions over others. An alternative is to respect and acknowledge each profession for its unique contributions.

Participant 2 also referred to research on common factors, particularly findings of the significance of the therapeutic relationship and the extent to which a client believes in the therapy support therapeutic outcomes. She linked this research to her experiences related to the public's perception of what nurses do. She noted that if clients do not believe an RN can help them with their social, emotional, psychological, and behavioural patterns, it creates challenges for nurses to offer effective psychosocial interventions:

P2: … the common factors in therapy and about the therapeutic alliance and that kind of thing and the idea that your clients have to believe that you will be helpful in order for the counselling to be effective and the thing is, most people don't believe that that is in the role of a nurse.

L: *Mmmmm. I see. Yeah.*

> **P2:** So they don't come in and talk to you as a nurse believing that you can help them in that way. And so I think that kind of undermines, like, you could be the most amazing counsellor but you know, like if people don't believe that nurses, that that's in their role to be helpful like that then I think that also can be problematic.

Participant 2 experienced contradictory messages from others about her therapeutic competencies as an RN. An interdisciplinary team of faculty, researchers, and colleagues in the community setting she practiced therapy validated her identities. However, her identity as a therapist and family nurse was not supported by the public in general, and it was not clear that it would be supported within most of the workplaces she could work as an RN. These internalized messages and lack of opportunity to implement her psychotherapeutic skills in most employment roles available to her may have contributed to tensions within her multiple identities.

Orienting Texts

Participant 2 referred to the nursing scope of practice, evidence base, educational curriculum, insurance policies, and institutional documentation forms within her interview. Based on her interview, I analyzed that she and other nurses orient to those texts in doing their work. Participant 2 also discussed the lack of texts to support RNs to do therapeutic interventions and go into private practice as influencing her work. She noticed this gap within both employer forms and her provincial registered nursing regulatory body's processes concerning what types of nursing practice are supported.

We had to do Endless Analysis. Participant 2 discussed the theoretical base and evidence that informed her work as a family nurse and therapist. In the excerpt below, Participant 2 spoke about how her master's program was carefully crafted for students to learn to embody theoretical concepts related to family nursing:

> **P2**: I mean, I think that was the purpose of the master's. Like, really getting into that theory and seeing how that circularity worked and then actually watching expert clinicians and how they interacted with families. Because we had … we had live supervision, so we had the mirrored rooms. Like supervisors behind the mirrors and stuff and so our first year as students, we observed. And so, we observed second-year master's students, Ph.D. students, and faculty doing family therapy. And that was, like immensely helpful. If you can see … like, just to see the way they are in the room and then when they connected so well to the literature and the theory behind it and you know, we had to do endless analysis about like so how did they demonstrate this concept? How did they demonstrate this? And what interventions did you notice? And what were the significant moments? And doing all that connection, you could really see how it worked and how it was helpful.

Participant 2's discussion of her graduate education program demonstrated the depth of her education and the intentional way students were taught to orient to theory. Her graduate education included extensive coverage of theory and practical application with analysis. Helping students integrate the desired theoretical lens was an intentional part of her program's curriculum. The depth of her education and the inclusion of theory and practical elements helped her develop a specialized skillset.

It's not Something That's Easily, You Know, Documented. Participant 2 identified that working with families therapeutically and using counselling skills were within RN legislated abilities. She said: "doing those psychosocial interventions is definitely part of the RN's scope of practice." However, she went on to say that nursing work, for the most part, is not organized in a way that includes these types of tasks as part of routine nursing practice. She talked about how

rare it is for RNs to engage in therapeutic conversations, despite this intervention being within their scope of practice. She said, "like, if I had to guess, it's probably 10 to 20% of the time." When doing family and psychosocial therapeutic work, Participant 2 applied her legislated scope of practice, but healthcare administrators do not routinely take up this part of the registered nursing scope when creating nursing policies and procedures.

Further, universities did not consistently include this part of the RN scope of practice in their nursing programs. Participant 2 said the university she used to work at "actually pulled it out of the curriculum, which is odd considering like all the family-centered care stuff that's being pushed into hospitals now." Her experience highlighted the differences between discourses of healthcare and the actualities of practice. Healthcare discourses include patient and family-centered care, yet according to Participant 2, the organization of nursing work within some hospitals and universities does not reflect these values.

Participant 2 observed that the physical, medical tasks generally take precedence over the interpersonal ones within the administration of nursing work. She related this in part to institutional paperwork and what is made visible through documentation forms and requirements. Participant 2 said, "…it must be that it's just the organizational culture or that whole issue of like primary versus secondary tasks and it's not something that's easily, you know, documented." She expanded on her point about how documentation impacts nursing practice:

> **P2:** Like and now with our computerized electronic health records, you know, there's click boxes for like 'I gave these medications.' 'Here are the vital signs.' 'Here is my like other documentation in these flowcharts' and very rarely is there a specific spot that would cue them to include something about family or include something about, you

know, a therapeutic conversation. Especially I mean maybe in mental health but certainly not in like a typical medical ward or medical care.

L: *Yeah.*

P2: Unless it's a problem like … and then you have to chart about the problematic family member and that kind of thing.

Participant 2's experiences with the documentation of nursing work demonstrate how texts can influence the kinds of work that professionals do. This influence can be subtle, such as in the case of documentation forms and processes which direct the work that professionals do. Participant 2 discussed how the RN scope of practice related to therapeutic conversations and work with family members is made invisible by how nursing work is documented in most nursing environments.

Our Regulatory Body Would Make That Difficult. Participant 2 said the RN professional regulatory body created pressures with her multiple identities. She said: "Well, there's like the pretty obvious pressure that like in our job description it says we have to be registered with the regulatory body for RNs in [the Province]." She commented that it is challenging for RNs to become acknowledged as being competent to provide therapy. She said: "it's hard to get registered to get a license to do that" about doing "psychosocial interventions," and it is atypical for RNs to go into private practice. Therefore, the registered nursing regulatory body does not have well-established processes to regulate those who work independently. In the excerpt below, Participant 2 discussed that it was difficult for the regulator to ensure professional competence when the professional is working within a role or setting that is atypical for the profession:

> **P2**: The norm is for the nurses to go and be employees somewhere, usually in a hospital. And so, a nurse, instead of private practice doing something unusual, like we know there's probably something less than .1% of nurses in [the Province] that would do counselling or identify a role in private practice and so it's … the regulator puts up a lot of barriers for you to do that. You know, they're not used to having people do that. They don't know how to ensure that you're competent to practice. Yeah, and so that makes it more challenging as well.

Her discussion about paperwork required by professional regulatory bodies indicated that regulatory documents (or their absence) also impact which aspects of RN scope are enacted. Professional regulators also enable some parts of the RN scope of practice to be taken up while limiting others. As I reviewed the codes of ethics to which each participant is obligated, I noticed differences in how each profession addressed private practice. Because it was outside of the scope of this master's thesis, I did not explore each regulatory body's documents (or lack of) for independent practice.

Although the Canadian Nurses Association's (CNA, 2017) ethical code refers to nurses in self-employment twice, their document generally orients towards RNs employed by others. The CNA referred to their code of ethics as "an aspirational document designed to inform everyone about the ethical values, subsequent responsibilities and endeavors of nurses" (p. 2). The references to self-employment indicate that the regulatory body does acknowledge self-employment as a legitimate nursing "endeavor" that may require differences in applications of ethical principles. However, they do not thread this acknowledgment throughout the document.

More broadly, CNA's (2017*)* ethical code reads like it is orienting towards RNs who are employed. For example, they direct RNs to discuss ethical concerns with "colleagues and

supervisors" (p. 6). They also talk about respecting and advocating "for evidence-informed decision-making" (p. 16). References to colleagues and supervisors imply that RNs generally work directly with others and are supervised by others. However, in an independent practice environment, the RN may be responsible for building one's community of practice. Similarly, the idea of "advocating for" without including language around the RN's direct participation in or leading evidence-informed policies also implies that someone other than the RN is responsible for decision-making.

Charge Five People Who Would Pay Me. Participant 2, like Participants 1 and 3, discussed third-party insurance payers' policies about which professions' counselling services insurance companies will reimburse or not. Currently, insurance providers will not provide financial coverage for therapy provided by nurses within her province. She spoke about this as a "barrier" to enact her multiple professional identities.

> **P2**: So, you know, when you see somebody in private practice, it's like do you have Sun Life or Blue Cross or whatever, like they'll reimburse you if it's a registered psychologist but not if it's an RN, so I think that was one of the big barriers.

Participant 2 shared that it would be difficult for her to get clients within a private practice because clients seeing an RN for counselling "can't get reimbursed through insurance," and they would be required to pay for her services themselves. While insurance providers' policies supported the registered social worker and therapist identities of Participant 1, they posed a barrier for Participant 2. Insurance policies prevented Participant 2 from using her unique perspectives to help families whose members are living with serious illnesses. Insurance policies may also reinforce perceptions about professional hierarchies and ideas about what professionals can and cannot do.

Summary of Participant 2's Map

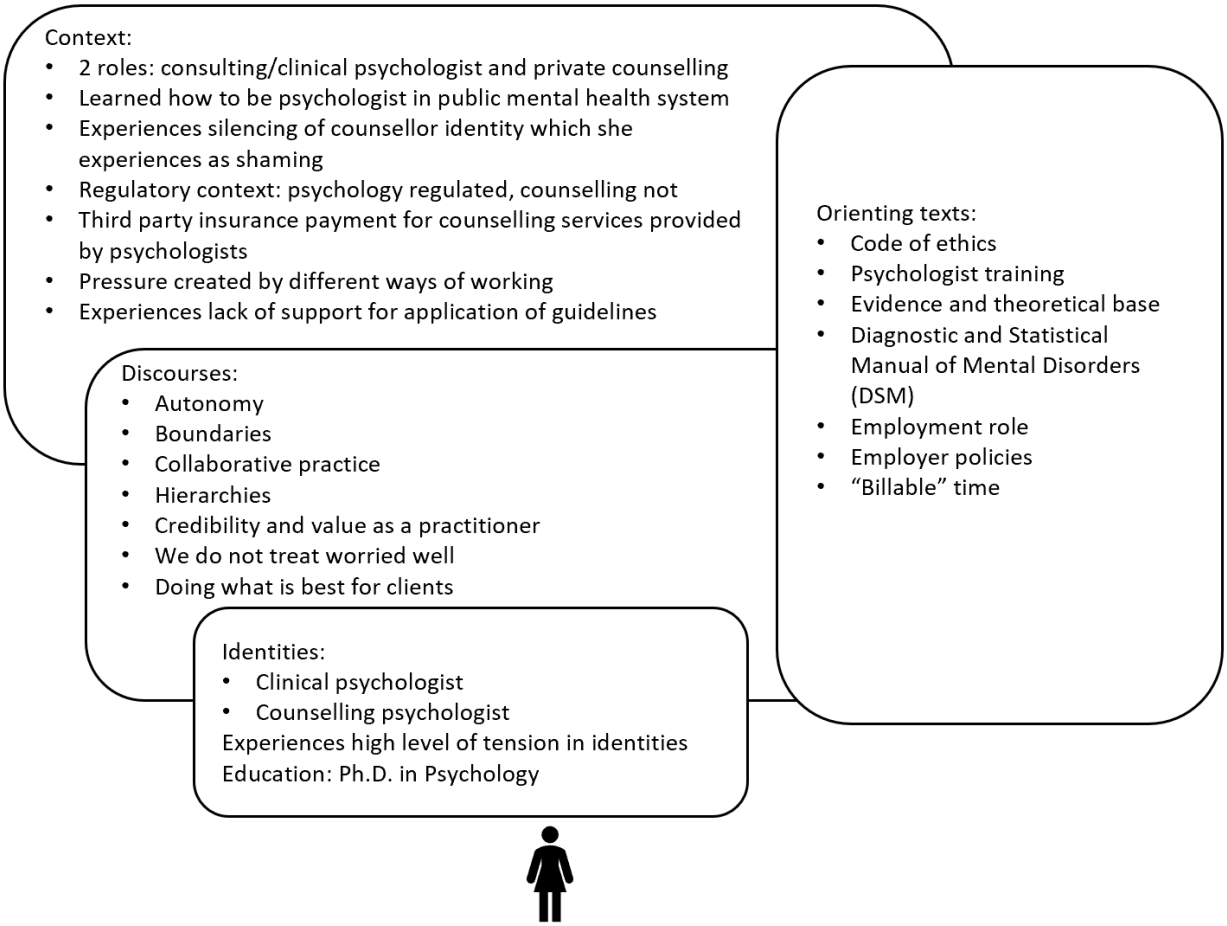
Participant 2 described a tension within her professional identities that was present for a long time. She alleviated this tension somewhat by becoming a professor. Working in academia allowed her to integrate her identities and work at a systems level to influence a more holistic approach to nursing. However, Participant 2 continued to refer to becoming a psychologist after retirement to open a private counselling practice. She also spoke about internalized notions about her credibility as a therapist. Her continued discomfort demonstrated that she has not entirely resolved the conflict between her identities and suggested powerful discourses about professional hierarchies were at play. Overall, Participant 2 was not supported in using her interdisciplinary lens within the healthcare system. The lack of opportunity to apply her advanced training within the healthcare system raised questions about whether interdisciplinary people are valued.

Participant 3

Participant 3 experienced the most discomfort with her multiple professional identities out of the three participants I interviewed. I have presented my analysis of how her multiple professional identities have been problematized using the small hero diagram (see Figure 3). I will expand on this map to analyze the discourses, contextual factors, and texts that Participant 3 discussed in relation to her multiple professional identities. I will discuss how these factors impacted the problematization of her multiple professional identities.

Figure 3

Participant 3 Small Hero Map



Identities

Participant 3 identified her professional identities as clinical/consulting psychologist and counsellor. While both of her identities fit under the umbrella of psychologist, she differentiated her clinical and counselling psychologist identities. Because psychology is applied in many ways, specialized education and practice areas have developed within the discipline (Saskatchewan College of Psychologists [SKCP], 2017). Two of these areas of focus are counselling and clinical psychology. "Counselling Psychology is the fostering and improving of normal human functioning by helping people solve problems, make decisions and cope with

stresses of everyday life. The work of Counselling Psychology is generally with reasonably well-adjusted people" (SKCP, 2017, para. 4). "Clinical Psychology is the application of knowledge about human behaviour to the assessment, diagnosis and/or treatment of individuals with disorders of behaviour, emotions and thought" (SKCP, 2017, para. 4). Participant 3 identified with both distinct focuses of clinical and counselling psychology.

Participant 3 related the strength of her connection to each of her identities to the amount of time she spent enacting each one. She explained, "I feel less connected to my professional identity as a counsellor" and added, "because it's only a few hours a week." Although Participant 3 noted that she feels less connected to her identity as a counsellor, it was evident she has a strong personal attachment to that identity. In the excerpt below she spoke about this attachment in response to my question, "so what about the counselling side of it? […] is there something specific that you're really… want to hold on to there?"

> **P3**: … I feel like I would be losing a part … I feel like I would be losing a part of myself. I'm glad you asked that question because … if I were to give that up. Particularly I think I'm a little resistant to the Region telling me what I have to do around it [her counselling practice] (laughing).

In the excerpt below, Participant 3 expanded on how her counsellor identity related to her personal identity. She talked about how she designed her private counselling practice around her values of autonomy and creativity. Her statement "it's on my terms" implied that she could enact these values more easily or fully in her private practice than in her employment position.

> **P3:** […] I designed it on purpose for me to have a ton of autonomy.
>
> ***L:*** *Right. Right.*
>
> **P3:** And independence and creativity.

L: *Yeah*

P3: Which is like one of my values. Like, it's just I think probably why I haven't … and I mean I can exercise that in both of my roles actually but it's on my terms.

Participant 3 identified with two different specializations within the discipline of psychology. She saw her clinical and counselling psychologist identities as two distinct but related identities. She expressed feeling connected to each identity.

Context

Participant 3 had two roles as a psychologist: she worked full-time at a community mental health center with her provincial health authority. She also had her own part-time private therapy practice. It was clear that her two roles played a significant part in how she enacted and experienced her multiple identities. Throughout the interview, Participant 3 referred to her counsellor and clinical identities as separate but mutually beneficial identities that she applies through distinct roles. She enacted her counselling psychologist identity within her private therapy practice and her clinical psychologist identity within her employment role as a consulting psychologist with her provincial health authority. She expressed that she felt the two identities were mutually beneficial and supportive of one another. She said: "the counselling community would see me as a person who has like a flexible balance between, like, a really strong clinical stance and a strong, like, counselling stance actually."

You do What Needs to be Done. Participant 3 spoke about how her two identities influenced and "enhance[d]" each other. She talked about who she is as a psychologist related to her choice to work within a community mental health setting. She said: "I really, really value like free care and I feel like because I've always … because the private practice came after this job …I learned how to be just a psychologist in this job." Participant 3, throughout the interview,

talked about how working in a community mental health center taught her how to prioritize clients' needs and draw on free public resources in her work. She explained: "because clients don't have to pay for the service here, you do what needs to be done."

She also mentioned that working within the publicly funded mental health system "just really influences like my style in terms of brief therapy." She said: "as a consultant, it's like one and done." She added that her involvement with clients is "very quick" or involves "supporting people from a distance and so I notice that that influenced … my style is influenced that way as a counsellor." She stated, "and I know that that comes from here. From my consulting psychologist role." She said, "and I think … I didn't expect … I expect[ed] myself to be like this long-term type of counsellor, and I even there [in her private practice] approach it more like a medical clinician."

I did not clarify Participant 3's use of "medical clinician" with her during our interview. Based on the context of our conversation, I inferred she was referring to helping clients resolve specific problems related to mental illness and social challenges. Counsellors' general approach and the paradigm through which they view their work impact how they conceptualize problems. Approaching therapeutic work from a medical perspective generally involves focusing on clients' symptoms to decrease them (Hansen, 2007).

It's not Built-In for There to be Time. Participant 3 also talked about valuing a collaborative approach to mental health care, which she related to her work in the health system. She noted that counsellors work very differently in private practice than in public mental health systems. In private practice, counsellors do not tend to collaborate with other health providers, and she described this lack of collaboration does not support doing what is best for clients:

P3: … I'm not a PTSD clinician, and I know who the PTSD clinicians are and when I send a client to them, and then the client comes back to me and says, "They said they're not taking people" it pisses me off.

L: *Oh. Yes.*

P3: Because I feel like they're like not helping the client. And we're not supporting each other in doing what we need to do for our clients.

While she expressed frustration with the lack of collaboration within the private counselling community, she understood that it resulted from how private counselling is organized. She observed that "it's not built-in for there to be time" to collaborate in private practice. She contrasted this with her work within the health authority (which was formally organized into smaller health regions). She said: "No matter where you work in the Region, you're going to be collaborating, right?" She noted that processes within the health authority make collaborating with other health care providers straightforward. "It's very easy to pick up the phone and phone somebody here. Nobody's worried about hours. They're just worried about their paperwork, you know?"

Participant 3 contrasted her experiences with collaboration in the public mental health system and in private practice within the excerpts above. She connected her value of collaboration to her identity to her work in a publicly funded community mental health setting. She did not explicitly trace her value of collaboration to one specialization within psychology, but her workplace instead. Thus, she acknowledged that different ways of working could be linked to how therapy work is organized within different settings.

They Know What They're Willing to Pay For. Like Participants 1 and 2, Participant 3 spoke about how being seen by the public, other mental health providers, and insurance

companies as a professional who has skills to offer supported her professional identities. Concerning the counselling community, Participant 3 said:

P3: … I'm just included.

L: *Mmhmm. Okay.*

P3: Like I think people just see me as a list… a person on their list of options.

L: *Right.*

P3: To help clients.

Participant 3 also talked about feeling valued and validated when third-party insurance providers were willing to pay for her counselling services. She articulated that organizations, such as insurance providers, have more knowledge about services, while individual clients are not always informed about therapy services and professional credentials and licensure:

P3: … and people are seeing me as having something that they want to pay for.

L: *Right.*

P3: Like beyond the individual. Because the individuals don't always know but then the organizations, like, they know what they're willing to pay for. Right?

L: *Okay. Right.*

P3: And they're willing to pay for my service, so I feel very supported there. Umm… I feel like I'm seen as having a set of expertise, right?

Participant 3 said her identities were supported by colleagues who referred to her and organizations who determine that her professional counselling services will be paid by insurance. These actions symbolized that people with influence trusted her professional competence with providing counselling and therapy. The way she highlighted insurance providers over individual members of the public demonstrated the power insurance companies have to validate the

identities and the work of counsellors. How she spoke about her experiences within the private counselling community and insurance provider demonstrated that her multiple professional identities did not appear to be problematized within these contexts.

My Dirty Little Secret. Throughout the interview, Participant 3 spoke about feeling as if she must keep her counsellor identity hidden. Her employer has allowed her to have a private practice and, therefore, she pointed out, is somewhat supportive of her counsellor identity. However, she felt pressure to refrain from mentioning her private practice to avoid appearing like she was in a conflict of interest. She said, "Ummm, so in the ways that they're supported is that they're okay with my doing it as long as it doesn't cause problems here." She said that "I feel like there's this understanding that if it causes problems in my Health Region role, then I'm expected to solve it in my counseling role, you know?"

She talked about feeling silenced about her counselling practice. She said: "And then I think where it's not supported would just be that example I gave where it's just like I'm … you know, don't talk about it." Later she noted, "I feel like it's just … it has to be very like beyond discreet, and that's just not like consistent with who I am." In the excerpt below, Participant 3 talked about how she is unsure that keeping quiet about her other identity and role is helpful for the people she works with at either job:

> **P3:** Like people come, and they whisper, "Someone got referred to me that was seeing you in your private practice." And I'm like, "Okay, we can't talk about this."
>
> ***L:*** *Yeah. Yeah.*
>
> **P3:** Like, right now, you know, maybe I can like talk to you on the phone over my lunch hour if I phone you from the park or something like that (laughter).
>
> ***L:*** *Keep it very separate.*

P3: Very … yeah! And which is like a dilemma because like what's best for the person, you know?

The pressure to be silent came up several times during the interview. She spoke about a contradiction where she has noticed her two identities strengthening one another, but she needed to keep quiet about them each when enacting the other. She said: "the two identities make me stronger in both, but at the same time, I feel like I'm like … it's like my dirty little secret." She also noted that the experience of needing to be quiet about her counsellor identity impacted her personally. She talked about how her counselling work helps her grow personally as well as professionally. She said, "it just helps me grow overall" and "it's just more experience, more wisdom." In the excerpt below, she described feeling pride about her counselling identity and experiencing the silencing from her employer as shaming:

P3: And it's tricky because I feel like there's this okay … there's this shame almost that like comes with it where because of that silencing, I'm like… I'm like this is like an identity that I'm proud of, and I feel like I have to be secretive about it at the same time.

Later in the interview, Participant 3 provided additional personal context related to her need to quiet her counselling identity. She relayed, "oh, I probably created that a little bit." She clarified, "or like I encountered one pushback and then like had a big reaction to it." She further described her and her manager's personalities interacting to create a sense of pressure to keep quiet. She said: "And I think my boss contributed to that because she's so intense." These conversations demonstrated that Participant 3 experienced a tension within her clinical and counselling psychologist identities that she continued to work through and manage. It is unclear how much discomfort was internal and how much of her uneasiness was externally created from pressure from her employer and the different ways of working within her two jobs.

What can you Guys do That Social Workers Can't? Participant 3 also mentioned that she was unsure that her workplace wanted to hire psychologists for counselling roles. She said, "I mean, there's always this question. Do we really even want psychologists in the Region in [the city]?" She expanded on this statement with the following observation: "I think that would be one way to drive us out pretty fast actually, is that they don't support these other things, other endeavors." Here she was referencing many psychologists' tendency to have a variety of professional roles that support the multiple aspects of their professional identities. In the excerpt below, Participant 3 clarified that her identity as a psychologist is valued and supported within her current role:

> **P3:** … this team fought really hard to create this role and I'm the first psychologist in this role and so, I've been developing this role.
>
> ***L:*** *Okay.*
>
> **P3:** And the team really values it. But in … because … and that's where the different identities is kind of clear because they use me really, like … in terms of like the breadth of my abilities.

Participant 3 clarified below that she felt management did not value her as a psychologist in the same way when she was in a therapist role at the same center. She said, "I think that they would love to have no psychologists at all." Below, she spoke about the team that provides counselling within her current workplace:

> **P3:** …my experience is like just psychologists are seen as high maintenance and expensive and that they don't contribute very much. And it's not very kind to social workers, but the question is almost like, "What can you guys do that social workers can't?"

L: *Mmhmm*

P3: Which isn't fair to social workers at all actually either, because it's not appropriate to see them as, like a cheaper alternative.

Her experience working in a mental health therapist/counselling role with her current employer contrasted with her experiences of feeling valued as a psychologist in other contexts, particularly private practice. She also described feeling highly valued within her current role as clinical/consulting psychologist. However, she observed that her employer's lack of support for psychologists to work within additional functions could be one way for them to discourage psychologists from working within their setting. Her experience of not feeling valued within a therapist role, having her counsellor identity silenced, and being deterred from developing aspects of her professional identities through other professional endeavors appeared to problematize her multiple professional identities.

Orienting Texts

Throughout the interview, Participant 3 referred to themes of autonomy, flexibility, hierarchies, and boundaries. She also experienced tensions at times between these themes and ideas. I mapped these discourses to her education as a psychologist, her professional regulatory body's code of ethics, her job role, and the psychological body of knowledge, including the Diagnostic and Statistical Manual of Mental Disorders (DSM).

You're Almost Trained to be Undefined. Participant 3 linked her identity back to her psychology education. She said, "I know that I have a worldview because of how I was trained as a psychologist" and noted, "that is above being a counsellor." Participant 3 described how she was socialized to have her psychologist identity form a foundation for building all her other identities upon. She said, "… when you go into psychology, you adopt that as your identity

above everything else." She was socialized as a psychologist to embody that identity in all aspects of her being. She said: "And it's expected to guide your *entire* life."

She further described how psychologists' socialization of having a primary identity designed to be adaptable and made up of numerous different types of identities is by design. This feature of psychologists' identities provides flexibility in terms of the roles they can undertake. She said: "Options are huge. You're almost trained to be undefined." Participant 3 discussed how her training as a psychologist supported her to have multiple professional identities. She noted that it is expected that psychologists work in different roles simultaneously and that their psychologist identities are made up of more than one aspect. She spoke about how her identities are more distinct than she expected when she was training to be a psychologist. "I feel like I have actually quite a few different places where I kind of have to chop it up…. and I didn't expect it to be like that." Participant 3 identified that she was drawn to psychology because of its variety: "which is exactly why I went into it." Participant 3 experienced a disconnect between how she was socialized and what she has experienced within her employment setting related to her professional identity. All at once, she must: be flexible, take on multiple roles, collaborate, integrate her identities, avoid a conflict of interest, assert autonomy, maintain boundaries, be silent about the numerous aspects of her identity while being authentic and transparent to determine fit with clients.

Participant 3 described psychologists' independence and authority. She said autonomy is supported through obtaining a Ph.D. and noted a distinction between psychologists who are master's prepared and those with a Ph.D. Within Saskatchewan and Alberta, a person can be a registered psychologist with either a master's or doctorate (College of Alberta Psychologists, 2021; SKCP, 2021). While the psychological regulatory bodies in Alberta and Saskatchewan do

not limit a psychologist's practice based on whether they have a master's or Ph.D., Participant 3 spoke about experiences where psychologists are differentiated according to their level of education. In the excerpt below, Participant 3 described how having a Ph.D. supports psychologists' autonomy. Within her discussion of psychologists' autonomy, she also talked about hierarchies. She noted that not only does having an opportunity to work within a university make psychologists separate from systems, such as health authorities, but it also makes them feel above it:

> **P3:** Yeah. It's what we sign up for, like, when we agree to go and do a Ph.D. in psychology, and they separate Ph.D. psychologists sometimes out from Master's psychologists that way.
>
> ***L:*** *Right.*
>
> **P3:** Because then we say we just, like, then you know, like pickle a little longer. (Laughter) Like in the mindset and you get this, like additional like, if you can move into academia, there's, like, this … there's this thing in the possibility of being, like, able to work in a university that really is influential in your identity as a psychologist actually.
>
> ***L:*** *Okay. Right.*
>
> **P3:** That's why we see ourselves as separate from the Region. We see ourselves as above it. Like (laughter)… which I don't think we necessarily are, but you know we're like, I could just peace out anytime.

The idea of being independent of social systems came up again concerning which texts psychologists orient to in doing their work. Participant 3 said that psychologists often consider regulatory texts and don't automatically think about employer policies when making decisions.

Thus, discourses around psychologists being autonomous may be, at times, somewhat misleading. Participant 3 said:

> **P3**: … like again, I think we struggle in our profession because we are just like … we see ourselves as separate. And above, like, those rules, I think. I think that's a very common psychology thing. We have a very different set of rules that we follow and then decide if the Region rules are in line with those.

Participant 3 was orienting to her educational program's curriculum in enacting her professional identity. The education curriculum addressed the psychologist's autonomy, flexibility, and breadth of skills and abilities. Participant 3 spoke about how she was trained to orient to the "rules" of psychology. It appears that considering employer policy and requirements was not addressed in depth in her training. I traced her reference to the "rules" to the CPA's (2017) code of ethics. The CPA (2017) ethical code requires psychologists' "reliance on the discipline" (p. 30) which involves following the rules, regulations, guidelines, and best practices within the psychologists' area of practice and consulting with others. Participant 3's multiple identities might have highlighted a tension between what she was taught about her professional identity as a psychologist and her actual experiences. She spoke about how she did not expect her identity to be differentiated so clearly. Thus, Participant 3 might be experiencing less autonomy than she expected based on her education.

The College, Like, Owns my Ass. Participant 3 spoke about how she oriented to her professional regulatory body's professional code of ethics throughout our conversation. The frequency with which she returned to the topic of ethics implied that she had internalized her profession's ethical values. One example was her conversations with clients about her therapeutic approach, how it fits them, and other options. Here, she referenced her ethical

obligations and standards regarding obtaining informed consent, particularly the Canadian Psychological Association's (CPA, 2017) ethical standard I.23:

> **P3**: Which goes back to why I do that right from the beginning because I think that our code, and I think this gets lost, and I'm really curious about this because nobody ever gets called out on it. Like just our… it's very clear about supporting people in finding fit for them.

Participant 3 acknowledged that her autonomy was boundaried, particularly by the provincial psychological regulatory body. When talking about her private practice, she said, "it's on my terms." She qualified the discussion of her independence by stating: "as much as it can be as a registered psychologist…. Because the College, like, owns my ass." While Participant 3 valued the freedom that she had within her roles, she also recognized that she is obligated to follow specific principles that are externally determined. The way that she spoke indicated she respected regulation and the safety it creates for the client. She also talked about how regulation contributes to the legitimacy of counselling and supports ethical conversations that help set clear expectations for clients about what to expect from the counsellor/therapist they are seeing. When I asked about her knowledge of counselling licensure within her province, she spoke about how professional regulation can help guide transparent conversations with clients:

> **P3:** something I'm really confident in is that your first experience with a counsellor really shapes whether or not you'll continue to seek counselling as a tool for you.
>
> ***L:*** *Right.*
>
> **P3:** And so that's why I spend so much time, like, right from the beginning making sure people know about other options.
>
> ***L:*** *Right.*

P3: I think that's one of the most important things to say.

L: *Yeah.*

P3: And there isn't regulation, so it puts a lot of pressure on the clients…

Participant 3 acknowledged that her practice was subject to regulatory requirements, such as her code of ethics. Therefore, she recognized this limit to her autonomy as a psychologist. While accepting that her freedom is limited, the way she spoke indicated that she believed that regulation was within clients' best interest. She noted that regulation protects the public through guiding professionals' interactions with clients. The way she spoke about her identity, her work, and licensure implied that she internalized the code of ethics and the tenets of regulation. Thus, it appears that her training prepared Participant 3 to have limits on her independence as a psychologist. However, as discussed above, it was not clear that she expected to balance her regulatory requirements with those of her employer.

You're Really on Your Own. Participant 3 referred to the discourse of boundaries throughout her interview. Participant 3 spoke about boundaries as healthy and supportive of her ethical practice. She implied that she was not sure that all counsellors maintained boundaries in the same way when she said: "everyone works so differently." Participant 3 identified that her regulatory body does not provide enough support for psychologists to maintain professional boundaries, particularly with clients in private practice. She offered the example of making a treatment decision that is not popular with a client. She said: "there isn't a lot of support for you to cut off services to somebody who doesn't need it. Like you're really on your own and that just gets exhausting."

Not feeling supported to maintain boundaries also came up within her work as consulting/clinical psychologist in a community mental health center. She provided an example

that involved being pressured to communicate with clients about their medications. Working with medications is not within the scope or competencies of psychologists. She said at her workplace there was an "expectation from the psychiatrists that we can do these things to help the client make their med change." She shared, "the Region was really pressuring us to do this" and "eventually our College said something, but it took six years." While she oriented to her regulatory body's requirements, such as her code of ethics, and valued her autonomy as a psychologist, Participant 3 noted that her regulatory body and her professional association at times do not go far enough to support ethical practice.

In addition to the absence of clear direction to support boundaries, other counsellors may interpret and enact regulatory texts differently. Counsellors might also be working from different codes of ethics and perspectives or, in some cases, may not be accountable to any regulatory body if they are not required to be registered within the province in which they practice counselling. Participant 3 noted that "everyone works so differently," implying that how counsellors and mental health clinicians work creates pressure for others, particularly in private practice:

> **P3:** … you know, our College really doesn't do a lot around that. And neither does our … I don't even know what the name of our other organization is. I'm not a member. So, I feel like it's … and there's like this expectation. Like you're really on your own about boundaries, around your boundaries of like what you're willing to do and what you're not.
>
> ***L:*** *Okay.*
>
> **P3:** And on one side of things, it's like the boundaries are really, really important, and they're strongly encouraged, and I need them to do my work.

L: *Mmhmm.*

P3: I need really clear boundaries.

L: *Yeah.*

P3: But the flip side is, is that the community at large, everyone works so differently, right?

L: *Mmhmm.*

P3: That to have those boundaries is really, like, you're really on your own.

Her discussion of boundaries and the lack of support to maintain healthy boundaries highlighted how boundaries can relate to autonomy. When she was experiencing pressure to act outside of her scope of practice and participate in conversations about medication, her professional autonomy was being challenged. This highlighted somewhat of a contradiction where the regulatory body governing her practice appeared reluctant to support the boundaries of their registrants. The College's mandate is to protect the public interest. Yet, Participant 3 experienced the regulatory body as unwilling to work with or support members to maintain this boundary with their employer to ensure they work within their scope. Her statement "everyone works so differently" implied that practitioners' ways of practicing impact one another: other counsellors' practices can be somewhat constraining in that it creates pressure for others.

We do not Treat Worried Well. When discussing her experiences of discontinuing services to clients, Participant 3 used the phrase, *worried well*. When I asked the meaning of the phrase, she said, "I don't like that phrase, but I don't know what else to call it. So sometimes it's seen as like people who like don't have a clinical diagnosis essentially." She added, "maybe that comes from like my clinical psychology training, but we're seen as people who treat something that's in the DSM, and if it's not in the DSM it falls into the worried well realm." Participant 3

spoke about how allowing clients to decide when to receive services rather than the therapist can be inappropriate and even harmful for people in the excerpt below. She called this client-led approach *non-directive* and contrasted this with discourses around not treating *worried well,* highlighting a psychologist-led approach. Although not explicit, when considering whether it is appropriate to treat *worried well*, she was referencing CPA's (2017) ethical principle of responsible caring, which involves "minimizing harm" (p. 4).

The excerpt below shows how Participant 3 oriented to her professional code of ethics, the DSM, the curriculum within her psychology training, and discourses related to boundaries and *worried well*. The concept of *worried well* implies a hierarchy of problems that psychologists will address within their work. There is an implication within this discourse that people without a diagnosis do not meet the criteria for services:

> **P3:** So ummm … so like going back to culture. Something that's drilled into us is that we do not treat worried well, which I actually don't entirely agree with. I think that that's … there isn't like a clear line between, like, clinical and worried well, right?
>
> ***L:*** *Mmhmm.*
>
> **P3:** But there is this expectation in society, and lots of counsellors operate within this, that people can just come whenever they want, however they want and that they can … this nondirective approach, right?
>
> ***L:*** *Mmhmm.*
>
> **P3:** And so, to do the best thing for the client, sometimes you have to say, "you can't see me anymore." Right? Like, "it's making you worse." Or "you have to see me more often for the treatment to work."

The tension she experienced around whether it is harmful to treat *worried well* may relate to tensions between her clinical and counselling psychologist identities. As noted above, counselling psychologists focus on working with people to solve everyday problems of living. Counselling psychologists work with people who are generally functioning well. In contrast, clinical psychologists focus on diagnosing and treating disorders. Participant 3 provided an example of a client diagnosed with borderline personality disorder to demonstrate when the non-directive approach is likely more harmful than beneficial:

> **P3:** … a very clear example of that is if you're treating someone with borderline personality disorder because the treatment is long.
>
> ***L:*** *Right.*
>
> **P3:** And it … I feel like private work is a nightmare for that …
>
> ***L:*** *Mmhmm. In that situation.*
>
> **P3:** A mess for people living with that disorder.
>
> ***L:*** *Yeah. Okay.*
>
> **P3:** Because they can dictate their appointments or there's this expectation they can dictate their appointments based on distress.
>
> ***L:*** *Right.*
>
> **P3:** Not based on willingness and commitment to change.

Her discussion of *worried well* and the ambivalence she felt related to this discourse highlighted tensions within professional identities. Her example of a client with borderline personality disorder also demonstrated the benefits of having more than one professional identity. Because of her multiple perspectives, she is likely to be aware of considerations or implications that other counsellors may not. However, she asked rhetorically, "how do you

navigate that?" which demonstrated that while she might question the practice, not participating in it is a challenge. She also acknowledged within the interview that there are times where other counsellors with a different background likely see things that she doesn't. She said: "but the flip side is they probably know things that I don't know that would be of benefit to people too, right?" Thus, the discourse *worried well* also demonstrated that meeting ethical obligations related to "minimizing harm" is not clear cut for practitioners.

Summary of Participant 3's Map

Participant 3 described tension within her clinical and counselling identities, even though they are both psychologist identities. She has enacted her two identities by holding two roles. Our interview demonstrated that she had to do a fair amount of work to maintain both identities. Participant 3 experienced tensions between boundaries and discourses of autonomy but did not always feel supported to enact these requirements. Her experiences with multiple identities also highlighted inconsistencies between discourses and her lived realities. For example, she discussed expectations related to autonomy and how she might have and maintain multiple professional identities with the reality of feeling pressured to silence her other identities within her workplace and a lack of support for psychologists within therapist roles in her workplace. However, she also described how having two professional identities benefitted her personally and professionally. She experienced support for her identities within a community of private therapists and by insurance providers.

Chapter Summary

Each of the three therapists I interviewed had multiple professional identities. They experienced varying levels of tension between these identities. This tension appeared to relate, at

least in part, to whether they found a role where they could enact their multiple identities together. However, tensions also increased when conflicting discourses influenced participants.

Participant 1 experienced no pressure within her social work and counsellor identities. Her therapist identity aligned with her social work identity, and she found a job that allowed her to use her social work stance in therapy. Participant 2 struggled to find a position that allowed her to enact her RN and family therapist identities. She found a role in academia where she used her multiple identities to influence the future of registered nursing practice to include therapeutic conversations and family into care. However, her desire to become a registered psychologist indicated that she experienced ongoing tension between her multiple identities. Participant 3 experienced tensions between her identities as a counselling and clinical psychologist. My analysis revealed disjuncture in the discourses related to each psychology perspective and professional discourses more broadly. Because her counsellor identity was silenced, Participant 3 also experienced tensions related to how much of herself she could bring to her work and she believed this hindered service for the client.

I identified several discourses within my analysis of participant interviews which relate to the following patterns: boundaried autonomy, interdisciplinary collaboration, and credibility. Participants referred to having a high degree of autonomy within their practice and valuing this autonomy. Autonomy provided the freedom for them to use their judgment to do what is best for clients. However, it became clear that participants' autonomy was also constrained. Autonomy was both supported and limited within interprofessional relationships. Some interprofessional relationships were hierarchical, and this appeared to limit counsellors' freedom somewhat. Further, while interdisciplinary collaboration and practice is a stated value within healthcare, it is unclear whether interdisciplinary *people* are valued. Participants' identities and autonomy were

impacted by others' judgments about who is considered qualified to provide therapy. Insurance companies' policies related to the reimbursement for therapy services and validation from interdisciplinary colleagues had the most significant impact on participants' identities. In the next chapter, I will discuss the patterns of boundaried autonomy, interdisciplinary collaboration, and credibility in greater detail. My discussion will include how these discourses relate to the social construction and organization of counsellors' multiple professional identities. In Chapter 5, I will also relate my findings to the literature on counsellor professional identity.

Chapter 5. Discussion

In response to my research question: have counsellors with multiple professional identities been problematized, having more than one professional identity was problematic for some participants and not others. I have identified and mapped discourses related to participants' professional identities and discovered that having multiple identities could be problematic depending on participants' work and professional contexts. In this chapter, I will discuss the findings of this study within the context of my initial research question. I will position this discussion within the lens of Discourse Analysis (DA) and Institutional Ethnography (IE) and relate the findings of my investigation to existing literature. I will also discuss the implications and limitations of this research study and my recommendations for future research.

As discussed in Chapter 3, I have understood discourse as both socially constructed and constructive (Potter & Wetherell, 1987) and to be a powerful organizer (Campbell & Gregor, 2002; McCoy, 2008; Pence, 2001; Smith, 1987, 2005). According to the theory of IE, people who derive their authority through various institutions disperse discourses through written texts. Discourse within IE is understood to organize professionals' experiences, including what they think and do (Campbell & Gregor, 2002; Pence, 2001; Smith, 1987, 2005). Two primary institutions that participants in my study oriented to were their professional regulatory bodies and their workplaces. This finding is consistent with the literature discussed in Chapter 2 about the impact of workplaces, work experiences, a profession's identity, and regulation on professional identity. Professional codes of ethics were a central document used by Participants 1 and 3 to guide their work and appeared central to their professional identities. Participant 2 referred to the absence of regulatory texts and workplace policies to support registered nurses (RNs) to enact their scope related to doing psychosocial interventions and working in private practice. All

participants indicated their employment role impacted how they used their multiple professional identities.

As discussed in Chapter 3, the discursive psychology branch of DA views discourse as active: people use language to accomplish various goals (Potter et al., 1993; Potter & Wetherell, 1987; Taylor, 2001; Wooffitt, 2005). If people use language similarly, it may be that they are trying to meet similar goals with their speech or are taking up and applying established discourses similarly (Potter & Wetherell, 1987). Interpretative repertoires are systematic and coherent discourses that become dominant within a group of people (Potter, 1996; Potter & Wetherell, 1987). I identified three major patterns within my interviews of three therapists with multiple professional identities concerning the discourses that constructed and organized their work. The patterns were boundaried autonomy, interdisciplinary collaboration, and credibility.

Identity tensions appeared to increase as participants tried to enact discourses that led them to act in contradictory ways. This finding aligns with literature suggesting that professionals experience discomfort when their multiple identities are disconnected from each other (Bowen, 2018; Gignac & Gazzola, 2016; Ibarra & Barbulescu, 2010). Enacting additional professional identities illuminated tensions within discourses that may not have been problematic when a participant enacts only one professional identity or when a participant could align their multiple professional identities.

Boundaried Autonomy

Through the lens of IE, people are required to orient to, take up, and apply what is written in texts to do their work in a way that is deemed competent (Campbell & Gregor, 2002). Tensions result when texts conflict, directing people to do contradictory things (Campbell & Gregor, 2002; McCoy, 2008). Pressures also result when people's actualities do not reflect what

is written (Smith, 1987, 2005). Within my study, I noted a complex relationship between the discourses of boundaries and autonomy.

Participants referred to having openness, freedom, and independence to make decisions within their roles as academic, nurse, psychologist, social worker, and therapist. However, there were times when the requirements of their work constrained participants' autonomy. These requirements included establishing and maintaining boundaries, navigating professional hierarchies, and aligning their practice to central texts, including workplace roles and regulatory requirements. My analysis showed that tensions between autonomy and boundaries increased when participants could not easily enact their multiple identities within their employment roles.

Establishing and Maintaining Boundaries

Participants discussed "boundaries" in different ways. At times they used boundaries to refer to how the participant worked with a client to ensure that the client's interest remained the focus of the interaction. For example, Participant 3 spoke about challenges with boundaries that arose when clients expected to book appointments based on distress rather than their commitment to change. She recognized that the different ways that counsellors and private practitioners work can contribute to clients' expectations about counselling. She noted that these expectations and various ways of working can create pressures for other therapists. Participants also framed working within one's professional scope of practice, abilities, and code of ethics as a part of professional boundaries. For example, Participant 3 discussed being pressured to have conversations about medications with clients within her employment role at a community mental health center. Psychopharmacology is not in registered psychologists' scope of practice. Participant 3 needed to enforce a boundary with her employer around her professional scope of practice. Participants also related boundaries to ensuring their practice aligned with their

professional code of ethics. Participant 3 gave an example of refusing to have families attend group therapy without client consent despite employer pressures to permit otherwise.

At other times, participants discussed boundaries as relating more broadly to how they managed their professional identities. Limits related to managing their professional identities included when they engaged in behaviours related to their work role. Participant 1 gave the example of trying not to read therapy books on her personal time. She highlighted the balance professionals seek when she said she internalized the social work perspective while also asserting the need to have boundaries.

Participant 3's experience highlights the intersection between these different ways of taking up boundaries in one's work and professional identities. She described that she felt pressured to refrain from speaking about her therapist identity due to her own and her employer's fears of appearing she is in a conflict of interest. A conflict of interest occurs when a person's primary interest conflicts with their other interests (James, 2020). For example, conflicts of interest may arise when a healthcare provider could gain financially from their work with a client in one setting through establishing an additional relationship outside of that setting. This could be through a private practice. This scenario could result in the professional not meeting the primary interest of meeting the client's needs due to the professional's secondary interest of obtaining clients to see within her private practice. Other interests that could compete with a professional's primary interest of meeting the client need include one's professional reputation and opportunities for occupational advancement (James, 2020). Conflicts of interest can result in real or potential bias (James, 2020). Participant 3 recognized the importance of boundaries for her work and the importance of not entering a conflict of interest. She also found the silencing of

her counsellor identity as shaming, inconsistent with who she is, and a barrier to collaborating with other health professionals, which she believed would be in clients' best interest.

Martinez (2000) discussed methods to boundary management. The slippery slope approach is rule-based and absolute: it applies firm limits due to concerns that crossing a boundary will likely lead to unethical behaviour (Martinez, 2000). A more helpful method is to: a) distinguish boundary violations and crossings; b) support professionals to make a nuanced assessment of benefits and risks to boundary crossings; c) create clear limits related to boundary violations (Friedman & Martinez, 2019; Martinez, 2000). The silencing of Participant 3's counsellor identity may have equated to a rigid application of boundaries. An uncompromising approach to ethics limited her from bringing her identities together to do her work in a way she thought could benefit clients. Pressure to silence her counselling stance appeared to discount her professional autonomy and create tension for Participant 3. Thus, the problematization of Participant 3's multiple professional identities may have related to an inflexible approach to managing boundaries and ethics related to her two identities and dual roles.

All three of the counsellors I interviewed had one regulated professional identity. Establishing, maintaining, and managing boundaries was an ethical requirement for all participants, according to their profession's codes of ethics (Canadian Association of Social Workers [CASW], 2005a; Canadian Nurses Association [CNA], 2017; CPA, 2017). Within professional codes of ethics, boundaries refer to the interactions between the professional (registered nurse, registered psychologist, or social worker) and the client. The purpose of boundaries in this context was to prevent harm to the client and to ensure the nature of the relationship remained professional and therapeutic (CASW, 2005a; CNA, 2017; CPA, 2017).

Participants may have met their ethical requirement to focus on clients' needs through the various applications of boundaries discussed above. Professionals might apply their ethical obligations more or less directly depending on the situation they are in. For example, Participant 3's avoidance of being in or appearing as if she is in a conflict of interest was a direct application of boundaries. Participant 1 provided an example of how boundaries might indirectly be applied to benefit the public interest. She talked about how within her workplace, boundaries meant doing what she could for clients and recognizing the limits to what she could do within her role. Being intentional about how she used and applied her professional identities may have been a strategy for Participant 1 to maintain balance within her identities and be aware of her role in various situations. This might have helped her to maintain focus on using her professional identity to meet client needs.

Boundaries appeared to be a critical discourse to which Participants 1 and 3 oriented. Establishing and maintaining boundaries was not a consistent factor discussed within the literature on counsellor identity development. One exception was Tapson's (2016) study from the United Kingdom, which identified that counsellors base their practice upon an ethical framework. Boundaries, education, supervision, and personal therapy were all components of this framework. It could be that discourses related to boundaries are particularly prevalent in regulated professions, and my participants' regulated identities, rather than their therapist identities, led them to discuss boundaries. In the next sections, I will discuss factors that appeared to impact and boundary participants' autonomy: professional hierarchies and texts.

Navigating Professional Hierarchies

Hierarchal relationships between professionals and professions appeared to impact participants' professional identities and their level of autonomy. Professional hierarchies also

appeared to boundary professionals' independence. For example, Participant 1 talked about her ability and ethical responsibility to choose therapeutic interventions informed by what works for her, the client with whom she is working, and evidence. The discussion of her abilities and responsibilities implied she had a significant level of autonomy to direct how she and clients work together. However, Participant 1 also said that when a psychiatrist referred a client for a specific kind of treatment, she generally followed the psychiatrist's directive. This situation highlighted professional hierarchical relationships that are not readily visible within discourses of "autonomy," "interprofessional collaboration," and "boundaries" to which participants regularly referred. Although she was able to talk to the psychiatrist about choosing a different kind of therapy, her professional autonomy was somewhat constrained when another professional, particularly a psychiatrist, directed a modality within their referral.

The way that Participant 3 talked about autonomy also related to professional hierarchies. The discourse of autonomy appeared particularly powerful for her. Participant 3 spoke about autonomy as a significant part of her socialization as a psychologist. Part of the freedom associated with being a psychologist was related to having an identity that is flexible and adaptable to what is needed. My interview with Participant 3 also indicated that for her, professional autonomy is related to professional authority. This finding is consistent with Smith's (2003) concept analysis of autonomy in nursing. Smith identified that autonomy involves the freedom to exercise one's professional judgment without interference from others. Professional authority is related to the ability to make decisions based on professional knowledge and experience (Smith, 2003).

In Participant 3's experience, psychologists who have a Ph.D. experience considerable freedom and authority. Having a Ph.D. led to the opportunity to work within a university.

Because universities both educate and employ professionals, they have significant influence over the organization of professions (Larson, 2017). Participant 2's experience aligns with this perspective. Working in a university offered more opportunities to enact her multiple identities than she had when working or seeking employment as an RN/family therapist. Specifically, her work within a multidisciplinary faculty at a university allowed Participant 2 to create a research program that brought together her interest in nursing, families, and therapy. Within the university setting, she found support for her multiple identities.

While Participant 3 had a Ph.D., her primary roles were within healthcare. Her manager's coordination of her identities became evident as Participant 3 attempted to enact the independence and flexibility she believed she had over her identities, based on her training and socialization as a psychologist. She tried to exercise her autonomy and flexibility by bringing her counsellor and clinical identities together to collaborate with other team members to enhance services for clients. Her manager's silencing of her counselling identity created pressure for Participant 3. As a result, she became reluctant to collaborate or discuss her counselling identity due to her own and her manager's concerns about appearing as if she is in a conflict of interest.

Autonomy relates to having the authority to act within one's professional judgment without being influenced by members of other professions (Smith, 2003). Professional hierarchies appeared to provide power that both supported and constrained autonomy at times. The difference might depend on the profession, where it falls within the professional hierarchy, and the participant's employment role at the time. Thus, participants' autonomy was influenced by discourses of professional hierarchies in addition to boundaries. The extent to which these other factors were present varied depending on where participants worked and their employment

roles. In the next section, I will discuss how texts, specifically workplace texts and regulatory texts impacted participants' autonomy.

The Impact of Texts

Written texts contain discourses that construct social reality (Potter & Wetherell, 1987). These discourses, dispersed through written texts, also reflect and direct what people do (Campbell & Gregor, 2002; Smith, 1987, 2005). The most significant texts that my participants discussed were their work role descriptions, their organization's guidelines and forms such as documentation forms, and regulatory texts such as codes of ethics. All three participants within my study discussed examples of texts that both reflected and directed their work as professionals. Regulatory documents, especially professional codes of ethics, were key texts to which participants said guided their work as professionals. Participants' level of autonomy was also permitted or limited by their workplace employment roles. In the sections below, I will discuss my findings related to the impact of workplace roles and requirements and regulatory requirements on participants' autonomy.

Workplace Roles and Requirements. All three participants compared their experiences in different workplace roles. These comparisons highlighted variations within their professional autonomy depending on their employment position. Participants gave examples about how their roles made visible or invisible parts of their professional abilities. The limiting or permitting of participants' abilities within written job role descriptions appeared to impact the amount of tension they experienced within their multiple professional identities. For example, Participant 1 contrasted her experience as an addiction counsellor with her experiences working in a master's level social worker role. Participant 2 spoke about having greater autonomy to combine her

identities and influence over nursing curriculum and care as a professor than in a clinical or therapist role.

The autonomy Participant 2 experienced within academia contrasted with her experiences in hospital settings. She noted that the organization of nursing work limited therapeutic conversations. The absence of a place to document psychotherapeutic interventions made these interventions invisible, reducing how frequently they are done within most nursing care settings. Campbell and Gregor (2002) asserted that nursing work is "conceptualized and written up in particular ways to make it, and health care, manageable" (p. 27). They argued that the way nurses document their work influences the way nurses think about it: "They begin to think about their work in the terms they are given" (p. 27). Nurses then become active in managing what they do, taking up ways of thinking about their work in managerial terms and reproducing it in how they do, write about, and talk about their work (Campbell & Gregor, 2002). Participant 2's family nursing background and therapist identity highlighted gaps within nursing care. Her actualities highlighted aspects of the RN scope of practice made invisible by employer policy and procedures. Managing oneself is integral to being a professional (Larson, 2017) and a central aspect of professional identity (Professional Standards Authority [PSA], 2018). Yet, Participant 2's experiences contrasted with professional discourses of individual professional autonomy. Instead, her experiences showed how employer processes might support or constrain a professional's independence, sometimes in subtle ways.

Participant 1 aligned her therapist identity with her social work identity. At the time of our interview, she did not experience tension within her identities. She contrasted her experience when she was in a therapist role with her experience as an addiction counsellor. In the addiction counsellor position, she had to do additional work to turn off aspects of her professional lens to

contain her practice within her role description. For example, she shared that when she was an addiction therapist, her manager instructed her not to "case manage" clients: she was required to restrict her work with clients to their addiction and not address social aspects of clients' actualities. Therefore, written work processes and role descriptions influenced the level of autonomy that participants were able to enact within their professional regulated scope of practice and job role.

Regulatory Texts. Regulatory texts both permitted and limited professional autonomy. I identified references to professional regulatory texts throughout participant interviews. Codes of ethics were the most prominent texts to which participants oriented. However, participants also referenced other written regulatory processes, such as scope of practice and registration processes. Regulatory texts were considered a source of authority supporting Participant 1 and Participant 3's autonomy and multiple professional identities. However, Participant 2 said text-based regulatory processes or a lack of procedures that supported RNs in private practice or recognized as RNs as competent in doing therapeutic interventions constrained her autonomy.

Participant 3 referred to challenges related to maintaining boundaries, particularly within private practice. She said that she felt her regulatory body did not provide sufficient resources to support the psychologist to hold boundaries around treatment decisions that are unpopular with a client. Her experience within private practice highlighted the additional level of responsibility that private therapists have for their practice and maintaining boundaries. For example, she pointed out that discontinuing services with clients is easier in her employment role because there is a process and patient advocate to refer the client if they are unhappy with being discharged from the service. Her desire for further regulatory guidance demonstrated that

although Participant 3 acknowledged that her autonomy is limited, she obtained considerable authority from regulatory texts.

In contrast, Participant 2 experienced a limitation rather than support for autonomy in enacting her multiple identities from her registered nursing regulatory body's processes. She spoke about how her regulatory body preferred RNs to work as employees, often within a hospital system, because it was easier to assess and manage the competence and practice of RNs within those systems. She spoke about the provincial RN regulatory body creating barriers for those who wish to practice outside systems because they are unsure how to manage them safely. My analysis confirmed that most of the language used throughout CNA's (2017) code of ethics implied RNs are employees managed by others.

I identified discourses related to autonomy within all three participant interviews. Within the interviews, I also identified additional requirements of their work that constrained their freedom. Discourses related to boundaries appeared to be taken up by participants and others who manage their work or whose way of working impacted participants (e.g., colleagues, other therapists) in a way that both limited and supported their autonomy, depending on the situation. Balancing boundaries with independence appeared to lead to tension when participants were constrained within workplace roles and policies to use only one identity. Professional hierarchies and the presence or absence of regulatory processes that supported participants to enact their multiple professional identities also impacted participants' autonomy. In this way, the organization of participants' work limited their independence at times.

Interdisciplinary Collaboration

In addition to discourses of boundaries and autonomy, participants referred to discourses of interdisciplinary collaboration throughout their interviews. Collaboration appeared to be

valued by participants, their workplaces, and their professions. The CPA (2017) defined interdisciplinary as "the involvement in an activity of the members of more than one discipline (e.g., psychology and medicine, psychology and law, psychology and computer science)" (p. 9). Collaboration is "to build consensus and work together on common goals, processes, and outcomes (RNAO, 2006 as cited in CNA, 2017, p. 20). All participants expressed that they valued collaboration with other professionals with whom they worked. They also said colleagues supported their multiple professional identities. Participants 1 and 2 said that their multiple identities were validated and supported through their interactions with colleagues from other disciplines. Participant 3 referred to psychologist colleagues when she discussed support for her multiple identities within the counselling community.

All three professional codes of ethics that I analyzed contained the value of cooperating in a team. The CASW (2005b) *Guidelines for Ethical Practice* outline social workers' ethical responsibilities to colleagues, including "collaboration and consultation" (p. 13). CNA's (2017) code of ethics reads, "nurses collaborate with other health care providers and others to maximize health benefits to persons receiving care and with health care needs and concerns, recognizing and respecting the knowledge, skills and perspectives of all" (p. 10). CPA's (2017) code of ethics states, "to be responsible and accountable to society, and to contribute constructively to its ongoing development, psychologists need to be willing to work in partnership and collaboration with others, be self-reflective, and be open to external suggestions and criticisms about their work and the place of the discipline of psychology in society" (p. 31). CPA's language of being *willing* to collaborate is not as strong as CNA and CASW, who described what they expect RNs and social workers to do.

Working within a multidisciplinary team was commonly mentioned in the Saskatchewan Health Authority's (SHA) job postings for social workers, psychologists, and mental health therapists. There was no reference to multidisciplinary teams or collaboration in the postings for RNs. As mentioned in Chapter 4, the job postings for RNs did not include any required knowledge, skills, or abilities. The centrality of the multidisciplinary team and collaboration within job postings indicated that this is a fundamental value and way of working within the SHA. The discourse around multidisciplinary practice may extend to healthcare more broadly: as noted above, all national codes of ethics that I analyzed refer to collaboration. Participant 3 contrasted her experience in the public health system with her private practice experience, where she found that counsellors of various backgrounds did not collaborate.

While healthcare administrators value multidisciplinary and interdisciplinary teamwork, it is not clear that multi or interdisciplinary *people* are valued. Participant 3 spoke about her experience working within a "mental health therapist" position. Mental health therapist positions are multidisciplinary roles within the SHA that are open to registered social workers, psychologists, and registered psychiatric nurses (who are distinct from registered nurses). Participant 3 differentiated her experience within a mental health therapist role from her current consulting/clinical psychologist role, which "uses" her abilities differently. She spoke about how administrators did not value the psychologist lens within the mental health therapist role and viewed social workers as "a cheaper alternative:" reducing professionals' work to task and discounting their unique perspectives.

After years of advanced education, which included intense skills practice and supervision, Participant 2 could not find a practice role that allowed her to enact her unique skill set and abilities as a family nurse. She struggled to find employment as a therapist with her

nursing credentials. There was also a lack of nursing positions for Participant 2 to enact her therapeutic counselling skills with families. Participant 2's actualities conveyed that while multi- and interdisciplinary practice is valued, multi- and interdisciplinary people are not.

Discourses of interdisciplinary collaboration and the incongruence between what is valued and valuable within healthcare further highlight how professional autonomy is constrained. While participants all discussed being autonomous, it is unclear to what extent they can express their entire identities within their employment roles. Narrow application of job roles, responsibilities, and work processes appeared to limit professional autonomy, and this became particularly visible when participants were trying to enact multiple professional identities. It might be helpful to note that I am not speaking about clashes between individual and organizational culture. Instead, I wish to show how some work processes distanced participants from meeting organizational and professional goals. For example, silencing Participant 3's identity led to decreased collaboration despite discourses of collaborative practice, and Participant 2 observed few opportunities to document interactions with family members despite discourses of client and family-centered care. Healthcare professionals are obligated to do what is best for clients (Alyott et al., 2019; CASW, 2005a; CASW 2005b; Christmas & Cribb, 2017; CNA, 2017; CPA, 2017; Evans, 2021; Larson, 2013 as cited in Evans, 2021). Yet my analysis suggested that the organization of participants' work sometimes prevented them from using multiple professional perspectives to act in the client's best interest.

Credibility

The last overarching pattern within the discourses of all three participants was those related to credibility. All participants within this study said that being perceived as credible supported their identities. Participants expressed this discourse differently. Participant 1 talked

about "credibility," Participant 2 used the word "quality," and Participant 3 used phrases like "they see me as someone who has something to offer" and "they know what they are willing to pay for." The validation that participants experienced from other care providers, members of the public, and decision-makers is consistent with literature about the positive impact that validation, mentorship, and interacting with others has on professional identity (Bimrose & Brown, 2019; Gignac & Gazzola, 2018). Participants also related credibility to being held accountable and to professional knowledge and expertise.

Communities of Practice and Healthcare Teams

Participants expressed that positive feedback and support for their professional perspectives within their interdisciplinary team validated their identities. Feeling that one's practice aligns with other members of the same profession and with other team members has been found to impact professional identity (PSA, 2018; Warren & Braithwaite, 2020). Participant 1 and Participant 2 both sought employment roles where they could more easily enact their multiple identities. Their experiences are consistent with Rønnestad and Skovholt's (2003) finding that experienced counsellors pursue workplaces that support their identities. When colleagues and supervisors believed in participants' therapeutic abilities, their multiple identities were validated.

Professional Accountability

Smith (2003) found that a primary outcome of professional autonomy is professional responsibility and accountability. Participants 1 and 3 in my study linked accountability and responsibility to their credibility as therapists. Participant 1 discussed that processes that kept professionals accountable were key to being viewed as credible. She indicated that accountability is achieved through professional regulatory and workplace accreditation processes. Participant 3

spoke about the importance of regulating the counselling profession. She related regulation to determining "who's allowed to call themselves a counsellor." Participant 3 expressed professional regulation would support the public's trust in counselling as an intervention. She noted that a lack of regulation "puts a lot of pressure on the clients" to determine standards and decide whether the counsellor is qualified to provide the type of service the client is receiving. Professional title protection sets parameters around who can use a professional title, and research suggests that title protection may impact and validate professional identities (PSA, 2018). Participants 1 and 3's experiences indicate that professional regulation supports the credibility of professionals. It is unclear from this study what this means for counsellors with two regulated professional identities. Because Participants 1 and 3 had only one regulated identity (as a registered social worker and registered psychologist) and their counsellor identity is not regulated, it remains unclear how counsellors might reconcile having two regulated identities.

As discussed previously, Participant 2 identified that her regulatory body's processes created barriers to enacting her multiple professional identities. She noted that she believed the professional regulatory body which oversees RNs in her province may struggle with knowing how to ensure that RNs in private practice are competent. She also said that it was challenging to have the regulatory body formally acknowledge an RN's additional competencies with psychotherapeutic interventions. Thus, a barrier for her to enact her multiple professional identities may have related to RNs' credibility related to psychotherapeutic and family work. Within her interview, she noted that the public and insurance providers do not expect an RN to be competent to do counselling or attend to mental, emotional, and relational aspects of health.

The impact of regulation on participants' experiences with multiple identities varied. Regulatory and accreditation processes designed to support accountable and high-quality

services both supported and undermined participants' multiple professional identities and professional autonomy. Whether regulation supported or problematized participants' multiple professional identities appeared to depend on the participants' work context and profession. As discussed above, it is also unclear how having two or more regulated identities might impact a counsellors' credibility.

Professional Knowledge and Expertise

In addition to being held accountable, my analysis suggested that perceptions about a professional's knowledge contributed to their credibility. For example, Participant 1 talked about continuing education requirements as a factor that contributes to a professional's credibility. Participant 2 associated being a registered psychologist with providing a higher quality of therapeutic service than therapists with other credentials generally offer. When discussing her experience with doing therapy, she said, "I might just be a nurse," which conveyed an internalization of the lack of value of her multiple professional identities. Participant 3 said she felt supported when the community saw her as having "expertise." Thus, participants within my study associated credibility with professional knowledge and others' perceptions of the value of their expertise.

Assertions of professional knowledge are related to both boundaries and autonomy. Creating, using, and owning professional knowledge provides a foundation upon which professionals assert their autonomy (Smith, 2003) and authority (Amundson et al., 1993; Larson, 2017). Professions have committed to acting in the public's best interest in exchange for autonomy over their work (Alyott et al., 2019; Christmas & Cribb, 2017; Evans, 2021; Larson, 2013 as cited in Evans, 2021). The CPA (2017) mentions this social contract within their code of ethics. However, professions also seek and gain authority through their knowledge which

provides access to economic and social rewards for its members through the collective efforts of the professionals who make up a profession (Larson, 2017).

As part of this authority seeking, professions often distance and distinguish themselves from each other (Larson, 2017). Professions construct a human or social problem, position members to improve or remedy the situation through their specialized, expert knowledge, and demonstrate this to the public to seek authority (Abbott, 1988; Larson, 2013 as cited in Evans, 2021). "The construction of the human or social problem underlies the profession's ability to claim expertise in solving it" (Evans, 2021, p. 4). In this way, professions often highlight their differences and uniqueness as they claim to hold the required solution to an identified social problem (Evans, 2021). The process of creating a problem also involves creating clients (Doyle, 2021). Claiming to have the requisite knowledge, skills, and abilities to improve a situation becomes a way for professionals to assert their authority over an area of human service and gain autonomy within that domain (Evans, 2021; Larson, 2017).

The uncertainty that Participant 3 expressed related to the discourse of worried well highlights tension between her counselling and clinical psychologist identities. Although clinical and counselling psychology are closely related, each specialization views people and problems through slightly different lenses. The ambivalence Participant 3 associated with this discourse highlights contradictory displays of expertise. Treating mental illness is the focus of clinical psychology, and counselling psychology focuses on helping people without a diagnosis solve problems of everyday living (CPA, 2009; Saskatchewan College of Psychologists, 2017). The two specialties approach mental health and illness from different perspectives. The professional stance of each specialization impacts what the psychologist looks for and what they do not. Participant 3 identified and oriented towards both specialties. At times she noted tension that

may have resulted from these competing perspectives about who meets the criteria for service and how to assert boundaries with clients related to expectations resulting from alternative ways of working.

Participants within my study expressed experiences consistent with literature highlighting similarities and differences between counselling approaches and the medical model (Gale & Austin, 2003; Hansen, 2007; Hansen et al., 2014; Woo et al., 2014). Gazzola et al. (2010) found that counsellors feel uncertain about how to embrace their professional values amongst medical discourses. The ambivalence that Participant 3 expressed related to treating worried well could relate to the tension between medical and holistic discourses. Participant 3 was able to work within each perspective but highlighted how pressures result from the various ways of working. Participant 2 experienced barriers to integrating her family nursing focus within nursing and healthcare systems that generally do not orient to these perspectives.

Evidence-Based Practice

The discourse, evidence-based practice, may also relate to assertions of credibility, certainty, and expert authority. Participant 1 referred to using evidence-based practice in my interview with her. There has been significant debate about the discourse evidence-based practice in counselling and health professions. "Evidence-based" requirements have not been applied to psychotherapy inclusively (Bohart et al., 1998; Bryceland & Stam, 2005). Evidence-based practice results in hierarchically categorizing research methodologies according to what is most reliable for clinical drug trials (Bohart et al., 1998; Bryceland & Stam, 2005). Within counselling and psychotherapy, research demonstrates that the specific therapy and techniques account for only a small part of the outcomes in counselling: it is mostly the human and relational factors that make treatment successful (Anderson et al., 2010; Frank, 1995; Hubble et

al., 2010). Research approaches at the top of the hierarchy of evidence are designed to not account for the actualities of patients' lives, practice contexts, or professionals' impact on the therapeutic process (Bryceland & Stam, 2005; Miles & Loughlin, 2011). Therefore, studies using methodologies for clinical drug trials are too narrow to apply straightforwardly and entirely to psychotherapy (Bohart et al., 1998; Bryceland & Stam, 2005) and much of healthcare (Miles & Loughlin, 2011).

The discourse of evidence-based practice can become problematic if applied narrowly to therapists' work. Research shows that if patient values conflict with the "best available" evidence, the evidence-based practice model prioritizes using the "evidence-based" intervention over consideration of client factors (Miles & Loughlin, 2011). Therefore, evidence-based practice is "being increasingly abandoned as part of an active search for a more clinically coherent and economically sustainable alternative" (Miles & Loughlin, 2011, p. 532). Advocates are now calling for an evidence-informed approach. Evidence-informed goes beyond evidence-based practice to keep the person receiving services at the center of care and include various types of evidence, including qualitative evidence (Miles & Loughlin, 2011; Woodbury & Kuhnke, 2014). This approach allows for a more contextualized and nuanced application of evidence to client situations and needs (Bohart et al., 1998; Bryceland & Stam, 2005; Miles & Loughlin, 2011).

Within her interview, it appeared that Participant 1 was using the discourse evidence-based in a way that was more aligned with evidence-informed practice. She spoke about using therapies supported by evidence and that fit for the client and herself. The code of ethics and ethical guidelines to which Participant 1 was obligated to apply referred to maintaining and building on professional knowledge. Thus, the discourse evidence-based practice was not used

within the social work ethical documents (CASW, 2005a; CASW, 2005b). The CNA (2017) has taken up the language of evidence-informed practice, and CPA (2017) referred to using "best available evidence" within its code of ethics. Canadian psychologists are obligated to assess "best available evidence" utilizing the hierarchy of evidence (CPA, 2017). Thus, there is variation between the three professions' requirements in terms of using and applying evidence to their practice.

Both job postings I reviewed for social workers required them to use "evidence-based interventions." Job postings for psychologists, RNs, and mental health therapists did not refer to the requirement to be informed by evidence in their decision-making. The difference could be that integrating evidence into one's practice is already a professional obligation for psychologists and nurses but not social workers. Discourses of "evidence-based" might be more prevalent in healthcare than within other systems in which social workers commonly work.

Authors have expressed concerns about evidence-based practice requirements when they are taken up and applied narrowly to manage counsellors' work. A reductionistic approach to scientific knowledge separates a discipline's science from its caring and relational aspects (Miles & Loughlin, 2011). It discounts professionals' role in applying the therapy to the client they are working with (Bryceland & Stam, 2005; Miles & Loughlin, 2011). Distancing professional expertise from the therapeutic relationship creates pressures for therapists to interact with clients as experts (Doyle, 2017). This expert stance might in part relate to the themes of credibility, authority, and attempts at certainty. However, as mentioned above, strictly adhering to evidence-based practice may not be in clients' best interest. The discourse of evidence-based practice might be another example of how management of practice can distance counsellors from acting in the public interest. It also highlights how discourse can be used within a profession to claim

authority and assert expertise but distance the profession from its stated aims, such as public protection.

In summary, being viewed as credible supported participants' multiple professional identities. Being deemed to have the professional expertise to do therapy work was central to credibility. Regulatory processes, employer documentation processes, insurance policies and public perception undermined Participant 2's credibility to do therapy as an RN. Alternatively, regulatory requirements, workplace processes, and insurance policies supported Participant 1 and 3's authority to do therapy. Therefore, these processes supported Participant 1 and 3's credibility as a registered social worker and registered psychologist to do therapy.

Despite being viewed as competent to do therapy, Participant 3 experienced barriers to express her counsellor identity within her workplace. She experienced barriers both when employed in a therapist role with her workplace and when she employed as a consulting psychologist and doing therapist work outside of her employment role. Participant 2 also struggled to find a job in direct care to express her multiple professional identities as a therapist and family nurse. Thus, Participant 2 and Participant 3's multiple professional identities were problematized. That is, their multiple professional identities were framed as a problem or difficulty to varying extents and in some contexts. This problematization may have related in some ways to difficulties administrators had with managing their identities to ensure their care remained safe and competent. However, Participant 3's experiences of psychologists being seen as "high maintenance" and "expensive" indicated that her identities might have been regarded as problematic for more reasons than ensuring safe, competent, and ethical care. Participant 1 did not experience any problematization of her identities when working in her current role as a therapist. However, she noted that she experienced some limiting of her professional capacity

when she was in an addiction counsellor role. Participant interviews indicated that they valued being deemed credible by members of the public, decision-makers, and interprofessional teammates. Credibility was central to having the autonomy to enact their multiple professional identities.

Implications

A major advantage of IE is that its methods make visible "how things actually work" (Smith, 2005, p. 222). When the processes of social coordination and organization are made visible, places to intervene and create change become evident (Campbell & Gregor, 2002; McCoy, 2008; Smith, 2005). In this section I will highlight implications of this study for counsellors, healthcare administrators, and professional regulators.

Professions have a social contract with the public which involves using judgment to enact professional values and competencies to meet the public's needs in exchange for self-regulatory privileges (Alyott et al., 2019; Evans, 2021; Larson, 2013 as cited in Evans, 2021). Christmas and Cribb (2017) articulated that professionals' "fundamental commitment to help" and to "do no harm" (p. 4) are foundational aspects of professional identity in healthcare. My analysis is consistent with these assertions. Participants in my study tended to internalize this social contract: they generally expressed their professional identities in terms of doing what is best for the client they are working with and the public in general.

Professional Regulation and Identity

Within this study, I found that professional regulation is central to participants' professional identities, their work, and whether their multiple professional identities were problematized. Ethical codes were key texts that participants took up in their work and their discussion of their identities. Many of the discourses I identified in my analysis could be located

in regulatory codes of ethics, such as those relating to boundaries, doing what is best for clients, professional knowledge, use of evidence, and interdisciplinary collaboration. Discourses related to credibility, autonomy, responsibility, and accountability also appeared to relate to regulatory processes, although indirectly: they were not explicit within professional codes of ethics. In the process of directing their work, codes of ethics became central to participants' professional identities. My findings indicated that an absence of regulatory documents that supported their multiple professional identities increased the tension participants experienced within their identities. Participants attempted to use their multiple perspectives to help clients and, at times, felt constrained by regulatory processes to accomplish this.

The PSA (2018) concluded that regulators' impact on professional identity is "indirect" (p. 10) and "small" (p. 11). My findings somewhat align with this; I found regulators' impact on professional identity was indirect but not small. While the participants within my study did not imply they were regularly checking regulatory documents or contacting their professional bodies, they indicated that they had internalized ethical values and standards and used them to guide their everyday practice. This suggests that counsellors participate in the social organization of their work by taking up codes of ethics and other regulatory documents and using them to do their job.

I found variation in the extent to which participants believed their regulatory body's processes supported their identities. Participant 3, who was a psychologist, did not feel constrained by regulatory documents. Instead, her interview indicated that regulatory documents provided her with the authority to work within the client's interest. This finding is consistent with Bryceland (2006) who found psychologists do not view regulation as overpowering. Participant 3 noted times where additional resources would better support her to assert

professional boundaries. Participant 2, however, felt constrained by regulatory processes, which limited her autonomy and ability to enact her scope to do psychosocial interventions with clients as an RN. Because I did not study the regulatory body's processes in detail or from regulators' perspectives, it is unclear if this was an oversight or if there was an intentional limiting of RNs to do private counselling work. Regulatory bodies may find value in exploring the impact of their processes on professional practice and client experiences, particularly in relation to registrants with multiple professional identities.

Taking up Regulatory Texts: Workplaces

Participant interviews indicated that in addition to codes of ethics, their employment roles and job descriptions were key to how participants enacted their multiple professional identities. Work role descriptions and workplace processes had the potential to support or problematize participants' multiple professional identities. Work role descriptions often were based upon professional regulated identities, with positions often dedicated to professionals with specific credentials. A noted exception to this was roles for mental health therapists, which required a candidate to be registered as a psychiatric nurse (which is distinct from a registered nurse), psychologist, or social worker. Regulatory documents were taken up not only by individual counsellors, but also those working within educational institutions and workplaces to influence the practice of regulated professionals. For example, Participant 1 spoke about how documentation is designed to meet her regulatory body's ethical requirements. Another example is the interprofessional teams that participants worked with. Team members took up the value of collaboration to support participants' multiple identities. On the other hand, for Participant 2, it appeared that regulatory texts were taken up in a way that limited her to enact her multiple professional identities.

Because people with multiple professional identities do not fit into clearly delineated role descriptions, their experiences can illuminate gaps within systems. An example is the experiences that Participant 2 had with discourses of family-centered care. Family-centered care is a stated value of hospitals. Yet, the actualities of her practice indicated that family nursing and psychosocial intervention is uncommon in registered nursing practice. She related this to organizational cultures and the way tasks are documented. Thus, there is a disconnect between what is stated as a value and the way care is organized. This finding implies that workplaces may benefit from reviewing how well their processes match their organization's stated mission and values statements. Such an exploration could inform institutions how to align their practices with their values.

Participant 2 experienced a limiting of her scope of practice from regulatory, workplace, and educational processes that disconnect RNs from engaging in therapeutic conversations that she believes would benefit the public. Inconsistencies between what activities the professional does in practice and what is acknowledged significantly impact professional identities (PSA, 2018). A discrepancy between what her profession and workplace recognized and what she does affected Participant 2. Participant 2 noted a long-standing tension within her professional identities. She attempted to resolve the disjuncture through her academic work with a focus on registered nursing curriculum and research to include therapeutic conversations as a routine part of nursing care.

To better meet the needs of the public, my findings suggest that employers might consider how they can write job roles and descriptions that are clear but also provide space for managers to respond to the unique competencies of their employees. Work assignments based on the skills and abilities of the people in the role would align more closely with service provision

that is in the client's best interest. Management might coordinate work to take advantage of the employee's unique skills and abilities in addition to their professional scope of practice and role.

The findings of this study might also have implications related to role conflicts. For example, situations where regulated counsellors, nurses, social workers, and psychologists occupy administrative and management roles which focus on the enforcement of organizational policies and practices rather than providing services directly to clients. My analysis indicated that at times there is a conflict between employer and regulatory requirements. Professionals experiencing role conflict might benefit from reflecting on and noticing how their attempts to enact varying texts might relate to their conflict. This awareness might offer concrete places for them to focus on reducing changes.

Taking up Regulatory Texts: Professionals

As discussed in Chapters 1 and 2, the counselling profession is diverse. People come to be counsellors and psychotherapists in various ways and practice from a variety of professional backgrounds. The Canadian Counselling and Psychotherapy Association's (CCPA, 2020a) ethical code states that counsellors respect the diversity and differences of others. The CASW (2005a) provides an example of an ethical code that makes professional values explicit while also providing space for professional and individual diversity and judgment within the boundaries of the profession. Such an approach might reduce tensions for therapists who have more than one identity to use their multiple perspectives to benefit the client. It also demonstrates how the regulatory body upholds its stated values and recognizes the relational role the individual professional plays in providing the service.

Counselling and psychotherapy regulation is under development in Alberta and Saskatchewan. Knowing that participants oriented primarily to their work roles and codes of

ethics has implications for counselling and psychotherapy regulatory bodies under development. Engaging in extensive consultation and review when writing codes of ethics may support the development of professional identities that align with the counselling professions' values and the public protection mandate. Regulators can then work with key stakeholders such as registrants, employers, and educational institutions to reinforce critical aspects of professional identity (PSA, 2018). They can evaluate the impact of their processes on practice and client outcomes.

Limitations

This study was an initial inquiry into the experiences of counsellors with multiple professional identities. I wanted to explore whether counsellors experienced their multiple professional identities as being problematized. I also wanted to know how multiple identities came to be problematic. I was able to gain a thick description of participants' experiences related to their identities and highlight the diversity of the three counsellors' experiences with their multiple professional identities. The findings of this study may not generalize to counsellors with multiple professional identities more broadly due to the sample size. However, in qualitative research, findings may be transferable if the participants' contexts are similar to others' situations (Mertens, 2015). I sought to provide a thorough description of participants' contexts to support the reader's ability to compare their situation to that of the participants and therefore determine how applicable my results are within their contexts.

The three participants who participated in my study worked in Alberta and Saskatchewan. Participant 1 was a registered social worker who was working as a therapist. Participant 2 was an RN and family nurse/therapist working as a nursing professor at the time of our interview. Participant 3 was a registered psychologist who worked within a publicly funded mental health center and had a private counselling practice. Counselling regulation is currently

under development within Alberta and Saskatchewan. When interpreting the results of this study, it is important to keep this context in mind and note that regulation of counselling is evolving across Canada. Because participants were registered with one profession, results may not be transferable to professionals who are licensed with more than one regulatory body. Further, participants' regulated identity was not counselling. My results indicated that all three participants felt a strong connection with their therapist identities. However, they primarily identified with their regulated identities. Participants' therapist identities were not regulated and this might have impacted how strongly they identified with that identity.

I recruited participants from the Saskatchewan Health Authority and used snowball sampling to recruit an additional participant from Alberta. My results indicated that workplaces have a substantial impact on professional identity. Future studies might recruit participants who work in other systems to evaluate whether the findings of this study apply to various work contexts. Counsellors with multiple identities who work in criminal justice, social services, educational systems, and private practice might have similar or different experiences to counsellors working in the healthcare system and a university. Similarly, all participants identified as female and Caucasian and therefore, results might not apply to counsellors who identify with a different gender and/or race.

The methods used in this study involved asking participants to describe their experiences related to their professional identities. I did not study their practice or the impact of their identities on their practice. Further, I selected the two primary texts to which participants were orienting within their interviews to analyze. As can be seen within the Figures in Chapter 4, participants identified numerous documents that guided their work. Exploring these additional

texts could allow for a more comprehensive discovery of the social construction and organization of counsellors' work.

Recommendations for Future Research

The results of this study indicate a strong impact of regulation on professional identity. As counselling regulation evolves across Canada, there might be different effects on the identities of counsellors from what I found in the present study. All three participants in my study were registered with a single regulatory body and integrated regulatory requirements into their practice. These findings bring up questions about accountabilities for counsellors who hold more than one registration. Juhl et al. (1995) discussed this consideration for nurses registered as both a Licensed Practical Nurse (LPN) and an RN in the United States. The authors noted that it is not clear what level of accountability a nurse would be held to in a legal proceeding. For example, if they were working in a role for an LPN, held licenses as both an LPN and RN, would they be expected to act to the standard of the LPN or RN? Similar questions remain about a professional providing counselling services and who has registration for two distinct but related professions, for example, psychology and nursing. Future studies could also explore the experiences of counsellors who are trying to enact more than one regulator's standards and code of ethics at a time.

The results of this study indicate that professionals with multiple identities take self-regulation seriously and are dedicated to using their multiple professional identities to advance the public interest. Participants described actively taking up regulatory documents, integrating them with their professional identities, and applying them to inform their work with clients. Thus, they are not passive in the regulation of their work. The results also demonstrated that they each remain committed to their professional disciplines. Future research could explore how work

might be managed to provide space for counsellors to safely use their judgment about what aspects of their multiple identities to enact in different practice contexts.

Future research might explore the outcomes of multiple professional identities on counsellors' work with clients. This research could identify benefits and risks to the public of working with professionals who have other professional identities. Outcomes research could provide information about how to mitigate risks and maximize the benefits of professionals with more than one identity.

Finally, as noted above, my study highlighted tensions that sometime exist between employer and regulatory requirements. This finding leads me to question how a regulated professional enacts regulatory requirements within administrative roles. Future studies might explore how regulated professionals in administrative positions navigate regulatory and institutional requirements and how any conflicts or tensions between these requirements are addressed.

Chapter Summary

This study was a beginning inquiry into counsellors with multiple identities. I sought to determine if and how counsellors' multiple identities were problematized. My findings indicate that having multiple professional identities is made problematic for some counsellors and not others. Tensions increased when counsellors had difficulty aligning and enacting their multiple professional identities within their work roles and when they experienced a lack of support for their identities from regulatory processes. Participants in my study oriented towards their profession's code of ethics to guide their work. They valued autonomy and tended to express their identities in terms of working within the public interest. In my analysis, I identified discourses related to boundaries, credibility, and interdisciplinary collaboration. Participants

varied in how empowered or limited they felt by texts to use their multiple identities to do what is best for clients. These findings have potential implications for regulatory bodies, workplaces, and professionals. Future studies could build on this research. In the next and final chapter, I will summarize this research study, including the main findings of my analysis, the study design, and implications of the research. I will also reflect on the evolution of my standpoint in relation to the study.

Chapter 6. Conclusion

The focus of this thesis was to explore counsellors' experiences with having more than one professional identity. Specifically, I wanted to understand whether counsellors' multiple professional identities were problematized. When I began the Master's of Counselling Psychology program, I had an established yet evolving professional identity as a registered psychiatric nurse. My experience of developing a professional identity with an already established professional identity sparked my interest in studying professional identity. As I reviewed the literature on counsellor identity, I was enticed by arguments about the challenges of articulating a clear identity within a profession comprised of practitioners from diverse disciplinary backgrounds and training. This led me to question whether counsellors' multiple professional identities were constructed as challenges within the systems they work and live. If I found that having multiple identities was problematic, I wanted to know how they came to be problematized. In this concluding chapter, I will reflect on my standpoint concerning this study, the research methods, the main findings, and the implications of this research study. I will also provide closing remarks.

Personal Reflections

In Chapter 1, I wrote about my desire to keep the social and relational side of my psychiatric nursing identity while feeling somewhat challenged to do so within the actualities of my psychiatric nursing practice. I sought a Master's of Counselling Psychology to deepen my practice as a mental health professional and expand into community roles. I thought obtaining a Master's of Counselling Psychology would enhance my opportunity to work within a recovery-oriented, preventive, growth, and wellness framework. This project revealed that participants, at times, faced challenges similar to those I experienced as a psychiatric nurse. Participants

experienced barriers to enacting their multiple professional identities within some workplaces and employment roles. They expressed that these barriers limited their ability to provide the best possible services to clients. Within my analysis, I identified that participants believed enacting their multiple professional identities within their work roles was in the public interest. However, participants were able to enact their multiple identities to varying extents. The difference appeared to relate, at least in part, to participants' employment role (or roles) and employer and regulatory processes that supported or constrained participants' professional autonomy. Some roles, workplaces, and regulatory processes supported greater flexibility in how participants expressed their professional identities.

Because I found regulatory texts were key documents to which participants oriented, I believe it necessary to acknowledge that my standpoint in relation to professional regulation has changed as I have worked through this thesis. Discussing my standpoint with regard to the research and research participants is a part of reflexivity that supports trustworthy qualitative research. Reflexivity involves asking critical questions of the research and research process, including the researcher's reactions to and interactions with all aspects of the study (Glesne, 2016). Researchers achieve reflexivity by discussing the study with other people, reflecting on participants' and others' questions about the inquiry, and considering perspectives concerning the research (Glesne, 2016). I have attempted to demonstrate that I have engaged in critical self-reflection by making my standpoint explicit throughout this thesis document.

My employment role has shifted as I have worked through this study: I am now working for a professional regulatory body for registered psychiatric nurses in Saskatchewan. Because of my new role, regulation has become central to how I think about professional practice and professional identity. I was not yet working for a professional regulator when I completed

interviews with participants but had taken this new role when coding and analyzing this study's data. Personal reflection and engaging in supervision have supported me to be aware of how my standpoint has impacted my analysis and this research study in general.

Reflections on Methodology

Using Discourse Analysis with participant mapping and theory from Institutional Ethnography (IE) helped me answer how counsellors' multiple professional identities have come to be problematized for some counsellors. I believe these methods also supported a trustworthy analysis. Potter and Wetherell's (1987) steps provided me with the structure required to complete this study as a novice researcher. IE provided direction and a framework for locating professional discourses related to counsellors' multiple professional identities within institutional texts, which supported a meaningful analysis. Mapping discourses identified within interviews to institutions helped illuminate contradictory discourses and highlight the disjuncture between what is written and participants' lived experiences.

Reflections on Implications and Future Research

As discussed in Chapter 5, additional research is required to determine the impact of working with multiple professional identities on clients and client outcomes. Further exploration into the actual work practices of counsellors with multiple professional identities is needed. Such an inquiry might lead to identifying additional texts or an adjustment to existing texts required to support the ethical practice of counsellors with more than one professional identity. This study has led me to question how a counsellor who is licensed with more than one regulatory body might enact the requirements of multiple regulated identities. As a result of this study, I also have questioned if there are any ethical, legal, or regulatory implications of dual or multiple licensures, for example, if a person is registered as a nurse and a psychologist. Similarly, I have

become curious about how regulated professionals within administrative roles enact contradictory texts. I believe additional studies to explore these questions could be of value to clients, counsellors, regulators, and administrators.

This thesis makes visible an experience that, to my knowledge, has not been explored in depth before, which is the experiences of counsellors who have two professional identities. I elicited a detailed description of participants' experiences with their multiple professional identities. This work can serve as a starting point for further inquiry into how administrators can organize counselling work to match the skills and competencies of the care provider with client needs. Further exploration into the implications of multiple professional identities would be beneficial, such as those for the public, clients, systems, and the professionals themselves.

The findings of this research study emphasize the value of determining the intended and unintended impacts that administrators have on actual experiences of clients and professionals. A central question is how to keep the intent of public protection at the center of the multiple texts that guide professional practice. The results of this study led me to become curious about how regulators and administrators can balance setting requirements to protect the public with allowing professionals the autonomy needed to act in the public interest within a variety of practice contexts.

Summary of Main Findings

The findings of this research project have shown that while interdisciplinary practice is valued within healthcare, interdisciplinary people are often not. The disjuncture between what is valued and tensions between autonomy and boundaries may have contributed to challenges navigating multiple professional identities. When participants could not enact their identities

within a single employment position, it appeared that they experienced increased pressures and tensions within their identities.

Participants' experiences illuminated discourses related to client- and family-centered care and protecting the public interest. The therapists with multiple identities who participated in my study discussed their commitment to the self-regulatory principle of providing the highest quality service to the public. However, my findings indicated that counselling work is not always organized consistently with these tenets. For example, discourses related to evidence-based practice sound reasonable and public-focused at first glance. Still, as discussed in Chapter 5, scholars have shown that strict adherence to evidence-based practice may distance professionals from doing what is best for clients. Instead, there is a movement towards an evidence-informed approach, which is more flexible and allows the practitioner to apply various kinds of evidence based on client needs and context. Participants expressed a desire to use all their skills to provide the best possible care to the people they were working with. However, their experiences with having multiple professional identities highlighted gaps in services and processes that would benefit clients. For example, Participant 2 could not find a family nursing position despite years of advanced education in family nursing. Her experiences as a registered nurse highlighted a need to support family members of people with serious illnesses.

Another disjuncture between professional discourse and actualities made visible by participants' experiences were those related to professional autonomy. The actualities of their practice indicated a variety of factors constrained participants' autonomy at times. While they did experience degrees of autonomy, participants' autonomy appeared limited. Limiting factors included professional hierarchies, strict applications of boundaries, documentation procedures,

and sometimes an absence of processes or regulatory texts that permit them to assert their autonomy and authority in a way that participants thought would benefit clients.

Participants identified their work roles and codes of ethics as critical texts they oriented to when doing their work. My analysis indicated that codes of ethics may be significant sources of authority for regulated professionals. Counselling is currently undergoing regulatory development within Alberta, Saskatchewan, and other Canadian provinces. The participants within this study were not regulated as counsellors or psychotherapists but as a registered nurse, psychologist, and social worker. Thus, it is unclear what impact the regulation of counselling and psychotherapy will have on the individual and collective identities of counselling and therapy professionals.

My analysis highlighted that administrators working in complex systems categorize credentialed employees into roles, based on their professional and educational backgrounds, with specific tasks based on these credentials. Most administrators influence only a small part of an organization, and this system of administering a program contributes to the complexity of how work is coordinated (Pence, 2001; Smith, 1987, 2005). For example, many people are involved in providing and managing a service. Based on my findings, it appears that health and social care are generally not organized to account for individual practitioners' skillsets and perspectives or to match those skills with identified needs on a client-specific basis. It appears that people are categorized as one kind of professional or another, and processes often do not exist to support a professional to use more than one professional perspective at once. This way of managing work within healthcare may have contributed to tensions within participants' multiple identities.

Participants addressed tensions within their identities in different ways. One participant found a role to enact her therapist identity as part of her social work identity. Another worked at

a systems-level by working in academia to influence the nursing curriculum and research. The final participant managed her multiple identities by maintaining two separate roles. However, this solution did not decrease her discomfort as she felt pressured to silence her counsellor identity. It appeared that balancing professional discourses of boundaries and avoiding conflicts of interest with those of collaboration and acting in clients' interest created tensions for Participant 3 in navigating her multiple identities. Thus, participants within my study experienced varying levels of stress within their identities and sought to resolve this pressure differently.

This research highlighted various accounts and experiences with multiple professional identities that remain mostly invisible within workplaces, regulatory spaces, and in the literature. Clients of counselling and therapy services may benefit from attending more closely to understanding if, how, and when multiple professional identities are beneficial to clients and when they might be problematic. There might be circumstances where it is helpful to organize health and social care differently to create space for counsellors with multiple professional identities. For example, the public might benefit from roles specific to family nurses. Healthcare administrators may also wish to evaluate their documentation processes to determine whether they support client- and family-centered care. Lastly, this research highlighted both benefits and challenges with maintaining more than one professional identity.

Final Thoughts

The ways that participants spoke about their professional identities demonstrated their dedication to competent, ethical, collaborative, and accountable service that meets clients' needs. This thesis has illuminated exciting opportunities for counsellors with multiple identities to contribute in unique ways to public wellbeing. It has also made visible some challenges to

having and maintaining multiple professional identities. Challenges include ensuring that one is not entering conflicts of interest if multiple identities are maintained through multiple roles and assessing and monitoring the competence of regulated professionals enacting multiple professional identities.

My exploration of counsellors' experiences with multiple identities made visible that supporting professionals who have more than one identity to use their judgment, knowledge, and skills to act in the public interest may be of benefit. Administrators are challenged to establish requirements and processes for safe, ethical, and accountable therapy and counselling practice that do not unnecessarily restrict professionals' autonomy. I have seen how systems and systemic discourses can shape thinking, seeing, and doing through this analysis. I have also seen how discourses can limit what is made visible. One example was the limited opportunities Participant 2 had to implement family nursing and therapy within her practice. Exploring experiences that fall between socially constructed categories meant to organize healthcare can make visible what is taken for granted. Looking at experiences that do not fit within one profession's traditional scope of practice may illuminate client needs and services made invisible by current ways of working.

In Chapter 1, I noted that a profession's identity guides the work of its members. The counselling and psychotherapy profession is a relatively new profession that has developed its professional identity over the past decade. Many people who are counsellors and therapists have more than one professional identity. Historically, some scholars questioned the impact of this diversity and counsellors' multiple identities on the development of the counselling and psychotherapy profession. As I considered the context of regulatory change, development of the profession, and scholars' curiosities about the impact of the diverse credentials of counsellors, I

wondered if counsellors who have more than one professional identity experience pressures related to their multiple professional identities. My analysis of three participant interviews identified that counsellors do at times experience pressures related to their multiple professional identities. These pressures and their multiple identities remain largely invisible within the literature and within the systems in which counsellors work. The results of the current study suggest that there is value in illuminating the experiences of counsellors with multiple professional identities and studying the tensions between these identities. Exploring the actualities of counsellors with multiple identities may provide insight into how to improve health systems to better meet the needs of the public.

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Appendix A: Letter of Information for Supervisors and Managers

STUDY PARTICIPANT LETTER OF INFORMATION
Exploring the Problematization of Counsellors with Multiple Professional Identities

[insert date]

Researcher:
Lacey Bennett
[redacted]
Email: lbennett1@athabasca.edu

Principal Investigator/Co-Supervisor:
Dr. Emily Doyle
Ph: (587)-364-0299
Toll free: 1-855-359-2090
Email: edoyle@athabascau.ca

Co-Supervisor:
Dr. Sharon Moore
Toll free: 1-866-375-8570
Email: sharon.moore@athabascau.ca

You are invited to take part in a research project entitled *Exploring the Problematization of Counsellors with Multiple Professional Identities*

This form is part of the process of informed consent. The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. This is the informed consent process. Take time to read this carefully as it is important that you understand the information given to you. Please contact the researcher, Lacey Bennett if you have any questions about the project or would like more information before you consent to participate.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction
My name is Lacey Bennett and I am a Masters of Counselling Psychology student at Athabasca University. As a requirement to complete my degree, I am conducting a research project about the experiences of counsellors who have a professional identity in addition to their counsellor identity. I am conducting this project under the supervision of Dr. Emily Doyle and Dr. Sharon Moore.

Why are you being asked to take part in this research project?
You have been invited to participate in this research study because you are a counsellor who has a professional identity in addition to your counsellor identity and you work in healthcare. For

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example, you may be a registered psychiatric nurse, registered nurse, psychologist, pastoral or spiritual care provider, or social worker who provides counselling services and identifies as both a counsellor and with your other professional identity. You communicate in English.

What is the purpose of this research project?
The purpose of this research project is to capture the experiences of counsellors who work in healthcare of having more than one professional identity and the supports and pressures that counsellors with more than one professional identity feel when doing their work, within and outside of their workplaces.

What will you be asked to do?
You will be asked to participate in an audio-recorded interview lasting from 1 to 2 hours. You will be asked a series of questions about your work experiences, your identity of counsellor, your other professional identity or professional identities, and how these identities are discussed, supported and/or not supported within your workplace and other environments. At the beginning of the interview you will be asked to provide answers to demographic questions which will help the researcher to describe the sample of participants who have informed this study. You may pass on any question that you prefer not to answer or makes you feel uncomfortable.

The interview will be audio recorded so that the researcher can make sure that everything that is said is captured in detail. Additionally, the researcher will take notes throughout the interview. The interview will be transcribed by a professional transcriptionist who will be asked to sign a confidentiality agreement. You will be asked to review your transcript, approve it as is or make changes, and sign a release to authorize the researcher to use quotes from your transcript in the research report, without identifying you. To maintain your confidentiality, the quotes will not be linked back to your identity, demographics, or your workplace within the report. The interview would be arranged for a time and place that is convenient for you within the months of July, August, or September 2019. The interview may be arranged to take place in person or at a distance over the telephone.

At any time, you may notify the researcher that you would like to stop the interview and your participation in the study. If you choose to withdraw prior to the data analysis stage, you may also request that all of the information you have provided will be destroyed. There is no penalty for discontinuing.

What are the risks and benefits?
There are minimal risks in participating in this research beyond those experienced in everyday life.

You are encouraged to consider your individual situation and to avoid any negative impacts, such as social or economic consequences, that participating in this study may have on you. For example, you might ask that the interview be scheduled during times when you do not work and away from your workplace.

You might learn more about yourself and your professional identities by participating in this study. You may also benefit from this research by assisting in contributing to a growing body of research regarding counsellor identity and knowledge about counsellors with additional professional identities. Your voice is important and your experience is valuable. It is beneficial to hear first-hand from counsellors who have additional professional identities to build a base of knowledge on this topic. Your participation may also help in future advocacy efforts for counsellors with more than one professional identity and diverse professional backgrounds.

As a token of appreciation, you will receive a $10 Tim Hortons Gift Card after the interview.

Do you have to take part in this project?
As stated earlier in this letter, involvement in this project is entirely voluntary. You are able to stop or end your participation during the process of interviewing (data collection stage) if so desired. If you wish to discontinue an interview, you may inform the researcher and it will be ended with no negative consequences to yourself. If data has been partially collected, it will be kept unless you request it to be destroyed.

Your data can be removed during data collection. Once data collection has ended, you will no longer be able to remove your data. You will be informed as to the date that data collection will end. At that time, you will no longer be able to have your interview transcript removed from the project.

How will your privacy and confidentiality be protected?
Your participation in this research is confidential. The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure.

The researcher will use a code name (pseudonym) for you in the written transcripts of the interviews to guard your privacy. Recorded interviews will be transcribed by a professional transcriptionist who will be asked to sign a confidentiality pledge. De-identified interview data will be accessible by authorized research team members for the purposes of analysis only. These research team members include Athabasca University professors, Dr. Emily Doyle and Dr. Sharon Moore, who are sitting on the thesis supervisory committee for this project. No personally identifiable information will be shared within the manuscript of the research findings.

Email or phone correspondence with the researcher will be kept private and confidential. All confidential information will be accessible only to the researcher, Lacey Bennett, and thesis supervisors Dr. Emily Doyle and Dr. Sharon Moore.

All information will be kept confidential, except when legislation or a professional code of conduct requires that it be reported.

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Your name or demographics will not be attached to your interview transcript. Instead, a pseudonym will be assigned to your data files in order to identify them.

How will the data collected be stored?
All of your data (audio recordings, transcripts, demographic questionnaire) will be kept private and secure in password protected folders on REDCaps, which is a secure web platform for storing research data that is run on the Saskatchewan Health Authority's servers. REDCaps files will only use pseudonyms for study participants. All hard copies of study materials containing participant information or data will be stored by the Principal Investigator in locked cabinets and then shredded and disposed of in confidential shredding after 5 years. However, master lists that link participant pseudonyms to participants names and contact information will be destroyed after the study. Digitally stored information will be kept for 5 years. Interview transcripts and demographic questionnaires will also be kept in a password-protected study file on a shared data analysis program called NVivo that may be accessed by other authorized research team members for the purposes of analysis. NVivo files will only use pseudonyms for study participants.

Data will be retained for 5 years for potential secondary analysis. Secondary analysis would include going over the same data again at a later date with a different research aim in mind. Any proposed secondary analysis would go through a process of ethics approval with the Research Ethics Board.

Who will receive the results of the research project?
During the process of data collection and report writing, only Lacey Bennett, Dr. Emily Doyle, and Dr. Sharon Moore will have access to the data and report. Once the report is complete, Athabasca University will store the report at the Athabasca University Library's Digital Thesis and Project Room. The report may also be disseminated to academic journals in which it may be published and/or presented at academic conferences. No personally identifiable information will be shared within manuscripts, publications, or presentations of the research findings.

The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research report will be publicly available.

The report may include direct quotations from your interview transcripts but they will be reported anonymously.

After the research project is complete, the researcher will send you copies via email so that you may view the finished product. The report will also be viewed by the researcher's supervisors and supervisory committee.

Who can you contact for more information or to indicate your interest in participating in the research project?

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Thank you for considering this invitation. If you have any questions or would like more information, please contact me, Lacey Bennett by e-mail lbennett1@athabasca.edu or you may call me at [redacted] or contact my supervisors, Dr. Emily Doyle by phone at 1-855-359-2090 (toll free) or email edoyle@athabascau.ca or Dr. Sharon Moore at 1-866-375-8570 (toll free) or email sharon.moore@athabascau.ca.

Thank you.

Lacey Bennett

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

This research project was reviewed and approved on ethical grounds through the former Regina Qu'Appelle Health Region. Any questions regarding your rights as a participant may be addressed to that committee through the former RQHR Research Ethics Office at ResearchEthics@rqhealth.ca or (306) 766-5533. Out of town participants may call collect.

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Appendix B: Letter of Information for Participants

LETTER OF INFORMATION FOR SUPERVISORS AND MANAGERS
Exploring the Problematization of Counsellors with Multiple Professional Identities

Researcher:
Lacey Bennett
[redacted]
Email: lbennett1@athabasca.edu

Principal Investigator/Co-Supervisor:
Dr. Emily Doyle
Ph: (587)-364-0299
Toll free: 1-855-359-2090
Email: edoyle@athabascau.ca

Co-Supervisor:
Dr. Sharon Moore
Toll free: 1-866-375-8570
Email: sharon.moore@athabascau.ca

[Date]

[Name of recipient]
[Agency]
[Agency Address]

Dear [name of recipient],

My name is Lacey Bennett and I am a Masters of Counselling Psychology student at Athabasca University. As a requirement to complete my degree, I am conducting a research project about the experiences of counsellors who work in healthcare and have a professional identity in addition to their counsellor identity. I am conducting this project under the supervision of Dr. Emily Doyle and Dr. Sharon Moore.

My research project is entitled *Exploring the Problematization of Counsellors with Multiple Professional Identities*

I am writing this letter to request your assistance with recruitment of research participants and to help me obtain documents related to counsellor or therapist job postings, role description, and job evaluation templates which I will use as part of my analysis.

Why are you being asked to take part in this research project?
You have been invited to take part in this research study because you are a manager or supervisor within the Saskatchewan Health Authority who may oversee the work of one or more counsellors who have a professional identity in addition to their counsellor identity. I am seeking individuals to interview who identify as counsellors and have one or more additional professional identities in addition to their counsellor identity. For example, they may be a registered psychiatric nurse, social worker, registered nurse, psychologist, or pastoral or spiritual care provider who provides counselling services and identifies as both a counsellor and with their other professional identity.

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What is the purpose of this research project?
The purpose of this research project is to capture the experiences of counsellors who work in healthcare and who have more than one professional identity and the supports and pressures that counsellors with more than one professional identity and who work in healthcare feel when doing their work, within and outside of their workplaces, particularly, related to their professional identities.

What will you be asked to do?
I am requesting that you help me recruit participants to the study who you think might meet the above criteria by distributing my letter of information (attached) to individuals who may meet the criteria for my study. The information presented in the participant letter of information should give you and participants the basic idea of what this research is about and what participation would involve. Participants' and agencies' confidentiality will be protected throughout the study and participation is completely voluntary.

I am also requesting that you provide me with job postings, descriptions, and job performance templates (without identifying information) for counsellor or therapist positions within your agency. I plan to analyze these documents for what qualities, characteristics and skills are being sought out and evaluated for counsellors and therapists working within the health authority.

Participants will be asked to participate in an audio-recorded interview lasting from 1 to 2 hours. They will be asked a series of questions about their work experiences, identity of counsellor, other professional identity or professional identities, and how these identities are discussed, supported and/or not supported within their workplace and other environments. At the beginning of the interview participants will be asked to provide answers to demographic questions which will help the researcher to describe the sample of participants who have informed this study. Participants may pass on any question that they prefer not to answer.

The interviews will be audio recorded so that the researcher can make sure that everything that is said is captured in detail. Additionally, the researcher will take notes throughout the interview. The interview will be transcribed by a professional transcriptionist who will be asked to sign a confidentiality agreement. Participants will be asked to review their transcripts, approve it as is or make changes, and sign a release to authorize the researcher to use quotes from the transcript in the research report. To maintain confidentiality, the quotes will not be linked back to participant demographics or the agency within the report. The interview would be arranged for a time and place that is convenient for participants within the months of July, August, or September 2019. The interview may be arranged to take place in person or at a distance over the telephone.

How will the data collected be stored?
Documents and data obtained from participants (including audio recordings) will be kept private and secure in password protected/encrypted folders on REDCaps, which is a secure web platform for storing research data that is run on the Saskatchewan Health Authority's servers. REDCaps files will only use pseudonyms for study participants. All hard copies of study

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materials containing participant information or data will be stored by the Principal Investigator in locked cabinets and then shredded and disposed of in confidential shredding after 5 years. Master lists that link participant pseudonyms to participants names and contact information will be destroyed after the study. Digitally stored information will be kept for 5 years. Documents will also be kept in a password-protected study file on a shared data analysis program called NVivo that may be accessed by other authorized research team members for the purposes of analysis. NVivo files will only use pseudonyms for study participants.

Data will be retained for 5 years for potential secondary analysis. Secondary analysis would include going over the same data again at a later date with a different research aim in mind. Any proposed secondary analysis would go through a process of ethics approval with the Research Ethics Board.

Who will receive the results of the research project?
During the process of data collection and report writing, only Lacey Bennett, Dr. Emily Doyle, and Dr. Sharon Moore will have access to the data and report. Once the report is complete, Athabasca University will store the report at the Athabasca University Library's Digital Thesis and Project Room. The report may also be disseminated to academic journals in which it may be published and/or presented at academic conferences. No personally identifiable information will be shared within manuscripts, publications, or presentations of the research findings.

The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research report will be publicly available.

The report may include direct quotations from participant interviews and job postings, job descriptions, and employee evaluation templates but they will be de-identified prior to reporting. No information about the specific agency, clinic, or service will be published within the study.

After the research project is complete, the researcher will send you copies via email so that you may view the finished product. The report will also be viewed by the researcher's supervisors and supervisory committee and the agencies within the health authority from which participants were recruited from.

Who can you contact for more information or to indicate your interest in participating in the research project?

Thank you for considering this invitation. I would like to set up a time to discuss my study with you in person or on the phone. To schedule this meeting, or if you have any questions or would like more information, please contact me, Lacey Bennett by e-mail lbennett1@athabasca.edu or you may call me at [redacted]. You may contact my supervisors, Dr. Emily Doyle by phone at 1-855-359-2090 (toll free) or email edoyle@athabascau.ca or Dr. Sharon Moore at 1-866-375-8570 (toll free) or email sharon.moore@athabascau.ca if desired.

Thank you.

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Lacey Bennett

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

This research project was reviewed and approved on ethical grounds through the former Regina Qu'Appelle Health Region. Any questions regarding your rights as a participant may be addressed to that committee through the former RQHR Research Ethics Office at ResearchEthics@rqhealth.ca or (306) 766-5533. Out of town participants may call collect.

Saskatchewan Health Authority

Athabasca University

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Appendix C: Participant Consent Form

STUDY PARTICIPANT INFORMED CONSENT FORM

"Exploring the Problematization of Counsellors with Multiple Professional Identities" Project

Informed Consent:

Your signature on this form means that:

- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.
- You understand what the research project is about and what you will be asked to do.
- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, or in the future.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point will be kept unless you request that it be withdrawn and destroyed.
- You understand that you may not choose to remove your data **after** data collection has ended. You will be informed when data collection has ended.
- Your interview will be audio-recorded.
- Your interview will be transcribed by a professional transcriptionist, who has been asked to sign a confidentiality agreement.
- You will be contacted after the study to review your transcript and asked to either approve of the transcript as is or make changes. At the same time, you will be asked to sign a release for the use of confidential direct quotations within the report of this study.

	YES	NO
I agree to the use of confidential direct quotations	◯	◯
I am willing to be notified when the study findings are made publicly available.	◯	◯

Your signature confirms:

- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
- You have been given a copy of this Informed Consent form for your records; and
- You agree to participate in this research project.

Saskatchewan Health Authority

Athabasca University

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_____ _____

Signature of Participant Date

Researcher's Signature:

I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks and that he or she has freely chosen to participate.

_____ _____

Signature of Researcher Date

A copy of this consent will be given to you. Please keep it for your reference

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Appendix D: Demographic Questionnaire

PARTICIPANT DEMOGRAPHIC QUESTIONNAIRE

Exploring the Problematization of Counsellors with Multiple Professional Identities

Please specify the following. Your:

Age: _____

Gender: _____

Race/ethnicity: _____

Professional identities: _____

Professional designation(s): _____

Highest level of education completed: _____

Fields of study in which education has been obtained: _____

Length of time in current professional role: _____

Length of time in a counsellor role or as professional counsellor: _____

Province: _____

Appendix E: Transcript Release Form

TRANSCRIPT RELEASE FORM

Study Title: EXPLORING THE PROBLEMATIZATION OF COUSELLORS WITH MULTIPLE PROFESSIONAL IDENTITES

Researcher: Lacey Bennett
Master of Counselling Psychology Thesis Student, Faculty of Health Disciplines, Graduate Centre for Applied Psychology
[redacted]

Principal Investigator: Dr. Emily Doyle
Academic Coordinator/Practicum Coordinator, Faculty of Health Disciplines, Graduate Centre for Applied Psychology
(587)-364-0299

I,_____, have reviewed the complete transcript of my personal interview in this study and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Lacey Bennett.

I hereby authorize the release of this transcript to Lacey Bennett to be used in the manner described in the Consent Form that I signed prior to participating in the interview.

I have received a signed copy of this Transcript Release Form for my own records.

_____ _____
Signature of Participant Date

_____ _____
Signature of Researcher Date

Appendix F: Job Postings

Mental Health Therapist

Details

RHA Job Number:	GO-00620183
Number of Vacancies:	1
Profession:	Mental Health Therapist
Management:	No
Employer:	SHA (Cypress)
Community:	Swift Current
Hours to International Airport:	3.0
Community Website:	http://www.city.swift-current.sk.ca/
Facility Name:	COMMUNITY HEALTH/MENTAL HEALTH
Department:	CHRONIC DISEASE MGMT
Employment Type:	Permanent
Employment Term:	Full Time
Posting Date:	February 8, 2021
Closing Date:	February 15, 2021 21:30
Hours of Work:	In a 6 week rotation: 28 shifts of 8.00 hours
Rate of Pay:	$33.575 to $41.054 (5 step range)
Union Name:	HSAS

Saskatchewan Health Authority

Job Description

The Primary Health Care (PHC) Counselor is an integral member of the primary health care team, in a collaborative, co-location model. As a member of a multidisciplinary primary health care team, the incumbent is primarily responsible for ongoing mental health and psychosocial services for their clients. The services to be delivered through this position include screening and assessing the needs of referred clients and determine a relevant treatment plan which may include short term intervention with the counselor and/or case management or referral to other community programs. The PHC Counselor initiates and/or participates in community development initiatives and participates in the evaluation of PHC initiatives within the site. He/she promotes quality health care outcomes working within established standards of practice to ensure that clients receive a high standard of primary health care.

Job Qualifications

Required Qualifications

- Bachelor Degree in Social Work, Psychology, or Psychiatric Nursing. Eligible for registration in their respective association in the Province of Saskatchewan.

Experience

- Previous experience in teaching, facilitation skills, leading group activities. - Experience in in brief treatment modalities in

PHC setting preferred. - Recent experience with a combination of clinical management preferable in relation to primary health care, integrated care or community health care. - Counseling skills, knowledge and experience in dealing with a wide range of problems and issues.

Knowledge, Skills and Abilities

- Advanced communication skills
- Ability to work independently and as a member of a multi-disciplinary team
- Advanced organizational skills
- Ability to accept and implement change
- Ability to travel both within the region and provincially
- Advanced counseling skills
- Advanced leadership skills
- Presentation skills
- Ability to work under stress
- Knowledge of the Mental Health Services Act and other legislation relevant to the provision of Mental Health services (i.e. Family Services Act)
- Critical thinking skills
- Demonstrated ability to manage conflict toward effective outcomes.
- Knowledge of community outpatient and inpatient service delivery systems
- Knowledge of and ability to apply LEAN principles
- Knowledge and skills in a broad range of therapeutic approaches
- Knowledge of the privacy requirements in the Health Information Protection Act
- Willingness to work flexible hours
- Empathy, trust and respect in the provision of care
- Responsibility and accountability at all times for her/his own practice
- Active listening, being the one that can "hear" their story
- Adherence to the Code of Ethics

Other Information

- Field Hours

Additional Information

Shift Information: Days The successful candidate is responsible to obtain and provide an original Criminal Record Check (CRC) & Vulnerable Sector Check (VSC) from their local police service, RCMP or previous country/countries of residence that is dated within the past six (6) months that is satisfactory to the Saskatchewan Health Authority. Internal candidates may be required to provide a CRC & VSC during recruitment and selection process.
Expected Start Date: March 1, 2021
FTE®: 1.00

Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

Human Resources
(306) 778-5256
chr.careers@saskhealthauthority.ca

MENTAL HEALTH THERAPIST - STAFF

Details

RHA Job Number:	GO-00615034-1
Number of Vacancies:	1
Profession:	Mental Health Therapist
Management:	No
Employer:	SHA (Mamawetan)
Community:	Sandy Bay
Community Website:	http://www.kayas.ca/communities/sandybay/sandybay.html
Facility Name:	SANDY BAY SITE
Department:	MENTAL HEALTH - SB
Employment Type:	Permanent
Employment Term:	Full Time
Posting Date:	January 27, 2021
Closing Date:	January 27, 2022 17:00
Hours of Work:	Shift Information: Days 224.00 hours per 6 week rotation
Rate of Pay:	$33.575 to $41.054 (5 step range)
Union Name:	HSAS

Saskatchewan Health Authority

Job Description

The Mental Health Therapist is accountable for the provision of intake, clinical consultation, clinical assessment and treatment services to a diverse client group that includes adults and children and youth outpatient clientele. This position is accountable to the Manager of Mental health and Addictions and is situated in a multi-disciplinary team which includes social workers, registered psychiatric nurse and, addictions counselors. Qualifications: - A bachelor degree in a Social Work, Psychology or other health related discipline. - Demonstrated experience working with clients and families coping with mental health disorders. Licensing/Registration: - Eligibility for Professional registration with applicable professional association - Criminal Record Check - Valid Saskatchewan Driver's license with access to a reliable vehicle

Additional Information

Knowledge, Skills & Abilities: - Counseling skills including listening, communicating and thinking clearly. A strong knowledge of counseling modalities is necessary - Knowledge and application of both Western and Indigenous holistic practices are necessary - Interpersonal skills to work well with clients and colleagues as a team. - Assessment and intervention skills both for individual and group therapy modalities-exercise good judgement. - Knowledge of suicidal risk, risk assessment and intervention. - Communication skills-speak and write clearly and concisely, listen, demonstrate understanding and keep others informed. - Knowledge of the Mental health Services and other related legislation (For example HIPPA, Child and Family Services Act, etc). - Knowledge of substance misuse and concurrent disorders. - Computer skills. - Administrative skills to keep accurate and complete records. - Ability to advocate for the individual and navigate (or assist with navigating) a complete health care plan for the patient - Ability to adapt and participate in system

activities aimed at constant quality improvement. Field Hours We offer the following: Relocation Assistance, Special Northern Leave, Northern Allowance and other Northern Incentives as per Collective Agreement Preference for this position will be given to HSAS members in accordance with the terms and conditions of the SAHO/HSAS Collective Agreement Successful applicant must provide a satisfactory valid Criminal Record Check before an Offer of Employment is made.

Expected Start Date: February 8, 2021

FTE®: 1.00

This posting will remain Open until Filled.

Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

Mamawetan Churchill River Health Region

(306) 425-4835

Human.Resources@mcrhealth.ca

MENTAL HEALTH THERAPIST STAFF

Details

RHA Job Number:	GO-00620331
Number of Vacancies:	1
Profession:	Mental Health Therapist
Management:	No
Employer:	SHA (Kelsey Trail)
Community:	Cumberland House
Community Website:	https://en.wikipedia.org/wiki/Cumberland_House,_Saskatchewan
Facility Name:	MENTAL HEALTH SERVICES
Department:	CHILD & YOUTH
Employment Type:	Permanent
Employment Term:	Full Time
Posting Date:	February 8, 2021
Closing Date:	February 15, 2021 21:30
Hours of Work:	224.00 hours per 6 week rotation
Rate of Pay:	$33.575 to $41.054 (5 step range)
Union Name:	HSAS

Saskatchewan Health Authority

Job Description

Reporting to the Manager of Mental Health and Addiction Services or the Child & Youth Senior Supervisor, the incumbent is responsible for day to day client services delivery. This field position is accountable for the provision of clinical counselling services to child & youth outpatients as required in Mental Health and Addictions. Job description available upon request. Qualifications: Bachelor Degree in Human Services such as Psychology, Social Worker or mental health related discipline. Registration or eligible for registration with provincially recognized professional regulatory body. Two years experience relevant to the required work as determined by the employer.

Job Qualifications

Knowledge, Skills and Abilities

- Advanced communication skills
- Case management skills
- Knowledge of treating mood disorders
- Critical thinking skills
- Knowledge of the Mental Health Services Act
- Demonstrated clinical assessment and therapy skills in the area of major mental disorders.
- Knowledge of individual, family, group, and crisis counselling methods.

- Knowledge and experience delivering appropriate mental health services to culturally diverse populations

Additional Information

This position is a Field Hours position. To ensure that you aren't missed for an opportunity, please ensure that your Gateway talent profile and contact information is up to date and/or attach a current resume. Successful applicant must submit a satisfactory criminal record check, including vulnerable sector search, prior to an offer of employment being made.
Geographic Location: CUMBERLAND HOUSE
Expected Start Date: February 22, 2021
FTE®: 1.00

Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

Human Resources
306-862-6145
employment@kthr.sk.ca

Mental Health Therapist Staff

Details

RHA Job Number:	GO-00607367-1
Number of Vacancies:	1
Profession:	Mental Health Therapist
Management:	No
Employer:	SHA (Keewatin)
Community:	La Loche
Community Website:	http://www.kayas.ca/communities/laloche/laloche.html
Facility Name:	La Loche Health Centre
Department:	La Loche Mental Health
Employment Type:	Permanent
Employment Term:	Full Time
Posting Date:	November 27, 2020
Closing Date:	November 27, 2021 17:00
Hours of Work:	224.00 hours per 6 week rotation
Rate of Pay:	$33.575 to $41.054 (5 step range)
Union Name:	HSAS

Saskatchewan Health Authority

Job Description

As a member of the interdisciplinary team, and under the general direction of the Director of Mental Health and Addictions or the Community Mental Health Nurse the primary goal will be to develop and deliver effective day-patient services to communities utilizing a primary health and community development approach. The Mental Health Therapist will provide Mental Health Services to youth, family and community members of the SHA, i.e. individual and/or family counselling, group counselling, facilitating workshops, seminars and providing crisis intervention.

Job Qualifications

Required Qualifications

- Valid Drivers License
- Bachelor Degree in Social Work; or an equivalent combination of education and experience
- Eligibility for registration in corresponding professional association

Experience

The position is required to understand the clinical theory and practice, and have experience in working with the addicted population. The incumbent is responsible for creating and supporting an environment that facilitates the achievement of client care goals and the personal/professional growth and development of colleagues. Some examples of clinical leadership initiatives: Supports the Mission Statement and objectives of the Saskatchewan Health Authority. Ensures

quality of care initiatives is implemented.

Knowledge, Skills and Abilities

- Interpersonal skills
- Ability to work independently and as a member of a multi-disciplinary team
- Knowledge of the development model of recovery (SMRS)
- Knowledge of addictions screening and assessment tools and procedures
- Knowledge of best practices in the addictions field and harm reduction strategies including the Saskatchewan Model of Recovery Services (SMRS)
- Demonstrate responsible decision making through the application of knowledge, critical thinking and sound clinical, legal and ethical practice
- Knowledge of wraparound or other principles
- Awareness of current Mental Health and Addictions issues
- Must be able to work collaboratively with other health care providers.
- Strong organizational skills and ability to prioritize.
- Ability to develop clinical pathways, standards of care, and participate in quality assurance activities.
- Liaise with and provide consultation services to staff and other agencies
- Apply ethical and legal principles and cultural sensitivity in clinical practice
- Demonstrates highly developed skill in oral, written and electronic communication including use of public relations and knowledge of avenues available for the dissemination of information.
- Knowledge of regional and community resources and applicable programming supportive of this client population
- Must be able to work independently, be highly motivated, highly organized, have excellent time management skills and be able to prioritize work responsibilities
- Demonstrated ability to provide culturally competent, client and family centered and strength based case
- Knowledge of a variety of mental health and addiction and harm reduction strategies required to enable clients to sustain stability
- Ability to speak a First Nations or M&#xfffd;tis language is an asset

Additional Information

"Preference for this position will be given to HSAS members in accordance with the terms and conditions of the SAHO/HSAS Collective Agreement. HSAS seniority within the Saskatchewan Health Authority will be considered under the Selection Criteria". To be considered you are required to apply with a Cover Letter and Resume provided. FIELD HOURS External applicants must upload the following additional documents when applying for this job: - Current Criminal Record Check and Vulnerable Sector Check (less than 6 months old) - Grade 12 or post-secondary education certificates/transcripts - Proof of enrollment if applying on Certificate/Diploma positions - Any applicable licenses/registrations relating to the role If you have more than on-required additional document, place them into 1 file (preferably Microsoft Word or PDF) and upload under Additional Document on the Apply screen. Fax, E-Mail or Mail resumes to: Human Resources - P.O. Box 40, Buffalo Narrows, SK S0M 0J0 - Phone (306)235-2220 Fax (306)235-4604 E-mail: careers@kyrha.sk.ca **Please note that if not all relevant information is received, your application will not be considered. We thank all applicants for your interest; only those invited for interview will be contacted.
Geographic Location: La Loche
Expected Start Date: December 14, 2020
FTE®: 1.00
This posting will remain Open until Filled.

Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

Employment Services
(306) 235-5844
careers@kyrha.sk.ca

PSYCHOLOGIST MAST

Details

RHA Job Number:	GO-00617333-1
Number of Vacancies:	1
Profession:	Psychologist
Management:	No
Employer:	SHA (Sunrise)
Community:	Yorkton
Hours to International Airport:	2.0
Community Website:	http://yorkton.ca/
Facility Name:	MENTAL HEALTH - SHR
Department:	PSYCHOLOGY
Employment Type:	Permanent
Employment Term:	Full Time
Posting Date:	January 21, 2021
Closing Date:	January 21, 2022 17:00
Hours of Work:	Shift Information: Days 224.00 hours per 6 week rotation: 28 shifts of 8.00 hours
Rate of Pay:	$41.794 to $51.104 (5 step range)
Union Name:	HSAS

Saskatchewan Health Authority

Job Description

As a member of the interdisciplinary team, and under the general direction of the Director of Mental Health and Addiction Services, the incumbent will provide clinical supervision to all Psychologists that provide assessment, evaluations, consultation, and treatment direct clinical services to children, youth, adults and their families in Sunrise Health Region's MH&AS. This position provides psychological testing, assessment, screening, and treatment to clients. These services will be delivered through a combination of supervision, direct services, consultation, community resources development and education. This Psychologist, MA or MSC complements existing staff that provides to children, youth, adults, and their families. These services enable and assist staff to serve their areas better.

Job Qualifications

Required Qualifications

- MA or MSC degree in clinical/counseling psychology
- Current registration with the Saskatchewan College of Psychologists
- Preference will be given to those candidates with declared competencies, knowledge and successful experience in working with children, youth, adults, and their families
- Additional training/education in health care administration or supervision would be an asset to this position.

Experience
Experience in a mental health services environment providing psychological services to children, youth, adults, and their families. Experience providing psychological testing, counseling/therapy services are required.
Knowledge, Skills and Abilities

- Ability to work independently and as a member of a multi-disciplinary team
- Communication skills
- Ability to travel both within the region and provincially
- Time management skills
- Public relations skills
- Effective oral and written communication skills
- Strong organizational skills and ability to prioritize.

Other Information

- Preference for this position will be given to HSAS members in accordance with the terms and conditions of the SAHO/HSAS Collective Agreement. HSAS seniority within the Saskatchewan Health Authority will be considered under the Selection Criteria.

Additional Information

FIELD HOURS Successful candidates will be required to provide: • Current Criminal Record Check and Vulnerable Sector Check (less than 6 months old) • Certificate/Diploma/Degree as required for position • Any applicable licenses/registrations relating to the role
Expected Start Date: January 25, 2021
FTE®: 1.00
This posting will remain Open until Filled.

Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

PLEASE APPLY VIA THE HEALTH CAREERS IN SASK WEBSITE BY CLICKING "APPLY".
ATTACHMENT TOTALS SHOULD BE NO LARGER THAN 10 MB.

PSYCHOLOGIST MAS

Details

RHA Job Number:	GO-00611679-1
Number of Vacancies:	1
Profession:	Psychologist
Management:	No
Employer:	SHA (Five Hills)
Community:	Moose Jaw
Hours to International Airport:	0.8
Community Website:	http://www.moosejaw.ca/
Facility Name:	MENTAL HEALTH OUTPATIENT
Department:	ADULT CLINICAL SERVI
Employment Type:	Temporary
Employment Term:	Full Time
Posting Date:	December 4, 2020
Closing Date:	December 4, 2021 17:00
Hours of Work:	Shift Information: Days, Evenings, Weekends 224.00 hours per 6 week rotation: 28 shifts of 8.00 hours
Rate of Pay:	$41.794 to $51.104 (5 step range)
Union Name:	HSAS

Saskatchewan Health Authority

Job Description

Provides psychological assessments, treatment and consultation services to individuals (youth and adults) and families within a multi-disciplinary mental health and addictions team

Job Qualifications

Required Qualifications

- Valid drivers license or the ability to travel both within the Region and Provincially
- Masters Degree in Psychology or Clinical Psychology or Educational Psychology
- Registered or eligible for registration with the Saskatchewan College of Psychologists

Experience

Previous experience in Mental health and Addictions Service is preferred. Experience in providing psychological assessments is an asset.

Knowledge, Skills and Abilities

- Advanced communication skills

- Ability to work independently and as a member of a multi-disciplinary team
- Ability to adapt to changing conditions
- Ability to communicate with and maintain an effective working relationship with clients from diverse social, economic and cultural backgrounds
- Ability to develop, evaluate and modify programming provided to clients
- Advanced assessment skills
- Advanced counseling skills
- Advanced interviewing skills

Other Information

- NOTE: This is a Provincial Posting and is open to all HSAS members within the bargaining unit as per Articles 21.02 and 21.04 of the HSAS Collective Bargaining Agreement. First preference will be given to employees of theSKHA (Saskatoon) and its affiliated agencies.

Additional Information

Preference for this position will be given to HSAS members in accordance with the terms and conditions of the SAHO/HSAS Collective Agreement. HSAS seniority within the Saskatchewan Health Authority will be considered under the Selection Criteria
Expected Start Date: November 30, 2020
Expected Up To Date: June 1, 2022
FTE®: 1.00
This posting will remain Open until Filled.

Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

Employment Coordinator
+13066940387
jobs@fhhr.ca

A - Registered Nurse

Details

RHA Job Number:	GO-00602862-3
Number of Vacancies:	1
Profession:	Registered Nurse
Management:	No
Employer:	SHA (Heartland)
Community:	Wilkie
Hours to International Airport:	1.5
Community Website:	http://townofwilkie.com/
Facility Name:	Wilkie and District Health Centre
Department:	Nursing
Employment Type:	Permanent
Employment Term:	Part Time
Posting Date:	December 1, 2020
Closing Date:	December 1, 2021 17:00
Hours of Work:	Shift Information: Days, Evenings, Nights, Weekends 82.46 hours per 4 week rotation
Rate of Pay:	$35.990 to $46.720 (6 step range)
Union Name:	SUN

Saskatchewan Health Authority

Job Description

Responsible for the assessment, planning, implementation, and evaluation of individual client care and for the overall provision of total client care.

Job Qualifications

Required Qualifications

- Basic Life Support for Care Givers (BLS-HCP)
- Registered or eligible for registration with the Saskatchewan Registered Nurses Association (SRNA)

Additional Information

 An interview may be requested. Part Time Employees: Scheduled hours of work may be reduced during the rotation stipulated when a statutory holiday is recognized during that period. The successful candidate shall be required to provide a satisfactory criminal record check including a vulnerable sector query as a condition of employment. OPEN UNTIL FILLED postings are for job vacancies that have gone through the regional posting processes as required by the collective agreements and remain unfilled as there have been no qualified internal applicants. External qualified applicants

may now apply. Applications for OPEN UNTIL FILLED postings are reviewed each MONDAY (or the following business day in the case of a Monday statutory holiday) or as determined by the Manager and if there are applicants, the posting is closed. Applications received after closing are late applications and will not be considered.
Geographic Location: Wilkie
Expected Start Date: September 27, 2020
FTE®: 0.55
This posting will remain Open until Filled.

Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

Human Resources
careers@hrha.sk.ca

SOCIAL WORKER MSW

Details

RHA Job Number:	RQ-00060280
Number of Vacancies:	1
Profession:	Social Worker
Management:	No
Employer:	SHA (Regina QuAppelle)
Community:	Regina
Hours to International Airport:	0.0
Community Website:	http://tourismregina.com/
Facility Name:	MENTAL HEALTH/DRUG & ALCOHOL
Department:	MENTAL HEALTH CLINIC
Employment Type:	Temporary
Employment Term:	Full Time
Posting Date:	February 11, 2021
Closing Date:	April 30, 2021 23:30
Hours of Work:	Shift Information: Days 8HR
Rate of Pay:	38.68 - 47.30
Union Name:	HSAS

Saskatchewan Health Authority

Job Description

Under the direction of a Program Manager and as part of an interdisciplinary team, the Social Worker MSW provides a range of screening, triage, assessment, treatment and case coordination services to a primarily adult community mental health and addiction population. The incumbent provides program consultation, evaluation of clinical interventions, preceptor students in formal clinical practicum and provides professional and public education regarding mental health and addiction issues and resources.

Job Qualifications

Required Qualifications

- Recognized Masters Degree in Social Work. Must have a current practicing registration with the Saskatchewan Association of Social Workers (SASW).

Knowledge, Skills and Abilities

- Knowledge of a variety of mental health disorders and addiction and harm reduction strategies required to enable clients to sustain stability.

- Broad knowledge of community resources including treatment programs and support agencies is essential.
- Demonstrated experience working with mental health and addiction community outreach and competence in delivering mental health and addiction crisis interventions.
- Demonstrated knowledge of a variety of intervention strategies (individual and group) for individuals with mental health and addiction problems in a community based setting, including, but not limited to: assessment, triage, treatment, case management.
- Demonstrated ability to identify, implement and evaluate areas of client difficulty across a wide range of clinical presentation and formulate evidence based intervention.
- Demonstrated cultural competency skills.
- Knowledge of Recovery philosophy.
- Demonstrated ability to work independently and in a self-motivated manner, ability to respond under pressure.
- Demonstrated ability to work in a multidisciplinary setting.
- Knowledge and practical application of the Mental Health Services Act and Health Information Protection Act.
- Public relation skills with the ability to maintain effective work relationships.
- Excellent interpersonal competence including effective problem solving, workload management and conflict resolution skills.
- Excellent communication skills (written and verbal).
- Ability to prepare reports in a clear concise and timely manner.
- Ability to provide public presentation and professional training.
- Demonstrated ability to enter and retrieve data in a computer database system.
- Basic computer skills.

Other Information

- Must have a valid driver's license.
- Some assignments may require access to a vehicle for work.
- Ability to work flexible hours; including an ability to work day, and evening shifts based on operational needs.
- Please submit a cover letter and resume when applying for this position.
- This vacancy is for position #41663.
- Preference for this position will be given to HSAS members in accordance with the terms and conditions of the SAHO/HSAS Collective Agreement.
- HSAS seniority within the Saskatchewan Health Authority will be considered under the Selection Criteria.

Additional Information

Geographic Location: 2110 HAMILTON STREET
Expected Start Date: February 19, 2021
Expected Up To Date: October 2, 2021
FTE®: 1.00

Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

Employment Services, Wascana Rehabilitation Centre
Fax: 306-766-5147
jobs@rqhealth.ca

SOCIAL WORKER MSW

Details

RHA Job Number:	RQ-00054484
Number of Vacancies:	1
Profession:	Social Worker
Management:	No
Employer:	SHA (Regina QuAppelle)
Community:	Regina
Hours to International Airport:	0.0
Community Website:	http://tourismregina.com/
Facility Name:	Regina Centre Crossing
Department:	SURGICAL PATHWAYS
Employment Type:	Permanent
Employment Term:	Full Time
Posting Date:	October 30, 2020
Closing Date:	April 30, 2021 23:30
Hours of Work:	Shift Information: Days 8 HR
Rate of Pay:	38.68 - 47.30
Union Name:	HSAS

Saskatchewan Health Authority

Job Description

Reporting to the Manager and working within a multidisciplinary team, The Social Worker works with patients who are experiencing significant mental health difficulties. The Social Worker is responsible for providing psychosocial intervention using a variety of treatment modalities (both individual and group) to persons preparing for bariatric surgery. The Social Worker provides a wide range of screening, assessment, and treatment services to clients. As a specialized clinician, the incumbent will possess knowledge of bariatric surgery and its complex psychological impact and will utilize strong clinical skills to provide psychotherapeutic interventions.

Job Qualifications

Required Qualifications

- Master's Degree in Clinical Social Work is required. Must have current practicing registration with the Saskatchewan Association of Social Workers.

Knowledge, Skills and Abilities

- Comprehensive knowledge of psychotherapeutic and counseling skills.

- Demonstrated ability to perform effective, evidenced-based treatment plans.
- Sound clinical judgement skills.
- General knowledge of psychopharmacology.
- Broad knowledge of mental health community resources.
- Knowledge of bariatric surgeries and the psychological impact.
- Ability to establish workload priorities.
- Ability to communicate effectively both orally and in writing with clients both one-on-one and in group settings.
- Knowledge of appropriate community resources related to this patient population.

Other Information

- This vacancy is for position 42000.
- Preference for this position will be given to HSAS members in accordance with the terms and conditions of the SAHO/HSAS Collective Agreement.
- HSAS seniority within the Saskatchewan Health Authority will be considered under the Selection Criteria.
- Please provide a cover letter and resume when applying for this position.

Additional Information

Geographic Location: REGINA CENTRE CROSSING
Expected Start Date: November 2, 2020
FTE®: 1.00

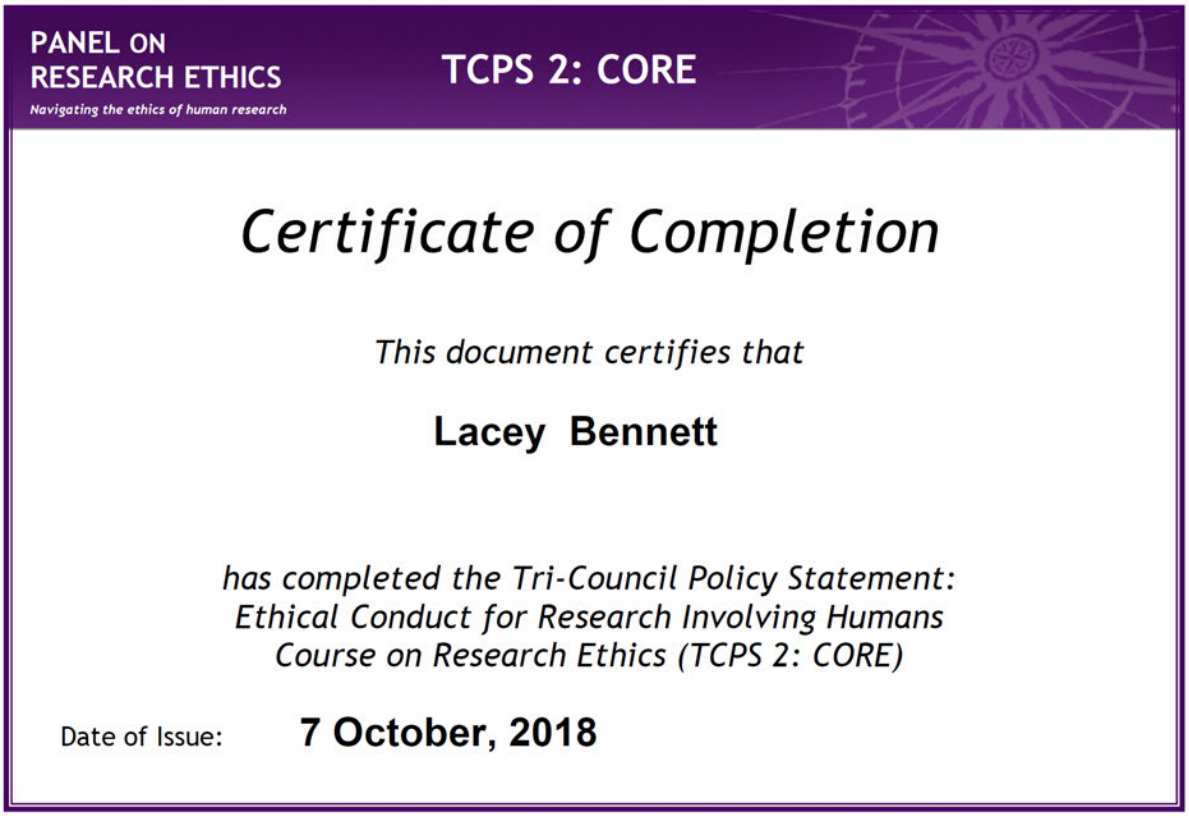
Working in Canada

Candidates are required to be legally entitled to work in Canada to apply on this position.

Direct Inquiries To

Employment Services, Wascana Rehabilitation Centre
Fax: 306-766-5147
jobs@rqhealth.ca

Appendix G: TCPS 2: CORE Certificate



PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Lacey Bennett

has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)

Date of Issue: **7 October, 2018**

Appendix H: Ethics Certificates

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (AUREB) has reviewed and approved the research project noted below. The AUREB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) and Athabasca University Policy and Procedures.

Ethics File No.: 23242

Principal Investigator:
Mrs. Lacey Bennett, Graduate Student
Faculty of Health Disciplines\Master of Counselling

Supervisor:
Dr. Emily Doyle (Supervisor)

Project Title:
Exploring the problematization of counsellors with multiple professional identities

Effective Date: January 10, 2019 **Expiry Date**: January 09, 2020

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date:** January 10, 2019

Carolyn Greene, Acting Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.675.6718

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: **23242**

Principal Investigator:
Mrs. Lacey Bennett, Graduate Student
Faculty of Health Disciplines\Master of Counselling

Supervisor:
Dr. Emily Doyle (Supervisor)

Project Title:
Exploring the problematization of counsellors with multiple professional identities

Effective Date: January 2, 2020 **Expiry Date**: January 09, 2021

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date: January 02, 2020**

Carolyn Greene, Chair
Athabasca University Research Ethics Board

Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.675.6718

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 23242

Principal Investigator:
Mrs. Lacey Bennett, Graduate Student
Faculty of Health Disciplines\Master of Counselling

Supervisor:
Dr. Emily Doyle (Supervisor)

Project Title:
Exploring the problematization of counsellors with multiple professional identities

Effective Date: January 10, 2021 **Expiry Date**: January 09, 2022

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date: January 08, 2021**

Carolyn Greene, Chair
Athabasca University Research Ethics Board

Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.213.2033

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL - RENEWAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 23242

Principal Investigator:
Mrs. Lacey Bennett, Graduate Student
Faculty of Health Disciplines\Master of Counselling

Supervisor:
Dr. Emily Doyle (Supervisor)

Project Title:
Exploring the problematization of counsellors with multiple professional identities

Effective Date: January 10, 2022 **Expiry Date**: January 09, 2023

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date: December 22, 2021**

Carolyn Greene, Chair
Athabasca University Research Ethics Board

Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.213.2033

Saskatchewan Health Authority

CERTIFICATE OF APPROVAL

PRINCIPAL INVESTIGATOR:	Dr. Emily Doyle	RQHR FILE #:	REB-19-47
DEPARTMENT:	Academic Coordinator/Practicum Coordinator, Faculty of Health Disciplines, Graduate Centre for Applied Psychology	APPROVAL DATE:	12-Jul-19
		REVIEW TYPE:	Full Board
		APPROVAL EXPIRES:	12-Jul-20
CO-INVESTIGATOR(S):	Sharon Moore		
STUDENT(S):	Lacey Bennett		
TITLE:	Exploring the problematization of counsellors with multiple professional identities		
PROTOCOL #:			
FUNDER(S):			

APPROVED:
-Application for Behavioural Research Ethics Review
-Consent Form, submitted 03-Jun-19
-Interview Questions, submitted 09-Arp-19
-Demographics Questionnaire, submitted 09-Apr-19
-Letter of Information For Supervisors and Managers, dated 11-Jul-19
-Letter of Information For Participants, submitted 11-Jul-19
-Participant Informed Consent Form dated 03-Jun19
-Transcript Release Form submitted 11-Apr-19
-Transcript Release Email script submitted 10-Jul-19
-Master List submitted 10-Jul-19

ACKNOWLEDGED:
-Consent Form, submitted 03-Jun-19 (Track Changes)
-Letter of Information For Supervisors and Managers, dated 11-Jul-19 (Track Changes)
-Letter of Information For Participants, submitted 11-Jul-19 (Track Changes)
-Athabasca REB Approval dated 10-Jan-19
-Transcriptionist Confidentiality pledge
-Project References
-TCPS 2 Certificate for Lacey Bennett

CERTIFICATION

This study has been reviewed by the Research Ethics Board of the former Regina Qu'Appelle Health Region. It has been found to be acceptable on ethical grounds for research involving humans. The Principal Investigator is responsible for ensuring the ethical conduct of this research and adherence to all applicable laws and regulations.

ATTESTATION

The Research Ethics Board (REB) of the former Regina Qu'Appelle Health Region (RQHR) meets the membership criteria for, and adheres to the requirements of, the 2nd edition of Canada's *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS 2, 2010), the *International Conference on Harmonisation Good Clinical Practice (E6)* guidelines (ICH GCP), and Part C Division 5 of the Canada's *Food and Drug Regulations*. Applications deemed above minimal risk undergo full board review at a face-to-face meeting. Applications that are deemed minimal risk are eligible for delegated review by the Chair, Acting Chair, or sub-committee.

The REB of the former RQHR is approved by the Saskatchewan Ministry of Health and meets its criteria for the purposes of Section 29 of the Saskatchewan *Health Information Protection Act* (HIPA). For research ethics applications requesting disclosure of personal health information without express patient consent, the REB of the

Research Ethics Board
2180 - 23rd Avenue, Room M-704 • Regina • SK • S4S 0A5 • Phone: 306-766-5533 • Fax: 306-766-5530
Email: ResearchEthics@rqhealth.ca • Website: http://www.rqhealth.ca/departments/research-and-performance-support

former RQHR requires that all criteria outlined in Section 29(2) of HIPA and Article 5.5 of the TCPS 2 be met and sufficient justification for the request be provided before the Certificate of Approval is issued.

Please note that all future correspondence regarding this project must include the REB project number.

Rashmi Pandya, PhD
Chair, Research Ethics Board of the former
Regina Qu'Appelle Health Region

This certificate is valid for the time period noted above, provided there is no change in the study procedures. Any changes must be reported to the Chair for the Board's consideration, in advance of their implementation. You are required to provide a status report on an annual basis.

Research Ethics Board
2180 - 23rd Avenue, Room M-704 • Regina • SK • S4S 0A5
Phone: 306-766-5451 • Fax: 306-766-5530 • Email: ResearchEthics@rqhealth.ca • Website: http://www.rqhr-rps.ca/

Saskatchewan Health Authority

CERTIFICATE OF APPROVAL
Study Amendment

PRINCIPAL INVESTIGATOR:	Dr. Emily Doyle	RQHR PROJECT #:	REB-19-47
DEPARTMENT:	Academic Coordinator/Practicum Coordinator, Faculty of Health Disciplines, Graduate Centre for Applied Psychology	AMENDMENT DATE:	18-Oct-19
INITIAL APPROVAL:	12-Jul-19	AMENDMENT TYPE:	Delegated
REVIEW TYPE:	Delegated	APPROVAL EXPIRES:	12-Jul-20
CO-INVESTIGATOR(S):	Sharon Moore		
STUDENT(S):	Lacey Bennett		
TITLE:	Exploring the problematization of counsellors with multiple professional identities		
PROTOCOL #:			
FUNDER(S):			
APPROVED:	-Application Requesting Amendment of a Previously Approved Project -Letter of Information For Supervisors and Managers, dated 14-Oct-19 -Letter of Information For Participants, submitted 14-Oct-19		
ACKNOWLEDGED:	-Letter of Information For Supervisors and Managers, dated 14-Oct-19 (Track Changes) -Letter of Information For Participants, submitted 14-Oct-19 (Track Changes)		

CERTIFICATION
This amendment has been reviewed by the Research Ethics Board of the former Regina Qu'Appelle Health Region. It has been found to be acceptable on ethical grounds for research involving humans. The Principal Investigator is responsible for ensuring the ethical conduct of this research and adherence to all applicable laws and regulations.

ATTESTATION
The Research Ethics Board (REB) of the former Regina Qu'Appelle Health Region (RQHR) meets the membership criteria for, and adheres to the requirements of, the 2nd edition of Canada's *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS 2, 2010), the *International Conference on Harmonisation Good Clinical Practice (E6)* guidelines (ICH GCP), and Part C Division 5 of the Canada's *Food and Drug Regulations*. Applications deemed above minimal risk undergo full board review at a face-to-face meeting. Applications that are deemed minimal risk are eligible for delegated review by the Chair, Acting Chair, or sub-committee.

The REB of the former RQHR is approved by the Saskatchewan Ministry of Health and meets its criteria for the purposes of Section 29 of the Saskatchewan *Health Information Protection Act* (HIPA). For research ethics applications requesting disclosure of personal health information without express patient consent, the RQHR REB requires that all criteria outlined in Section 29(2) of HIPA and Article 5.5 of the TCPS 2 be met and sufficient justification for the request be provided before the Certificate of Approval is issued.

Please note that all future correspondence regarding this project must include the REB project number.

Research Ethics Board
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Saskatchewan Health Authority

CERTIFICATE OF REAPPROVAL

PRINCIPAL INVESTIGATOR:	Dr. Emily Doyle	SHA FILE #:	REB-19-47
DEPARTMENT:	Academic Coordinator/Practicum Coordinator, Faculty of Health Disciplines, Graduate Centre for Applied Psychology	REAPPROVAL DATE:	19-Aug-20
INITIAL APPROVAL:	12-Jul-19	REAPPROVAL TYPE:	Delegated
REVIEW TYPE:	Delegated	APPROVAL EXPIRES:	19-Aug-21
SUB-INVESTIGATOR(S):	Sharon Moore		
STUDENT(S):	Lacey Bennett		
TITLE:	Exploring the problematization of counsellors with multiple professional identities		
FUNDER(S):	Unfunded		

CERTIFICATION
The application for reapproval for the above-noted study has been reviewed by the Research Ethics Board of the former Saskatchewan Health Authority Research Ethics Board. It has been found to be acceptable on ethical grounds for research involving humans. The Principal Investigator is responsible for ensuring the ethical conduct of this research and adherence to all applicable laws and regulations.

ATTESTATION
The Saskatchewan Health Authority Research Ethics Board (SHA REB) meets the membership criteria for, and adheres to the requirements of, the 2nd edition of Canada's Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2, 2018), the International Conference on Harmonisation Good Clinical Practice (E6) guidelines (ICH GCP), and Part C Division 5 of the Canada's Food and Drug Regulations. Applications deemed above minimal risk undergo full board review at a face-to-face meeting. Applications that are deemed minimal risk are eligible for delegated review by the Chair, Acting Chair, or sub-committee.

The SHA REB is approved by the Saskatchewan Ministry of Health and meets its criteria for the purposes of Section 29 of the Saskatchewan Health Information Protection Act (HIPA). For research ethics applications requesting disclosure of personal health information without express patient consent, the SHA REB requires that all criteria outlined in Section 29(2) of HIPA and Article 5.5 of the TCPS 2 be met and sufficient justification for the request be provided before the Certificate of Approval is issued.

Please note that all future correspondence regarding this project must include the REB project number.

Michelle McCarron

Approved by Michelle McCarron, PhD
Vice Chair, Research Ethics Board
Saskatchewan Health Authority

This certificate is valid for the time period noted above, provided there is no change in the study procedures. Any changes must be reported to the Chair for the Board's consideration, in advance of their implementation. You are required to provide a status report on an annual basis.

Research Ethics Board
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Email: ResearchEthics.Regina@saskhealthauthority.ca • Website: http://www.rqhealth.ca/departments/research-and-performance-support

CERTIFICATE OF REAPPROVAL

PRINCIPAL INVESTIGATOR:	Dr. Emily Doyle	SHA FILE #:	REB-19-47
DEPARTMENT:	Academic Coordinator/Practicum Coordinator, Faculty of Health Disciplines, Graduate Centre for Applied Psychology	REAPPROVAL DATE:	21-Jul-21
INITIAL APPROVAL:	12-Jul-19	REAPPROVAL TYPE:	Delegated
REVIEW TYPE:	Delegated	APPROVAL EXPIRES:	21-Jul-22
SUB-INVESTIGATOR(S):	Sharon Moore		
TITLE:	Exploring the problematization of counsellors with multiple professional identities		
FUNDER(S):			
ACKNOWLEDGED:			

CERTIFICATION

The application for reapproval for the above-noted study has been reviewed by the Research Ethics Board of the former Saskatchewan Health Authority Research Ethics Board. It has been found to be acceptable on ethical grounds for research involving humans. The Principal Investigator is responsible for ensuring the ethical conduct of this research and adherence to all applicable laws and regulations.

ATTESTATION

The Saskatchewan Health Authority Research Ethics Board (SHA REB) meets the membership criteria for, and adheres to the requirements of, the 2nd edition of Canada's Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2, 2018), the International Conference on Harmonisation Good Clinical Practice (E6) guidelines (ICH GCP), and Part C Division 5 of the Canada's Food and Drug Regulations. Applications deemed above minimal risk undergo full board review at a face-to-face meeting. Applications that are deemed minimal risk are eligible for delegated review by the Chair, Acting Chair, or sub-committee.

The SHA REB is approved by the Saskatchewan Ministry of Health and meets its criteria for the purposes of Section 29 of the Saskatchewan Health Information Protection Act (HIPA). For research ethics applications requesting disclosure of personal health information without express patient consent, the SHA REB requires that all criteria outlined in Section 29(2) of HIPA and Article 5.5 of the TCPS 2 be met and sufficient justification for the request be provided before the Certificate of Approval is issued.

Please note that all future correspondence regarding this project must include the REB project number.

Approved online by Rashmi Pandya, PhD
Chair, Research Ethics Board
Saskatchewan Health Authority

This certificate is valid for the time period noted above, provided there is no change in the study procedures. Any changes must be reported to the Chair for the Board's consideration, in advance of their implementation. You are required to provide a status report on an annual basis.

Appendix I: Transcriptionist Confidentiality Pledge Form

CONFIDENTIALITY PLEDGE/SECRETARY

Exploring the Problematization of Counsellors with Multiple Professional Identities

As a secretary doing the transcriptions for the study Exploring the Problematization of Counsellors with Multiple Professional Identities, I understand that I will be typing audio recorded interview data of persons who are participating in the study. I understand that all possible precautions have been taken to protect the identity of the research participants. Further, I pledge to keep all information strictly confidential and agree not to discuss the information other than with the researcher. My signature indicates that I understand the importance of and agree to maintain confidentiality.

_____	_____
Secretary	Researcher
_____	_____
Date	Date