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Refugees' Narratives of Career Barriers and Professional Identity

Purpose: This paper examines how refugees from a professional career domain restore a coherent narrative when confronting barriers to recognition of their former career status. It focuses in particular on the identity work in which they engage in order to reconcile tensions between their current status as refugees and their professional identity.

Design/method/approach: Fifteen refugees to the UK who were professionally qualified in medicine or teaching in their country of origin took part in interviews or focus groups exploring career barriers, plans and future aspirations. Initial inductive thematic analysis identified recognition of professional identities as a primary concern. Further analytic iterations between theory and empirical material sharpened the focus on identifying the tensions in their professional identity work.

Findings: Participants struggled both to restore their former professional identity and to develop alternative identities. Professional identity work limited, but also sustained them in the face of barriers they encountered as refugees.

Practical implications: More support for refugee career development would facilitate adaptation to local job markets, thereby addressing gaps in Education and Health services in the UK.

Originality value: Highlights the tensions in refugee professional identity work and particularly the challenges and rewards of professional identification in the face of employment barriers.

Keywords: refugees; professional identity; career barriers; narrative.

Refugees' Narratives of Career Barriers and Professional Identity

Introduction

Refugees may experience multiple losses in their search for a new life in a new country, with some having left their home countries with no opportunity to prepare for departure or their future career in the destination country (Morrice, 2011; Wehrle *et al.*, 2018). In fact, in many cases, even the destination country is beyond their control. Not surprisingly, extant scholarship suggests that in addition to concerns about their employment prospects, many refugees endure emotional distress caused by trauma, separation, loss and concern for friends and family left behind (Willott and Stephenson, 2013). Where refugees with professional backgrounds are concerned, although achieving refugee status brings some element of stability, it is also accompanied by stigmatisation and marginalisation (Wehrle *et al.*, 2018; Morrice, 2011), thus creating a stark contrast with their former professional status (Wehrle *et al.*, 2018; Willott and Stevenson, 2013). As professional identity is both core to self-identity and vulnerable to the loss of social recognition (Ibarra, 1999), this situation may threaten identity coherence and self-esteem leading to conscious identity work (Alvesson and Willmott, 2002) where former professionals struggle to achieve recognition and maintain a coherent self-identity in their new social and cultural context (Alvesson *et al.*, 2008).

Professions such as medicine and teaching are knowledge based, requiring lengthy education and socialisation (Pratt *et al.*, 2006). As such, they are likely to bestow valued social roles and identities with corresponding stable institutional careers (Brint, 1994) and privileged professional status (Slay and Smith, 2011; Willott and Stevenson, 2013). Medical professionals and teachers, therefore, are regularly recognised within their communities as possessing valuable knowledge and expertise (Pietka-Nykaza, 2015). Moreover, the early

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5 sense of calling (Bott *et al.*, 2017) that is often associated with careers in these domains
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8 combined with lengthy socialisation (Pratt *et al.*, 2006) and embeddedness in a professional
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10 context (Cooper and Davey, 2011) means that profession is likely to be core to the respective
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12 individual's sense of identity (Glastra and Vedder, 2010). However, because both medicine
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14 and teaching are also highly regulated (Reed, 1996; Scott, 2008) this paper will show how
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16 refugee doctors and teachers often find themselves engaged in a struggle to achieve
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18 recognition of their professional identity. This suggests that the same structures that
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20 supported their professional status in their home country may operate as boundaries in the
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22 destination country, thus exposing the local rather than universal criteria for professional
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24 recognition (Zikic and Richardson, 2016).
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31 Extant research has also suggested that where professional status is concerned, "losses
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33 do not cease once refugees have arrived at a supposedly safe host country" (Wehrle *et al.*,
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35 2018, p.98). Rather, like voluntary migrants, refugees may find that trying to re-enter their
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37 former profession in a new country involves coming to terms with *what they can no longer*
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39 *do and whom they can no longer be* (Zikic and Richardson, 2016). Finding themselves in this
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41 situation may be especially problematic because as Watson (2009) argues "In order to be sane
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43 and effective social actors, individuals have to achieve a degree of coherence and consistency
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45 in their conception of who they are" (p.431). Although engaging in identity work may enable
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47 rekindling of a former professional status, in extreme situations its efficacy as a coping
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49 mechanism may be limited (Sveningsson and Alvesson, 2003). For example, research on
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51 migrant professionals suggests that it may lead to a further identity crisis (Zikic and
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53 Richardson, 2016). Therefore, although holding on to professional identity may provide a
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55 sense of security, it might also create further problems if the respective individual is unable to
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5 re-enter that profession in the new career context. Consequently, refugee professionals may,
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8 struggle to manage the tensions between maintaining a coherent sense of who they are and
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10 adapting to the many barriers they face in building a new life in the destination country
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12 (Beech, 2011).
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17 While acknowledging the differences between migrants and refugees, drawing on
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19 extant literature relating to migrant identity work and professional experiences, this paper
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21 will seek to answer the following research question:
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25 How do refugee professionals manage the tensions between past, present and future
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27 career opportunities and experiences in their professional identity work?
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32 In order to respond to this question, we examined the experiences of a sample of
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34 refugees who had each pursued professional careers in medicine or teaching in their former
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36 home countries and who had achieved the right to work in the UK after having been granted
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38 Indefinite Leave to Remain (ILR). Prior to arriving in the UK, they had experienced
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40 significant trauma, leaving behind extensive professional and personal networks. At the time
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42 of the study they were at various stages in engaging with professional institutions in the UK
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44 in order to support their entry into the respective labour market and subsequent career
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46 development. Contributing a further dimension to our understanding of refugees' career
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48 opportunities and experiences, this paper demonstrates the value of professional identity work
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50 in providing a sense of coherence (Sveningsson and Alvesson, 2003) in spite of the barriers to
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52 practicing their former profession. The paper will report how participants engaged in
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54 concentrated identity work in order to navigate the tensions between their professional
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56 identification and their lack of professional recognition in the UK (Beech *et al*, 2012). It will
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5 highlight how professional identity work was a resource (Wieland, 2010) through which
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8 refugees could experiment and reflect on their current position and build a bridge to the
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10 future (Beech, 2011; Wehrle *et al.*, 2018). In order to connect the findings of the study with
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12 extant literature, we will first explore contemporary thinking on the barriers migrants and
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14 refugees may encounter when seeking to re-enter their former professions in a new host
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16 country with a specific focus on themes relating to professional identity.
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22 *Professional identity and barriers for migrants and refugees*

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24 The United Nations Refugee Agency defines a refugee as

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27 “someone who has been forced to flee his or her country because of persecution,
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29 war, or violence. A refugee has a well-founded fear of persecution for reasons of
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31 race, religion, nationality, political opinion or membership in a particular social
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33 group. Most likely, they cannot return home or are afraid to do so.” (United Nations
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35 Refugee Agency, 2017)
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41 In 2017 approximately 589,000 people entered the UK from overseas, of which around 5%
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43 (33,517) applied for asylum as refugees (Sturge 2018). Regardless of their destination
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45 country, most refugees are likely to have experienced trauma, often involving physical
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47 danger, unplanned and unchosen departure from their home country (Wehrle *et al.*, 2018).

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49 Once they have arrived in the destination country, however, they have to negotiate additional
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51 barriers to establish the legitimacy of their position and obtain the right to remain and work in
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53 their host country (Wehrle *et al.*, 2018). This process may involve lengthy, complex
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55 negotiations to achieve recognition as a refugee which may have further emotional, economic
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57 and professional costs (Eggenhofer-Rehart *et al* 2018; Wehrle *et al.*, 2018). Yet, refugee
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5 status is often underpinned by a great deal of insecurity with no opportunity to work until
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7 permission is granted by respective institutional bodies (O'Reilly, 2018). This is especially
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9 problematic for refugees with a professional background because "every year of temporary
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11 status reduces the chance of finding meaningful employment" (Eggenhofer-Rehart *et al.*,
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13 2018, p.32).
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19 The UN defines migrants as those individuals who have chosen to move "for reasons of
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21 "personal convenience"" whereas refugees have been "compelled to leave their homes"
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23 (Sturge, 2018, p.6). However, both groups have to adapt to a new culture, create new social
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25 networks and develop "a novice understanding of the labour market" (Campion, 2018, p.8) in
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27 a relatively short period of time if they are to continue in their former professions. They also
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29 have to provide extensive evidence of recent professional practice in the form of testimonials
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31 and accreditation which may be problematic if departure from the home country came
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33 suddenly as might be the case for refugees coming from conflict zones (Stewart, 2007) and
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35 given the extensive time to achieve LTR. Not surprisingly, therefore, barriers to entering
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37 previous occupations are often high for refugees, particularly given that their qualifications
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39 and experience may be undervalued or unrecognised.
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47 For refugees and migrants who do find employment it is rarely to a level
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49 commensurable with qualifications or previous work experience (Al-Ariss and Syed, 2011;
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51 Bimrose and McNair, 2011; Tharmaseelan *et al.*, 2010; Yakushko *et al.*, 2008; Zikic and
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53 Richardson, 2016). For professionals, the institutional barriers to employment that is
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55 commensurate with their previous experience vary. However, most professions require both
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57 certification of a high level of competency in the host country language and reaccreditation of
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5 professional skills (Eggenhofer-Rehart *et al.*, 2018; Smyth and Kum 2010). Although
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8 voluntary migrants may have built resources such as economic support, personal and
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10 professional networks, knowledge of the host culture and necessary certification prior to
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12 arrival, refugees are far less likely to have done so (Eggenhofer *et al.*, 2018). They are also
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14 less likely to be able to provide documentary evidence of their qualifications (Willott and
15
16 Stevenson, 2013) which further limits opportunities for employment. In this context it is not
17
18 surprising that refugees who do find employment, tend to be located in low skilled, low status
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20 jobs with few opportunities for progression, and poor terms and conditions of employment
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22 (Bloch, 2004; Champion, 2018; Smyth and Kum, 2010). Little wonder, therefore, that most
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24 refugees with professional backgrounds have limited opportunities to return to the
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26 professions that were central to their social status and identity prior to leaving their home
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28 country (Willott and Stevenson 2013).
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35 *Refugee professionals and identity*

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40 For the purposes of this paper, identity work is understood as “the interlinked
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42 activities by which individuals create, maintain, repair, display, revise and discard social,
43
44 personal and role identities” (Brown, 2017, p.298). It is especially likely to occur when we
45
46 encounter tensions between our self-identity and the social context within which we find
47
48 ourselves. While the relationship between individual identity and social context is inherently
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50 recursive, extant research suggests that individuals are able to “narrate what matters to them,
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52 what obstacles stand in their way, who they believe they are and who they hope to be” (Del
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54 Corso and Rehfus, 2011, p.338). However, while this assertion suggests a strong sense of
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56 agency we should also acknowledge the need to adapt to structural barriers within a given
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6 social context, which by necessity involves active flexibility in our respective identity work
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8 (Brown, 2017). In fact, attempting to defend and steadfastly retain one's professional identity
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10 in the face of unyielding barriers may be counter-productive. because it ignores the relative
11
12 power of social context (Ibarra and Barbulescou, 2010; Gabriel *et al.*, 2010; Wehrle *et al.*,
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14 2018; Zikic and Richardson, 2016).
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20 Job loss and struggles for re-employment have been widely associated with threats to
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22 both personal and professional identity and respective forms of identity work. It is not
23
24 surprising, therefore, that both refugees and migrants are likely to experience threats to their
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26 professional and personal identity. Yet, refugee professionals, "seeing their profession as
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28 their main identity" (Willott and Stevenson, 2013, p.122) have been reported to steadfastly
29
30 hold onto the belief that they will, one day, return to their original professional roles and
31
32 respective identities (Colic and Tilbury, 2003). Some, for example, may maintain that while
33
34 their professional skills are not transferable to other occupations, they could continue to work
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36 in their original profession in the destination country (Willott and Stevenson, 2013). While
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38 this sense of commitment to a professional identity may be a source of motivation, it can also
39
40 be a source of disillusionment causing them to veer "from optimism to disillusion and back
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42 again many times" (Willott and Stevenson, 2013, p.125).
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50 According to Pietka-Nykasa (2015), refugees' career paths, are not simply "the result
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52 of their individual choices but instead reflect different responses to encountered barriers,
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54 opportunities and encountered dilemmas" (p.540). She identified four different strategies
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56 used by refugee teachers and doctors to respond to the barriers to re-entering their respective
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58 professions: acceptance, compromise, ambivalence and withdrawal. These responses were
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5 linked to their level of training and practice in their country of origin, their length of time in
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7 the UK and family circumstances and reflected the interaction between individual choices
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9 and contextual limits. This suggests that while highly skilled refugees often try to hold on to
10
11 previous professional identities, their responses to contextual constraints may change
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13 according to their individual circumstances. Some may undertake voluntary work, survival
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15 jobs and/or customise previous professional identities by reframing their respective previous
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17 skills and experience (Eggenhofer-Rehart *et al.*, 2018). However, in their study of migrant
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19 professionals, Zikic and Richardson (2016) argue that the rigid, professional re-accreditation
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21 requirements in medicine limit opportunities for proactive identity work, rendering any
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23 attempts at customisation of past experience and skills to fit local requirements ineffective. In
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25 such circumstances, holding on to professional identities may, therefore, lead to ongoing
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27 identity struggles and thus to crisis rather than enrichment.
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35 An identity as a medical professional is a particularly strongly held and well defended
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37 professional identity (Pratt *et al.*, 2006) that evolves in a highly regulated field (Scott, 2008).
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39 As suggested by Zikic and Richardson (2016) entry into the medical profession in a given
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41 country is predicated on strict adherence to specified criteria. A professional identity as a
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43 teacher is, arguably, more flexible. Yet, entry into the teaching profession is also highly
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45 regulated requiring compliance with specified accreditation criteria. While identity work in
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47 both of these fields can be effective for repairing and revising self-constructions
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49 (Sveningsson and Alvesson, 2003; Brown, 2017) it is essentially interactive, and claims to
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51 entry may be accepted, revised, ignored or rejected. Exploring this line of thinking further,
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56 this paper examines the ways in which refugees who were medical professionals and teachers
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5 in their home countries managed the tensions between their past, present and future career
6 opportunities through professional identity work.
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9 10 11 12 *Research Method*

13 14 15 *Context*

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17 To remain within the UK as a refugee an individual must be granted asylum, which requires
18 them to prove they are unable to live safely in their own country through fear of persecution
19 (www.gov.uk). Once a claim for asylum is registered, it is assigned to a designated
20 caseworker who will decide whether or not it can be granted. This process may take six
21 months or more, depending on caseloads. During this period applicants are not allowed to
22 work but are provided with accommodation and money to cover essential needs. Once
23 asylum has been granted they may be given Leave to Remain (LTR) for five years which
24 allows them to work and claim benefits. After five years they can apply to settle in the UK
25 and obtain Indefinite Leave to Remain (ILR). A combination of large number numbers of
26 applicants and limited resources, has meant that applications for asylum are notoriously
27 protracted and characterised by high levels of uncertainty.
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43 Participants in this study were professionally qualified in medicine or teaching and
44 had claimed asylum in the UK and been granted LTR. Having achieved LTR, they were all
45 looking to re-enter their former professions and re-establish their professional identities. As
46 we will report, below, the decision to try to regain their former professional status was often
47 seen as a form of recovery and a means of establishing a greater sense of security. However,
48 it could also give rise to an extended stage of confusion and misdirection. While participants
49 could claim benefits doing so required interaction with job centres, which challenged their
50 sense of professional identity because the roles they offered were semi- and low-skilled work.
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5 Looking beyond the job centres, therefore, the medical professionals in this study had sought
6 help from charitable foundations set up specifically to help refugees re-enter professional
7 fields. For medical doctors and dentists in the UK, for example, there is a clear,
8 institutionalised route to entry to the profession through the General Medical Council (GMC)
9 and the British Medical Association (BMA). Yet, a particular barrier to re-entry into
10 medicine for refugee doctors is the time limit attached to recognition of professional practice,
11 which is often exacerbated by the protracted nature of the asylum process. All medical
12 professionals in the UK, for example, are required to demonstrate a high level of competency
13 in English measured through the International English Language Testing System (IELTS).
14 Entry to other professions, including teaching, is often less clear and may depend on
15 individual interpretation by institutional providers.
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33 Participants and procedures

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35 As refugees are a vulnerable and hard to reach group, negotiating access was complex
36 and time consuming. First, organisations working with refugee professionals were
37 approached and three agreed to help by distributing invitations to participate in the study to
38 their clients. Fifty emails to refugee medical professionals produced three participants
39 (Babukar, Shireen, Mohammed). The second approach was through an English Language
40 tutorial programme for refugee medical professionals which gave rise to a further eight
41 participants who volunteered to take part in a focus group. The authors also drew on their
42 own personal and professional networks which provided a further four participants who were
43 also refugee professionals in education or medically related fields (Mariama, Michael, Grace
44 and Mary).
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Participants' qualifications, experience and time in the UK are summarised in Table 1. Age and country of origin are omitted from the table to protect their identities, all names are pseudonyms. The sample was aged between 25-50, with different family circumstances, and different countries of origin: Sudan (4), Zimbabwe (3), Afghanistan (3), Iran (2), Sri Lanka (2), and Senegal (1). The teachers' language of education was English, whereas the medical professionals had English as their second language. While the diversity of the sample presented difficulties in specifying analytic themes it added to the range of experiences covered.

Table 1 about here

Data Collection

Data was collected through one focus group consisting of eight medical professionals taking a language course; one joint interview and five individual interviews (See Table 1). The interviews and focus group were semi-structured around initial prompt questions about the barriers to re-enter their respective professions in the UK, what motivated them to continue to pursue their profession and how they had identified sources of support. We did not address broader questions of their experiences of the asylum process or their personal situation unless these were raised by participants themselves. The line of questioning was flexible, informal and participant led. While the interviews avoided the trauma faced by participants, they exposed their mixed emotions of despair, hope, anger and gratitude and determination to make a new life in spite of the many barriers they faced. Participants were encouraged to present their own narratives in their own way with minimal intervention. The

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5 interviews lasted between 50 and 90 minutes. The material was audio recorded and
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7 transcribed verbatim excluding any potential identifying information.
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10 11 12 Data Analysis 13

14 First, a thematic analysis across all the empirical material identified barriers, supports
15 and current concerns discussed by participants (Gioia *et al.*, 2012). These first level themes
16 were discussed between the researchers, grouped, modified and linked back to theory in an
17 iterative process (Gioia *et al.*, 2012). This resulted in identification of three second order
18 themes: professional identity, self-identity, and social context (see Figure 1). Further analysis
19 moving between theory and empirical material to explore relations between themes
20 highlighted professional identity as central to refugees' experiences and the site of tensions
21 between social context and self-identity prompting reflection and experimentation.
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35 **Figure 1 Thematic analysis around here** 36 37 38 39

40 The second stage of the analysis drew on individual narratives to explore the tensions
41 in negotiation of past, present and future in professional identity work. Rather than
42 suggesting stages of adaptation over time the narratives were structured by participants'
43 accounts of the barriers they encountered in attempting to maintain a coherent professional
44 identity and the tensions exposed in their responses.
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54 **Findings** 55

56 First, we highlight the tensions within participants' professional identity between past
57 status and present structural barriers (Figure 1). We then outline the threats to their
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5 professional identity and their identity work in response: facing loss, struggling with
6 alternatives, compromising to requalify and reflecting on adaptation (Table 2). From this we
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8 show the ways refugees draw on professional resources to craft a space in which they can
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10 reflect and experiment with new identities while maintaining links between their past and
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12 future.
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19 The thematic analysis was used to develop a model showing professional identity as
20 the site in which tensions between previous self-identity and current structural barriers were
21 explored. Participants' professional identity provided both a link to their past and a sense of
22 meaning in the present. Their narratives identified the sense of loss experienced when their
23 professional status was not recognised by others, particularly those who were perceived to be
24 gatekeepers into the respective professions. This was also connected to depression, anxiety
25 and crisis regarding their self-esteem and sense of purpose. Furthermore, their anxiety is
26 reflected in their lack of confidence in taking on even the most menial alternative work. The
27 only explicitly valued identity outside of their respective former profession was as a family
28 provider. Other sources of identity were either viewed negatively or poorly understood.
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43 Engaging with their former profession at a low level while seen as a compromise, was
44 considered both as a step to regain their former status and as providing a familiar arena for
45 experimentation, reflection and adaptation. While tensions were ongoing in renegotiating
46 professional identity through engagement with barriers to entry in the respective fields at all
47 levels, the profession provided a familiar bridge between past identity, current position and
48 future aspiration. However, these tensions are neither stages nor alternatives but strands that
49 are interwoven and frayed in refugee professionals' narratives. So even after 14 years in the
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5 UK and requalification in a new field, Mary and Grace (both Teachers), for example, still
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7 drew on their original professional identity and felt its loss.
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14 **Table 2 around here**
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17 *Loss and professional identity*
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19 All participants claimed their professional identity and acknowledged the barriers to
20 recognition. However, they failed to identify any positive alternatives. The fear of being
21 “nothing” was rooted in refugees’ ongoing experiences of loss that continued as they
22 encountered barriers in the asylum process and then in the job market. Mary, a former
23 teacher, described the experience of seeking asylum. In a fierce travesty of the idea of agentic
24 choice she outlined the options: *“You break down or they send you back home. Is it an*
25 *option? It’s two options.[...] but those are not good options are they?”* She argued that the
26 impact on her sense of professional identity was wide reaching: *“you become a timid person”*
27 *as a result of “listening to everyone treat you like who you are not”*. This finding suggests
28 that the application for asylum posed a challenge to participants’ professional identity. Thus,
29 even while we did not originally seek to understand the asylum process, participants saw it as
30 having a direct connection with their subsequent response to work opportunities and
31 experiences. The loss for some participants was not only of professional status, but of being a
32 contributing member of society. Shireen, for example, described a complete reversal in her
33 capacity to ‘make a contribution’ as a practicing medical professional in her field: *“You feel*
34 *how useful I had been there and just not here, nothing.”* For Mariama, a former medical
35 professional, her sense of being *“worth nothing”* was a reaction to years of perceived
36 rejection, despite numerous attempts to use her professional expertise as a volunteer.
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6 Likewise, for Mohammed (former medical professional), exclusion from being able to
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8 contribute as a “*working tax payer*” weighed heavily on his mind. As Table 2 illustrates the
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10 contrast between past identity and present loss was expressed not just as the loss of
11
12 professional status but of any sense of coherent identity and self-esteem. For many of our
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14 participants confronting the loss of professional identity meant starting “*from zero*”.

17 18 *Struggling with alternatives to professional identity*

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21 Despite the difficulties that participants reported in their attempts to re-enter their
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23 respective professions, they had little understanding or appreciation of how they might
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25 pursue other employment opportunities. Refugees’ sense of loss and worthlessness was
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27 sometimes linked to anxiety about alternatives to having a professional identity. Mariama
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29 elaborates the importance of local knowledge to access the jobs outside her profession:
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31 “*To work as a Sales Assistant in (a supermarket), even that is difficult for me because I*
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33 *don’t know what is Sale Assistant or Admin. What does that mean? That is not my field,*
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35 *even in that I find it difficult to go and apply.*” (Mariama, medical professional). As
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37 Michael (teacher) suggested, “*you need some basic training locally in order for you to get*
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39 *that menial job*”. Farshad reflected a similar line of thinking in his doubt about his
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41 capacity to take up work in a restaurant due to perceived lack of interpersonal skills:
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43 “*working in a restaurant would be so difficult for us because we don’t know how to deal*
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45 *with people*” (Farshad, doctor). Whereas we might assume that professionals would have
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47 highly developed skills that could be applied in other work, several participants in this
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49 study expressed severe doubts about their capacity to pursue unfamiliar lines of
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51 employment in a new country.
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6 The only other positive source of identity that refugees spoke of related to their
7 capacity to support their families. In order to fulfil this role, some had overcome their
8 anxiety, sacrificed their profession, and taken up survival work. Grace and Mary (both
9 teachers), for example, had taken basic care jobs to support their children and described
10 drawing on their previous professional identity in retraining for social work. Mariama
11 oscillated between loss, sacrifice and requalification as a pharmacist, but while her increased
12 IELTS score bolstered her self-esteem, her experience of rejection and the costs of retraining
13 in order to re-enter her former profession had led her to consider sacrificing her profession
14 altogether to focus solely on her role supporting her children.

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So while participants' lack of interest in pursuing opportunities beyond their former
professions suggests a strong sense of commitment to their professional identities,
further analysis also pointed to both a lack of confidence and a distinct lack of
knowledge regarding alternative work opportunities. Whereas they had a clear
understanding of what it would take to re-enter their former professions they had little
to no knowledge of requirements for other types of employment. Thus for these
refugees, professional identity provided a bridge to re-engage with work and training in
their new home country, in spite of the barriers.

Engaging with professional re-qualification

Participant engagement with processes required to achieve recognition of their
professional identity was both sustaining and limiting. The tension required compromise
between their attempts to regain their professional status in order to sustain their sense of
self-esteem and provide a meaningful and coherent identity narrative, and acknowledgement
of the considerable barriers to returning to professional practice and achieving recognition. A

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5 particular concern, as we see in Table 2, was having to take on low skilled work to requalify,
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7 but also wanting to be recognised as highly qualified and experienced professionals.
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10 However, for the participants in this study, the decision to re-engage with their former
11 professional identity was a sign of hope regarding future employment prospects. Faiz, for
12 example, had initially felt unable to return to medicine after his experience of trauma as a
13 refugee and described his feeling that *“once I’m here, I’m okay, I’m feeling a bit relaxed, so
14 probably I’m hoping I’m going to be back to my work, I mean the profession where I was
15 working”*. For him re-engaging with his profession and his attempts to requalify was
16 sustaining his recovery. Nazreen, also reported that her attempts to re-enter the medical
17 profession avoided a sense of worthlessness and enabled her to reclaim her former identity
18 and sense of worth as a doctor.
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34 The barrier confronted by all of the participants in this study was finding appropriate
35 information on how to re-enter their respective professions in the UK. A key concern was that
36 while job centres provided information about accessing low skilled jobs they were unable to
37 provide assistance in entering professional fields. Likewise working with professional bodies
38 such as the General Medical Council was problematic, as described by Faiz:
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46 *“So finding the right information at that time was really difficult for me. I got in touch
47 with GMC (General Medical Council) they didn’t guide me very well and I got lost for
48 a year or so then finally through a friend I was able to find the organisations that were
49 working for refugees and professionals”*. (Faiz, medical professional)
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56 Charitable bodies set up to help refugee medical professionals re-enter their former
57 professional fields were identified as important sources of support. For the teachers, however,
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5 there was less support and guidance. Mary, a former teacher, had attempted to qualify as a
6 teacher in the UK by taking a B.Ed. International but had given up:
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10 *“I didn’t want to do the newly qualified teacher status because I was already a*
11 *qualified teacher so that’s where things went wrong for me, not wanting to go back and*
12 *do newly qualified teacher status, I wasn’t a newly qualified teacher, I had ten years*
13 *teacher’s experience. Why was I to do a newly qualified teacher status course?” (Mary,*
14 *teacher)*
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23 Michael, on the other hand, battled on in his quest to requalify as a teacher in the UK in
24 spite of low pay, lack of support and being given incorrect advice. Even while this
25 experience weighed heavily on him it also brought positive outcomes and eventual
26 recognition: *“I felt accepted, I begin to be more confident and I looked at myself at the same*
27 *par as all other teachers”*. For Michael the initial compromises helped him regain his
28 professional status, while for others they provided a familiar environment in which to
29 experiment and reflect on the future.
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40 *Reflecting on adaptation*

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43 Fulfilling the professional requirements to re-entering their former profession also
44 functioned as a bridge to other forms of employment. While striving for recognition of their
45 professional identity was characterized by challenges and frustrations, it provided a
46 framework through which participants could engage directly with the demands of the labour
47 market in the UK. Although participants found preparing for the requisite qualifications
48 onerous, time consuming and expensive it also provided an opportunity and motive to learn.
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57 It is notable that one of the most regular sources of frustration was the need to pass the IELTS
58 requirement as described by the participants below:
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“they are putting us in IELTS for six years, for five years, for ten years to be bored of our profession I think this is a waste of our time. Do you think that we can’t speak English?” (Rafi, medical professional)

“People who are professional they think there is abcd and grammar, it’s not like that. There is a lot of stresses around this, because this first it’s about yourself. I’m 50 years old, did I [lose] my ability to learn? Am I deteriorating now? I cannot pass the exam so you try to question yourself and question your abilities.” (Mohammed, medical professional)

While Rafi attributed difficulties to the certification, Mohammed reflected carefully both on what was required in communication and his own competence. He went on to consider the advantages of taking a lower status role (such as a receptionist) within the medical environment with which he is familiar. Mariama, as we have seen, was pleased by her improved IELTS score which she attributed to her successful social life in the UK. In the course of engaging with their professional roles both Michael (Teacher) and Babukar (Doctor) reflected on local work related skills and knowledge learned through practice.

In summary, while most participants reported feeling an intense sense of professional loss after arriving in the UK, all had engaged with the formal processes of achieving professional recognition as a means of re-entering their former profession. Reflecting on this experience, most shifted between claiming that it would enable them to return to their previous position and suggesting that they would be prepared to compromise by taking lower status work in a related area, sometimes as a step back from their former profession. They also oscillated between declaring ambitions for retraining, acceptance of survival jobs and fear of being ‘nothing’. Movement between these apparently opposing stances was fluid and represented their shifting responses to the barriers they encountered and the social context

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5 within which these were situated. This suggests that while there were significant barriers to
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8 returning to their previous profession and thus reestablishing their professional identity, the
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10 official requirements such as accreditation and language proficiency provided participants
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12 with a bridge between their former professional status and their prospective status in the UK.
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16 17 **Discussion**

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19 This paper suggests that, regardless of the significant challenges they encountered,
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21 participants' attempts to re-enter their former professions provided a sense of purpose and
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23 hope. Therefore, while extant literature suggests that encountering these barriers may be
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25 problematic, as we have reported it might also bring some benefit. Specifically, we propose
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27 that attempts to reestablish professional identity can function as a bridge between past and
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29 present for refugees. First our thematic analysis highlighted the salience of professional
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31 identity for refugees. That they continued to try to re-establish themselves as medical or
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33 teaching professionals, rather than exploring opportunities in other fields (professional or
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35 otherwise) in the UK is not surprising given the reported strength of such identities and the
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37 associated perceived social status (Pratt, *et al.*, 2006; Slay and Smith, 2011; Willott and
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39 Stevenson, 2013). This paper adds to research on struggles and tensions in professional
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41 identity work by arguing that attempting to restore and maintain professional identity, even in
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43 the face of extreme barriers, may be both sustaining and limiting (Alvesson, 2010; Beech *et*
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45 *al.*, 2016). Previous work has shown that a strong identification with a particular professional
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47 identity presents a barrier to adjustment and entry to a new labour market which may lead to
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49 'identity crisis' (Zikic and Richardson, 2016; Gabriel *et al.*, 2010). However, this study
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51 suggests that due to the complexity of the context within which refugee professionals attempt
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53 to re-engage with and re-enter their profession, a strong professional identification also
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5 provides a sense of continuity and self-worth (Slay and Smith, 2011). It allows resistance to
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7 the negativity associated with being a 'refugee'. In particular, attempts to re-enter a former
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9 professional field afford a sense of control over how an individual is defined and affirms
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11 what they could offer their current society. While previous work has demonstrated the limits
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13 to identity work especially when faced with highly regulated institutional boundaries (Zikic
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15 and Richardson, 2016), we argue that its sustaining qualities have been overlooked. This may
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17 be especially true for refugee professionals seeking to re-enter their professional field in a
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19 new country.
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26 Professional identification, however, like calling (Bunderson *et al.*, 2009), is a double-
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28 edged sword, both providing meaning and motivation and also limiting scope for adaptation
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30 and change (Cascon-Pereira and Hallier, 2012). Therefore, we acknowledge how it both
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32 allows refugees a sense of esteem, value and coherence, but requires they recognise the
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34 barriers to achieving their former recognition and status. We argue that as professional
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36 identity links personal identity and institutional context (Watson, 2008; Beech 2008) it offers
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38 refugees a bridge between their past status and their current social position. While there are
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40 powerful barriers to returning to their former professional practice (Pietka-Nykaza, 2015;
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42 Wehrle *et al.*, 2018), their professional identity provides the space in which refugees can
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44 explore the identity tensions between coherence and recognition, past and present, agency
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46 and structure (Beech, 2008; Brown, 2015). Furthermore, we consider that these tensions may
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48 be recognised as part of an ongoing process (Beech *et al.*, 2016) rather than a clearly
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50 delineated stage in adaptation (Alvesson, 2010). The process of engaging with a return to
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52 professional practice provides a framework, although the outcome is uncertain.
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The paper has identified the fluidity of shifting positions in professional identity and exposed the emotional costs around loss of professional identification (Ibarra and Barbulescu, 2010). For these refugees, at this time in their life, the alternative to a return to their profession was not creative reconstruction, but rather identity crisis. Where the coherence of professional identity broke down the narrative became chaotic, and contradictory. As we have shown the only other identity which they were willing to take on was that of being a provider for their families. For successful adaptation after traumatic transitions professional identity, therefore, provides a narrative that allows individuals to engage with and negotiate their social context and form links between their personal identity and the world (Brown, 2015; Ibarra and Barbulescu, 2010).

A specific barrier discussed by all medical professionals was the IELTS qualification. While the opportunity to develop communication skills was welcomed, the qualification itself was both feared and ridiculed as being too stringent, inappropriate and culture bound. As Eggenhofer-Rehart et al (2018) have pointed out the barriers for professionals are set extremely high. The participants' narratives both accepted the reasonable and useful requirement for doctors to communicate while simultaneously challenging the specificity of the assessment. Professionals maintained a position of reasoned acceptance while calling the local cultural bias in the test. However, while they might mock the barriers, they acknowledged their powerlessness in the face of these institutional scripts (Pietka-Nykaza, 2015). The discussion of professional barriers included both acceptance of professional regulation and resistance to local requirements. The argument presented was that the systems failed to recognise established professional skills that could be demonstrated in context.

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6 For refugees, professional identity may present a more positive narrative position than
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8 evidenced in other studies of occupational status loss (Gabriel *et al.*, 2010; Zikic and
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10 Richardson, 2016) in that the traumatic transition for these people was distinct from the
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12 career. Unlike voluntary migrants, refugees in this study had not chosen to move in order to
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14 enhance their economic status but to escape persecution. While their professional identity
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16 was still central and their sense of loss unquestionable, they may have had fewer illusions
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18 about the ease of achieving their previous status than other migrants (Zikic and Richardson,
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20 2016). Claiming professional identity could give access to a specific route which might
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22 include formal career support or guidance, or at the least, access to a group of fellow refugee
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24 professionals, if not to those in power. Claiming professional identity provided a clear aim
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26 and a set of specified tasks, a way of structuring time and fulfilling the basic needs met by
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28 work (Blustein, 2011).
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35 *Limitations and future research*

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37 While this qualitative study allowed for in-depth analysis of participants'
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39 experiences, the empirical material is cross sectional presenting the story as told at a specific
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41 time, in particular circumstances. Further longitudinal research would enable richer analysis
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43 of the negotiation and exploration of the processes of identity work over time.
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49 *Practical implications*

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53 For policy makers, this study raises awareness of the barriers preventing refugee
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55 professionals contributing to health and education sectors in the UK at a time when their
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57 skills are in demand. This adds to the often repeated challenge to governments and
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5 professional associations to ease and speed processes for recognition and integration of
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7 skilled overseas professionals. Countries like the UK have a shortage of skills in medicine
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9 (Charlesworth and Lafond, 2017) and education (Education Policy Unit, 2018) that could be
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11 mitigated by more flexible and efficient accreditation processes (Stewart, 2007).
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14 Furthermore, it highlights the difficulty even well-educated professionals face in finding
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16 career information. Better sources of information, especially better integration between job
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18 centres, professional associations and voluntary organisations would help signpost the routes
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20 available and support those prepared to retrain (Willott and Stevenson, 2013). Finally, it
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22 highlights the current overdependence on overstretched charitable foundations and
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24 professional associations as the only source of career support for refugee professionals
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26 (Willott and Stevenson, 2013). Not surprisingly, the dependence on professional associations
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28 reinforces the focus on professional re-accreditation. Alternative sources of career advice
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30 could help refugees build on their past professional experience, recognise transferable skills
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32 and consider alternative careers with less rigorous requirements. For career practitioners, it
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34 highlights the importance of career narratives and the role of meaningful career conversations
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36 that provide both clear signposting for re-entry into careers and draw out the relevance of
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38 previous roles, experience and responsibilities (Savickas 2013).
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47 **Conclusion**

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49 Professional identification was both sustaining and limiting for refugee professionals.
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51 Firstly, professional identification provided a sense of meaning, value and coherence that was
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53 not offered elsewhere. However, relative to professional identity and with the exception of
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55 personal identity as provider to their families, other possible identities were negatively
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57 construed and underdeveloped. Secondly, the identity tensions around maintaining coherence
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5 and adapting to lack of recognition led to shifting positions in reclaiming their profession and
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8 struggling with alternatives. While the barriers to achieving previous status led to frustration
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10 and threatened despair, the aspiration to maintain or repair professional identity led to an
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12 arena for learning language, trying out identity narratives and building social networks.
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14 However, the difficulty for refugee professionals was to maintain balance between the
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16 positive impact of professional identification and the negative experience of lack of
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18 recognition and lack of opportunity for professional performance: to keep the balance
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20 between hope and reality. More flexible institutional support could both aid refugee
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22 resettlement and address the skill shortages experienced in countries like the UK.
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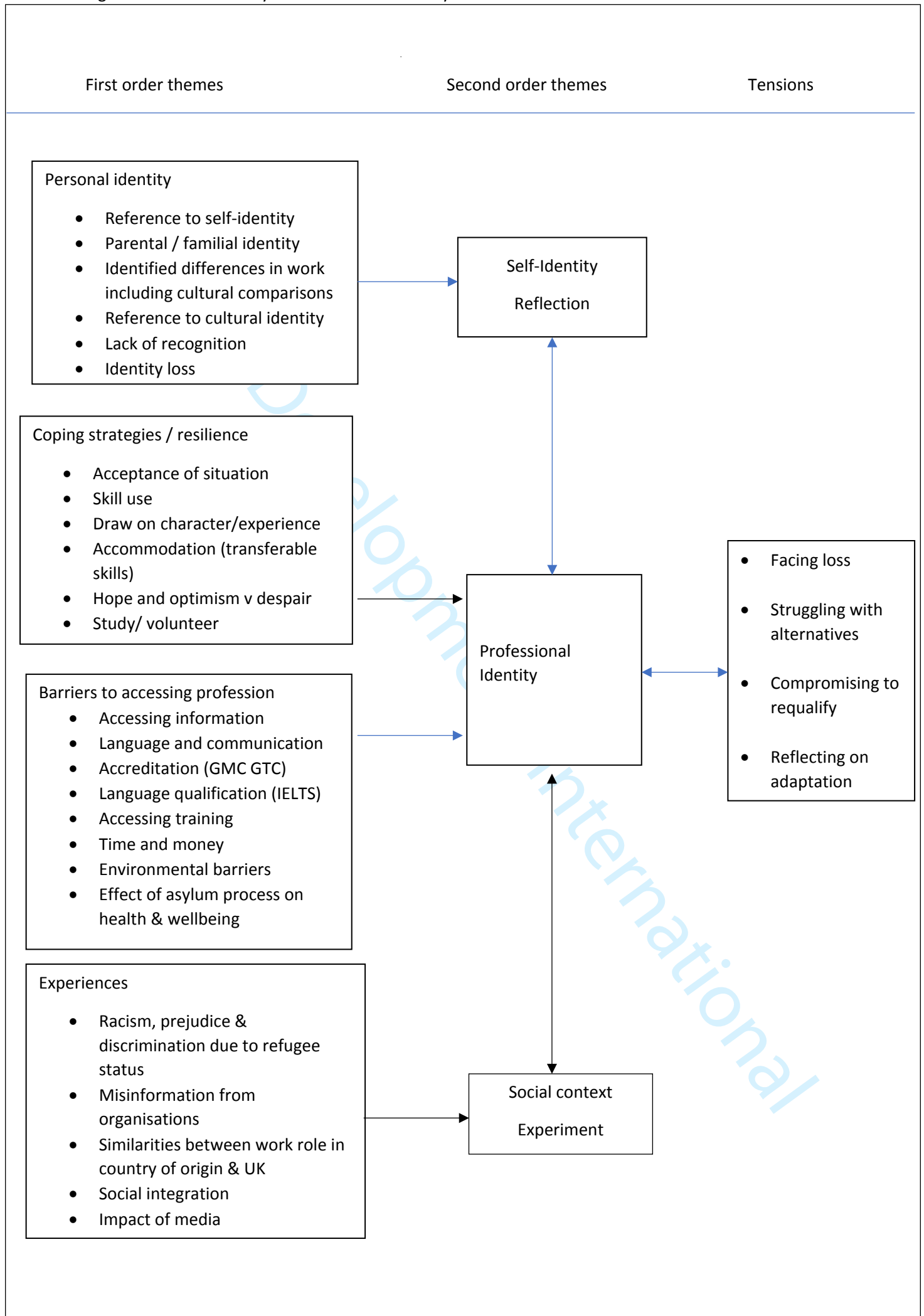
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Table 1 – Participants

#	Participants	Gender	Years spent training	Job role in country of origin	Years in original profession	Years in the UK	Current position	Participation in research
1	Shireen	Female	14	Medical Consultant	10	1	Beginning IELTS	1:1 interview
2	Babukar	Male	11	Medical Consultant	11	4	Taking IELTS Other qualifications	1:1 interview
3	Mariama	Female	5	Pharmacist	2	6	Taking IELTS Volunteer	1:1 interview
4	Mohammed	Male	10	Medical Doctor	15	7	Passed IELTS 12 Failed Plab 2 Volunteer refugee council	1:1 interview
5	Nazreen	Female	7	Anaesthetist	11	3	Health Care Assistant	Focus group All taking IELTS
6	Shoba	Female	3	Surgical Nurse	5	4	Phlebotomist.	
7	Syed	Male	6	Medical School graduate	0	4	Health Care Assistant	
8	Padma	Female	6	Medical Doctor	0	5	Retaking IELTS expired - no internship	
9	Farshad	Male	7	Medical Doctor	8-9	5	Health Care Assistant	
10	Faiz	Male	7	Medical Doctor	8	5	Returning after family difficulties	
11	Rafi	Male	5	Dentist	16	6	Survival job	
12	Zeneb	Female	5	Medical school graduate	0	7	Taking IELTS	
13	Grace	Female	4	College lecturer	10	13	Social worker Youth & community work Survival job social care	Joint interview
14	Mary	Female	3	Primary School Teacher	10	14	Social worker BSc Intl Ed, Survival job social care	
15	Michael	Male	7	Head Teacher	17	14	Subject head Requalified Mentor	1:1 interview

Figure 1. Thematic Analysis. Professional identity as site of tensions



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Table 2 Professional identity work

Threats to professional identity	
<p>“when you are a doctor like from another country from Iran, Iraq, Afghanistan or like African country, when you say oh I was an anaesthetist, I am an anaesthetist, say ok so it means that you are not, are not here” (Nazreen, Doctor)</p> <p>“when you hear managers say you used to be a teacher, I’m like no I am a teacher, I don’t know why - you don’t get to train to be a teacher then you’re not a teacher, I’m not practising but I am a teacher” (Grace, Teacher)</p> <p>“that’s my identity, I worked hard since I’m a child to get that qualification and I see, and I see just lose from me without reason. It’s very hard” (Mariama, Medical professional)</p>	
Confronting loss of professional identity	
Facing nothing	“It’s a very stressful process. One that belittles you as well, cos you’re already someone who thinks you know what you’re doing, but you come back, you start from zero” (Mary, Teacher)
	“I will not mention that I have these skills, I will not mention. I am just a person with no qualifications.” (Mariama, Medical professional)
	“You are nothing. You are not paying taxes, you are not a doctor, you are not anything” (Mohammed, Doctor)
Struggling with alternatives	“I didn’t go through looking for jobs in teaching because my main priority was I need to earn money as quickly as possible to get the kids out and at that point things were changing in [my home country] as well so there was that rush that we need to get the kids out, we don’t know what the political situation is going to be. So I was in work which was an absolute shock, a different kind of work” (Grace, Teacher)
	“I can’t live without hope of course, but I need to be realistic as well. So tomorrow I’m going to study retail course. If I find a job in [a supermarket] I will go straight away because I need money for my children, I’m not going to wait until I pass my exam go to the university and wait for money.” (Mariama, Medical professional)
	“You know that after studying twelve years at school and seven years at university and eight or nine years of hospital experience and then you come so I don’t know what else we will be able to do now, if you want to change our careers I think we need four or five more years to and by that time you’re very close to retirement (laughs) so that’s why we have to just stick to what we...” (Farshad, Doctor)
Re-engaging with professional identity	

<p>Compromising to re-qualify</p>	<p>“You have to be using your skills, you have to be, tested, you have to be put in a particular environment that allows you to get back on your track. And the environment that helps you get back on your feet, there is none available as such, apart from those organisations that are there and those organisations are just offering whatever they can. They can’t offer everything they can just offer limited access to the system so it’s, it’s really, really hard, it’s really hard.” (Babukar, Doctor)</p> <p>“sometimes when you’re working as a health care assistant in the surgery some Doctors looking you, at you low level, like a junior level and also receptionist sometimes and you need to be very strong that you ignore this type of sensation, this type of feeling you need to just say, no, I am a doctor, but at the moment I am trying to revalidate my qualification” (Nazreen Doctor)</p> <p>“now we’ve been offered a place as a Health Care Assistant which is very junior but it puts you in the NHS system so you can understand what is going on and also if I find a job like that it will give me income because I always applied for jobs and was over qualified or I don’t have any other experience in any other field” (Mohammed, Doctor)</p> <p>“as soon as I got the job I was told that you are not qualified teacher, so they referred to me as a trainee teacher. I really felt, I’d gone miles down, my expectations, but I said, now, you see I’m in Rome I have to do like what the Romans want so I have taken it from that point. But I told myself, I said, no I’ll just rather start there, it’s a starting point and then see how things go” (Michael, Teacher)</p>
<p>Reflecting on adaptation</p>	<p>Of course I start IELTS with low mark but now I got 6.5 in IELTS and that’s not because I study hard, I hold a book. No, because I engage with the society, I make friends, all that help for IELTS. (Mariama, Health professional)</p> <p>“We used to command and say, ‘you do this don’t question, just do what the teacher tells you.’ But here the students were ‘let’s meet half way, let’s meet half way’ and then that’s how you could agree with them, so that was more like a shock” (Michael, Teacher)</p> <p>“I discover there is another aspect of the exam I didn’t know about it, which is communication and ethical skills. It’s not just about how to, because I used to pass all the medical issues, but I fail in counselling the patients, I mean talking to the patients and how to. So, how to present your communication, how not to be interruptive, how not to be, I mean these things which is about the communication skills” (Mohammed, Doctor)</p> <p>“And a doctor in the society is someone who has to be really open, who has to be really nice to the population, who has to understand the population, who has to know the culture. That’s really important, who has to know that this country is a country where we have equal opportunity, we have good medical practice, we have teamwork. And all those soft skills will never be learnt through tests so the soft skills will always be taught by training by getting along with other doctors” (Babukar, Doctor)</p>