

1 Feminisation of the Veterinary Profession: Opportunity or Threat?

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

16 In the history of veterinary medicine, key changes in social context have
17 presented challenges to its integrity and survival. The profession and its
18 members have had to adapt and change in response to these challenges in order
19 to survive and thrive as a profession. For example, after a boom of new
20 veterinary schools in the US at the turn of the 19th Century, to meet the needs of
21 society for professionals who could care for the horses that provided transport
22 and drove the economy, the profession was faced with extinction because of the
23 production of affordable motor vehicles. As a result, many of those colleges were
24 closed almost as soon as they were opened (Dunlop and Williams 1996). The
25 profession, however, built on their foundation of equine care, adapted and found

26 other ways of providing services to society through the care of agricultural
27 animals, and, later, companion animals such as cats and dogs. Similarly big
28 changes are challenging the way that veterinary medicine is practiced today, and
29 there is increasing anxiety about how the profession will weather those threats.
30 These shifts signal the need to re-evaluate the structure of the profession, and
31 how we should adapt and respond.

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

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

48 The tipping point for veterinary medicine was in the late 1980's: when I
49 entered Cambridge Vet School in 1989, the numbers of graduates were roughly
50 equal. In my class, we had a few more women, but had no reason to think that the

51 distribution was anything more than a normal statistical variation in the 50:50
52 ratio that we expected to continue. Instead, the numbers of women continued to
53 rise steadily, until plateauing at about 77% (see figure 1). The number of women
54 currently being accepted into and graduating from UK and American veterinary
55 schools represents the gender distribution of applicants, and, in fact, the
56 proportion of applicants who are women has been high for a lot longer (Aitken
57 1994; RCVS 2014). However, in the past, there were barriers to women being
58 accepted into the professions, and it was only due to broader social and political
59 changes that occurred in both countries in the 1970's that the numbers of
60 professional women have increased. The question remains, however, why did
61 women flock to veterinary medicine so much more than other occupations, and
62 what effects does this have on our profession?

The Professional Project

64 The concept of a profession is not fixed, but evolves as the result of an
65 interaction between its members and their external environment. When social
66 scientists study what it means for an occupation to become and maintain its
67 status as a profession, they observe a "systematic attempt by occupations to
68 translate a scarce set of cultural and technical resources into a secure and
69 institutionalised system of occupational and financial rewards so as to pave the
70 way for collective mobility and social advancement." (Bolton and Muzio 2008).
71 As a result, maintaining the identity of a profession is an ongoing process,
72 especially when there are changes in the internal or external structure of the

73 profession.

74 Feminisation has been shown to have both internal and external effects

75 on a profession. Externally, the more feminised a profession becomes, the

Formatted: Font:(Default) +Theme Body
(Cambria), 12 pt, English (UK)

Formatted: Font:(Default) +Theme Body
(Cambria), 12 pt, English (UK)

Formatted: Font:(Default) +Theme Body
(Cambria), 12 pt, English (UK)

Formatted: Font:(Default) +Theme Body
(Cambria), 12 pt, English (UK)

Formatted: Font:(Default) +Theme Body
(Cambria), 12 pt, English (UK)

Formatted: Font:(Default) +Theme Body
(Cambria), 12 pt, English (UK)

Deleted: This increase in the number of women being accepted to and graduating from British and American veterinary schools represents the gender distribution of applicants. In fact, if you look at the proportion of veterinary applicants who are women, it has been high for a lot longer (Aitken 1994; RCVS 2014), and it was only due to broader social and political changes that occurred in both countries in the 1970's that allowed women to have greater access to the professions.

85 greater the loss in status of that profession in the eyes of society, which has a
86 negative impact on compensation for its members. A feminised profession is less
87 valued by society. Internally, there are paradoxical effects that actually increase
88 gender inequity. This is often seen in an increased gender wage gap, and vertical
89 stratification of the genders such that men are more likely to occupy the senior
90 positions, with women filling the lower status, less valued roles (Bolton and
91 Muzio 2008). Think of teaching, which became feminised early in the 20th
92 Century, and where, despite the high numbers of women, head teachers and
93 educational administrators are still more likely to be men, and the number of
94 male teachers increases as you move up the ranks from primary school to higher
95 levels of education. Another effect of feminisation is in the increased horizontal
96 segmentation of the genders across the profession (Bolton and Muzio 2008). For
97 example, in medicine, women are encouraged to consider careers in family and
98 general practice, and paediatrics, whereas men are more likely to go into
99 specialisms such as neurosurgery and orthopaedics (Adams 2010; Kuhlmann
100 and Bourgeault 2008; Wedin 2009). Similarly in business, women are more likely
101 to be encouraged into roles in human resources, whereas men are more likely to
102 be considered for jobs in finance and information technology (Bolton and Muzio
103 2008). The masculine dominated specialisms tend to attract more status and
104 compensation.

105 Many of these processes can be observed in veterinary medicine. Despite
106 the low numbers of male veterinary students, the majority of graduates choosing
107 jobs in farm animal or production medicine are still men (Shepherd and Pikel
108 2011), and there is evidence to suggest a male bias towards farm animal practice
109 or production medicine (Serpell 2005). This indicates a degree of horizontal

110 "segregation" (Reskin 1993) by sex across career categories within the
111 profession. It is perhaps helpful to point out that the categories we often use in
112 veterinary medicine, while often described in terms of species, functionally have
113 more to do with the purpose of the animals in the practice: cats, dogs and most
114 other small animals are generally used as pets or companions; farm animal
115 species such as cattle, sheep, pigs and poultry are usually used for food and fibre
116 production; and, horses can be used either as companion animals or as working
117 animals, and so, in many ways, cross the boundaries of the other species groups.
118 There are, of course, still mixed animal practices, especially in rural parts of the
119 country, although even these are becoming more segregated internally, even if
120 some of the practitioners work in all species areas.

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

131 Feminist theory argues that men and women are exposed to different
132 models of moral development during their childhood, which instils different
133 values and characteristics, based on their gender (Gilligan 1982) and which leads
134 to gender stereotypes or schemas (Valian 2000). Gilligan argued that women's

135 development is relational, and is based on a “recognition of responsibility” for
136 one another, termed an “Ethic of Care” (Gilligan 1982/2003; Noddings 1984).
137 This is in contrast to a more masculine ideal of a “Hierarchy of Power,” which is
138 based on moral judgment that distances itself from emotion. The concept of
139 caring or nurturing, therefore, is highly gendered in our society. That means that
140 when veterinary students are associating caring and emotional work to
141 companion animal practice, there is an implicit gendering of that kind of practice
142 as more feminine, and production animal medicine as being more masculine.

143 In my research, interviewing final year veterinary students about their
144 career options and choices, the participants denied that there were any gender
145 differences. However, this was not supported by their choices, and the way that
146 they discussed those choices, both of which were clearly gendered. It only takes a
147 quick Google images search to demonstrate that western society genders jobs:
148 paediatricians are almost always idealised as women; whereas images of
149 mechanics will most often show men. Similarly, the students in my study had
150 internalised gender expectations about what kind of veterinary work suited
151 them better, based along gender lines. Small animal and other companion animal
152 work was seen as requiring more emotional, caring work, with one woman
153 saying that she thought that women preferred small animal work because their
154 main goal was to make sure that their patients were “happy and healthy.” In
155 contrast, large animal work, especially in production medicine, was seen as more
156 distanced from that kind of relational approach, and was, therefore, more
157 appealing to the men. For example, one male participant said that farm animal
158 practice is “all rational. There’s no emotion involved, no owners or anything...
159 very black and white. I like that.”

160 Of course, career options are rarely as straightforward as my research
161 participants' perceptions. But even when the students crossed gender lines in
162 these stereotypes, they often did it for gender-normed reasons: one woman
163 wanted to work in dairy practice, because she was looking forward to building
164 relationships with the farmers, saying "I feel like communication is the key that
165 connects us to our clients;" and, a male participant liked the idea of small animal
166 practice because he felt that it would help him to be a good breadwinner for his
167 family, saying, "being a veterinarian will hopefully give me an income where I
168 can provide for my family."

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

176 Threat or Opportunity

177 All of these effects of the feminisation of veterinary medicine have the
178 potential to have a profound impact on how the profession evolves in the future.
179 We know from the research that there are many potential pitfalls associated with
180 similar demographic changes in other professions, and that we are starting to see
181 evidence of some of the same process in veterinary medicine. Ultimately,
182 however, I am optimistic about our profession's future, based on our ability to
183 adapt and respond to challenges in the past. I believe that by understanding
184 these processes, being open about discussing them, and responding in an

Deleted: history

186 appropriate and mindful manner, we can use these challenges as an opportunity
187 to strengthen the profession. There are many different ways to do this, which
188 will require input and discussion from all sectors of the profession. From my
189 perspective as a veterinary educator, I see four main areas where we can start to
190 respond:

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

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

209 References

- 210 ADAMS, T. L. (2010) Gender and Feminization in Health Care Professions.
211 Sociology Compass 4, 454-465
212 BOLTON, S. & MUZIO, D. (2008) The paradoxical processes of feminization in the
213 professions: the case of established, aspiring and semi-professions. Work,
214 Employment & Society 22, 281-299
215 CHIEFFO, C., KELLY, A. M. & FERGUSON, J. (2008) Trends in gender,
216 employment, salary, and debt of graduates of US veterinary medical schools and
217 colleges. J Am Vet Med Assoc 233, 910-917
218 DUNLOP, R. & WILLIAMS, D. (1996) Veterinary Medicine: An Illustrated History.
219 St Louis, MS, Mosby-Year Book, Inc.
220 GILLIGAN, C. (1982) In a different voice: Psychological theory and women's
221 development. Cambridge, MA, Harvard University Press
222 GILLIGAN, C. (1982/2003) An Ethic of Care. In The Columbia Documentary
223 History of American Women Since 1941. Ed H. SIGERMAN. New York, NY,
224 Columbia University Press. pp 369-377
225 GREENHILL, L. M. (2014) Annual Data Report 2013-2014 [Internet]. Washington,
226 DC, Association of American Veterinary Medical Colleges
227 KUHLMANN, E. & BOURGEAULT, I. (2008) Gender, professions and public policy:
228 new directions. Equal Opportunities International 27, 5-18
229 NODDINGS, N. (1984) Caring: A Feminine Approach to Ethics and Moral
230 Education. Berkeley, CA, University of California Press
231 RCVS (2014) Women in the veterinary profession 2014: Gender statistics about
232 veterinary surgeons in the UK. In Vet Futures. London, UK, Royal College of
233 Veterinary Surgeons
234 RCVS (2015) RCVS Facts 2014. London, UK, RCVS
235 RESKIN, B. F. (1993) Sex Segregation in the Workplace. Annual Review of
236 Sociology 19, 241-270
237 ROLLIN, B. (2006) An Introduction to Veterinary Medical Ethics. Ames, Iowa,
238 Blackwell Publishing
239 SERPELL, J. A. (2005) Factors influencing veterinary students' career choices and
240 attitudes to animals. J Vet Med Educ 32, 491
241 SHEPHERD, A. J. & PIKEL, L. (2011) Employment of female and male graduates
242 of US veterinary medical colleges, 2011. Journal of the American Veterinary
243 Medical Association 239, 1070-1074
244 SHEPHERD, A. J. & PIKEL, L. (2013) Employment of female and male graduates
245 of US veterinary medical colleges, 2013. Journal of the American Veterinary
246 Medical Association 243, 1122-1126
247 VALIAN, V. (2000) Schemas that explain behavior. In Women in Higher
248 Education: A Feminist Perspective. 2nd edn. Eds J. GLAZER-RAYMO, B. K.
249 TOWNSEND, B. ROPERS-HUILMAN. Boston, MA, Pearson Custom Publishing. pp
250 22-33
251 WEDIN, M. (2009) Gender effects on choice of medical specialty. In Association
252 for Medical Education in Europe. Malaga, Spain, Viguera Editores SL
253