

Title: Women in Veterinary Leadership Positions: Their Motivations and Enablers

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Research Paper

Abstract

Background

Despite now having higher numbers of females than males within the veterinary profession, there are substantially less women in leadership roles. Research, primarily in other professions, has focussed on barriers to leadership and sometimes overlooked facilitators and motivators. This study aimed to explore the motivating factors for female veterinary surgeons to become leaders, to identify potential strategies to increase female leadership.

Methods

Sixteen female leaders from academia, professional bodies, industry and clinical practice took part in semi-structured interviews. Interviews were analysed using a thematic analysis approach.

Results

Two themes were developed: 'Potential for positive influence' and 'Requirement of external enablers'. Participants wanted to influence change for themselves, including work-life balance and developing their role, and for others through a position of influence. They wanted to inspire and mentor the future generation of leaders. External enablers allowed this transition to occur, including formal mentors and informal support systems, opportunities for growth and increased responsibility, and leadership training.

Conclusion

Potential strategies to increase female leaders include the promotion of female role models, increasing awareness of training, and increasing work flexibility. The profession could improve its support of the next generation of leaders and celebrate the successful female leaders we already possess.

Key Words: female, women, leadership, qualitative research

Introduction

In the most recent report from 2014, there were 19,682 UK practicing Members of the Royal College of Veterinary Surgeons (RCVS); 57.1% were female and 42.9% male.¹ However, just 6.5% of females were 'directors', and although this was an increase from 4.9% in 2010, it was considerably lower than the 24.5% of males.² With the increasing proportion of UK female veterinary surgeons,^{1,3,4} it is time to consider why fewer women are working in leadership roles, and the potential impacts for our profession.

Leadership is the process of motivating and aligning a group of people towards a set goal, together with the ability to deal with change⁵ and have social influence.⁶ Leadership is distinct from management, due to the more formal and systematic approach associated with management.^{7,8} Leadership is contextual⁹ and sociologically complex, for example, numerous leadership styles exist.^{10,11} Due to the focus of this paper, we cannot explore the history and definitions of leadership in depth, however the following references are suggested for further reading.^{12,13,14}

Within the profession, women are less likely to take risks in their career, and believe they can reach the top,¹⁵ whilst women in general feel there are more barriers facing them when applying for leadership positions than men.¹⁶ An underlying issue is that the concept of female leaders does not conform to the traditional gender roles of women in society.¹⁷ Women in leadership roles are seen as a less predictable investment for employers due to career breaks,¹⁸ and good work-life balance is a common concern for women aiming to progress in their career pathway;¹⁹ while males reportedly have less consideration for family structure when making career decisions.²⁰ Men are often more quickly credited with leadership ability and accepted as leaders,^{21,22} while women must prove their worth and competence.²³

Some women experience impostor phenomenon,²⁴ the fear of being exposed as a fraud as expectations and responsibility increases. Both this and an understated view of their own career potential¹⁵ may hinder motivation for career progression,²⁵ with many only applying for senior positions once receiving encouragement from others.²⁶ Women may also experience the 'glass ceiling', whereby an invisible barrier is placed on ascending hierarchy, essentially making future prospects unobtainable.²⁷

For veterinary surgeons, the transition to leadership may be stressful and impacted by inadequate support and preparation.²⁸ Currently there is a gender disparity in leader role models, with a predominance of male role models, which is believed to have a discouraging effect on women's future career aspirations.²⁹ Women find female role models more inspiring,³⁰ and whilst they may be inspired by males and any role model availability is encouraged,³¹ inter-gender working relationships have questionable effectiveness,³² and men may be reluctant to mentor females.¹⁶

In addition to these challenges in career progression, female veterinary surgeons may still face gender discrimination, hampering their ability to make career choices.³³ Not only might the historically embedded masculine perception of a veterinary surgeon affect female veterinary surgeons' choices, but veterinary practice is organised in masculine ways, whereby masculine behaviours are promoted, thereby marginalising females.³⁴ Where opportunities for progression do exist, these are impacted upon by gendered practices of the current leaders, who are male, thus blocking women from progressing, and promoting the safeguard of veterinary masculinity, especially with regards to senior positions,³⁵ despite the increasing feminisation of the profession.

There are likely to be many factors which would positively affect a woman's decision to enter a leadership role, however, these have been under-explored in the veterinary field. It is hoped that by

investigating why some female veterinary surgeons in leadership roles have followed their career paths via qualitative research, we may be able to learn how to inspire the next generation of female veterinary graduates in similar situations.

The aim of this study was to increase our understanding of female veterinary surgeons in leadership roles. Our research questions were: 1) how do female veterinary surgeons perceive their route into leadership? 2) what potential strategies could be used to increase the number of women in leadership positions?

Materials and Methods

Sixteen female veterinary surgeons, currently or previously, in leadership roles within the veterinary sector took part in semi-structured interviews.

Participant selection

All participants had a minimum of four years' experience as a veterinary leader. In order to include a range of leadership-based roles, four participants were selected purposively from each of the following sector categories: academia, professional bodies, clinical practice and industry.

Potential participants were found via internet searches of these categories (e.g. veterinary university's staff details), as well as through suggestions from colleagues. They were approached through email or face-to-face; all agreed to take part in the study and none chose to withdraw.

Interviews

All interviews were conducted by one of the authors (CT), a female final-year veterinary medicine student who had no prior relationships with the participants. This study formed CT's research project as part of her veterinary degree. Although CT had limited experience in qualitative research, she received guidance from an experienced university qualitative researcher, who is also a veterinary surgeon.

Interviews were conducted via telephone, Skype and face-to-face (university campus), based on the participant's choice, which likely improved their ability to participate, and potentially their view of safety during the interview. All interviews were audio recorded.

An interview guide was created to ensure all participants answered the same key questions. The participants were initially asked to describe what a leader meant to them, and why they wanted to go into a leadership role. Further follow-up questions were based around their reasoning, for example exploring career aspirations.

Analysis

Inductive, semantic thematic analysis according to the six steps of Braun and Clarke³⁶ was conducted. However, the exception to these steps was that no transcripts were generated and interviews were instead coded through repeated playbacks of the audio recordings and through field notes. Initial uninterrupted playback of the recordings resulted in general comments on the

interview and relation to the research question being made at the end. Further playbacks of recordings saw all utterances relating to the research question noted down in a table with a time stamp, a direct/summary of the quotation and comments relating to the codes under development. Similar codes were grouped together and developed into sub-themes and themes, an example of how analysis was conducted is provided Table 1.

[Insert Table 1 about here]

As lead researcher, CT conducted all analysis herself, however, discussions were held between CT and another author (TK), who is experienced in qualitative research but had no prior involvement in this study. Participant feedback was sought and was given when clarification was needed; this was the case for two points in this manuscript, with three additional participants providing confirmatory responses. These actions were conducted to improve the credibility and confirmability of this qualitative research.³⁷

Ethical considerations

The project received ethical approval from the Social Science Research Ethical Review Board at the Royal Veterinary College (URN SR2017-1405).

All participants received an information and consent form. All quotes are used with permission, some information has been removed from quotations and replaced with '[blank]' to protect anonymity.

Results

The 16 interviews lasted on average 25 minutes (range: 16 minutes to 40 minutes).

Two main themes were developed relating to the transition of female veterinary surgeons to leadership roles: 'potential for positive influence' and 'requirement of external enablers'. The relationship between these two themes and sub-themes is depicted in Figure 1 and explored in the following sections. Quotations are used to justify the interpretation and participants are identified by their unique identifier (I1-16). Although each sub-theme was evidenced by multiple quotations, they are not all represented here due to text constraints.

[Insert Figure 1 about here]

Potential for positive influence

Control of self

Participants described the control granted to them as leaders with regards to developing their own job role. For example, one participant said:

“I’ve been very lucky in that a lot of the roles I’ve gone into I’ve been able to form those roles myself, so I’ve been given positions where there hasn’t been anybody in and I’ve been sort of given a vague job description and I’ve been able to develop that role the way I want” (I9).

Participants also spoke of the control that a leadership role offered them in terms of flexibility and ownership over their time, contrasting their previous career experiences of difficulties managing a work-life balance:

“I think that actually if you’re in a leadership position you have more control to make your work-life fit your family life. So for me, personally, it’s been easier to for example alter my working hours to accommodate that” (I16).

Passion to implement change

Although all job roles may provide the opportunity to make a difference, participants felt that this ability was greater with a transition to leadership:

“I wanted to use [a permanent position] to get into [a university] to be able to start influencing teaching and learning” (I1).

The position of leadership was therefore seen to enable these women to become involved in decision-making and have the authority to implement their own ideas for change. These changes were at different levels including influencing aspects of the business as a whole, as described by the following participant:

“The opportunity to be part of the decision-making process, therefore to have a say over your own destiny and over the destiny of the hospital itself...I think I probably like to be in control” (I16).

In fact, the participants defined a leader as someone who had the ability to implement change, and make progress:

“Somebody who affects change by having followers” (I5).

“Someone who motivates other people, who initiates and helps develop new ideas and new strategies for an organisation, and who helps to put those ideas and strategies into practice” (I2).

Helping others by improving their working conditions was motivational for participants. The opportunity to make this useful progress and have a subsequent positive impact on employees was a common aim:

“I aspire to help progress the practice in a positive way and make sure that the people within the practice feel that they are a part of it and that they feel involved and most importantly that they’re happy and enjoying their work” (I15).

Where a leadership role did not necessitate the authority to create positive change, leadership positions were even turned down:

“I decided not to take it because I didn’t feel that I would be able to make an impact, so I had the opportunity of a leadership role but I didn’t believe that it was going to be possible in the

environment that was there at the time to do anything other than what had been done before" (I13).

The element of change within a leadership position also provided personal job satisfaction, with the day-to-day variation in work providing stimulation and challenge:

"I like change...I get bored quite quickly...I like being involved in the kind of roles where you are affecting change" (I5).

Mentor and inspire

The significance of societal pressures and other obstacles placed on working women aspiring to leadership was something that resonated with the participants and were experiences that they themselves had learnt from:

"When women are truly equal then there is no societal pressures that women should be waiting at the school gates at 3pm in the afternoon" (I3).

"I suppose its bucking what is still the social norm, that the mum stays at home and the dad works" (I12).

For many, this led to wanting to inspire those around them in the profession, whether that be through official mentoring or by increasing awareness and sharing experiences. The desire to help people to develop portrayed itself as mentoring, even if not consciously described.

"I've fallen back in love with the profession again having burnt out, you know. I love seeing the young ones come up, I love seeing the enthusiasm. I know there's a lot of issues there, but I love trying to be part of the solution and encourage people to look after themselves and find the solution" (I6).

"I just wanted to succeed and give something back to the profession. I certainly didn't see it as a leadership role by any means" (I7).

Requirement of external enablers

Opportunities to grow

Obtaining a leadership role often stemmed from a gradual increase in responsibilities provided by their workplace throughout the participants' careers. These responsibilities were embraced, with some participants volunteering themselves when no-one else would. Taking on extra responsibility provided the participants with further new opportunities, though an element of risk taking in regard to uncertainty was needed to turn these opportunities into a leadership pathway. This progression was natural, and often without an anticipated end point of becoming a leader:

"I'm not a planner, you know I'm not one of those people who had their career planned and said this is what they want to do in 3 years, 5 years or whatever... if a door opens you know I tend to go through it because you know it's an opportunity and you never know what it's going to lead to and really that's been my career is just looking at opportunities" (I9).

Mentoring and support

Having good support was essential in both taking on and carrying out a leadership role. This support came in many different forms including within their workplace:

“I’ve been very well supported by my line managers and to be honest I wouldn’t have taken on the role of [position] if I didn’t know I had strong support from my line manager” (14).

Support was also identified outside the workplace:

“I’ve never had a mentor, but I have got a close circle of friends who I could confide with, share stuff with, and that’s probably the same thing” (18).

A mentor was therefore both someone who had explicitly agreed to advise them, and also someone who encouraged them to maximise their potential. In either instance, the mentor had a large influence in determining an individual’s career path:

“When I got to that point, that crossroads, I just thought ‘gosh what am I going to do, I have no idea’...that was the absolute focal point where going to see [formal mentor] who is a terrific mentor, and saying ‘I don’t know what I’m doing with my life’, and we made a plan” (17).

For participants with no identified end point of becoming a leader, mentors provided the impetus and direction to allow them to apply for such positions:

“I don’t think I ever actively sought a leadership role... when I was told that they were recruiting a new director it never occurred to me to apply for it. And it was only when I was approached by somebody else and said you might be a suitable candidate that I started to think ‘ah right ok interesting’. Having said that once somebody has planted the seed you do start to think is that a job I want” (12).

The ongoing relationship between mentor and mentee can be seen through the following quote:

“Having people that I admire, and who have mentored me, telling me that they’re proud of me and what I have done... you can’t even touch that, that was just the most magical time of my life” (17).

Leadership training

Leadership roles may have occurred naturally within the workplace, or through a new position, but both instances required the participants to develop new skills. Leadership courses were experienced both prior to, and after, obtaining a leadership role. Courses were considered to be useful with regards to realism of what a leadership role requires and entails, and for equipping them with the skills they needed, though timing was important:

“I certainly did [consider going on some leadership courses] and I think it’s quite important to do that at the right time because I remember going on a couple of courses maybe before I had let’s say too many people to line manage and I didn’t really understand the challenges because I hadn’t experienced them” (14).

Discussion

This study developed two overarching themes relating to factors important in motivating a female veterinary surgeons' transition to a formal leadership position. These were: 'potential for positive influence' and 'requirement of external enablers'. The results from this study provide an opportunity to consider the female veterinary leadership transition, and potential strategies to encourage future leaders.

For many of the women interviewed, leadership roles allowed them to influence their own lives, via control over their work-life balance. Flexible hours are an important consideration in a woman's career decisions,³⁸ as for many, raising children often demands a working hour change. This was also important for the women in this study, and is highlighted as being important for job satisfaction.^{15,39} Flexible working hours is a growing need of the profession,^{40,41} and is perhaps more commonly seen in non-clinical practice,³⁹ however there is a stigma of not being a 'real vet' in taking this route.⁴² By shattering this pre-conception, more women may feel confident in venturing into a non-clinical route. However, we must also look at enhancing flexible hours within clinical practice to improve work-life balance across the whole profession. Some female leaders in human medicine believe working part-time can impede leadership opportunities,⁴³ therefore it is important that this choice of work receives the recognition it deserves, as may not have been done in other professions.⁴⁴ Current millennials joining the profession have a different perception on work-life balance,^{45,46} and having the autonomy to manage this balance has been highlighted as a need for all genders and ages within the profession,¹⁵ as well as the women in our study. Improved work-life balance and flexible hours may prove vital in promoting the next generation of leaders, as well as improving profession retention,^{31,47} which may reduce the loss of females in early career positions.

A desire to influence has been identified as important motivators for both male and female leaders in a range of occupations,⁴⁸ as well as veterinary.²⁸ This was reiterated by the women in this study, in terms of having the control to make a positive change. This control included involvement in decision-making, and was conceptualised as a passion for progression of their work environment, with subsequent positive influences on others and the business. This is a common motivator also seen in human medical female leaders,⁴³ as well as population health leaders.⁴⁹ Leadership is partly described in literature as having the ability to implement and deal with change,⁵ and this description was similar to the views of the women in this study. These female veterinary leaders viewed progressive change as a part of what makes their job satisfying.

A sense of passion to enhance the working lives of others was a compelling driving force, therefore, for these women to go into leadership. Research has identified societal pressures and obstacles, such as burnout, which have impacted many women's career development,^{38,44} and which are areas the women in the current study worked to reduce, demonstrating how influential they can be in becoming role models and motivating the life choices of other female veterinary surgeons. More could be done to acknowledge female role models, as the medical field has also identified.⁴³ As women are more receptive to female role models,³⁰ a small increase in familiar female role models may help to inspire the next generation. With gender discrimination still present³³ and the impact of day-to-day interactions with colleagues on career ambition,³¹ the work of current leaders could prove pivotal in developing future career and leader ambition. However, other professions have raised concerns over publicising only female role models who are successfully balancing both career and family, as this may imply that it is easy to do so, thus downplaying barriers experienced in reaching these positions, and subsequently resulting in a lack of critique and professional drive to change these barriers.⁵⁰ Therefore, we must consider the magnitude of importance we place on role models, as well as ensure their diversity.

Participants described having a mentor who was inspiring to them, and as a result, they wanted to reciprocate this for someone else via their position of influence. A servant leadership style represents the feelings of the women in our study, whereby authenticity and follower development is the goal,⁵¹ often resulting in improved follower work performance.⁵² This style of leadership, and the ability to positively impact people, may explain why aiding others is an important motivator for leadership. However, the most recent RCVS Facts report⁵³ suggested that only 7% of Continued Professional Development (CPD) in the 2016 audit related to mentoring, so this type of CPD could be expanded, and promoted to females.

Literature has emphasised the importance of mentors for career progress.⁵⁴ Women have been reported as less confident compared to males,¹⁵ affecting their willingness to compete,⁵⁵ which can be extrapolated to ambition for top roles.¹⁵ According to the participants, mentors can increase their confidence in skillsets and subsequently their self-valuation. Mentors can direct those with potential towards a leadership path, even when they themselves may not feel worthy.⁵⁶ Appraisal from mentors is highly important,⁵⁷ both in terms of the emotional benefits and also the ability for women to benchmark their skills. Those who have received positive appraisal from others are more likely to aspire to these leadership roles.⁵⁷ Therefore, for some women in leadership positions, mentors have helped them to engage in new challenges and enabled them to be where they are today.⁵⁴

In addition to formal mentors, the respondents identified the importance of a support network, either employers, family or friends, which has also been identified as an important factor to females seeking leadership in the human medical field.⁴³ Having a support network is important for working in the veterinary profession, however in reality this may not always be available,⁴² and if we want to see more women rising to leadership positions, then we must ensure that formal mentoring support is provided.²⁸

The opportunities to grow into a leadership role were described as natural and occurred through this workplace support. This engagement with increased responsibility opened the participants up to further opportunities in their career, which developed into a leadership career path. A study in human medicine has also reported that a perceived increase in opportunities promoted subsequent growth of leaders.⁵⁸ Some opportunities involved a degree of risk with regard to uncertainty, but if successful, can breed confidence.⁵⁹ This promotes further adoption of responsibility, propagating success as a leader. Exposure to opportunities is an important factor in leadership, and this is something the profession is already looking to improve with the Vet Futures initiative.⁶⁰

Leadership courses were found to be beneficial to women both before and after going into a leadership role, echoing the views of female human medicine leaders.⁴³ Training in leadership through CPD is becoming increasingly more available and desirable within the profession,^{28,61} with ambition to develop this further.⁶⁰ CPD may prove integral in broadening insight into how vets can get involved with leadership positions and progress in current non-conventional veterinary roles. Promoting business and leadership opportunities at an educational level may also prove beneficial in developing future leaders.⁶² It has been noted, however, that female leadership may need to be trained and nurtured in different ways to males due to their differing leadership styles.⁶³

Limitations

As a veterinary student's project, there were financial and time constraints regarding interview transcription, and verbatim transcripts were not created. Full transcriptions are considered as a way for researchers to keep close to their data⁶⁴ and may facilitate interpretation.³⁶ However, arguments

against the use of full transcripts have been made, in addition to its significant cost in terms of money, time and human resource.⁶⁵ Transcription itself is vulnerable to a range of errors;^{66,67} with direct analysis of the audio recordings removing some error, whilst also allowing the author to gather an informed interpretation of extracts via analysis of voice, tone and language⁶⁴ which is lost through transcripts. Although the lead researcher (CT) had limited experience in qualitative research, they worked with a team who were experienced to ensure the transparency and quality of the research according to criteria in Wigren.³⁷ It is also noted that qualitative research does not aim to generalise to all, and our results depict the perceptions of the 16 female veterinarians involved; however, through this manuscript, it is hoped that readers can relate the findings to their own similar situations. In addition, the focus on female leaders has not allowed an incorporation or comparison with aspiring male veterinary leaders, and further research is required to consider leadership as a whole within the profession.

Conclusion

In conclusion, this study has developed two themes regarding the transition of female veterinary surgeons to leadership positions: 'potential for positive influence' and 'requirement of external enablers'. Whilst all individuals will have a unique route to leadership, these findings provide an insight into common experiences and feelings surrounding the women involved in our study and provide the reader with an opportunity to consider their own, and their colleagues', routes to leadership. This study has identified potential enablers to leadership (mentoring and support, opportunities to grow and leadership training), highlighting an opportunity for both individuals and the profession. The profession as a whole can embrace these enablers through such strategies as CPD, while individual practices can also make their stance on these issues more explicit and inclusive. Further research into these potential strategies to increase female leadership is required, however, it may provide the profession with not only a more proportionate number of female leaders, but also a more satisfied work force and improved retention overall.

Acknowledgments

The authors would like to thank all of the women who participated in this study, without whom this project would not have been possible.

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Table 1: Example of how the analysis was conducted. Only one quote is included here as an example.

Direct quotation	Recorded comment	Code	Sub-Theme	Theme
“it was very male driven in terms of, you know, how the practice was run and I thought maybe I could help the team as a whole you know in terms of getting slightly better work-life balance and trying to improve the moral and team work in the hospital”	Took on her role as her practice was male dominated and she wanted to get involved and improve work-life balance, morale, team work in the hosp	Wants to improve working conditions for others	Passion to implement change	Potential for positive influence

Figure Captions:

Figure 1. The two themes and sub-themes