

# **Paws for Thought? Analysing how prevailing masculinities constrain career progression for UK women veterinary surgeons**

## **Abstract**

The structure of veterinary medicine is changing rapidly from that of traditional small privately owned practices to one of corporate franchises, often positioned within retail outlets. Accompanying this trend has been the increasing presence of women such that they now dominate clinical practice. To what extent are these two issues, increasing feminisation and corporatisation, linked? Since the mid-1990s, corporate providers have largely displaced the traditional self-employed practice ownership/partnership model. This has informed a blame discourse whereby feminisation is associated with industry restructuring given women's alleged preferences for predictable, flexible corporate employment plus, a lack of entrepreneurial ambition towards practice ownership. Drawing upon in-depth semi-structured interviews with women veterinary surgeons and key industry stakeholders, we critically analyse such arguments. We illustrate that diverse notions of corporate masculinity, operating in parallel with the entrepreneurial masculinity of traditional practice, generate this blame discourse and underpin women's limited progression into self-employed practice ownership. This has implications for the future structure of the profession and the careers of forthcoming generations of veterinary surgeons.

**Keywords:** gender, women, career, veterinary profession, corporate masculinity, entrepreneurial masculinity, professional partnership, self-employment.

## **Introduction**

Within this article, our research objective is to critically evaluate the gendered career constraints which impede the ambitions of UK women veterinary surgeons seeking to move

from employment to self-employment as independent practice owners. Increasing feminisation of the veterinary profession since the 1980s has ensured that women constitute a majority of students and practitioners, approximately 80% and 60% respectively (Royal College of Veterinary Surgeons, [RCVS] 2014; Begeny and Ryan, 2018). During the same era (from 1996), the RCVS relaxed the requirement for practice owners to be registered veterinary surgeons, enabling the entry of corporate providers who have since come to dominate the sector (Hirson and Scott, 2013). Accordingly, the latest available RCVS data (2014) indicates that the share of independently owned private practices has fallen to 11% generating far reaching changes within the industry. Axiomatically, such changes have also affected veterinary career pathways given there are far fewer opportunities for independent practice ownership - a traditional indicator of professional attainment (Irvine and Vermilya, 2010) - as employment is now concentrated within corporate providers with related managerial/professional career pathways.

Despite women's increasing representation within professional careers in the UK since the Sex Disqualification (Removal) Act of 1919, their acceptance and progression has been subject to gendered discriminatory bias. From accusations of an essentialist lack of technical competence to assumptions that their primary focus and ambitions lie in the domestic realm, women have encountered gendered barriers to career progression (Bradley, 2013). This is evident across a range of professions including law (Bolton and Muzio, 2008), finance (Baker and Kelan, 2019), pharmacy (Gardner and Stowe, 2006), engineering (Fernando, Cohen and Duberley, 2018) and science (Bunker-Whittington, 2011). Even in those professions numerically dominated by women, to be acknowledged as a professional worker requires compliance "*with behavioural and interactional norms that celebrate and sustain a masculine vision of what it is to be a professional*" (Bolton and Muzio, 2008 p.283).

As is the case in other professions, veterinary medicine remains a masculinised professional domain (Clarke and Knights, 2018a). This persists through a confluence of corporate and entrepreneurial masculinities alongside related discourses that privilege such masculinities and related forms of working, to the detriment of women (Kerfoot and Knights, 1993; Anteby, Chan and DiBenigno, 2016). Yet, this conflicts with assumptions that human capital and professional accreditation are neutral pathways to career achievement in veterinary medicine. A rhetoric of neutral opportunity camouflages persistent discriminatory foundations that steer women into corporate work, in lower levels of organisational and professional hierarchies which are less conducive to acquiring the range of capitals necessary to progress into practice ownership (Irvine and Vermilya, 2010; McAdam, 2013). This in turn, suppresses entrepreneurial ambitions, completing a circle whereby corporate employment within lower status specialisms is associated with, and becomes the preferential option for, women.

Women must navigate through this gender-biased career channelling within a rhetoric of equality wherein feminised blame protects and perpetuates a pervasive masculinised discourse within the veterinary profession (Clark and Knights, 2018). Thus, we utilise the overlap between feminisation and corporatisation of the sector as a context which provides the background for the dialectic tension between entrepreneurial and corporate masculinities which in turn, deters women from, and presents them as unsuitable candidates for, practice ownership.<sup>1</sup>

Given the nature of our research objective, we adopt a constructionist approach using semi-structured interviews with 22 women veterinary surgeons and eight senior industry stakeholders. This stance enables us to explore the experiences of practitioners to understand their career experiences and aspirations, whilst gaining insight into the meaning stakeholders

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<sup>1</sup> We are grateful to an anonymous reviewer who encouraged us to clarify and emphasise this point; we have drawn upon their phraseology for this purpose as it captured the point succinctly.

attribute to recent changes within the veterinary profession regarding the role of corporate providers, shifting career pathways and changing opportunities for practice ownership.

To outline our arguments the paper is structured as follows: initially, we summarise the well-rehearsed barriers to women's professional career progression to partnership status prior to introducing the masculinities evident in the UK veterinary sector, which we contend are responsible for such inhibited progression in this context. We then outline the shift in business models employed in the sector. The implications of these masculinities, masculine discourses and gendered ascriptions upon women's professional outcomes are then considered. A discussion of the methodology follows before we outline our findings. The ensuing discussion explores the influence of gender on the career advancement of women veterinary surgeons within this gendered context. Finally, we outline our conclusions.

## **Theoretical Framework**

### **Career Progression and Constraints facing Women Seeking Practice Partnership**

Within professional careers, self-employed partnership status, as the owner or director of private practice, was traditionally a key indicator of attainment (Carter and Marlow, 2004). Acquiring a partnership requires the accrual of sufficient technical experience, time served, financial and social capital; in the contemporary era potential partners are also expected to demonstrate 'entrepreneurialism' to promote the self as partnership material (Carter and Spence, 2014). Typically, this has presented greater challenges for women who face gendered assumptions, work allocation practices, homosocial barriers and lower remuneration all of which impede the route to practice ownership. Moreover, regardless of the range of capitals held by professional women, a persistent challenge pivots upon demonstrating their legitimacy to other (typically male) actors in gatekeeper positions (Shaw, Marlow, Lam and Carter, 2009). Even when women possess similar or enhanced social, human and entrepreneurial capital to

male colleagues, they remain less likely to be promoted, prepared for or offered professional partnerships (Kay and Hagan, 1999; Shaw et al., 2009; Carter and Spence, 2014) given assumptions of gendered deficiencies. This pattern is reproduced within the UK veterinary profession where although women currently comprise the majority of veterinary surgeons, they remain under-represented in Principal, Director and Partner roles (Begeny and Ryan, 2018). In addition, their male counterparts command higher incomes across all levels and roles, benefitting from an average 12% advantage at Assistant Veterinary level and up to 36% at partner level (Waters, 2018).

### ***Masculine Corporate Discourses***

Gender is a social construction accomplished through a multiplicity of enactments (Kerfoot and Knights, 1993; Linstead and Pullen, 2006). Whilst gender is a dynamic construction, masculinity commands privilege through hegemonic power structures that subordinate the feminine in diverse and complex ways (Connell, 1985; 1995; Kerfoot and Knights, 1993). Axiomatically, such privilege is not universally commanded or consistently expressed (Connell and Messerschmidt, 2005; Ashe, 2007). Rather, masculinity is subject to subtle and contextualised influences which ensure diverse and differentiated expressions of power responding to space, place and time (Thébaud, 2010). Of relevance to our analysis is the critical evaluation of how diverse enactments of masculinity shape professional and managerial practices. This has been explored at some length and over time (Kerfoot and Knights, 1993; Collinson and Hearn, 1994; Kerfoot and Knights, 2006; Angouri, 2011; Wilson, 2017) with a consensus that whilst shifting in its articulation, masculinity privileges male legitimacy and career progression. Such privileged legitimacy however, is ameliorated by particular contexts whereby appropriate forms of masculinity have to reflect prevailing expectations and recognisable behavioural norms.

With reference to managerial behaviours, Collinson and Hearn (1994) developed a comprehensive taxonomy to illustrate diverse articulations of organisational masculinities, including paternalistic, careerist and entrepreneurial, embedded in managerial discourses and practices. So for example, paternalistic forms of management draw upon traditional male headed family hierarchies which afford authority and status to men through associations between masculinity, strength and stewardship for future generations (Collinson and Hearn, 1994). Careerism is enacted through prioritising individual commitment and forms of ‘presenteeism’ (Blyton and Jenkins, 2007; Ellemers, 2014), whereby precedence is afforded to organisational demands above those related to family, domestic or caring responsibilities. Entrepreneurial managers embody stereotypical masculine characteristics prioritising ‘bottom line’ returns and so, *“articulate a ‘hard-nosed’ and highly competitive approach to business and organization....* (Collinson and Hearn, 1994, p.14).

Although a little dated, such taxonomies resonate with contemporary veterinary careers given the advent of corporatism; for instance, entrepreneurial forms of management underpin the use of professional knowledge to reduce margins and identify cost effective treatment pathways. Thus, there is an emphasis upon mapping professional knowledge onto enhancing competitiveness. This not only relates back to bottom line performance but also reflects the requirements of career pathways within corporates with an emphasis upon entrepreneurial managerial competencies, underpinned by professional credentials, to progress through hierarchical structures.

Notions of ‘careerism’ (Collinson and Hearn, 1994, p.14) resonate strongly with the professional demands of the veterinary sector where on-call hours are a requirement, particularly for large and mixed animal practices. The necessity for on-site consultations across wide geographical areas with unpredictable cases is a feature of such specialisms, ensuring that on-call demands and extended working hours are inevitable. Those for whom such

requirements conflict with competing demands upon their time may choose more benevolent specialisms where on-call hours are less onerous. For example, surgery-based, corporate employment focused upon companion animals is deemed more conducive for women given greater predictability and options to limit on-call duties (Irvine and Vermilya, 2010; Gardiner, 2014; Gascoigne and Kelliher, 2017). However, avoiding specialisms or roles which demand extended or on-call hours will be detrimental to career progression; this directs individuals away from accumulating experience whilst signalling a secondary commitment to colleagues and clients.

Given increasing corporatism, with the associated formal equality policies and procedures, it might be assumed there has been a decline of overt traditional, paternalistic forms of management evident, whereby discriminatory homophily generates a masculinised succession model (Kogut, Colomer and Belinky, 2014). Yet, despite their minority presence, whether in small practices, government research posts or large corporates, men dominate in terms of seniority and status (RCVS, 2014; Begeny and Ryan, 2018). This illustrates the 'glass escalator' effect whereby men benefit from visibility, assumed competence and fit with preferred managerial types (Williams, 1992; 2013), and so, dominate high status positions across the sector (RCVS, 2014). Masculinity still leverages advantage, bolstered by homophily, whereby paternalistic assumptions shape preferred notions of the idealised veterinary surgeon able to commit to a long hours culture, unpredictable working conditions and a premium upon strength - particularly for large animal work.

As the context for veterinary practice has changed, given the entwinement of corporatism and feminisation, corporate masculinities and the entrepreneurial masculinity of traditional veterinary practice have come to the fore to steer many women towards large providers and into lower status specialisms. Diverse forms of corporate masculinity have shaped the desired profile of the preferred corporate citizen with capacity for advancement; axiomatically, this has

a detrimental impact upon women's professional career attainment (Fuchs-Epstein, Seron, Oglensky and Sauté, 2013). We add to this debate by focusing specifically upon how such bias influences a rather neglected area - transitions into professional self-employment.

### **The Entrepreneurial Discourse**

Within contemporary society, entrepreneurial activity in the guise of self-employment and business ownership is celebrated as a meritocratic articulation of the enterprising self where agentic effort reaps returns (du Gay, 2004; Mallett and Wapshott 2015). It is however, an activity in which women form a minority upon a global scale (GEM Global Report 2016-2017). This, it is suggested, reflects the dominance of a masculinised-discourse within entrepreneurship (Marlow and Martinez-Dy, 2018) which values typically masculine characteristics, such as risk toleration and competitiveness so, axiomatically devaluing femininity and, by association, women. Men, by virtue of generic ascriptions of masculinity, are designated and privileged as normative entrepreneurs. As a separate category, women are metonymised as 'female entrepreneurs', and so both are distinguished, and homogenised, by gender ascription. Such categorisation fails to acknowledge how individuals mould their entrepreneurial behaviour and ambitions to reflect context and life-course demands.

Lewis (2014) for example, identifies diverse forms of entrepreneurial femininities including, the "mumpreneur". This characterisation of entrepreneurship has been particularly associated with mothers who use self-employment as a form of home-based flexible income generation. There is also some evidence that increasing numbers of women may be selecting out of high status careers into self-employment given their frustration with discrimination, organisational competition and pressure to navigate persistent corporate masculinities (Patterson and Mavin, 2009). As such, the desire to 'go it alone' is associated with life style changes, work-life balance and managing the self in a manner which enables greater



satisfaction and self-efficacy (Davis and Shaver, 2012; Gherardi, 2015). Consequently, despite the manner in which gendered ascriptions dichotomise and homogenise men and women, entrepreneurial behaviour is both a means and an end utilised in a myriad of contextualised ways.

Notably, within the entrepreneurial field, the gender critique, and indeed any reference to gender, has become synonymous with women (Marlow and Martinez-Dy, 2018). Unlike critical management studies where gender analyses focus upon issues of power and hegemony, diverse forms of masculinity and femininity and how they are enacted (Schippers, 2007), within entrepreneurship, masculinity as a 'doing' remains unexplored (West and Zimmerman, 1987; Hamilton, 2014; Byrne et al., 2018). Consequently, just by virtue of ascribed masculinity, men become exemplar entrepreneurs. Yet, how the power of masculinity affords men such authority, and its diverse articulations, has been largely ignored (Ogbor, 2000; Ahl, 2006). Those who have analysed entrepreneurial masculinities (see Hamilton, 2014, Giaitzoglu and Down, 2017) focus mostly upon how men identify with 'macho' forms of masculinity to reflect their sense of the typical, achievement-focused entrepreneur. Giaitzoglu and Down (2017), for example, studied a group of male entrepreneurs who regularly met for ostensibly social purposes in a bar but turned such occasions into a competitive display of masculinity related to the performance of their ventures and their aggressive, highly-competitive business practices. Such analyses highlight prototypical forms of masculinity and how these, in turn, underpin ideas of the normative entrepreneur (Ahl, 2006; Byrne et al., 2018). Carter, Kuhl, Marlow et al. (2017) in their analysis of household entrepreneurship, note the role of paternalistic forms of masculinity transposed into the role of family firm leader, drawing upon notions of the male provider and creating the firm as a legacy for future generations.

Despite such examples, analyses of the diversity of masculinity within entrepreneurship are sparse. Hamilton (2012) notes the epistemological implications of drawing upon narrow

notions of gender and masculinity in the context of entrepreneurship that privilege particular forms of masculinity embedded in aggression, risk, competitiveness and paternalistic forms of authority. Axiomatically, this informs a preferred entrepreneurial masculinity which positions women as 'other', so they are less likely to command legitimacy as entrepreneurial subjects, being a poor fit for the prevailing discourse (Lewis, 2014).

Entrepreneurship is deemed an individual expression of actor autonomy articulated through the pursuit of opportunities through venture creation (Jones and Murtola, 2012). Yet, the success of such opportunity exploitation is strongly related to employment experiences and associated capital accumulation. Consequently, the impact of corporate masculinity extends beyond the organisation into entrepreneurial activity; as such, corporate and entrepreneurial masculinities have an iterative impact. This interactive effect occurs as the majority of the self-employed have at some point, been employees (Atkinson and Storey, 2016). This enables them to hone their human capital and accrue a range of resources to support entrepreneurial intentions (savings, managerial experience, network access, supplier/customer details etc.). Indeed, evidence suggests that those with the highest levels of human capital and a diverse stock of employment-related resources become the most able of the self-employed and so, are more likely to own higher performing businesses (Astebro and Berhardt, 2005; Staniewski, 2016). Women, disadvantaged by diverse forms of corporate masculinity will be hampered in accruing such resources which in turn constrains not only their progression within corporate hierarchies to Directorship or Partnership but also, their entrepreneurial propensity and activities (McAdam, 2013).

Professional careers have traditionally gravitated towards self-employment, with practice partnership status as an indicator of authority ensuring enhanced reputation and income (Marlow and Carter, 2005, Carter and Spence, 2014). Such circumstances, where women command high levels of human capital in a context where self-employment is a desirable and

normative career pathway, act as a theoretical illustration of how corporate and entrepreneurial masculinities conceptually coalesce despite being embedded in apparently contradictory spaces. In effect, the enactment of corporate masculinities produces, and reproduces gendered orders, enabling forms of masculinity which afford privilege to men and maleness and, simultaneously, constraining women's career progression. The rhetoric of entrepreneurial self-employment however, is one of attainment fuelled by agentic effort [*self*-employment is by definition, the creation of one's own job]. This should discount corporate biases and gendered hierarchies. Yet, the evidence indicates that women, even those with the most favourable credentials for self-employment (McAdam, 2013), are disadvantaged. Thus, the entrepreneurial discourse is occluded by contradictory claims of meritocracy and bias whereby claims of opportunity for achievement, fuelled by agency, are constrained by socially ascribed forms of gender bias (Ahl and Marlow, 2018).

## **Methodology**

We draw upon an interpretivist ontology and a social constructionist feminist epistemology. This critical feminist-theoretical perspective regards gender as a social construction, underpinning the relational distribution of power and reproduction of social structures (Henry, Foss and Ahl, 2015) within this professional context. Individual realities are multiple and socially constructed. Therefore, semi-structured, face-to-face interviews were undertaken with twenty-two women veterinary surgeons exploring their reflections of their career choices, experiences and attitudes towards self-employment within the context of the UK veterinary profession. Interviews typically lasted one hour, were recorded and transcribed, and, were conducted at a venue of the respondent's choosing.

Stratified purposive sampling was employed. This is appropriate to identify information-rich cases (Bryman and Bell, 2007). The criteria for inclusion in the sample frame were: UK-

qualified, women veterinary surgeons, aged 30 – 45 years. The age criterion was selected as veterinary surgeons are usually 23 or 24 years old upon graduation; several years of post-qualification experience would typically be required prior to consideration for partnership or to acquire the experience for sole ownership. Within this age range, women can reflect upon past experience but still have future aspirations. Moreover, this group captures the typical child-bearing and child-rearing years for women so they are likely to be aware of the impact of family upon career or, trying to negotiate career and family responsibilities. Alternatively, women who have no caring or domestic considerations will also be at a career stage where they are likely to have amassed sufficient experience and resources to explore partnership or ownership possibilities (Mallett and Wappshott, 2015).

The RCVS provided a random sample of women veterinary surgeons employed in a range of practice types and business models from sole proprietorships to large corporates. The random sample contained 296 contacts. The database was cleaned to remove those who were already practice owners or not working in clinical practice or, contrary to regulations, had only provided a home address. This reduced the sample to 169 contacts, all of whom were then telephoned to obtain an email address. This ring-round identified those who had left the profession, left that employment or who were on maternity leave. The remaining 123 women were emailed information about the research study and invited to participate; sixty percent of women contacted were willing to participate. Here, we discuss findings from interviews conducted with twenty-two women veterinary surgeons available to participate within the fieldwork window. While an intersectional analysis lies beyond the scope of this paper, it is notable that 98% of veterinary surgeons are white with a preponderance from highly educated middle class backgrounds (RCVS, 2014).

*[Insert Table 1 here]*

Additionally, semi-structured interviews were undertaken with eight industry stakeholders who could provide a broad overview of the profession, the sector and the challenges and opportunities present. This permitted access to different views and dominant discourses surrounding the feminisation of the sector, changing business models and women's entrepreneurial activity. These consultees were a mixed-sex group selected on the basis of their leadership positions within the profession; given their seniority, the majority were male. This group included representatives of key veterinary associations (British Veterinary Association, Society for Practising Veterinary Surgeons) and the regulating body, RCVS. These same respondents were also veterinary educators, corporate directors and practice owners. To protect anonymity and confidentiality, stakeholder roles and positions are not specified here (further profile information is available in the supplementary file).

Data was analysed using thematic data analysis (Marlow and McAdam, 2013b). This approach is congruent with a social constructionist epistemology as it enables the events, experiences, meanings and realities of individuals to be contextualised and analysed as the socially produced outcomes of a variety of discourses operating within society (Braun and Clarke, 2006). The majority of codes were obtained after twelve interviews with women veterinary surgeons, with no further codes added after the 17<sup>th</sup> interview was analysed; thus, saturation was considered to have occurred at that point (Creswell, 2013). Codes and themes emerging from the data analysis included women's employment experiences and choices, women's ambitions towards partnership or sole proprietorship, barriers to progression and partnership, corporatisation and the impact of feminisation. The findings contains power quotes (Marlow and McAdam, 2013b); those which demonstrate most effectively views and experiences reported by respondents. A number of sample codes and analytic themes, in conjunction with illustrative quotes, are outlined in Table 2.

*[Insert Table 2 here]*

## **Findings**

This section outlines our findings under the relevant analytical themes from the theoretical framework. We outline the subjectivities (masculinities) derived from masculine corporate discourses which now co-exist in the veterinary sector with the traditional, entrepreneurial practice masculinity. This highlights how men are deemed to be the ‘ideal veterinary surgeon’ and more likely to be considered ‘partnership material’, thereby readily accessing opportunities from which women are constrained due to the prevailing masculinities and associated discourses positioning women as deficient.

### **Corporate Masculinities in the Veterinary Profession**

#### **Paternalism**

Men employing paternalism emphasise the protective nature of their authority and are “*civilised and humane, provided that women and younger men adhere to their firmly established roles*” (Collinson and Hearn, 1994, p.14). Thus, essentialist qualities, such as compassion and communication skills were associated with women such that they were considered more suitable to deal with small pet owners, whilst assumptions of physical strength ensured men were allocated more large animal practice (Bradley, 2013). This was even evident during university: “*I think all the way through (the veterinary degree) there was an assumption that large animals would be what the guys do and small animals will be what the girls do*” (Diana). Gendered work allocation was also justified by employers, based upon client views. As such, the responsibility for the articulation and persistence of bias becomes an external issue; Jenny remarked that women veterinary surgeons were better with, “*the emotional end of things*.” Similarly, Margaret was denied experience with large animals when her employers acquiesced to client prejudice when farmers remarked: “*Don’t send a girl!*” or “*I’ll wait for the real vet*” if told no-one else was available. Again, such bias was tolerated and deemed a

commercial issue to retain clients, while also paternalistically portrayed as protecting female employees from abrasive clients: *“We’ll go for the win-win, Margaret -Let’s keep the client happy and save you earache!”*

Notions of corporate masculinity transfer legitimacy to men, easing their entry to, and progression within, organisations (McAdam, 2013; Williams, 2013). So for example, when applying for her post Terri recounts: *“When I applied, I had to show them how I could block a high tendon, whereas if you're a six foot guy, then they don't even bother to ask that question.”*

A number of respondents also drew attention to issues around the implications of discriminatory partnership preparation. Ruth: *“There have been a couple of instances where I’ve found out that a man doing exactly the same job as me was paid considerably more; when I brought this up I was told he was ‘partnership’ material so they wanted to keep him.”* Gwyneth felt that the options given to her and her salary did not reflect experience and tenure; distilling a long discussion around this topic echoed by other respondents, it seemed to come down to the fact that men were deemed to be ‘promotion material’. This reflects Collinson and Hearn’s (1994) discussion of the paternalistic treatment of younger men being groomed for seniority and resonates with notions of gendered homophily, given a sense of common values between male practice owners/partners and the assistant veterinarians<sup>2</sup>: *‘I guess the blokes just have more in common with each other, they prefer to spend time together so it makes it easier to get more money and promotion – but I think the things women are more likely to do, like dealing with tears and emotional owners is not valued very much, they see it as a girl thing’ [Yvonne].*

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<sup>2</sup> An Assistant Veterinary surgeon is an employed Veterinary surgeon. The title is not reflective of seniority or experience.

## Careerism

The ideal professional worker prioritises their career; their primary commitment is to the organisation and by default, *his* career progression (Collinson and Hearn, 1994; Bradley, 2013; Carter and Spence, 2014). Women veterinary surgeons were regarded as less committed to career progression. Female stakeholder 2 observed that; *‘the next generation of vets will be mostly women – they don’t seem to really want to go into practice at the partner level so much – you need to work long hours, be available, build your client base and get a loan and that doesn’t seem to suit them. I think men are more ambitious in that way.’*

These gendered constructs and conceptions underpin managerial decisions and organisational practices that initiate and maintain divisions of labour which (re)produce segregation effects and discourses (Acker, 1990; Fine, 2017) with women sorted into gender congruent areas of practice (Bradley, 2013). This was reflected by the women surgeons; Yvonne, who worked in an independent mixed practice, reflected upon how she was encouraged towards small animal work - even though this was not her preference:

*“There were the three of us [all female] who were mainly [allocated] small animal...I asked repeatedly to do more large animal work, I liked it...but the owners, they were all men, just kept that for themselves; it earned more and they always told us women were better with people and pets” (Yvonne).*

Women were deemed particularly suited for small animal work; Uma reflected:

*“The small animal profession I’ve seen change dramatically in terms of how jobs are marketed and advertised so small animal roles are better for women in terms of offering flexible hours like part time or job shares with no on-call.”*

However, whilst flexible working was identified as a benefit of corporate employment in particular, costs were also noted: *‘I didn’t really want to go down the bunny track but I seem to have ended up here as it just works for fitting in the kids, home and stuff; on reflection, it’s*



*not really what I wanted'* (Zelda). Rationalising the situation, Bette did not reflect upon the underlying bias which encouraged women towards such choices but rather positioned it as a fair outcome arising from effort: *"The senior partners in the organisation are all male. Lots of female vets work for them. But I suppose more men work long hours and do on-call and pick up the tricky cases so you can see how it makes sense"*. Thus, with the prevailing corporate masculinity and associated discrimination, they enter a 'devils circle' where such flexibility is valued whilst, simultaneously, constraining their career development, risking skill erosion and enhancing gender-based segregation.

### **Entrepreneurialism**

The veterinary stakeholders and women veterinary surgeons both commented upon the increasing level of competition in the sector due to greater corporatisation and related limitations in the range of work undertaken at primary level. As such, more complex cases are passed on to secondary, referral practices and specialist hospitals. Stakeholders highlighted the increasing importance of good practice management in this climate, how times had changed from being *"able to put up a plaque and muddle through"* to the widespread recognition for the need to *"actively manage"* in terms of staff, profit margins and efficient operation (Male Stakeholder 1). The need for business acumen, strategic competence and financial management in today's veterinary marketplace were *"crucially important"* (Male Stakeholder 2).

There was a suggestion that women veterinary surgeons were less profitable employees associated with a lack of an entrepreneurial, financially-astute and business-focussed attitude which impeded their career progression:

*"In the consultation room, girls are less risk-embracing. They go for the more medical route and less often for the more radical forms of intervention or investigation. Guys are more surgically inclined, 'just chop it off' and will do more elaborate investigations whereas the girls will say, 'let's just try another course of*

*antibiotics first’... guys definitely turnover more money than girls [Sic].” [Male stakeholder 2]*

This positions men as adopting the ‘hard-nosed’ approach (Collinson and Hearn, 1994) to case management with women being ‘softer’ and less business-focussed. Associated with corporate employment were specific policies and procedures. These extended into the consulting rooms with treatment workflows set out in a stepwise fashion outlining the diagnostic steps, tests to be routinely conducted and treatment pathways with prescribing drugs outlined. Along with the monthly sales targets, this was deemed an erosion of clinical freedom and professional discretion; Diana equated this with ‘*hard-nosed business*’ “*all about the money and not focussing on treating the patient on a case by case basis, prioritising animal welfare*”; with Bette, Jenny, Wilma, Caroline and Yvonne sharing similar views. Thus, treatment was repackaged as a pathway to profit with care as the outcome rather than the primary focus.

### **Traditional Entrepreneurial Masculinity in the Veterinary Profession**

The traditional business model for veterinary practices has typically been small, usually two-man, practice partnerships; pre-1995, the other dominant model was sole proprietorship. The women identified such traditional partnerships as their preferred route to practice ownership. Working for several years as an assistant veterinary surgeon to a senior vet, demonstrating competence and commitment, dominates the traditional succession pathway to partnership or practice purchase using a property valuation model (Brannon et al., 2013). This model presented additional challenges to women ; “*I always envisioned running my own place – being in charge and being a local figure in the community; but I’ve ended up working part-time, I can’t suggest to my husband we take on another mortgage – and finding a practice is really tricky these days*’ [Wilma]. Whilst ambitions for self-employment were outlined, for some, these were hedged with acknowledged constraints; “*I want to buy into a practice – it*

*will be difficult - so I need to earn more and get more experience but it is frustrating as I am not sure I am taken very seriously by the partners here at the moment, they don't give me the cases I need even though I have asked. I feel I get fobbed off compared to my colleagues"* [Alicia]. Alicia was the only woman in the practice.

In addition to accruing breadth and depth of experience, developing loyal clients who *"would only see you and follow you if you left"* (Terri); being deemed 'partnership material'; poor levels of pay; and associated constraints upon accessing finance, were identified as barriers to practice ownership ambitions. Reflecting such arguments, evidence indicates that men are far more likely to be practice partners/owners, whilst women are over represented amongst lower status corporate work or leaving the profession due to poor remuneration (RCVS, 2010a). Given the high capital investment required to buy into, or create, veterinary practices, finance unsurprisingly featured as an obstacle with respondents indicating a median full-time salary in the region of £40,000. In Yvonne's view, *"it is kind of becoming a second income profession"* whilst Olivia commented: *"How are you going to buy a practice unless you're given preference and a deal? I found it really hard getting a mortgage!"* Veterinary medicine is poorly remunerated in comparison to other professions, such as medicine or dentistry, with similar entry requirements and training periods (RVCS, 2014). This, of course, affects both men and women veterinary surgeons; however, the issues are compounded for women given additional gender related constraints. For example, being concentrated in the lowest paid occupational strata experiencing gendered pay disparities and not being afforded opportunities to accrue relevant managerial experience, social and financial capital, all constrain women's potential for practice or partnership purchase.

Even for respondents with the requisite financial capital, being perceived as partnership material remained challenging. Given that potential partners must demonstrate high levels of time, as well as financial, commitment, reluctance to offer partnerships to women arises from

gendered expectations of caring responsibilities and preferences for flexible working (Benschop et al., 2013; Fuchs-Epstein et al., 2013). As Donna recounted,

*“I’ve been asking them since I started here [about a partnership]. When I did go and see them I was very honest and said I have the money behind me that I can bring to the practice, but actually I do want to have children; their faces really changed at that – I think that did for me. They’ve never had a female partner...But I’ll be honest I just don’t think they’ll consider me.”*

Managerial decisions in relation to work allocation presented gendered barriers for the accrual of business management and leadership experience. This limited women’s entrepreneurial capital acquisition. The gendered perceptions of ‘fit work’ and other stereotypes held by men in senior positions with power to allocate work, constrains women’s ability to accrue professional experience and resources (Bolton and Muzio, 2008). There were several examples where younger, less qualified men were groomed for partnership due to assumed competence and interest (Williams, 1992; 2013), further illustrating the power of homophily:

*“...there are some people...that I can see are being groomed for partnership...men here who are younger than me...less qualified,...here for less time who have been appointed to special little roles, like being in charge of this area...or this group. They all socialise together and work together...If you were to ask me, who’s going to be in charge in the next five years, I could probably tell you three or four people, and none of them are women.” [Grace]*

Being positioned as sessional employees, or directed towards a narrow branch of animal care, is not a good foundation for women’s career progression generally, but especially for those with ambitions towards self-employment in private practice. The barriers women veterinary professionals encountered in accruing entrepreneurial capital were not accidental.

They were the intended and unintended outcomes, produced and reproduced by the social constructions and interactions that maintain this professional context.

However, in traditional, independent practices the need for entrepreneurial masculinities also prevails. The belief that women are not “business-minded”, that “*women find that off-putting*” (Male stakeholder 1; but also echoed by Male stakeholders 2 and 3, Female stakeholder 2, and veterinary surgeons Charlotte and Olivia) seems widely shared by stakeholders and women veterinary surgeons themselves. Some women drew on these discourses, positioning women at a deficit by highlighting how women generally would be “*more interested in the caring side of it, looking after the animals. Men are more interested in the money side of things – making profit, earning more. They’re more interested and better at that sort of thing*” (Charlotte).

The stakeholders linked the demise of private practice to a feminised lack of entrepreneurial competence and ambition amongst women: “*There is no excuse other than women just aren’t interested, they prefer to stay in practice; it suits them better I think*” [Male stakeholder 3].

Such comments reflect the assumptions and associated discourses of traditional entrepreneurial practice masculinity within the profession, whereby men are deemed more ambitious, committed, competitive, and focused upon income maximisation. Simultaneously, they also presume upon a gender neutral pathway to practice ownership; so, it becomes a case of women not wishing to pursue the available opportunities. Women are therefore, held to blame for their under-representation in ownership and leadership positions because the inadequacy lays within the feminine subject, rather than the subjectivities (masculinities) derived from masculine corporate and entrepreneurial practice discourses which reproduce gender inequalities, informing discriminatory assumptions and the prevailing industry structure (Benschop et al., 2013).

However, even when women are entrepreneurial, this does not seem to be recognised (Shaw et al., 2009). The need to be entrepreneurial was recognised by Eve, who drafted a business case arguing that all patients should have their blood pressure routinely checked to benefit patient health and increase practice revenue through the sales of repeat blood pressure medication. Despite several such initiatives proposed by Eve being adopted, she expected her male colleague, with shorter service and less experience, to be awarded an upcoming promotion. This was regarded as an indicator of who would subsequently be offered a partnership opportunity. While her colleague had never proposed such initiatives, Eve had heard an older partner comment that he was “*a safe pair of hands*” and “*good management material*”. Eve believed that being recently married and of child-bearing age were factors that rendered her an “*unsafe pair of hands*”; her entrepreneurial disposition was not recognised, she did not fit the conception of the entrepreneurial, ideal vet due to her gender.

In this professional context, women’s limited presence as practice owners arises from prevailing entrepreneurial and corporate masculinities and associated masculinised discourses that sustain the disadvantageous career outcomes experienced by women in this profession. These patterns and experiences were reported across different practice specialisms, sizes and ownership models, regardless of the women’s ages and life-stage. So, whether in private large animal practices with embedded client and employer preferences for men (Terri, Uma, Gwyneth), or in small animal corporates with masculinised gender hierarchies with women positioned in the lower strata (Bette, Jenny, Donna), or traditional partnerships and sole-proprietor practices (Alicia, Zelda, Olivia, Penny), gender discrimination was ingrained.

Our evidence suggests that, within the feminising UK veterinary profession, prevalent masculinities and gendered practices have maintained and reproduced women’s subordination, inhibiting their career progression to self-employed partners or practice owners.

## **The Blame Discourse**

The findings in the preceding sections reflect a tendency to blame women veterinary professionals for their career outcomes. The women were positioned as being deficient in comparison to their male colleagues – less risk accepting, less entrepreneurial, less committed in terms of temporal availability and distracted by their maternal roles. Women were considered to be less profitable employees, less business-minded, essentially more caring and physically weaker which rendered them better suited to small animal care and dealing with emotional clients. However, the fabric of these discourses positions women as being not only to blame for their own poor career outcomes, but also to blame for the changing industry structure.

The concomitant trends of feminisation, corporatism and falling rates of self-employment have been conflated into a mutually constitutive ‘blame discourse’ (Myers and Gates, 2013) within the profession. This reflects assumptions that women gravitate towards flexible, predictable corporate employment (Hirson and Scott, 2013) and also, lack entrepreneurial aspirations towards independent practice ownership, resulting in the greater corporatisation of the veterinary sector. This conflation facilitates the pathway for corporate expansion whilst disrupting traditional career progression into self-employed practice ownership (Myers and Gates, 2013; RCVS, 2014). We contend however, that this represents a confusion of cause-and-effect. Whereas the prevailing blame discourse deems increasing feminisation as facilitating corporatisation, the erosion of entrepreneurial activity and so, catalysing the demise of the independent sector, we suggest the attributions of blame are rooted in and relate to the persistent masculinised professional domain. This is reproduced through the confluence of corporate masculinities and the traditional practice entrepreneurial masculinity which intertwine to the detriment of female veterinary surgeons blocking their

pathways to career progression generally, and to self-employed practice specifically (Anteby, Chan and Di Benigno, 2016; Giazitzoglu and Down, 2017; Kerfoot and Knights, 1993).

A number of stakeholders reflected this blame discourse, suggesting that feminisation and corporatisation, due to women's lack of business acumen and ambition for self-employment, was generating industry change. Women will '*want to go off and have babies and work part-time afterwards; that is not a good fit for a practice owner or partner*' [Male stakeholder 3]. The expectation that all women will have children, combined with the gendered assumption that they have an essential entrepreneurial aptitude deficit, was again reflected by another male stakeholder:

*One, they have their kids, two, do they have the risk profile? I believe they are less entrepreneurially minded vets, women significantly less so than male vets..... I think they are risk averse and less assertive than males and so that would be a factor. If you give me 100 guys and 100 girls, I'd say many more of the guys would be entrepreneurial."* [Male stakeholder 1]

This perception was shared by female leaders within the profession:

*"Personally I think the corporates will have more practices as women don't want to take on the responsibility of practice; society conditions you."* [Female stakeholder1]

Such comments illustrate how notions of entrepreneurial masculinity underpin attitudes towards the pathway in practice ownership and why women do not fit this prototype. The masculinised blame discourse justifies the tendency not to prepare women for partnership as they are just not interested. Yet, in our sample, eight of 22 participants (32%) did have partnership aspirations. When discussing career aspirations, career stagnation was identified; *"In a way it's quite a depressing thought the fact that I'm, what 34, so I've got another good 30 years of working, unless I go somewhere else to set up a practice or try to find another partnership or something, then this is it you know; I won't get any further here"* [Donna]. In



terms of career progression, Terri outlined the options as: *“A career as a vet is either you go up the scale, get more qualifications and become a specialist which is hard work, or you go up the scale and you have your own practice.”* Practice ownership was a signifier of career attainment which was regarded as offering ongoing opportunity for challenge or to do something different and was also attractive *“because it’s the only way to get respect and really make money”* (Gwyneth).

Having highlighted the problem of women’s lack of entrepreneurial ambition, proclivity and risk tolerance, Male Stakeholder 1 states:

*“Corporates sense an opportunity - increased feminisation and fewer women wanting to be traditional partners.... women don’t step up and to be honest, don’t want to step up.”* [Male Stakeholder 1]

While some of the women highlight the unacknowledged backdrop of structural and attitudinal barriers to opportunity they encounter, others had internalised the blame discourse. Previously, when discussing careerism, we heard how Bette justified an all-male management team on the basis of their commitment, working long hours and undertaking the more complex surgeries. The role of homophily was not regarded as problematic; they all worked together and socialised together. There was no consideration of potential exclusion. Women were simply deficient in terms of commitment and business acumen.

While practice owners and veterinary professionals utilise the blame discourse to justify women’s lack of career progression to practice partnership, it was mainly stakeholders who attributed the changing industrial landscape to feminisation. However, this problematisation of increasing numbers of women in the profession was something the women were acutely aware of; as Olivia states:

*“I think it’s seen as a hugely negative thing, I’m almost a bit embarrassed about it myself actually! I know it sounds weird but you feel like it’s seen as something*

*which is going to make the profession fall apart....it's seen as a negative thing and almost you feel a bit apologetic for that..”*

Ironically, this blame discourse could deter traditional practice owners (typically older men) from offering partnership opportunities to women employees, lest their entrepreneurial legacy (the practice) is jeopardised (Carter et al., 2017). Thus, despite this traditional practice entrepreneurial masculinity being imbued with a ‘last defender of the traditional profession’ status in the face of corporate encroachment, *“There’s a tendency for traditional partners to start looking at corporates as an exit strategy as opposed to succession”* [Male stakeholder 2].

These findings outline how the subjectivities (masculinities) derived from masculine corporate discourses, in conjunction with the traditional entrepreneurial practice masculinity serve to constitute men as the ‘ideal vet’ and ‘partnership’ or ‘promotion material’. Thus, men are positioned as able and willing actors and afforded opportunities in both the corporate and traditional practice environments to the detriment of their female colleagues who are positioned as deficient in comparison. These masculinities and associated discourses have also linked the corporatisation of the profession, at the expense of the traditional partnership model, to the increasing number of women in the profession and their deficient femininity. This, in turn, generates a blame discourse whereby responsibility for the detrimental changes to the sector, in terms of industry structure, and the gender inequalities experienced by individual women veterinary surgeons, are then attributed to women veterinary surgeons generally. This masculinised blame discourse blames the victim.

## **Discussion.**

Corporate masculinities and the entrepreneurial masculinity embedded within traditional practice have a shared foundation in gendered ascriptions and discourses which value male

competence and legitimacy. The underpinning assumptions are protected and reproduced through the advantages men gain from such privilege, as a result of which, they assume the role of ideal workers (Acker, 1990; Bradley, 2013). The outcome of this, is the disadvantage and subordination of women veterinary surgeons in their professional careers (Clarke and Knights, 2018a). Entrepreneurialism has become an additional prerequisite for career progression in the corporate sector and progression to partnership. This is infused with a neoliberal ideology centred on individualism, agency and self-actualisation as the deliverer of success and attainment (Jones and Murtola, 2012). Masculinity is accepted as normative with women encouraged to become 'more like men' (Marlow, 2014) to progress or directed into specific spaces, such as the 'mumpreneur', which accommodates femininity (Lewis, 2014; Ahl and Marlow, 2018).

The reinforcing impact of corporate masculinities (in particular entrepreneurial masculinity) and the traditional entrepreneurial practice masculine discourse, in this professional context, is to further disadvantage women and position them at a greater distance from the 'ideal partner' benchmark. Transposing concerns surrounding temporal availability for on-call and uncertain working hours in the profession means full-time working women do not readily adhere to the construction of the ideal veterinary surgeon. They would be considered unreliable business partners - a potential drain upon the business due to maternity and childcare requirements which would affect income and profit. However, the masculinist discourse of entrepreneurship introduces other gendered stereotypes, relating to women's business acumen, financial management capabilities and profit focus, which render women essentially deficient and unsuitable as practice owners.

These combined and reinforcing effects, result in women pooling at the bottom of organisational hierarchies while reproducing patterns of work allocation and channelling that maintains and promotes horizontal segregation. Thus, these subjectivities (masculinities)

derived from masculine corporate discourses serve, not only to constitute men as the ‘real veterinarians’ and position women as deficient but also, to constrain the opportunities available to women both within private and corporate practices, as such opportunities are channelled towards men.

The prevailing discourses focusing on individual agency, achievement and equality of opportunity obfuscate the detrimental impact of shared group norms amongst existing practice owners in relation to women generally and in particular, part-time working professionals (Benschop et al., 2013; Gascoigne and Kelliher, 2017). Consequently, the practice and operationalisation of gender within this professional context disadvantages women professionally in terms of their career progression generally, and towards practice ownership in particular. The nature of the sector is not conducive to new private practice creation or business purchase for veterinary professionals generally, due to corporate competition squeezing margins and inhibiting entrepreneurial activity by individuals. These sectoral constraints upon entrepreneurial activity however, seem to have been erroneously attributed to gendered differences in entrepreneurial aptitude and constrained career ambitions (Marlow and McAdam, 2013a; Benschop et al., 2013).

Our findings suggest that the UK veterinary professional landscape is subject to the same market forces as other professional marketplaces. It provides attractive opportunities for corporate investment and so, increases competition and barriers to new entrants, particularly small, independently-owned professional practices (Hirson and Scott, 2013). In turn, this paves the way for greater corporate ascension in the sector as existing practice owners look to corporate investors as a profitable exit strategy. However, where private partnership opportunities do arise, they are more likely to be offered to those male employees groomed for such positions. In addition to inhibiting women’s career progression to management or ownership positions, such practices and discourses may limit women’s career aspirations. This

is especially the case when 'fit work' narratives surrounding the suitability of small, companion animal practice for women, and concern regarding the future of the profession due to feminisation, is communicated to women during veterinary training.

The additional consequence of these prevailing masculinities and discourses is the emergent blame narrative, whereby these masculinities allow and promote the corporatisation of the profession, which has negatively impacted upon the traditional practice model, being associated with the feminisation of the profession and the deficiency of women veterinary surgeons therein. Thus, these masculinities give rise to the blame discourse discussed, whereby women are blamed for the undesirable, detrimental changes to the profession. Moreover, women are held responsible for the discriminatory practices they experience. Given the entrepreneurial discourse is premised upon the agentic, individual actor then the only available explanation for unfavourable individual outcomes is a deficiency of individual talent and/or effort (Baker and Kelan, 2019).

Despite gendered assumptions and a blame discourse focussing on women's lack of entrepreneurial aptitude, risk-aversion and failure to buy into practices, the key factors inhibiting women's career advancement to practice partnership stems from gender barriers and closure strategies. These are produced and reproduced by the gendered practices of the current generation of male owners and include: the preferred male worker and the glass escalator effect; 'mommy-tracking' of working mothers; blocking strategies including marginalisation and capping earning potential through work allocation to ensure ineligibility for partnership. These gendered practices are justified and sustained by prevailing masculinities and discourses.

The blame narrative centres upon women's deficiencies in terms of risk tolerance, entrepreneurial proclivity, business acumen and leadership. This reflects the tension between the rhetoric of corporate employment, facilitating work-life balance as a gender congruent option, and the reality of the lower status work and related implications for career progression,

particularly, into practice ownership. This is also bounded by criticism for undermining and devaluing the profession because, as women, they are more likely to remain as salaried employees and so, become the catalyst for further corporatisation and industry restructuring. Women are obliged to find an agentic explanation for such outcomes as these in this professional, meritocratic environment; gender should not matter. Thus, as we see from the empirical evidence, the blame is often internalised through arguments that men work harder and are more deserving (Bette).

Within contemporary debate, notions of meritocracy, individual achievement and equal opportunity create legitimate expectations that gender bias has been addressed, particularly for highly educated professional women, such as veterinary surgeons. Respondents who refuted gender bias did not recognise the paradox within their rationale. Gender did not matter; individuals were professionals who achieved and succeeded based on merit and individual agency. Individual agency is, therefore, a natural recourse to explain unfavourable outcomes such that the women may be less likely to identify as being ‘victims’ of processes or systems beyond their control.

The UK veterinary profession is a professional context where diverse forms of corporate masculinities and a masculinised entrepreneurial discourse meld to produce and protect a gendered hierarchy, despite women significantly outnumbering men in clinical practice. These findings suggest that industry context has a notable influence on women’s career advancement towards self-employment that has thus far, been overlooked. Prevailing narratives of gender neutral professionalism and achievement, in effect, shift responsibility for under-achievement to the individual who, in turn, co-authors her detriment by reproducing and maintaining the existing social structures and professional masculinised narratives. The implication being that the ongoing subordination of women within this profession is likely to continue.

## **Conclusion**

This article analyses how feminisation and corporatisation provide the context to analyse contemporary changes within the UK veterinary sector. We challenge the prevailing blame discourse which attributes the root cause of the changing industry structure to the increasing number of women within the profession. Rather, we illustrate the disadvantageous impact of these sectoral changes, in combination with prevailing masculinities, upon the career progression of women. We outline how the masculine discourses and associated masculinities constitute and reconstitute women veterinary surgeons such that, as individuals they are portrayed as being deficient which hampers their career progression while, as a group, they are considered responsible for the changes in the sector and profession.

We contribute to the extant literature on the professions by critically analysing how gender influences the career attainment of UK women veterinary surgeons; thus, we explore gender inequalities in career outcomes in a context that has largely been under-explored by sociology of work and career academics (Hobson-West and Timmons, 2016; Clarke and Knights, 2018b). We advance current thinking by focusing on the career attainment-entrepreneurial activity intersection where professionals transition from employment to self-employment through practice partnership. Using the notions of diverse forms of corporate masculinity and the professional practice entrepreneurial masculinity, we illuminate gendered barriers inhibiting the progression of highly-qualified women with the requisite capital and ambition, to make this transition from employee to partnership status. We illustrate the contradictory nature of the masculinised blame narrative stemming from a rhetoric of individual agency and assumptions of meritocratic progression opportunities into self-employment opportunities.

Our study explores the feminising UK veterinary profession representing a site where, in the current neoliberal era, women might more readily be expected to avail themselves of such

opportunities. Instead, our findings illustrate that within this profession, where career progression and attainment is marked by progression to practice partner, diverse corporate masculinities and entrepreneurial masculinity combine to disadvantage women. Women internalise and draw upon these masculinised discourses and concepts; their gendered choices and practices perpetuate these gendered discourses and practices which disadvantage women as a category. In this way, the detrimental influence of gender upon women's work experiences and career progression, informing their co-authoring of career detriment, at the personal and categorical level, is revealed.

Looking to the future, the proportion of women in the veterinary sector will increase and the profession is likely to become further feminised as older men retire, and more women undergraduates enter practice. The next generation of female graduates will encounter the subtle and diverse articulations of subordination identified in this study but in addition, will also have to factor in graduate debt burdens to their ambitions towards practice ownership. Upon a more optimistic note, there is the possibility that increasing feminisation may promote greater recognition of collective gendered career constraints and the negative impacts of such. This may, in turn, inspire collective action such as cooperative forms of private practice or meaningful challenges to corporate career promotion criteria; there is some evidence for the emergence of such resistance within the legal profession<sup>3</sup>. Alternatively, given the current shortage of qualified veterinary surgeons within the UK that will be further exacerbated by any future exit from the European Union (Vet Record, 2017), pressures to retain staff may force increasing attention upon gendered discrimination. Such shifts are likely to be time lagged; moreover, such recognition of embedded discrimination contradicts assumptions of professional meritocracy reproducing the conundrum requiring women to acknowledge

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<sup>3</sup> See for example, the 'Feminist Lawyers Network' which acknowledges that: [law] is a highly masculinized professional sector, where women are subject to discrimination of various kinds. This occurs in the academic sphere, at the legislative level, in access to the labour market, and within our work places, both in the public and private sectors ([www.chevening.org/alumni/blog/2018/promoting-female-empowerment-through-feminist-lawyers-network](http://www.chevening.org/alumni/blog/2018/promoting-female-empowerment-through-feminist-lawyers-network)). An active network group has been generated to challenge such bias.



discrimination in a context where allegedly, it *cannot* exist. How this might be addressed whether through strengthening blame narratives or alternatively, adopting collective resistance offers an interesting focus for future research.

For the present, despite high levels of human capital, a majority share of the sector, legitimised professional status, agency and ambition, women veterinary surgeons are unlikely to find a smooth transition into the most senior roles within their profession. Rather, the future looks to be one of increasingly limited opportunities, whereby women are victims of their own academic success in terms of dominating entry into a profession marked by corporate restructuring in a context of disadvantageous gendered assumptions. Yet, this somewhat pessimistic view may be challenged as an alternative outcome of increasing feminisation may be feminist calls for new cooperative forms of working, promote job sharing or against a backdrop whereby gender equality is assumed, especially in meritocratic professional contexts, generating collective action or progress is challenging. At this juncture, ‘paws for thought’ might be required to assess the impact of contemporary practices upon future opportunities.

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