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GENDER WORK IN A FEMINIZED PROFESSION

The Case of Veterinary Medicine

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Veterinary medicine has undergone dramatic, rapid feminization while in many ways remaining gendered masculine. With women constituting approximately half of its practitioners and nearly 80 percent of students, veterinary medicine is the most feminized of the comparable health professions. Nevertheless, the culture of veterinary medicine glorifies stereotypically masculine actions and attitudes. This article examines how women veterinarians understand the gender dynamics within the profession. Our analysis reveals that the discursive strategies available to women sustain and justify the status quo, and thus preserve hegemonic masculinity. Women use strategies previously used toward female tokens in nontraditional jobs, such as role encapsulation, and strategies previously used by male tokens in traditionally female jobs, such as distancing from the feminine. Through this discursive “gender work,” women help to maintain the institutionalized inequality and the masculine ethic of the profession. Veterinary medicine illustrates the importance of considering organizational context in studies of feminization.

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Research on the feminization of occupations focuses primarily—and understandably—on its implications for the wage gap between men and women. Seeking to understand wage discrimination, research has

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sought the sorting processes that occur on the supply or demand side, or both. On the supply side, studies have examined how workers select occupations and search for jobs (Drentea 1998; Leicht and Marx 1997; Yakubovich 2005). On the demand side, other research has analyzed discriminatory hiring and promotion practices (Bielby and Baron 1984; Cohn 1985; Kmec 2005; Reskin and McBrier 2000; Williams 1992). Examining both sides of the equation, Reskin and Roos (1990) proposed a dual-queuing model consisting of a gendered labor queue, in which employers rank potential workers, and a job queue, in which workers rank the attractiveness of potential jobs. Numerous studies have examined dimensions of sex segregation and feminization within specific occupations, such as clerical work (Cohn 1985; Henson and Rogers 2001), law (Chiu and Leicht 1999; Pierce 1996), human medicine (Lorber 1985), pharmacy (Jordan 2002; Muzzin, Brown, and Hornosty 1994), bank telling (Prather 1971), psychology (Ostertag and McNamara 1991), and computer work (Wright and Jacobs 1994). Research has also examined the challenges faced by men and women who work in jobs traditionally performed by members of the opposite sex (Henson and Rogers 2001; Padavic 1991; Prokos and Padavic 2002; Williams 1989, 1995).

Another body of research on gender and work examines the “gendering” of organizations (see Britton and Logan [2008] for a review). Although aspects of this paradigm had appeared in works such as Cockburn’s studies of gender and technology (1983, 1985, 1988), and Ferguson’s research on bureaucracy ([1984]; see also Game and Pringle [1984]; Pringle [1989]), it was fully articulated in Joan Acker’s 1990 publication, entitled “Hierarchies, Jobs, Bodies: A Theory of Gendered Organizations.” Acker explained that, in a gendered organization, “advantage and disadvantage, exploitation and control, action and emotion, meaning and identity, are patterned through and in terms of a distinction between male and female, masculine and feminine” (1990, 146). The perspective offered new insight into gender and work. The approach goes beyond the observation that jobs can be numerically male or female dominated. In addition, the approach goes beyond seeing a job as gendered simply because men or women perform it. Instead, it proposes that gender is a constitutive element in organizations. The characteristics of an organization reproduce gender inequalities through policies, practices, culture, and interaction. As Britton and Logan put it, “although people bring their own gender to organizations, the jobs they occupy are already themselves gendered” (2008, 108). Gendered expectations about workers’ attitudes, behaviors, and interactions are embedded in the organization. Male- or female-dominated

occupations can be gendered in ways that do not match their sex composition (Britton 2000).

We situate this study of women in veterinary medicine within the research on gendered organizations. Veterinary medicine has undergone dramatic feminization, in the sense of its sex composition. In 1970-1971, women composed only 8 percent of practicing veterinarians (Women's Action Program 1976b, A3). Between 1980 and 1990, the number of practicing female veterinarians increased 288 percent (AVMA 1999). It increased an additional 78 percent between 1990 and 1998. In 2008, women constituted nearly 50 percent of practicing veterinarians (AVMA 2008). The situation among students in the colleges of veterinary medicine is even more striking. Between 1968 and 1975, women's enrollments in U.S. veterinary schools increased from only 9 percent to 24.4 percent (Women's Action Program 1976a, 4). Veterinary medicine programs surpassed human medicine in first-year female enrollment in 1969-1970. In 2008, (for the class of 2012), the gender distribution among applicants to veterinary medical schools was 79 percent female ($N = 4,703$) and 20 percent male ($N = 1,210$) (AAVMC 2008a). This is the highest among comparable health professions. The 2008 data on applicants to medical schools lists the percentage of female applicants at 48 percent ($N = 20,360$), with males at 52 percent ($N = 21,870$) (AAMC 2008). For dental schools, the majority of applicants (57 percent) were male (Okwuje et al. 2008).

Extant work has examined the process of feminization in veterinary medicine (Lincoln 2004). Drawing on Britton, we focus on how the context of the profession has resulted in its being "dominated by members of one sex [but] actually gender typed in an opposite way" (Britton 2000, 424). We draw on interviews with women veterinarians and veterinary students to argue that the profession remains gendered masculine, even while numerically dominated by women. The culture of the profession values masculine characteristics, such as the freedom from familial responsibilities. Women are clustered primarily in the lowest paid specialty of companion animal medicine, and are less likely than men to own their own practices. Yet, few of the women veterinarians we interviewed described the profession as oppressively gendered, even while they recognized the disadvantage faced by women overall. The contextual focus allows us examine how "gendered norms around work and identity are maintained, even in the face of sex ratios that are out of line with the cultural construction of the occupation itself" (Britton 2000, 425).

In this article, we begin by exploring the historical shaping of veterinary medicine as a masculine profession and its dramatic feminization.

We then briefly discuss the methods employed in this research. Then we analyze how women veterinarians and students talked about gender in the profession on two levels: the experience of women in general, and their own experiences. This allows us to examine the instances in which the gender of veterinary medicine is salient and how women experience that gendering. We close by discussing how women help to gender the profession of veterinary medicine as masculine, even while they have attained numerical dominance.

VETERINARY MEDICINE'S MASCULINE ORIGINS

Veterinary medicine evolved from the “doctoring” of the horses so essential to the economy until well into the twentieth century. The occupation was not always considered a profession of high prestige; “animal doctors” were often failed blacksmiths or farmers who had simply hung out a shingle (see Jones [2003]). Many were “drunken grooms and vulgar farmhands” (Jones 2003, 11). The unprofessional image was frequently justified, because those who treated animals often had no formal training. Although few formal prohibitions barred women from practicing, women faced significant normative obstacles. Dogs and cats seldom received veterinary care, and the income of those who doctored animals came mostly from livestock husbandry, particularly castration, which male practitioners and livestock owners saw as unacceptable for women to perform. Castration required the use of ropes, pulleys, and physical strength to restrain animals whose weight could exceed one thousand pounds. Veterinary practices of the day included treatments now considered brutal and inhumane, such as burning, blistering, bleeding, and surgery without anesthesia. Male veterinarians argued that performing these required an unsentimental attitude that women did not possess. Venturing into the masculine barnyard environment, they claimed, would cause a woman to lose her “‘delicacy of feeling’—her femininity” (Jones 2003,13). In addition, by the 1890s, legitimately trained male veterinarians were working to raise the status of the profession. In the 1890s, state legislatures began to pass the first laws regulating the practice of animal medicine. At a time when women were often considered ill suited for study and work outside the home, they posed a threat to the efforts to professionalize “animal doctoring.” In contrast to human medicine, where women could argue that they would be especially well suited to treat other women and children (Morantz-Sanchez 1985), they could not claim a similar niche in veterinary medicine. As Jones (2003, 13) argues, “the idea of women veterinarians not only violated masculine

livestock culture, it also threatened the professional aspirations of veterinarians." In 1939, Kansas State College's admissions policy encapsulated the perspective:

We do not encourage women to enroll in the curriculum in veterinary medicine. In fact, we try to discourage them, our reason being that we must refuse admission to many worthy young men, and to accept a young woman with the chances that she will not remain in the profession and to deny admission to a young man, does not seem logical. (AWV 1997, 11)¹

Even women admitted to schools of veterinary medicine were prevented from receiving comprehensive training. Half of the schools barred women from certain essential courses, such as the large animal clinic and even surgery (AWV 1997, 5-11). During the 1940s, the already biased veterinary colleges were "closing their doors more and more tightly against women" (AWV 1997, 10). During the 1950s, only 139 women graduated from schools of veterinary medicine in the United States (Slater and Slater 2000). In 1960-1961, the *Occupational Outlook Handbook* claimed that of 19,000 practicing veterinarians, "fewer than 5 percent" [< 950] were women (Bureau of Labor Statistics 1961, 78). Although the *Handbook* predicted "good employment opportunities throughout the 1960s" (1961, 79), this rosy future would not include women for at least another decade.

The numbers of women graduates of veterinary colleges remained low until the 1980s. In 1970-1971, women constituted only 7.8 percent of recipients of degrees in veterinary medicine (Women's Action Program 1976b, A3). Two factors, in particular, worked against women considering careers in veterinary medicine. One was the belief that women were not intellectually suited to study science. Women veterinarians and students commonly recalled how high school guidance counselors discouraged them from applying to schools of veterinary medicine, directing them instead to fields considered more "practical" for women, such as dental hygiene and physical therapy (see Women's Action Program [1976a, 30]). The second factor working against women was entrenched discrimination within the veterinary profession and among traditional animal stakeholders, particularly farmers. A 1976 report by the Department of Health, Education, and Welfare found that veterinary school alumni and agricultural interests pressured school administrators to limit women's enrollment, assuming that women would not practice and would therefore deprive qualified men of the opportunity to become veterinarians (Women's Action Program 1976a, 25). Most veterinary schools stated in their admissions materials that they did not want women applicants. Others

allowed them to apply but accepted them only if slots remained after admitting all the qualified men.

Schools of veterinary medicine remained segregated until antidiscrimination regulations finally made the preference for men costly. Demand for veterinary services was increasing, and schools could not meet the need for veterinarians. Among the contributing factors, the *Occupational Outlook Handbook* cites the growth in the pet population, the need to care for animals to feed an expanding population, the need for veterinary researchers and teachers, and the need to replace an aging cohort of practicing veterinarians (Bureau of Labor Statistics 1961, 80). To keep up with demand for veterinary services, schools of veterinary medicine needed capital to expand and improve facilities. In 1971, the Comprehensive Health Manpower Training Act (Section 799A) stipulated that the federal government could not make loans or grants to veterinary schools unless they received assurances that there would be no gender discrimination in admissions. Faced with the loss of federal funding, veterinary schools began to revise their admissions policies. The Higher Education Act of 1973 contained three provisions that improved the picture for women. The Act prohibited sex discrimination in federally assisted education programs; it amended portions of the 1964 Civil Rights Act to include women; and it extended coverage of the Equal Pay Act of 1963 to executive, administrative, and professional employees, including faculty. By the mid-1980s, women constituted half of the entering classes in U.S. schools of veterinary medicine. Currently, nearly 80 percent of veterinary students are women—a reversal of proportions in only two decades (see figure 1).²

The situation is similar for practicing veterinarians. The predictions about the growing need for veterinarians proved accurate. Between 1980 and 1997, the number of actively employed veterinarians grew from 32,500 to 63,751, an increase of 96 percent over the period (Brown and Silverman 1999). That would increase to 70 percent in the 1990s (Brown and Silverman 1999) and to nearly 80 percent in 2008. With women currently constituting approximately half of its practitioners, veterinary medicine is the most feminized of the comparable health professions.

In many other fields, a decline in income has accompanied feminization (England, Allison, and Wu 2007). Incomes for veterinarians have increased at an average annual rate of 5 to 6 percent, however (depending on type of practice; see AVMA [2007a]). Similarly, in other fields feminization often occurred alongside deskilling or other forces that eroded the quality of the job such that it became considered appropriate primarily or exclusively for women (Britton 2000). This has not been the case in

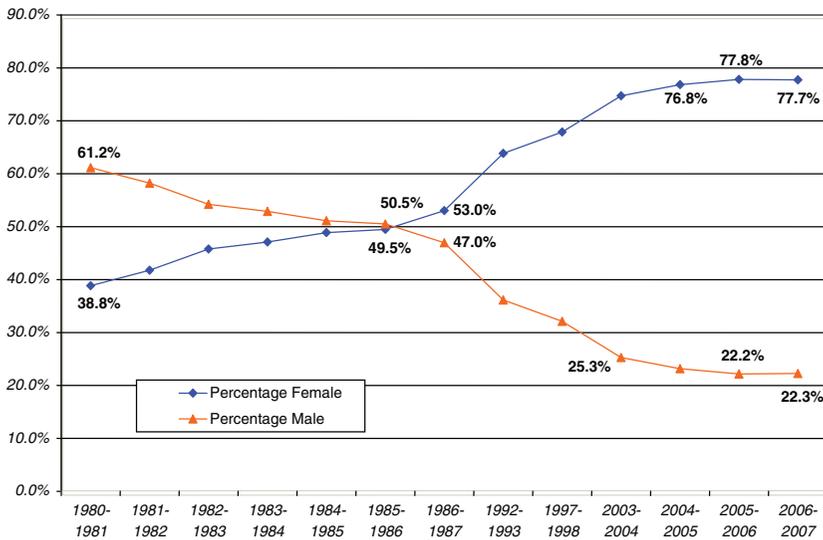


Figure 1: Students in U.S. Colleges of Veterinary Medicine, 1981-2007

Source: AAVMC 2007

veterinary medicine, where, as in human medicine, increasingly sophisticated technologies for diagnosis and treatment have enhanced the quality of the work. Both male and female veterinarians express high levels of job satisfaction (Verdon 1997). Nevertheless, sexism persists within the field. Since the founding of the American Veterinary Medical Association (AVMA) in 1863, only two women have held the office of president. No women currently serve as officers on AVMA's Executive Board. Women serve as deans at only four of the 28 schools of veterinary medicine.

Among veterinarians in private practice, women's incomes amount to only 75 percent of men's earnings (AVMA 2007a). Women are less likely to own their practices, working more often as associates in practices owned by others. Women who own their own practices tend to price their services lower than male practice owners do (Brown and Silverman 1999). In addition, most women veterinarians work in practices that exclusively treat companion animals (primarily dogs and cats), rather than in the mixed or large-animal practices that command higher incomes. Among companion-animal veterinarians, 54 percent are female, compared to only 16 percent in food-animal care, for example (AVMA 2008). Although men too treat dogs and cats, more men than women work with large animals, including those used in food production, either predominantly or exclusively.³

Companion-animal practices typically involve interacting with clients who face heart-wrenching and often costly decisions. The interpersonal skills involved in emotion work are not usually required in large-animal medicine and research. Consequently, women associates in small-animal practices do most of the gendered—and unpaid—work of communicating with clients.

Veterinary medicine is thus a female-dominated occupation that remains gendered masculine, in Acker's (1990) sense. We explore how women veterinarians experience the causes and consequences of gendering in their profession. Up to now, historical and biographical accounts of women in veterinary medicine have described their struggles in the once male-dominated profession prior to feminization (AWV 1997; Drum and Whitely 1991; Gage and Gage 1994). Empirical studies of veterinary medicine after feminization focus on demographics and compensation (AVMA 1999, 2007a, 2008). In our analysis, we consider how women veterinarians explain, support, and oppose the gender dynamics within their profession.

METHOD

This research draws on interviews with 22 women, all of whom were either practicing veterinarians or veterinary students. The practicing veterinarians mostly represent private small-animal clinics. Four veterinarians worked in animal shelter clinics; one of these clinics also served the public. Five veterinarians owned their own practices. One specialized in equine breeding and worked in a thoroughbred facility. Two of the students were training to specialize in the treatment of large animals, particularly horses. All respondents were white. This is essentially consistent with the demographics of the profession. Among practicing veterinarians, 91 percent are white (Elmore 2003), as are 82 percent of the veterinary students admitted in 2008 (AAVMC 2008a, b).⁴ We recruited interviewees through convenience and snowball sampling. The veterinarians were educated in various regions of the United States and some had practiced in other regions; the majority was practicing in the western United States at the time of the interviews, although several were in other areas and contacted by telephone. We compensated the veterinarians for their time with modest gift cards. All names used here are pseudonyms.

With the exception of some questions about where the veterinarians received their training and when they graduated, the interviews followed a conversational style. The interviews began by asking the interviewee to describe what attracted her to the profession, and then moved on to

inquire about training, including the distribution of men and women among her classmates and teachers. For those in practice, we asked follow-up questions about the distribution among colleagues and in professional associations. Although the conversations took different courses, all interviewees discussed whether and how the predominance of women was affecting the field of veterinary medicine. As much as possible, we avoided wording our questions in ways that would elicit gender stereotypes and would instead encourage the veterinarians to talk about the sex distribution in the profession and their experiences within it. We asked the veterinarians to talk about women and women veterinarians, in general, and then to talk about their own experiences, to the extent that they could make a distinction. For example, we asked what they thought was attracting so many women to veterinary medicine, and went on to ask what had attracted them to the profession. Both authors read and coded the transcripts, using emergent inductive techniques (Becker and Geer 1960; Charmaz 1983; Coffey and Atkinson 1996).

Our sample was mostly derived from veterinarians in clinical practice focused on the care of companion animals. It is worth noting that this represents the majority of veterinarians; 67 percent of practicing veterinarians work in these settings (AVMA 2008). But our sample does not include the experience of women working in the many other areas of the veterinary profession that do not focus on the care of individual patients in clinical settings, such as biomedical research, food production, public health, and laboratory-animal medicine. Interviews with women veterinarians outside of private practice might reveal different experiences, perceptions, and professional strategies.

THE APPEAL OF VETERINARY MEDICINE

“A Good Field for Women”

When we asked the veterinarians to speculate on what attracted so many women to the field, they emphasized the nurturing aspects of veterinary medicine. Jessica, a fourth-year student preparing to work with horses, said veterinary medicine was “a good career for women because women are caring and compassionate.” Sandy, the owner of a busy companion animal practice, said, “I think that there’s a lot of nurturing in women, and that easily extends beyond just taking care of other humans. I think it easily extends to animals.” Another, an associate in a companion animal clinic, said, “I think for women it kind of feeds that nurturing

side.” Some told us that their clients imputed greater caring to them as women. For example, one said she had clients who told her, “‘Oh, I’m so glad you’re a woman because you have more of a gentle touch,’ or ‘You know, my cat likes you better,’ or something like that.” When asked if she thought that was actually true of women, she agreed that women “tend to be more touchy feely, you know, talk to animals, that sort of thing.” One veterinarian recalled that, when veterinary schools first began admitting more women, the professional journals began to publish articles saying, “This is probably overall going to be eventually a good thing for the profession, because we will have this kinder, gentler element.”

The field was primed to incorporate a “kinder, gentler element.” The feminization of veterinary medicine paralleled the development of a philosophy known as the “bond-centered practice” (see Lagoni, Hetts, and Butler [1994]; Ormerod [2008]). This term refers to the recognition of the importance of the human–animal relationship and the status of companion animals as friends and family members. In a bond-centered practice, the veterinarian becomes responsible not only for the medical care of the animal patient, but also for the emotional well-being of the human client. The bond-centered practice recognized the need for “emotion work” in veterinary medicine (Hochschild 1983). Strategies used in bond-centered practices factor heavily, although not exclusively, during serious illness or injury, or at the end of an animal’s life. Bond-centered practices might offer a comfortable environment for euthanasia and support for grief over the loss of a companion. They offer the equivalent of good “bedside manner.” The growth of the bond-centered practice has been driven not only by new knowledge about the importance of the human–animal bond, but also by demand for services to meet the medical needs of an increasing number of dogs and cats in American homes (APPA 2009; AVMA 2007b). In 2009, 62 percent of U.S. households included pets, compared to 56 percent in 1988, the first year data were collected (APPA 2009). This represents over 72 million dogs, and nearly 82 million cats (AVMA 2007b).

As mentioned above, women predominate in companion–animal practice compared to other practice settings (AVMA 2008). Consequently, women are more likely to encounter the bond-centered practice philosophy. But the interpersonal skills needed to create a caring, supportive atmosphere are generally not taught in schools of veterinary medicine. Clinical training does not prepare one for emotion work. Guiding a client through end-of-life decisions about a beloved animal companion requires skills beyond clinical assessment. Gender socialization makes women, in general, and middle-class women, in particular, better prepared to engage

in the support and communication that characterize bond-centered practices. Just as the flight attendants of *The Managed Heart* (Hochschild 1983) were socialized for the emotional requirements of the job, the women entering veterinary medicine are positioned to provide support for the close relationships between humans and animals. Unlike Hochschild's flight attendants, however, veterinary medicine does not rationalize emotion work through recruitment and training. Nor does it turn emotion work into emotional labor; the support provided in a bond-centered practice is not reflected in the client's bill. The cost of treatment is the same regardless of the veterinarian's concern for the client's emotional state. Thus, the profession capitalizes on the "invisible work" (Daniels 1987) that many women veterinarians may see as a "natural" expression of who they are.

Through the establishment of the bond-centered practice, companion-animal care has become gendered female. This has occurred as it has become feminized, in the numerical sense. Yet, as the next section shows, the women veterinarians we interviewed place relatively little value on the "kinder, gentler" side of veterinary medicine, and distance themselves from it in their accounts of their own experiences in the field.

More Than Liking Animals

The veterinarians we interviewed wanted us to know that although women *in general* were attracted to the "touchy feely" side of veterinary medicine, this was not what had drawn *them* to the profession. They typically emphasized their interest in science rather than nurturing. Many described an early interest in biology, in particular, and then added that they liked animals too. To be sure, they found caring for animals an enjoyable part of their work. However, most of the veterinarians played down the nurturing side of their work in favor of the clinical. For example, practice-owner Sandy said, "Liking animals is nice, but it doesn't necessarily make you a good doctor . . . Of all the factors going in, for me, I think it was liking science."

The emphasis on science was a discursive strategy to portray veterinarians as serious professionals. Some had learned to adopt this strategy the hard way. They found that clients could sometimes see caring and communication as unprofessional. Tina, a practice owner, told us about a colleague's experience. The colleague had taken a great deal of time talking with the client, examining his dog, diagnosing the dog's elusive problem, and developing a treatment plan. The client did not return to follow up on treatments, but "he showed up one day and he said that he had taken the

dog to a 'real' doctor." The point of this anecdote was two-fold. It emphasized that women veterinarians face constant challenges to their professionalism. Tina said that women veterinarians are "constantly fighting to be respected the same way [as men]. Not only obviously financially . . . but also just on the same level of professionalism, too." But Tina also used the story to convey women's need to take slights such as these in stride, pointing out "the importance of not taking things too personally as a woman." The client had told Tina's colleague that she was not a "real" doctor, and Tina's concern was that she had been "too oversensitive."

Conveying and maintaining an image of professionalism was a concern for many of the veterinarians we interviewed, and learning to manage emotions was an essential part of professional demeanor. Euthanasia is routine in veterinary medicine, and veterinarians must find ways to cope with the emotions involved (Herzog, Vore, and New 1989). Most came to terms with euthanasia within the first year of practice, if they had not done so in school. Still, Rachel explained, reflecting on nearly a decade in practice, veterinary medicine "is just emotional all the way around, on every level." However, the veterinarians suggested that "emotional" and "professional" do not go together well. Even in a bond-centered practice, the veterinarian had to remain in control. As Rachel put it, "You can't be bawling your eyes out one minute and then laughing with a new puppy the next." She described using what Hochschild (1979, 1983) calls "deep acting" when she underscored the need to "balance out the emotion by forcing yourself to be calm and not so emotional." But she considered the work involved in "forcing herself to be calm," and thereby changing her emotions, a necessary part of presenting a professional image. In sum, the women veterinarians devalued the emotionality that supposedly attracted women to the profession, and which the profession recognized as a valuable aspect of the bond-centered practice.

Performing Professionalism

In addition to emotion management, several veterinarians emphasized the Goffmanian (1959) performance involved in conveying a professional image when interacting with clients. A number of veterinarians mentioned the importance of impression management, including techniques that their male colleagues routinely did not use. Tina explained, "I wear a white lab jacket, you know, a doctor's coat all the time, because I want to feel professional and I want people to take me seriously in that way." Another woman, with about five years experience in practice, intentionally overemphasized her professional appearance. In addition to wearing a white lab coat, she said,

I don't introduce myself by my first name, typically. I usually say that I'm Doctor so-and-so. I would like to be on a more casual basis, but I think that because I look young that's probably not a good idea when you're walking into the exam room.

Some of the veterinarians mentioned unprofessional treatment by clients and staff, which they doubted their male colleagues confronted. For example, one of the authors was interviewing two veterinarians, Nancy and Rachel, together, as they ate lunch. A technician interrupted to say that a client had arrived without an appointment and wanted one of them to examine her cat. Without consulting either, the technician had told the client that she would be seen in 20 minutes. The technician then asked the veterinarians whether that would work. As it happened, it would not work for either of them, but they rearranged their schedules to accommodate the client. Nancy, the younger of the two, said, "I think what just happened there is particular to women." Rachel agreed that the technician would not have done that if they were men, and Nancy added that a male veterinarian "wouldn't agree to see somebody during his lunchtime."

For some, being "professional" meant identifying more with what they considered masculine attributes. Indeed, some even attributed their success to their dis-identification with femininity. Tina, a practice owner, said, "I think that I have more of a male mentality of, 'Hey, okay, let's get the work done,' and fine, you know, if there's a problem we'll handle it." Sandy, who also owned her practice, said that she had grown up in a "male dominated" family, and "there were huge advantages to the social skills that I got there . . . I got leadership as a positive thing." One equine practitioner who had graduated in 1990 adopted a "tough girl" persona after clients refused to allow "the girl vet" to treat their horses. For example:

I got all the way down to this client's ranch, and I came in the driveway, I got out of the truck, and I'm kind of walking around looking for the patient or a person or anyone. And this guy comes up behind me with a gun in his hand. It's pointed at me. Says, "Who the hell are you?" And I said, "Well, I'm the vet, and you called me and you got me out of bed to come here. What do you need?" And he said, "Well, you ain't the vet I want," you know, essentially, "I want your boss." And I said, "Well, I'm sorry, I'm the only one on call in the county tonight, you know. I'd be happy to help you, just point me to your animal." Still got the gun pointed at me. He said, "Get out. Get off my property." And I said, "I don't understand you," you know. "I mean, you called me." Because I still didn't get it, what the problem was. And he said, "I will not have a girl vet on my place. Get off!"

She also described how another client allowed his horse to die rather than have a woman treat the animal. After repeated experiences of clients' inability and unwillingness to trust a woman, she began to emphasize to clients that she had grown up on a farm, which made her more acceptable to them. Still, even after adopting a "tough girl" persona, she said, "I never had a James Herriot experience where someone would offer me a cup of tea, even after I'd been out for three hours in freezing weather sewing a horse back up or whatever it was."⁵

In the veterinarians' accounts of what attracts women to the field, and in the development of the bond-centered practice philosophy, veterinary medicine appears gendered as feminine. The accounts of women veterinarians' own experiences, however, reveal that they do not see the job as requiring stereotypically feminine characteristics. Indeed, the women strategically distance themselves from such characteristics. In this context, veterinary medicine cannot be described as *feminized*. It is female-dominated but remains masculinized. This phenomenon has been observed in other professions. For example, in Britton's research on female guards in women's prisons, she noted that "hegemonically defined masculine characteristics were originally seen as appropriate for the work, then a more feminine model was adopted (or at least advocated), and now largely female staff share a thoroughly masculinized conception of their work" (2000, 426). Simply describing veterinary medicine as feminized would obscure the complexity of what is actually occurring within the profession.

EXPLAINING THE INCOME GAP

"Women Don't Want to Seem Pushy"

The veterinarians we interviewed were well aware of the salary discrepancy between women and men in their profession. When we asked why it existed, three themes dominated their answers. First, they highlighted women's lack of negotiating skills relative to men. They emphasized women's lack of aggression and confidence. For example, Rachel told us,

No matter what the job, a man will ask for more. They'll say, "Well, I need five thousand dollars more." Women will go, "OK. Thanks." That's the way we're conditioned. I think women just don't have the same level of aggression . . . I think women tend to feel pushy about it.

Cheryl, in practice for over 20 years, said women

. . . ask for a typewriter in a closet . . . when men negotiate to take jobs, they want a whole floor and a research lab and two technicians. They ask for a lot more and then therefore they get more.

Similarly, Amanda, who had been in practice for several years, said, "I think men are better at negotiating salary. I think that's probably a big part of it. I think women settle for less." When we asked her to elaborate, she explained, "I think that women maybe are less forward and maybe not as good at negotiating."

Some women suggested that men's sense of self depends on income more than women's does. "That's still primarily where men get their self-esteem in our culture," one established veterinarian told us. Another said that men's "breadwinner mentality" leads them to petition for more money. Men "have more pressure to perform financially," another explained. Students, in particular, said that women did not pursue higher salaries because they were happy "doing what they love." For instance, Lucy, a third-year student, explained:

You're doing it because you really love it. You're not getting paid real well, it's really long hours and you're usually by yourself, and I think women [can more easily] be humble like that, where they don't need to go out there and be the man in charge, the one that's making the big bucks. Women are more ready to be, you know, enjoying their job and having a lot of time just doing it.

Lucy's statement implies that women do not need to be paid equitably, as long as they are doing what they love. Another agreed, saying, "I'm not really going into it for the prestige or the money. I'm doing it for the medicine and the animals."

Several veterinarians emphasized that schools of veterinary medicine did not prepare them for negotiating a starting salary and subsequent raises. "Women aren't getting paid as much as men," one told us, "and I think that that is maybe a lack of training and negotiation." We asked how, if men and women were going through the same training, men end up better at negotiating. The answer we heard most often was that even though men and women receive the same poor business training, men do more with that training and negotiate higher salaries because of their natural confidence levels.

A second theme in the veterinarians' accounts of salary discrepancy was that women accepted lower incomes in exchange for flexible hours

that could accommodate childrearing responsibilities. One practicing veterinarian added that women were “willing to not demand as much, and they’re also willing to work part-time and not get benefits.” Rachel agreed, but added the third theme: entrenched sexism within the profession. Discriminatory hiring practices impose a family-oriented template onto women veterinarians, resulting in lower salaries. As she explained,

A lot of the older guys who mostly run the profession right now go, “Well, she’s probably going to leave in three years to have a kid anyway,” and will offer less. And I think women might feel obligated to take a lower salary, because they’re sitting there saying, “Well I have to leave early on Friday to pick my kid up from day care.”

Sandy, who owned several practices, agreed that sexism was prevalent in hiring.

I know when I interviewed in 1984, with practices, they’d ask me illegal questions like “what does your husband think of moving here” in the interview, and I thought that certainly had to have cleared up. There’s so many women in the profession now, people *can’t* be talking to women like that! And one of my vets, who’s been out a year and a half, told me that when she interviewed, she encountered several interviews like that, so there’s still people out there who aren’t adhering to the basic employment law.

Sandy takes the view that the numbers of women in the field must have “undone” sexism. But sexism persists because feminization occurred within a context that remains gendered masculine.

Along with the other issues of women’s alleged inability to negotiate and the problems implied by childrearing obligations, the veterinarians’ accounts illustrate the extent to which veterinary medicine remains masculinized, despite the numerical dominance of women. Policies and practices within the profession reproduce gender ideologies and inequalities.

The Glass Ceiling of Practice Ownership

Salary is, however, only part of the financial picture. As one veterinarian put it, practice ownership “is really your way to success and wealth in veterinary medicine.” Because more men than women own practices, this is a gendered issue. This particular veterinarian, herself a practice owner, expressed dismay and puzzlement over “a disinclination on the part of women to become practice owners, or an inability to do so.” The veterinarians attributed part of the shortage of women practice owners to the difficulty of balancing work and family, including the second shift (Hochschild

and Machung [1989] 2003). As Madeline, the equine veterinarian, told us, "If you look at the partners and the practice, and you look at those associates in line to be a partner, all of them except one have a wife at home." Thus, the double-burden of running a business and a household is a disincentive to practice ownership. The majority of veterinary practices are privately run, and thus the veterinarian is a business manager or owner as well as a doctor. As Jill, an associate in private practice, explained, "I think the women that go in thinking they can practice medicine and run a business are crazy, because if they have family life, too, there's no way that they can do it all." Some of the veterinarians emphasized the need for business training to run a successful practice. One explained, "Veterinarians really need to be small-business people." The necessary training adds additional obstacles for women, however. As Jill said, "If you're going to pursue [a family], by the time you've gone through all the undergrad and veterinary stuff, trying to pursue a secondary business degree is a lot harder for a woman with family than it may be for a man."

In addition to the work/family conflict, the idea that women are less *capable* of running a practice also remains entrenched in the field. For example, Sandy told us,

There's a teacher at [school] that teaches practice management there, when he met me and he knew that I had owned three practices at that point, he told me that was really weird because I was a woman! And I've had other people that say, "That's unusual. It's unusual that a woman would show these characteristics."

Although none of the veterinarians we interviewed doubted women's abilities to own a successful practice, some nevertheless told us how being a woman led to ineffective business practices. They explained that women veterinarians, in general, do not charge enough for their services because they have more compassion for the client than a man would. For example, Jill explained:

Women relate to—this sounds sexist, but, you know, to someone's condition or particular situation that's going on, and to charge, say, eight dollars for a nail trim instead of 15 dollars. That compassion, and then from the medical standpoint, you know, the whole nurturing gene that I see in women, you know, it tends to make them softer about charges.

Jill suggests that compassion, which she believes comes more naturally to women, does not serve women veterinarians well. A more masculine, less sensitive, approach is better for business. The profession thus places

a premium on masculinity, and women who want to succeed must abandon stereotypically feminine behavior. In the next section, we discuss other instances of this.

Adopting Masculine Economic Practices

Just as the veterinarians thought that professional demeanor required favoring masculine characteristics over feminine ones, they suggested that economic success often involved dis-identifying with the feminine. Some of the veterinarians differentiated themselves from other women (i.e., the underpaid) by claiming that they had adopted masculine economic practices. For example, Sandy's interest in practice ownership apparently "rubbed off" from her father. He "has an MBA so I'm interested in business," she explained. Being around her father allegedly made her "interested in the business side of veterinary medicine," she said, "so I think I was a natural to own a clinic." The economically knowledgeable veterinarians noted that other women needed to acquire the same knowledge. Rachel recounted her experience of asking for a higher salary. "I asked for more. I asked for 10,000 dollars more, and they went up eight. Just because I asked. And it wasn't even, 'Well let's talk about it.' It was like, 'OK.' And women just have to learn that." Sandy cautioned that women need to acquire this knowledge to help not only themselves, but also the profession overall. She said,

It scares me that women haven't thought about the salaries because it also kind of holds our profession [back], as far as attracting the best and the brightest . . . The lower we pay, the less likely it is that we'll attract the best and the brightest.

She blamed women who accepted lower salaries for potentially causing the incomes of all veterinarians to stagnate.

DISCUSSION

Ample research has documented that occupations, like the people who fill them, are not gender neutral. Kanter was among the first to make this observation, noting that the early image of corporate managers contained a "masculine ethic" that "elevates the traits assumed to belong to some men to necessities for effective management" (1977, 22). We have used a gendered organizations perspective to observe the dynamics of an occupation

that has feminized in numerical terms while its professional structure and culture remains gendered masculine. In its origins, veterinary medicine was both male dominated and masculinized. As women have come to constitute the majority within the profession, veterinary medicine now represents what Britton (2000, 424) calls a “transgendered” occupation, one that is “dominated by members of one sex [but] actually gender typed in an opposite way.” Thus, the profession offers a way to examine the importance of context in understanding the gendering of organizations. We argue that within the masculinized context, the resources available to help women veterinarians make sense of feminization actually help to maintain hegemonic masculinity. We use the term in Connell and Messerschmidt’s sense, which refers to “the pattern of practice (i.e., things done, not just a set of role expectations or an identity) that allow[s] men’s dominance over women to continue” ([2005, 832]; see also Connell [1987]). The consequences of hegemonic masculinity in veterinary medicine appear in lower salaries for women relative to men, underrepresentation of women in the leading professional organization and the administration of schools of veterinary medicine, the concentration of women in companion-animal services, and the low numbers of women who own practices.

Our analysis of the veterinarians’ accounts revealed the discursive strategies through which women participate in the patterns of practice that sustain and justify the status quo, and thus preserve hegemonic masculinity.

When we asked the veterinarians to talk about women *in general*, their accounts of what attracted women to the profession and what helped them or hindered them once admitted to its ranks revealed two “patterns of practice” previously observed in studies of men and women in nontraditional occupations. In the first instance, our analysis revealed discursive strategies commonly used toward tokens by the majority. For example, Kanter highlights processes of bias and discrimination faced by women in corporations. She describes “assimilation” as the tendency to distort the characteristics of individuals “to fit preexisting generalizations about their category as a group” (1977, 230). She found that token women managers were often stereotyped as the seductress, pet, mother, or iron maiden. The encapsulation of women into stereotypical roles limited their mobility and their involvement in the organization. Similarly, the veterinarians invoked stereotypes of women as nurturers and mothers. The difference was that this involved *women* stereotyping *other women*, rather than majority men stereotyping token women. For example, we heard that women were attracted to veterinary medicine because of their nurturing abilities. After

becoming qualified veterinarians, however, encapsulation in nurturing roles limited women's success. The veterinarians told us that women received lower salaries than men did because they were allegedly less aggressive in negotiating, and they undercharged for their services because they were more caring than men were. In addition, women's family responsibilities kept them in part-time work and barred them from practice ownership. In short, women veterinarians stereotyped other women into familiar but limited roles that constrained their career possibilities and simultaneously justified those constraints. They used the same discourses that men had long used to keep women out of the profession. Now, however, they were using them to account for women's limited mobility within it. In this way, their discourse about the gender dynamics of the profession preserved hegemonic masculinity.

In addition to the strategy typically used *toward* tokens, we observed a discursive strategy used *by* tokens in nontraditional fields. Whereas Kanter found women tokens marginalized by the dominant group, studies have found that men in nontraditional jobs create a higher status for themselves by distancing themselves from "the female" and the women who compose the majority in the job (Cross and Bagilhole 2000; Simpson 2004). In nursing, for example, men emphasize its more masculine aspects by choosing specialty areas such as emergency medicine (Simpson 2004). In flight attending, men highlight the necessity of keeping a "cool head," that is, a rational and masculine perspective (Simpson 2004, 359). By highlighting the masculine components of a traditionally female job, men create distance between themselves and their female coworkers, consequently maintaining an image of themselves as sufficiently male. The distance also allows them to maintain the higher social status associated with being male. Similarly, when the veterinarians talked about their experiences, rather than those of women in general, most tended to attribute any advantages and successes to the possession of masculine characteristics or their ability to "do" masculinity. They downplayed the nurturing aspects of the profession and emphasized their love for science. A successful practice manager claimed to have emulated her father, while another had a more manly way of doing things. An associate did what a man would have done by asking for a higher salary. A rural veterinarian found acceptance when she took on a tomboyish persona. In these ways, the veterinarians created distance from traits commonly stereotyped as female and from aspects of the job associated with femininity. Among the veterinarians, distancing from the feminine by women in a predominantly female occupation served to reproduce the masculine ethic of the profession.

We propose that, as women have entered the profession, the status it once held by being “man’s work” has been threatened. Numerous studies have investigated the relationship between feminization and the loss of occupational prestige (see Reskin and Roos [1990] for a review; see also Reskin and Padavik [1994]). The question of whether and at what point the presence of women stigmatizes an occupation remains unresolved. Nevertheless, the masculine ethic of veterinary medicine, with its origins in the barnyard, appears to have influenced or even determined the perceptions of the work held by the women who now do it.⁶

The strategies of role encapsulation and distancing from the feminine represent forms of “gender work” through which women create space for themselves within veterinary medicine. The profession allows or even requires women to manage a dual identity. As women, they bear an identity that is gendered as female. On entering veterinary medicine, they brought this identity into a professional universe that has accommodated women but remains gendered masculine. The gender work of women veterinarians thus involves creating a professional identity within a masculine system of meanings. Consequently, both role encapsulation and distancing maintain inequality by preserving the masculine ethic of veterinary medicine. Although women are not overtly asked to “keep their place,” the attributes considered feminine are devalued, even—and perhaps especially—by women, who risk devaluation by association. This is exemplified by women’s eagerness to distance themselves from the caring, nurturing side of veterinary medicine and to emphasize their more clinical interests. Attributes associated with the female are disregarded in favor of those considered more masculine, lest the possessor of those attributes be considered unprofessional. In this way, an occupation that has feminized in numerical terms can remain masculine in other ways. The masculine culture is reproduced and maintained by those whose interests are at odds with it.

As Silvia Gherardi (1994, 1995) points out, it remains an open question whether gendered organizational structures are inherently or necessarily oppressive. In repeated surveys, for example, veterinarians of both sexes claim to be happy with their chosen profession and say they would make the same choice if they could do it over again. Thus, one important challenge for the analysis of feminizing occupations is to examine how individuals negotiate the terms of gender work in various contexts. Gender is an integral and unavoidable component of social life. The goal should not be to “ungender” the professions (Britton 2000). Rather, the goal should be to understand the conditions under which a gendered occupational

culture is experienced as oppressive. With this knowledge, we can begin to find ways to foster occupational cultures that, while potentially gendered, are less oppressively so, leaving room to value masculine *and* feminine characteristics.

NOTES

1. The first woman known to have had formal training in veterinary medicine is Mignon Nicholson, who graduated from Chicago's McKillip Veterinary College in 1903. It is not known whether she ever sought a license or practiced. Two women graduated in 1910. Elinor McGrath graduated from Chicago Veterinary College and went on to small-animal practice. Florence Kimball graduated from Cornell University and practiced veterinary medicine until World War I, when she became a nurse.

2. This has occurred internationally, too. In The Netherlands, the percentage of female graduates from schools of veterinary medicine grew from 35 percent in 1988 to 60 percent in 1999. In Austria, 88 percent of the 1998 entering class was female (Rinesch 1998).

3. Men and women are equally likely to engage in equine-exclusive medicine.

4. No demographic data on practicing veterinarians by race are available. The figures in Elmore (2003) extrapolate from data on recent graduates from schools of veterinary medicine. Research by the Association of American Veterinary Medical Colleges on underrepresented students enrolled in U.S. colleges of veterinary medicine in 2009 (N = 10,534) found that 4 percent of students identified as Asian, just under 4 percent identified as Hispanic, and 2.4 percent as African American. About 1 percent identified as Native American, and 2.7 percent identified as "unknown" (AAVMC 2008b).

5. James Herriot is the pen name of James Alfred Wight Sunderland (1916-1995), a British veterinarian and author of over a dozen semiautobiographical books. His work includes the series of stories collected under the title "All Creatures Great and Small." Set in the Yorkshire countryside, the stories focus as much on Herriot's interactions with the charming, quirky residents as they do on his work with animals.

6. Britton (1999) found a similar masculinized perception among female corrections officers in women's prisons.

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