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Greenhill, Lisa M., Davis, Kauline Cipriani, Lowrie, Patricia M., Amass, Sandra F.

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Chapter 4
Origin of Coordinates: The Dilemma of Social Constructs

Patricia M. Lowrie, MS, Lisa M. Greenhill, MPA, Mangala Subramaniam, PhD, and Ken Gorczyca, DVM

The origin of coordinates is the specific point within a system of coordinates that is used by cartographers to work out the parts of the system and prescribe use of the system (Maps for America).

Introduction

The influence of multiple personal and/or social identities on career awareness, exposure, decisions, and pathways is significant. While the diversity in representation discussion narratives are predominately about race, clearly no one characteristic or identity (e.g., gender, sexual orientation, class status, religious practice, ethnicity, etc.) as social constructs define the individual. In perspective, the multiple identities of individuals, coupled with the experiences, opportunities, encounters, understandings, and challenges, are shaped and interpreted by both the characteristic and their intersections within individuals. It is, therefore, interesting to note where and when critical career decision points fall concurrently with critical points in identity development as one approach to determining the challenges to pipeline development.

Gergen (1985) defines social constructionist theory as explaining how “people come to describe, explain, or otherwise account for the world (including themselves) in which they live” (266). Johnson (2000) further described social con-
struction, “In social interaction, we perceive other people and social situations and from this construct ideas of what is expected, of what VALUES, BELIEFS, NORMS, and ATTITUDES apply” (158).

For example, race as a social construct refers to “social groups, often sharing cultural heritage and ancestry, that are forged by oppressive systems of race relations, justified by ideology, in which one group benefits from dominating other groups, and defines itself and others through this domination and the possession of selective and arbitrary physical characteristics” (Krieger 2001, 696).

Gender as a social construct refers to “culture-bound conventions, roles, and behaviours for” and “relationships between and among, women and men and boys and girls” (Krieger 2001, 694). Gender roles, gender relationships, and biological expressions of gender “vary within and across societies, typically in relation to social divisions premised on power and authority (for example, class, race/ethnicity, nationality, religion)” (Krieger 2001, 694).

Social class as a social construct refers to “social groups arising from interdependent economic relationships among people” (Krieger 2001, 697). Social classes codefine each other (business owners, employees, unemployed individuals) and exist because of their relationships with one another (Krieger 2001).

Social Construct and Career Interest Development

Rabow (2012), in his narrative for the Center for the Celebration of Diversity through Education (CCODE), summarizes the models of identity development and asserts that race determines how gender and sexual orientation as well as other components of identity are “experienced, practiced and processed.” He further states that discussions cannot be separate on “gender or sexual orientation without keeping in mind that White and non-White women, for example, may differ greatly in their development and identification in the same stage of life cycle” (Rabow 2012).

As we address the challenges of a holistic approach to developing a pipeline of youth, who are underrepresented among those interested in science and ultimately veterinary medicine as a profession, both identity and career interest development must be part of the strategic framework for change. Tatum (1997) and Wilson and Rodkin (2011) suggest that self-segregation by race occurs among adolescents and even elementary schoolchildren for numerous reasons, including social preference, perceived social standing and popularity, and self-protection. These findings become more nuanced when considering that different ethnic groups have different developmental trajectories in different stages of adolescence, and that “differential
experiences of discrimination” may significantly impact ethnic identity development as well as “different styles of racial and ethnic socialization” (French et al. 2006, 9).

So, for illustrative purposes, if it is possible for African American/Black adolescents’ racial and ethnic identity to be impacted such that the group adopts low esteem and a negative view of their group membership, they may also engage in social mobility strategies that psychologically distance themselves (Tajfel and Turner 1979). Such social survival strategies could also negatively influence career achievement aspirations, which, when coupled with a general lack of awareness of veterinary medicine as a career path, effectively reduces the pipeline of African American/Black and other underrepresented applicants to a trickle. This is contrasted by evidence that increased group esteem leads to an abandonment of these social survival strategies and promotes the strategic questioning of the validity of standards and values externally imposed on underrepresented and marginalized groups (French et al. 2006). Research shows that this investment in reframing the veterinary profession and making it socially, racially, and ethnically relevant could result in high-impact change for African American/Black and Hispanic/Latino students (French et al. 2006). Students from these racial and ethnic backgrounds have the greater response than their Caucasian/White counterparts to efforts to increase group esteem. This scenario demonstrates the need for the portrayal of the veterinary profession in the context of the positive group esteem and social identity trajectories through role modeling and positive and inclusive professional imagery across a variety of disciplines.

Even with such positive portrayals and inclusions, social constructs that permeate the lived experience of students have a tremendous impact on career path consideration and selection. Low-income students identified as both “college prep” and “anybody but me” share a lack of helpfulness from high school career services (King et al. 2008, 26). Their experiences with counseling staff were “rushed, minimal and/or negative” or “uninterested, unhelpful or too busy” (King et al. 2008, 26). Generally, career counseling center engagement was outside the flow of the experiences of low-income high school students. This can be further exacerbated by negative peer influence extending to the collectively represented “culture” of the school. If the expectation of goal setting was not part of the culture of the school, then students found it difficult to sustain their own aspirations.

On the other hand, low-income students indicated that parents and family were very influential and encouraging. However, the encouragement offered by this group only extends to the awareness of career options. In some instances, the encouragement did not stress education beyond high school and by default
underrepresented the importance of education as preparation for future careers. Additionally, King et al. (2008) found that life experiences “provided exposure to careers in a way that gave participants personal meaning and importance” (30). Mentors also play a significant role. Participants in the King et al. (2008) study commented that individuals outside the family who assisted them with life’s issues made an important difference in helping them to identify their career goals. Simply stated, what low-income students, and likely many others defined by potentially limiting social constructs, have an opportunity to see or experience provides the parameters of expectation regarding educational attainment and career path selection.

Finally, this evidence leads to a greater understanding that social constructs like race, class, gender, or others exist and are heavily influenced by cultural experience that tends to evolve much like the construct itself. Byars-Winston (2010) asserted “that earlier racial identity statuses (e.g., Preencounter) are associated with less confidence in making career decisions and later statuses of racial identity (e.g., Immersion/Emersion and Internalization) correspond to more advanced career development including career exploration, positive career outcome expectations, and narrowing of career options” (7). Byars-Winston (2010) affirms that “career cognitions may parallel the maturation level of an individuals’ racial identity” (7). In other words, exploration, awareness, and eventually pursuit of a wider array of career opportunities will occur simultaneously as an individual’s socially constructed identity develops in a culture that encourages the maturation of the identity.

If we aren’t continuously conscious of the alignment of the time frames involved with both identity development and career decision making in the context of managing constructed notions of behavioral expectations, the risk of a crossroad collision is possible. If that alignment is in the absence of consideration for the psychological, including the developmental progression of self-esteem and self-efficacy, or an awareness of the profession, the risk then becomes a limited capacity to imagine reaching any aspired destination. If that alignment is not bound by the influence of veterinarians and other significant role models supporting a “stay the course” mantra, then there will be an inability to read the map appropriately. All the above in the aggregate will further concretize the challenges to motivate a generation of underrepresented students aspiring to this specific profession, resulting in the status quo. Innovative strategies must be in concert with the scholarship expertise available for this population.

Byars-Winston (2010) further writes that despite these findings, there was a lack of consensus among studies (Alston and McCowan 1998; Carter and Constantine 2000; Evans and Herr 1994), exploring the “relationships between racial iden-
tity and career decidedness, career maturity, or traditional African American career aspirations… highlighting the need for further research into how these variables relate across different African American samples (e.g., educational level) and contexts (e.g., predominantly-White, predominantly-Black)” (7). That said, the research referenced here as a part of a larger body of work related to these issues suggests that if self-esteem and a sense of identity rise as youth progress through adolescence, then a parallel introduction of vocation-aspiring interactions might stimulate interest in the selection of careers, particularly in careers that might not appear to be obtainable during early stages of youth. One might also postulate that the converse may also be true. The parallel of identity development and career interest development is formulaic for a collision course and critical to understand as strategies are created to increase the pipeline diversity. Additional relevance will be addressed in chapter 5 as the discussion broadens on the challenges of interventions.

Gender as a Social Construct and Influence of Veterinary Medicine Career Engagement

In this chapter, we have focused on factors that influence the choice of veterinary medicine as a career early on, with specific attention to race. Given the complexity of the role of layered multiple identities in this discussion, we turn to exploring gender trends in the profession, including the shifts to feminization of veterinary medicine. In doing so, we also raise issues for future research by scholars.

Gender is manifested in different ways, depending on one’s location in race and class systems. Scholars have persuasively argued for utilizing the concept of intersectionality to capture the complexities of considering the interactions of gender, race, and class as being synergistic (Andersen 2005; Andersen 2008; Collins 1990; Crenshaw 1991; Hill-Collins 1990; Spelman 1988). In the US, this usually means examining the ways that gender intersects with race, class, and sexuality to shape women’s (and men’s lives).

Gender is a primary way of signifying relations of power (Scott 1986) and constructing hierarchies. In different ways and for a variety of reasons, all cultures use gender as a primary category of social relations. In the individual level approach (referred to as the microlevel by sociologists and feminists), gender is viewed not as natural, but instead as accomplished through the everyday social behavior among people. Men and women “do gender,” and in so doing, they make certain choices for behaving. Because men and women face different expectations and constraints in society, they make different choices from their repertoire of options, and thus support masculine and feminine stereotypes (West and Zimmerman 1987).
An alternative view advances gender as a structural component of society. In this paradigm, gender becomes one of many decision-making criterion for the distribution of resources throughout society. In a society dominated by male privilege, the resulting marginalization of women occurs even without specific or malicious intention (Ferree and Hess 1987; Ferree, Lorber, and Hess 2000; Risman 1998; Risman 2004; Rosenberg and Howard 2008).

The individual and institutional approaches to understanding gender and its intersections with race and class are useful to consider in analyses of occupations, labor markets, and career trajectories. Both individual socialization processes and institutional influences are embedded in the social and historical context, considering women were excluded from the veterinary medicine profession until the early 1900s. Women's limited access to and place in the profession of veterinary medicine prior to the 1970s paralleled their relationship to many male-dominated professions during the twentieth century (Reskin and Roos 1990; Boulis and Jacobs 2008).

Like their counterparts in other male monopolies such as science, medicine, law, and religion, the first women in veterinary medicine were small in absolute and relative numbers. However, veterinary medicine is one of the few professions that has experienced a significant gender shift in about the last thirty years, that is from 10.1 percent female DVM students in 1971 to 77.9 percent female by 2011 (Association of American Veterinary Medical Colleges 1968–2011). In fact, between 1972 and 1976, more women graduated from colleges of veterinary medicine in the United States than had graduated in the previous seventy years (Jones 2000). The barriers to women's practice of veterinary medicine also began to fall as they increased their representation within the different specialties as well as on the faculties of colleges of veterinary medicine. In 1980, veterinary school classes were on average 64.0 percent male. Certainly, the passage of several pieces of legislations—such as the Equal Pay Act of 1963 and the Women's Education Equity Act of 1974, amongst others—legitimiz ed, validated, and compelled women's entrance into a variety of male-dominated occupations, including the profession of veterinary medicine (Carlin 2007). Although legal changes account to some extent for the increasing prominence of women in veterinary medicine, they cannot solely explain the profession's dramatic transformation.

Though men have been a minority in veterinary college classes since 1986 (Association of American Veterinary Medical Colleges 1968–2011), most leadership positions in veterinary medicine are still held by men. This implies the gendering of positions of authority and possibly also explains the wage gap between men and women, specifically as level of experience increases. Starting salary expectations
and actual earnings are similar between male and female students and veterinarians, with only a 3.8 percent differential (Bristol 2011; Shepard and Majchrzak 2010). Reasons for changes in women’s professional advancement and personal expectations are multifactorial and can be attributed to constraining institutional policies and personal needs as well as value shifts over time, especially as women ascend the career ladder. While there is a need for additional research specific to personal needs and value shifts experienced by women that result in the changes in the career trajectory, the research is clear that institutional policies have a dramatic and limiting effect on women’s—and even more so minority women’s—professional development and advancement.

Typically, a fall in salaries of occupations, such as service-related occupations, have been attributed to fall in status resulting from an influx of women (Reskin and Roos 1990); however, this finding does not hold for a profession such as human medicine (Boulis and Jacobs 2008), so there is a need for further investigation in the case of veterinary medicine. Additionally, with the vast array of specialty practice areas within the veterinary profession, examining the trends in salaries across areas of specialization within the profession, such as production animal medicine and industry practice, would be central to understanding the status of veterinary medicine through the gender shift and now as a feminized profession.

Professional advancement is gendered and racialized within a variety of occupations. McBrier (2003) writes: “Reskin and Roos (1990) describe a process of ghettoization to characterize the nature of sex segregation within traditionally male occupations experiencing inroads by women. A common theme in the ghettoization literature is that as women enter male-dominated occupations employers preserve sex segregation by tracking them into the least desirable jobs within that occupation, while the most desirable jobs continue to be reserved for men. . . . Such ghettoization directly results in other forms of workplace sex inequality, including persistent sex gaps in mobility (Padavic & Reskin 1994; Rosenfeld 1981)” (1202).

So how have women’s engagement in the profession evolved compared to those of men? That is, while women’s representation has increased to over 70 percent in veterinary medicine, where are they positioned within the profession in terms of moving up the ladder within veterinary medical colleges and in private practice (owned or employed)? In a qualitative study, Irvine and Vermilya (2010) utilized interview data from twenty-two female veterinarians and veterinary students to argue that the profession remains gendered masculine, even while numerically dominated by women. They emphasize the culture of the profession as valuing masculine characteristics. Although women are clustered primarily in the
lowest paid specialty of companion animal medicine, and are less likely than men to own their own practices, few of the respondents described the profession as oppressively gendered, even while they recognized the disadvantage faced by women overall. Nevertheless, sex discrimination and inequality persist within the field.

Female veterinarians in private practice earn 66 percent of what males in private veterinary practice earn (Macejko 2009). In 2012, women served as deans at five of the twenty-eight US schools and colleges of veterinary medicine. The shifts in the gender composition within veterinary medicine have not been accompanied by racial and ethnic diversity.

Tracing the career trajectories of veterinarians could provide insights into the position of women within the profession. McBrier (2003) summarizes (Felmlee 1984; Rosenfeld and Jones 1987; Bielby and Bielby 1992) when she writes, “Research confirms that women are more likely than men to face barriers to career achievement and mobility at least partly attributable to greater constraints placed on women’s careers related to family, marriage, and children” (1205), but whether it holds true for veterinary medicine is unclear.

Sexual Orientation and Gender Identity Constructs

Our previous discussion on the gender construct presents an opportunity to launch into a discussion on gender identity and sexual orientation. Even in our discussion, a binary gender construct is assumed, male and female, when such a “dichotomous gender paradigm” can be considered “oppressive” for individuals whose expressed gender is incongruent with their intrinsic gendered self (Burdge 2007). The pervasiveness of heteronormativity, the belief that heterosexuality is a social norm, constrains public understanding, discourse, and equitable treatment of individuals who self-identify as lesbian, gay, or bisexual, among a host of other sexual orientations often labeled as “other.” Exploration of inclusive gender and sexuality constructs demands the rejection of duality in existing gender constructs and heteronormative limitations, and demand a broader interpretation of gender and sexuality.

Sexual orientation constructs are most often associated with sexual attraction, though they can also be associated with gender identity, perceptions of gender role identity, and social and emotional preferences (Tannenbaum 2006). Lesbian, gay, bisexual, and transgender (LGBT) people are often placed on “sexual hierarchy” that renders same gender attraction and incongruent gender expression as abnormal (Rubin 1993). This hierarchy has resulted in legal discrimination (Sears and Mallory 2011), disparate health outcomes (Centers for Disease Control and Prevention 2011), and violence (Marzullo and Libman 2009). The result of such
constructions is that LGBT people have long been an invisible segment of the population within society and the veterinary profession. Until recently, openly gay role models and leaders in veterinary medicine have been relatively rare, and therefore, a significant talent pool has been largely nonexistent within the profession.

The LGBT community is complex, and its population is diverse. Even those who identify with the community can have misconceptions and lack of understanding about the different groups within it. Combining sexual orientation (who a person is attracted to) and gender identity (the gender with which a person identifies) can be politically prudent, but they are almost completely separate issues, united in that they both run contrary to what society sees as the “norm.”

Although estimates from scientific studies vary, a review of recent research reported self-identified gay and bisexual men and woman represent 3.5 percent of the current adult US population, and nearly 700,000 people identify as transgender (Gates 2011). Current estimates of the US DVM student LGBT population is 6.5 percent of nearly 11,000 students across twenty-eight schools and colleges of veterinary medicine (Greenhill and Carmichael 2012).

**Internal Forces**

The veterinary profession, for the most part, is an agricultural, land-grant college system, and generally has been slow to move toward greater understanding and inclusion of LGBT veterinary students, professionals, and clients. However, recent trends toward increasing numbers of urban companion animal practices and various societal changes have sparked positive change in the industry. Emerging research and elective course offerings in the US schools and colleges of veterinary medicine, the acknowledgment of the importance of the LGBT community in the traditional economic business case for diversity, and the recognition that LGBT clients and their pets may have specific veterinary needs related to immunocompromised individuals (Larkin 2010) have helped to highlight these issues.

Since the 1970s, several groups elevated the visibility of LGBT people—and built awareness of LGBT concerns—in the veterinary profession. The Association for Gay Veterinarians (AGVets) was founded in 1977 as a support network and community for LGBT veterinarians. Although the AIDS pandemic put a damper on the fledgling movement, lesbian and gay veterinarians connected as they advocated for their clients with AIDS. The Lesbian and Gay Veterinary Medical Association (LGVMA) was created in 1993 as a support network and community resource. Today, the group advocates for a welcoming and inclusive environment within the veterinary profession and education. In 2011, veterinary students cre-
ated their own network called the Broad Spectrum Veterinary Student Association as a mode of outreach to isolated students at all North American schools that are without LGVMA student chapters or other LGBT resources, and to facilitate communication between established groups.

Conclusion

This chapter attempts to provide a cursory examination of the persistent limited inclusion of a diverse representation of individuals from different groups, and ascribes either a possible rationale or an interpretation of significant trends in the veterinary workforce. What is interesting is that while the historical exclusion of certain groups, anyone other than Caucasian/White men, has changed for some groups, the profession has remained distinctively one racial group, even when other characteristics are considered. The challenges of low numbers of underrepresented groups in the profession are often misinterpreted as low interest of underrepresented groups in the profession. As our society becomes more diverse, inclusion will become even more important for the veterinary profession not only to embrace, but also to advocate. However, the discussion and acknowledgment of these issues is a requirement for altering persistent patterns by using a defined set of strategies for raising the consciousness about the veterinary profession for these youth.

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