Feminisation of the Veterinary Profession: Opportunity or Threat?

In the last 30 years, the veterinary profession has seen a dramatic gender shift, and, more than any other profession in the Western world, has changed from being a male-dominated profession in the 1970’s, to a female-dominated one currently, at least in terms of numbers (Chieffo and others 2008; Greenhill 2014; RCVS 2014). This process is known as feminisation in the social sciences. However, we know from research across other professions, that feminisation can have paradoxical effects on gender equity, and status for a profession. Although this is clearly a threat to veterinary medicine, Clare Allen believes that there is reason for optimism. Understanding these processes helps us to define the threats to the future of the profession better and we have an opportunity to intercede, and create better opportunities for veterinary graduates. This, in turn, has the potential to strengthen and raise the profile of the profession by reinventing our role in society.

In the history of veterinary medicine, key changes in social context have presented challenges to its integrity and survival. The profession and its members have had to adapt and change in response to these challenges in order to survive and thrive as a profession. For example, after a boom of new veterinary schools in the US at the turn of the 19th Century, to meet the needs of society for professionals who could care for the horses that provided transport and drove the economy, the profession was faced with extinction because of the production of affordable motor vehicles. As a result, many of those colleges were closed almost as soon as they were opened (Dunlop and Williams 1996). The profession, however, built on their foundation of equine care, adapted and found
other ways of providing services to society through the care of agricultural
animals, and, later, companion animals such as cats and dogs. Similarly big
changes are challenging the way that veterinary medicine is practiced today, and
there is increasing anxiety about how the profession will weather those threats.
These shifts signal the need to re-evaluate the structure of the profession, and
how we should adapt and respond.

One of those challenges is a shift in the demographics of the veterinary
population towards women – a process known as feminisation in the social
sciences (Bolton and Muzio 2008). Research from other professions indicates
that feminisation is more than just a shift in numbers and has greater
consequences to the status and structure of a profession, both internally and
externally, that can continue to support patriarchal structures and gender
inequity at the cost of the profession (Bolton and Muzio 2008; Kuhlmann and
Bourgeault 2008).

In the 1970’s, only 16% of veterinary graduates in the UK, and 11% in the
US, were women. Now almost 80% of graduates are women, with women
recently becoming the majority in the profession overall (RCVS 2014, 2015;
Shepherd and Pikel 2013). This gender shift is significantly higher than in any
other profession. Many professions such as medicine, and the other health
sciences, have experienced feminisation over the same time period, but they
typically started with higher numbers of women and have not shown any signs of
reaching the same proportions now seen in veterinary medicine.

The tipping point for veterinary medicine was in the late 1980’s: when I
entered Cambridge Vet School in 1989, the numbers of graduates were roughly
equal. In my class, we had a few more women, but had no reason to think that the
distribution was anything more than a normal statistical variation in the 50:50 ratio that we expected to continue. Instead, the numbers of women continued to rise steadily, until plateauing at about 77% (see figure 1). The number of women currently being accepted into and graduating from UK and American veterinary schools represents the gender distribution of applicants, and, in fact, the proportion of applicants who are women has been high for a lot longer (Aitken 1994; RCVS 2014). However, in the past, there were barriers to women being accepted into the professions, and it was only due to broader social and political changes that occurred in both countries in the 1970’s that the numbers of professional women have increased. The question remains, however, why did women flock to veterinary medicine so much more than other occupations, and what effects does this have on our profession?

The Professional Project

The concept of a profession is not fixed, but evolves as the result of an interaction between its members and their external environment. When social scientists study what it means for an occupation to become and maintain its status as a profession, they observe a “systematic attempt by occupations to translate a scarce set of cultural and technical resources into a secure and institutionalised system of occupational and financial rewards so as to pave the way for collective mobility and social advancement.” (Bolton and Muzio 2008).

As a result, maintaining the identity of a profession is an ongoing process, especially when there are changes in the internal or external structure of the profession.

Feminisation has been shown to have both internal and external effects on a profession. Externally, the more feminised a profession becomes, the
greater the loss in status of that profession in the eyes of society, which has a negative impact on compensation for its members. A feminised profession is less valued by society. Internally, there are paradoxical effects that actually increase gender inequity. This is often seen in an increased gender wage gap, and vertical stratification of the genders such that men are more likely to occupy the senior positions, with women filling the lower status, less valued roles (Bolton and Muzio 2008). Think of teaching, which became feminised early in the 20th Century, and where, despite the high numbers of women, head teachers and educational administrators are still more likely to be men, and the number of male teachers increases as you move up the ranks from primary school to higher levels of education. Another effect of feminisation is in the increased horizontal stratification of the genders across the profession (Bolton and Muzio 2008). For example, in medicine, women are encouraged to consider careers in family and general practice, and paediatrics, whereas men are more likely to go into specialisms such as neurosurgery and orthopaedics (Adams 2010; Kuhlmann and Bourgeault 2008; Wedin 2009). Similarly in business, women are more likely to be encouraged into roles in human resources, whereas men are more likely to be considered for jobs in finance and information technology (Bolton and Muzio 2008). The masculine dominated specialisms tend to attract more status and compensation.

Many of these processes can be observed in veterinary medicine. Despite the low numbers of male veterinary students, the majority of graduates choosing jobs in farm animal or production medicine are still men (Shepherd and Pikel 2011), and there is evidence to suggest a male bias towards farm animal practice or production medicine (Serpell 2005). This indicates a degree of horizontal
"segregation" (Reskin 1993) by sex across career categories within the profession. It is perhaps helpful to point out that the categories we often use in veterinary medicine, while often described in terms of species, functionally have more to do with the purpose of the animals in the practice: cats, dogs and most other small animals are generally used as pets or companions; farm animal species such as cattle, sheep, pigs and poultry are usually used for food and fibre production; and, horses can be used either as companion animals or as working animals, and so, in many ways, cross the boundaries of the other species groups. There are, of course, still mixed animal practices, especially in rural parts of the country, although even these are becoming more segregated internally, even if some of the practitioners work in all species areas.

Rollin (2006) describes the two main roles of veterinary surgeons to be equivalent to those of the paediatrician and the auto mechanic. A good clinician combines both of these roles in their practice. However, as the profession becomes more polarised into species specialisms, I have found in my research that there is a perception amongst veterinary students that companion animal practice represents much more of the paediatrician-type skills, such as caring, nurturing and a relational approach to clients. In contrast, production animal practice requires more of a mechanic approach, with systemic, transactional and instrumental skills foremost. In our society, we are conditioned to think of that division of labour as gendered.

Feminist theory argues that men and women are exposed to different models of moral development during their childhood, which instils different values and characteristics, based on their gender (Gilligan 1982) and which leads to gender stereotypes or schemas (Valian 2000). Gilligan argued that women’s
development is relational, and is based on a “recognition of responsibility” for
one another, termed an “Ethic of Care” (Gilligan 1982/2003; Noddings 1984).
This is in contrast to a more masculine ideal of a “Hierarchy of Power,” which is
based on moral judgment that distances itself from emotion. The concept of
caring or nurturing, therefore, is highly gendered in our society. That means that
when veterinary students are associating caring and emotional work to
companion animal practice, there is an implicit gendering of that kind of practice
as more feminine, and production animal medicine as being more masculine.

In my research, interviewing final year veterinary students about their
career options and choices, the participants denied that there were any gender
differences. However, this was not supported by their choices, and the way that
they discussed those choices, both of which were clearly gendered. It only takes a
quick Google images search to demonstrate that Western society genders jobs:
paediatricians are almost always idealised as women; whereas images of
mechanics will most often show men. Similarly, the students in my study had
internalised gender expectations about what kind of veterinary work suited
them better, based along gender lines. Small animal and other companion animal
work was seen as requiring more emotional, caring work, with one woman
saying that she thought that women preferred small animal work because their
main goal was to make sure that their patients were “happy and healthy.” In
contrast, large animal work, especially in production medicine, was seen as more
distanced from that kind of relational approach, and was, therefore, more
appealing to the men. For example, one male participant said that farm animal
practice is “all rational. There’s no emotion involved, no owners or anything.…
very black and white. I like that.”
Of course, career options are rarely as straightforward as my research participants’ perceptions. But even when the students crossed gender lines in these stereotypes, they often did it for gender-normed reasons: one woman wanted to work in dairy practice, because she was looking forward to building relationships with the farmers, saying “I feel like communication is the key that connects us to our clients;” and, a male participant liked the idea of small animal practice because he felt that it would help him to be a good breadwinner for his family, saying, “being a veterinarian will hopefully give me an income where I can provide for my family.”

This respondent’s comment about providing an adequate income for his family represents a more general concern about work-life balance expressed by the students I interviewed. Both men and women discussed their desire to balance work with the needs of their family life and quality of life, but there were gender differences in how this was expressed. These are issues that all of us in the profession face, and, if we want to create sustainable career paths, we must consider gender as a factor.

Threat or Opportunity

All of these effects of the feminisation of veterinary medicine have the potential to have a profound impact on how the profession evolves in the future. We know from the research that there are many potential pitfalls associated with similar demographic changes in other professions, and that we are starting to see evidence of some of the same process in veterinary medicine. Ultimately, however, I am optimistic about our profession’s future, based on our ability to adapt and respond to challenges in the past. I believe that by understanding these processes, being open about discussing them, and responding in an
appropriate and mindful manner, we can use these challenges as an opportunity to strengthen the profession. There are many different ways to do this, which will require input and discussion from all sectors of the profession. From my perspective as a veterinary educator, I see four main areas where we can start to respond:

1. Recruitment – earlier and more active outreach to reach a more diverse population of students.
2. Educational initiatives to prepare students for the realities of the profession.
3. Re-training in diverse career paths, especially for vets returning to the workforce after career breaks or seeking different opportunities due to burnout in their initial area of interest.
4. Advocacy and Leadership to the public and policy makers about the important contribution of all veterinary careers in order to develop the status and compensation of the profession.

The details of how we implement these responses are beyond the scope of this article. However, I see hope in recent initiatives in the veterinary profession, such as the joint BVA/RCVS Veterinary Futures project, which addresses these, and other key challenges. Others are starting to think and act on these complex issues. But they will only be successful if we get everyone involved. Knowing so many individuals in this profession who have and continue to inspire me with their commitment, creativity and passion, I am hopeful that we will respond appropriately.

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