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Original articles

Professional identity of speech-language-hearing pathologists in Chile

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ABSTRACT

Purpose: to analyze the professional identity of speech-language-hearing pathologists in Chile.

Methods: an exploratory qualitative study using semi-structured interviews with 14 speech-language-hearing pathologists with at least one year of work experience. Participants were selected by convenience to ensure diversity in their professional practice. The interviews, approximately 40 minutes long, were conducted, remotely, in 2021, addressing ethical aspects, professional roles, and theoretical knowledge. The data were analyzed thematically with ATLAS.ti using a constructivist approach.

Results: the results indicate a lack of consensus among interviewees regarding their professional identity. However, they all identify themselves as health professionals with a primarily rehabilitative role, although this is not entirely clear. The challenges are related to identifying opportunities in professional training to develop a professional identity that responds not only to their practice but also to the construction of an identity hallmark that connects them better with the work setting.

Conclusion: the professional identity of the participating speech-language-hearing pathologists is mostly limited to health, although diffuse and fragmented. Their perception tends to be self-centered, focused mainly on their work, with limited knowledge of other areas.

Keywords: Professional Role; Scope of Practice; Rehabilitation; Interdisciplinary Placement; Professional Competence

INTRODUCTION

Professional identity is a complex and dynamic process built over time, beginning with academic training and continuing through work experience[1]. This process is influenced by a set of social and technical norms, values, and ethical dimensions that shape how professionals perceive and describe themselves[2]. Thus, professional identity is a complex social construct based on the identification of a set of characteristics, knowledge, and skills that define people as professionals and allow them to practice in their field[2]. The study of professional identity is a matter of interest to social psychology, which has helped establish general guidelines for developing professional identity[3].

According to Gibson et al.[3], developing a professional identity requires a clear definition of professional skills, internalizing knowledge and skills, and establishing a collective identity that generates a sense of belonging. These elements are essential for professionals to feel and act as such, reflecting a systemic and robust identity. Developing these actions during training ensures that professionals gradually think and feel accordingly[2,4,5].

A central component of every professional's quest is the socialization of their professional identity, encompassing beliefs, values, attributes, and experiences that allow professionals to generate their identity progressively – who they are, what they do, and what it means to be a professional in a given area[1,2,4]. Understanding these factors influences how individuals explain and exercise their profession and behave as professionals in their field[5]. In this way, the process of construction of professional identity, independent of the work, is built from the interaction of the professional with other professionals and with the people and contexts in which their professional role interacts[2].

The professional role gradually emerges as the identification of actions carried out in a given context, in which the professional has certain expectations aligned with their identity and social status, according to the other people's degree of knowledge of their professional identity[4,6]. Therefore, professional identity depends on several factors. Zárate Ortíz[7] points out the importance of the social context in which a person builds their identity, valuing the cultural and linguistic community to which they belong. He also states that the construction of personal identity is centered on a fundamentally constructive, narrative, and dialogical character, highlighting the ability to choose and consider multiple identities and identity loyalties. By taking this reflection to the scope of professional identity construction, Gonzalez-Orozco et al.[8] confirm the previous idea, indicating that professional identity is a product of social interaction between the individual and society, translated into the representation of their professional role in a membership group circumscribed within a reality framework.

Disciplinary knowledge in the speech-language-hearing (SLH) sciences encompasses the comprehensive study of human communication processes, including language, hearing, voice, and swallowing. It combines knowledge of linguistics, medicine, psychology, and education, integrating these areas to address and improve communicative disorders and orofacial functions. It is also based on scientific and technical principles to assess, diagnose, and treat these changes to optimize quality of life[9]. Its founding knowledge can differentiate between "being" and "doing" – professional "doing" refers to the areas in which the discipline is divided, whereas "being" refers to the reflective gaze on what we do. Hence, both dimensions are interrelated but are not the same, and the founding knowledge corresponds to the interrelationship between professional "being" and "doing". This interrelationship allows us to work on the character of the discipline and its positioning towards the world. When referring to a professional "being", we talk about how it observes, reflects, and modifies its practices, in tune with a broader worldview[10].

Research on SLH professional identity is limited in comparison with other health professions such as medicine and nursing[11,12]. In general terms, SLH therapy is assigned to health professionals whose action framework is centered on rehabilitation. Research carried out in the United States and England shows that SLH identity is centered on the professional more than on users, with a naive understanding of their role and high expectations of interdisciplinary interaction not always fulfilled in work settings[12,13].

SLH therapy appeared in Chile in the 1970s with educational guidance, focused on supporting students with learning difficulties, while also centered on audiology. It has grown gradually since then, and 52 universities currently offer the degree throughout Chile[14]. Some investigations in the country define this career as a health profession that can be performed in different areas: education[15], teaching[16,17], health management[18], and so on. Following Sepúlveda et al.[19], SLH professional training focuses on providing skills in the different areas of career activity. According to the

authors, despite advances in the profession, there is still a latent lack of formal and legal pronouncement regarding this profession's profile.

On the other hand, the investigation by Sandoval Ramírez and Bratz[20] indicates that SLH professionals' identity is a set of ethical, professional, and political-social characteristics that distinguish them from other professionals. Given the lack of evidence regarding the various challenges SLH pathologists face today, this investigation answers the following questions: How do graduate SLH pathologists understand their professional identity? How does professional training influence professional identity? What challenges does SLH pathology face as a discipline regarding professional identity? Hence, the authors of this investigation sought to reflect on the topic, nourish the discussion, and develop this discipline, on the competent ground of excellence in the country and Latin America. This investigation aimed to analyze the professional identity of SLH pathologists who work in any area of this profession, in Chile.

METHODS

Ethical considerations

This study was approved by the Ethics Committee of the Universidad Viña del Mar, Chile (CEC-UVM 06-21) and follows the ethical principles for human biomedical studies established in the Declaration of Helsinki[21]. Before conducting the interviews, each participant signed an informed consent form, protecting their identity and assuring that the information was strictly for academic use.

Study design and sample

Given the little research on the topic, this exploratory qualitative study applied semi-structured interviews with SLH pathologists active in Chile with work experience of at least one year in any area of this profession.

Participants were recruited from the research team's professional social network, first using convenience sampling, and then snowball sampling, asking contacts to invite other participants who met the same selection criteria as the interviewees[22].

The selection criteria were as follows:

1. Having the title of SLH pathologist from a national or foreign university.
2. Having at least one year of work experience as a SLH pathologist in Chile.

The study intended to recruit interviewees with diversified professional practices in the different SLH work areas. Such data are relevant given the diversity of skills involved in the profession in Chile[23]. It had flexible criteria according to the traditional qualitative method. Therefore, the sample size was subject to theoretical information saturation[24,25]. The final sample comprised 14 SLH pathologists. Table 1 describes the participants' main characteristics.

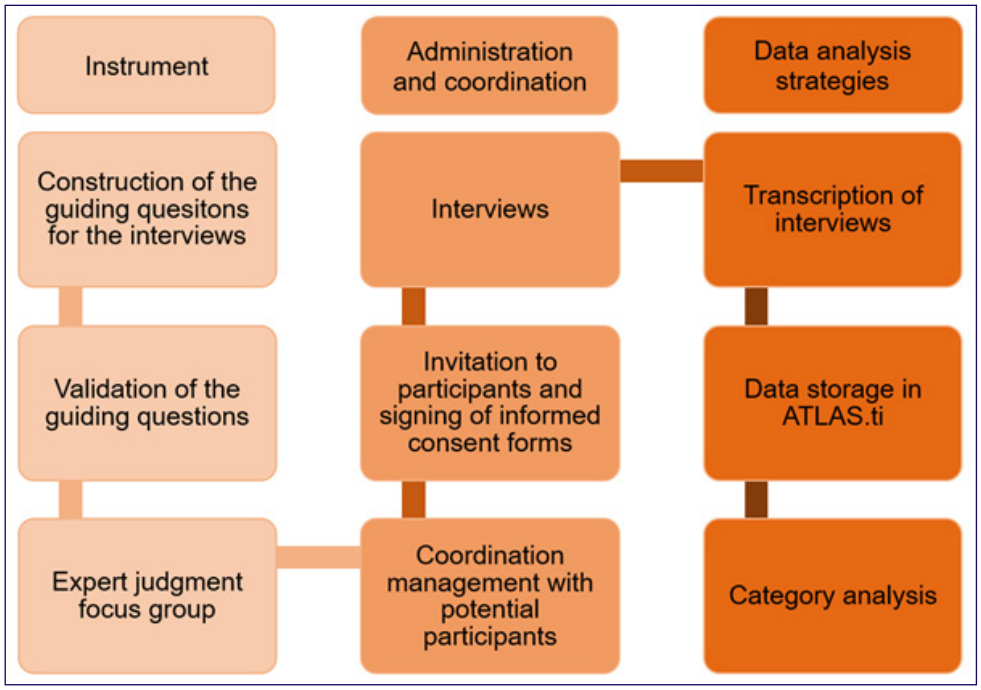
Table 1. Main characteristics of the participants

No.	Sex	Type of university where they obtained their speech-language-hearing degree	Age	Academic degree	Current occupation	Years of professional experience
1	Female	Public	39	Postgraduate	Professor	17
2	Female	Public	39	Postgraduate	Professor	16
3	Male	Private	36	Postgraduate	Professor	16
4	Female	Public	66	Postgraduate	Professor	44
5	Female	Public	48	Postgraduate	Professor	23
6	Male	Private	32	Postgraduate	Professor	5
7	Male	Public	33	Postgraduate	Professor	11
8	Female	Public	38	Postgraduate	Professor	13
9	Female	Private	33	Postgraduate	Professor	13
10	Male	Private	37	Postgraduate	Professor	12
11	Female	Private	25	Bachelor	Clinician	3
12	Female	Private	25	Bachelor	Clinician/educator	2
13	Female	Private	43	Postgraduate	Clinician/educator	11
14	Male	Public	33	Postgraduate	Professor	11

Source: Developed by the authors.

Procedure

The interviews were carried out remotely through videoconferencing using the Zoom communication platform due to the COVID-19 health emergency. The day and time of the interview were coordinated with each participant, lasting approximately 40 minutes, held individually in 2021. Figure 1 shows the study process from the theoretical framework construction to the qualitative data analysis.



Source: Developed by the authors.

Figure 1. Process of instrument construction, interview management and coordination, and data analysis strategy

Instruments

This study analyzed aspects of the SLH professional identity in Chile. A theoretical framework was constructed to collect qualitative data, using semi-structured interviews with three domains: (1) professional principles, such as values, professional ethics, autonomy, and moral development (ethos/being); (2) information on the role and field of action (doing); and (3) knowledge of the theoretical and objective field (doing). This manuscript presents the analysis regarding domain 1 (ethos/being). The Question Appraisal System (QAS)[26] was used to ensure the validity of the questions, being adapted for this study, as follows: (1) oral comprehension regarding the difficulty of answering the guiding question or lack of information in it; (2) explanations in the guiding question concerning whether they were conflicting, imprecise, or complicated; (3) clarity in the question regarding technical terminology, or whether the question was vague or imprecise; and (4) other comments.

This adapted evaluation system was assessed online by a panel of three professional experts in ethics and communication. They were asked to score the step with 1 if there was any inconvenience and with 0 if it was otherwise. Furthermore, each score was supported with general comments regarding the analyzed question. The experts were selected based on the following criteria: (1) professional training in Bioethics and/or Communication and (2) work experience as a professor in higher education.

Data analysis

The interviews were audio recorded and later transcribed verbatim. This investigation used a constructivist approach, assuming multiple truths and realities can exist simultaneously[27]. A thematic analysis was carried out with inductive coding, following the

thematic analysis guidelines by Creswell[28] and Braun and Clarke[29]. ATLAS.ti version 9[30] was used for data analysis. First, the researchers read the interview transcripts several times; then, they inductively selected excerpts from the interviewees' reports related to the study objective and grouped them into four themes. Next, these themes were analyzed again and reduced to three conceptual codes related to the interview data for presentation. Parallel to the open coding process, memos were written to identify and select themes and the analysis process. Table 2 describes the themes covered in the analysis.

Table 2. Themes approached in the analysis of the interviews

Dimension	Themes	Codes
Professional identity	Perspectives of professional identity	Perception of professional identity
	Professional identity and training	Development of professional identity
	Professional challenges and identity	Consolidation of professional identity

Source: Developed by the authors

Each participant was assigned an alphanumeric code with the letter I (standing for interviewee) and a number according to the order of the interviews. Hence, the first interviewee was identified as I1, and so on. Participant coding was used to identify them when selecting interview excerpts and associate their reports with theme classification.

RESULTS

This study aimed to examine the SLH professional identity in different areas of the profession in Chile. The sample had 14 participants (nine women and five men). The sociodemographic characteristics of the participants are detailed in table 1.

The investigation results are presented in three main themes: (a) perspectives of professional identity, (b) professional identity and training, and (c) challenges for SLH professional identity.

Theme 1. Perspectives of professional identity

The results indicate different perspectives of professional identity among the SLH pathologists interviewed. Their notions of what activities/functions identify them as professional SLH pathologists encompass heterogeneous concepts, as shown in Table 3.

Table 3. Perspectives on the professional identity of speech-language-hearing pathologists

Question	Practice associated with the professional identity	Concept	Excerpt
Where does the professional identity of speech-language-hearing pathologists lie?	Health- Rehabilitation	The interviewees identify themselves with a primarily health-oriented rehabilitative role, although they recognize that speech-language-hearing pathologists participate in other areas.	«We are health professionals, and the health sciences perhaps give us a broader view of social and biological, educational aspects etc., even from the standpoint of the arts, but always considering that we are a health career, and I like to see it that way, at least» (I2)
	Impact on quality of life	Some interviewees relate professional identity with actions aimed at improving quality of life, understanding that speech-language-hearing pathology in Chile is inserted in various areas.	"Our role is not seen structurally, but more profoundly. We are professionals in the world of rehabilitation who work on the patient's quality of life." (I1)
	Mediator	Several interviewees identify themselves professionally as mediators, whose value is being prepared to mediate with users, families, and other professionals – a hallmark of speech-language-hearing pathology.	«We are communication and dialog professionals. Our main job is to create the instances for an effective dialog, enabling patients to advance in their intervention». (I10)
	Educator	Some interviewees add the identity of educators to that of rehabilitation professionals, arguing that the educational role is implicit in their work, as they (re)teach patterns, behavior, and skills, and that it is cross-sectional to all tasks in the discipline.	"I think that speech-language-hearing pathologists are among the most hybrid careers because it is mostly oriented towards education. What one does is reeducate a pattern or behavior. A speech therapist takes the person's learning abilities to reverse behaviors and rehabilitate lost behaviors». (I12)
	«Personal trainer»	Some interviewees identify themselves as «personal trainers», referring to the constant support they provide to their patients.	«I think that speech-language-hearing pathologists are more like "personal trainers" for people with difficulties. Ultimately, it depends on the motivation they give their patients, the appropriate linguistic speech, voice, swallowing, and hearing exercises.» (I2)
	Hybrid professional between health and social sciences	Some participants believe that the speech-language-hearing pathologists' identity is gradually migrating toward health but is much more closely linked to the social sciences. This is mainly due to the relationship between speech-language-hearing pathology and education, through which professionals began to delve into concepts such as inclusion, social responsibility, and community-based rehabilitation. Several of them share the idea that this link also arises because the profession has grown in the last 20 years and has had to adapt to changes in public policies that place these professionals as key and relevant actors in the process of school inclusion of students with special educational needs or disabilities in schools with a regular curriculum.	«The most correct thing is to see and classify speech-language-hearing pathologists as professionals also from the social sciences because they have a lot to do there. I just gave you the example of inclusive language, which is a super social scope; it has nothing to do with biomedicine. We are professionals of the social sciences too, whether we like it or not. I think it goes that way. We may like it or not, but I think it goes that way». (I3)

Source: Developed by the authors.
Captions: Interviewee no. 2 (I2); Interviewee no. 1 (I1); Interviewee no. 10 (I10); Interviewee no. 12 (I12); Interviewee no. 3 (I3).

Furthermore, some interviewees pointed out the "must be" as a hallmark that individualizes and grants professional identity. They understand this "must be" as the interrelationship between professional identity, role, and professional values that every SLH pathologist should consider in their professional practice. They argue that the basis of every professional identity must rely on values that guide the professional procedure: "One works with people, requiring certain skills that are accompanied by certain values (I1)".

Theme 2. Professional identity and training

The interviewees agree that their professional training did not approach the professional identity clearly and sustainably because the identity of health professionals was not addressed in-depth: "I believe that they delivered so much content of so many pathologies but left out this major topic of the identity and practice (I5)". They also know that their professional training is not responsible for addressing the values, conduct, and ways of acting necessary to develop a professional identity. Some recognize that themes inherent to professional identity will be dealt with, but superficially: "In my undergraduate experience, I believe that training is about professional identity but based on examples – which not all professors did; I would say that fewer of them did (I8). All professionals shared a significant lack of content and ways of understanding professional identity during training. Everyone indicated that their professional identity was forged in their workplaces, after graduating, the hallmark with which they identify.

Theme 3. Challenges for SLH professional identity

In the interviewees' opinion, the discipline faces important challenges regarding the development of professional identity. The first challenge is to develop a professional identity. Participants argue why they must consolidate a broader perception of SLH pathology, move away from the health and care role, and expand into a more cross-sectional role: "Universities are responsible for showing all the discipline's various practices for future SLH pathologists to develop their identity (I7)". The interviewees realized that universities should be genuinely concerned with creating permanent training programs throughout the professional training process to address professional identity. Some participants added that the process of creating professional identity should consider attitudinal aspects related to "who is a therapist", which should be more relevant than providing knowledge about the discipline.

The second challenge is to promote professional identity. Interviewees agree on the urgent need to promote professional identity, which they indicate as key because it develops the sense of belonging to a professional group. These reflections raise concern about the void actions to define criteria for the current SLH pathologists' identity(ies). They also state that professional practice has diversified greatly in recent times, making it even more difficult to unify the professional practice. Indeed, the various interviewees, and sometimes the same one, had diverse professional identities: "I think that SLH pathology is one of the most hybrid careers because it is mainly oriented towards education; what one has to do is reeducate a pattern or conduct (I12)". However, all interviewees appreciate the tendency towards a role of care, which is seemingly the role with which they identify, regardless of the area in which they perform.

DISCUSSION

This investigation aimed to analyze the professional identity of SLH pathologists in Chile with work experience of 2 to 44 years. The results indicate a lack of consensus among interviewees regarding their professional identity. Although they all identify themselves as health professionals with a mainly rehabilitative role, this is not at all clear. This agrees with Giddens' investigation (1991)[31], which suggests that professional identity development is a continuous and fragmented process due to rapid social and technological changes. Meijers (1998)[32] also highlights that the formation of professional identity is dynamic, evolving with time and work experience. This could explain why the study participants, with up to 44 years of experience, have varied perceptions about their professional identity.

It was also observed that the conception of identity is self-centered, revolving around one's own issues, with little knowledge of other areas, generating a self-centered professional practice that affects the development of other areas. These results can be explained through Ibarra's research (1999)[33], which found professionals going through three steps to define their professional identity: (a) observing models and identifying potential, (b) experimenting with a model influenced by other identities and ways of working, and (c) evaluating the results of the experiment, varying their identity according to introspection and external evaluation. Given most participants' limited work experience (9 years on average), they may be in an unfinished identity transition. Jean Twenge (2014)[34] supports that the generation of people located between the age range 28 and 43 years can lean towards a self-centered professional identity due to social emphasis on achievement, success, and self-image. Book et al. (2013)[35] suggest that an excessive focus on professional success can lead to a self-centered identity with few teamwork skills.

This self-centered view of professional practice highlights a mediator and educator profile, which interviewees relate to the concept of "personal trainer", explaining that their role is to accompany patients in rehabilitation and care, regardless of their area, main tasks, and professional identity. These results coincide with other investigations on the health professionals' identity, which reported that the most relevant role is focused on care[11-13]. Some investigations indicate that the construction of the SLH professional identity is diffuse and lacks collective reflection, with little knowledge of the scope of their role[10,12,15]. Hudson and DeRuiter (2019)[36] point out that professional training for speech therapists must not only contain critical aspects of the profession such as suitable training in the areas of expertise of the discipline, but must also cultivate effective communication skills and active listening with users and their families. According to the author, these attitudinal skills are key to directing the development of professional identity.

Several interviewees pointed out the need to develop the health-focused professional identity to a hybrid profile. This would help develop a broader profile and encourage the inclusion of an identity related in health sciences and social sciences. This new conception of professional identity arises from some participants'

experiences, indicating that new care paradigms often consider society and health as two spheres of care that must be aligned to perform better in their patients' intervention plans. Therefore, these participants indicated that professional training should move towards the challenge of reconciling health with the social sciences. Such results are similar to research that points out that health professionals should incorporate biopsychosocial axes in their professional identity. For instance, research by Lewis et al.[37] investigated the relevance of addressing concepts such as diversity, equity, and inclusion (DEI) in an undergraduate kinesiology and health promotion program, suggesting that foundational exposure to DEI concepts in their undergraduate training allows students to be better prepared to perform in the workplace in various contexts after they graduate. In turn, other authors emphasize the need to pay more attention to the development of concepts such as social justice and ethics in health professionals given the new care paradigms and the population's many unmet needs when only the health sphere is addressed[38,39].

In general, all interviewees indicated that professional training did not sufficiently and adequately address the development of a professional identity. These results coincide with some studies on health professionals' identity. For example, Joynes' study[40] with 33 professionals working in health and social care services in the United Kingdom shows that health professionals generally have an underdeveloped professional identity. The author also proposes that these findings should be a matter of concern for all universities that offer these programs because health professionals base their practice on collaborative work where the development of a professional identity is essential to develop even more complex concepts such as interprofessional responsibility.

Hence, professional trainers and universities have an important challenge in educating students so that they gradually shift from being students to professionals. Indeed, evidence indicates that professional identity begins being formed in undergraduate training and extends to professional practice, where the work context significantly influences the (re)construction of professional identity[8,12,40]. According to Binyamin[4], health professional training is generally rooted in technical knowledge, in knowing what to do and how, but little is said about "who I am as a health professional". This situation weakens professional identity and hinders the comprehension of roles, areas of expertise, and collaboration with other professionals.

Regarding the limitations of this study, it is important to approach its results within the scope of a qualitative study. Moreover, the SLH pathologists who participated in the study reside in Chile, but the research criteria did not include the area or geographic location where they work. Nevertheless, these findings help expand the evidence on a topic little addressed in SLH pathology worldwide. They also invite us to reflect on the relevance of professional training as a critical aspect, which must be addressed in view of the new challenges that SLH pathologists currently face.

Further studies should investigate whether the perception of professional identity varies based on accumulated work experience, area of performance, and postgraduate training.

CONCLUSIONS

The study findings show that the professional identity of participating SLH pathologists (with their diverse experiences and professional training) is mostly limited to health, although diffuse and often fragmented. Professional identity is perceived as self-centered, focused on their own work, with limited knowledge of other areas. Moreover, they identified with a professional "must be", though lacking a reflective, in-depth basis on professional values.

This perspective suggests the need for a more holistic and integrative approach to SLH training, promoting a professional identity based on a broad and collaborative understanding of their role in health and beyond. According to the participants, professional training should promote a transition from the role of health caregivers to a social role, in which SLH pathologists identify themselves considering current challenges from social needs, plus inclusion and social justice. Professional identity can benefit from greater interconnection and understanding between the different areas of action, providing it with a more solid and coherent meaning, aligned with an axiological professional approach.

Lastly, this is an exploratory qualitative study which results present an approximation of the SLH development in the country. Therefore, the findings must be interpreted within the context of a qualitative study that highlights the urgent need to assess the universities' professional training. Social and technological changes require rethinking the professional profile and considering the challenges in patient intervention, which must be carried out with an interdisciplinary, systemic, inclusive approach.

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Authors' contributions:

KADA: Conceptualization; Data curation; Formal analysis; Visualization; Writing - Original draft.

AH-L: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Writing - Review & editing.

MS-R: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration.

Data sharing statement:

In accordance with our privacy and data protection policy, the results of this survey will not be shared with third parties. All information collected will be used exclusively for the purposes set out in this study and will be handled confidentially. The data will not be publicly available or provided under any circumstances, thus ensuring the complete privacy of the participants.