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IT'S NOT ALL ABOUT THE ANIMALS:
VETERINARIANS' PERSPECTIVES ON THEIR WORK

by

NICOLE OWENS
B.S. University of Central Florida, 2009

A thesis submitted in partial fulfillment of the requirements
for the degree of the Master of Arts
in the Department of Sociology
in the College of Sciences
at the University of Central Florida
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ABSTRACT

This study examines lived experiences of veterinarians. A common feature of being a veterinarian is curing and caring for nonhuman animals. It is the love and connection most veterinarians share for animals that ignite their journey to become an animal doctor. Data collected during semi-structured interviews with 17 veterinarians reveal that there are many more intricacies to the job than just animal medicine. These veterinarians suggest that they must treat animals as learning tools during veterinary training and once they complete school, they deal with people and business on a regular basis. Most veterinarians would like their jobs to be animal-centric, but these data show that they are not.

For my two cats Hallie and Olive who inspire me everyday to continue learning and disseminating knowledge about human-nonhuman animal relationships.

For my loving family: Robin, Kevin, Eric, Jennifer, Jackson and Cameron. Thank you for supporting my efforts to pursue my dream.

For Randy, we are making the world a kinder place for all animals.

ACKNOWLEDGMENTS

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I would also like to express utmost appreciation for my other two committee members: Dr. Elzbieta Sikorska-Simmons and Dr. Jana Jasinski. Thank you for being on my committee and for being so supportive of my interest in animals. Allowing me to study this area in your medical sociology and domestic violence courses brought me closer to my thesis topic.

Finally, I am grateful for all of the veterinarians that decided to participate in this study.

Thank you for taking the time out of your incredibly busy schedules to share your experiences with me. Your job is not only an area of academic interest to me; I am deeply moved by your dedication to the animals and respect your profession tremendously. I was not able to write about this in my thesis but your overwhelming commitment to giving back to the community was truly touching. I am inspired by your dedication to working with the homeless populations' pets, the greyhound rescue organizations, and the many other causes and organizations that you serve.

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INTRODUCTION

The veterinary profession is full of individuals who are passionate about science, medicine, and of course animals. Similar to any number of other graduate programs, the path to obtaining the Doctorate of Veterinary Medicine (DVM) is competitive and rigorous. The coursework is extensive and there is little room for further/additional professional development (e.g. doctor-client communication) outside the core curriculum, which includes classes like gross anatomy, embryology, and parasitology, to name a few. Recently, this long-standing paradigm of placing the natural sciences exclusively at the heart of medical education has been criticized. In fact, an article in the *New York Times* by Elisabeth Rosenthal recently stated, “Being a good doctor isn’t just about understanding science, it’s about understanding people” and it appears that the Medical College Admission Test is undergoing a renovation in order to capture listening skills and bedside manner (www.newyorktimes.com). This present study explores the lived experiences of veterinarians in order to better understand how they interpret their personal and professional lives.

Of course, preparation for entry into the medical fields includes other educational lessons that will not be found in the curriculum. Past research has documented these hidden practices as being learned through socialization (Apple 1971; Cahill 1999, Jackson 1968; Smith and Kleinman 1989; Snyder 1971). Medical professionals must learn to elicit a detached concern for patients and two of the most prevalent ways this is accomplished are through emotion management and the use of humor. This research aims to highlight how these practices are established and performed by veterinarians.

The field of veterinary medicine presents further challenges. First, due to the triangulation of care inherent in this line of work; that is to say, the patient is not the client unlike most other fields of medicine, challenges arise. Veterinarians' patients do not have the capacity to speak to the doctor and explain what hurts; therefore, relationships with humans are a critical part of the veterinarian-client-patient relationship. Moreover, veterinarians are situated within a culture where their patients have different types of value: emotional and monetary. Sometimes, these types of value overlap so the ability to guide clients and patients to an appropriate decision is a nuanced skill that takes time and practice. Second, thousands of veterinarians become small business owners and must learn how to manage money, employees and other skills that are critical to operating an animal hospital. These are all skills that are less emphasized within their official training at school.

When veterinary coursework is geared strictly toward understanding natural sciences and there is a lack of interpersonal skill and business training, veterinarians are not sufficiently prepared for the realities of being a veterinarian. Veterinarians end up feeling distanced from the animals, the reason most join the field. To reiterate, the purpose of this research is to explore the personal, emotional and professional world of veterinarians. I seek to explore the lived experience of veterinarians and understand how they interpret the meaning of their work.

LITERATURE REVIEW

The Profession of Veterinary Medicine

Situated within a society that has very conflicting and contradictory attitudes and practices toward animals is the highly esteemed profession of veterinary medicine. The profession of veterinary medicine did not originate based on caring for companion animals, it was actually the contrary; nor was veterinary medicine considered a high-status job, (Jones 2003). The profession started as a career for failed blacksmiths and farmers who needed work. Only within the past century were regulations placed on the profession which ultimately aimed at professionalizing “animal doctoring.”

There has been a profound shift from large animal to small animal practice over the course of the century. Currently, companion animal veterinarians dominate the field of veterinary medicine. According to the American Veterinary Medical Association (2011) 77 percent of veterinarians in 2010 specialized in companion animal predominant or companion animal exclusive medicine, whereas 15.1 percent of veterinarians specialized in food animal exclusive, food animal predominate, and mixed animal practice. The remainder of veterinarians’ specialties was grouped as equine specialty or other.

Companion animals, primarily dogs and cats, are considered members of the family unit and are often treated as “authentic, reciprocating, and empathetic social actor(s)” (Sanders 1993: 221). The shift from veterinarians’ practicing large animal medicine to small animal medicine may be an indicator of the value society imparts on companion animals. Given there are many complexities within veterinarians’ attitudes and practices, it

is important to explore veterinarians' attitudes toward all animals, not just companion animals (e.g. cats and dogs). Research is lacking on how veterinarians view animals that veterinary professional associations commonly call "food animals," (www.avma.org), entertainment animals, or sport animals and whether veterinarians' regard the animals in these categories as authentic, reciprocating, and empathetic social actors as well.

Researchers have identified a shift in veterinary student attitudes toward animals throughout the graduate school experience. Paul and Podberscek (2000) found beliefs about animal sentience for some but not all animals were significantly related to veterinary students' year of study. Their results showed that "level of sentience attributed to dogs, cats and cows all tended to be lower during the later years of the course" (p. 271). Levine, Mills, and Houpt (2005) found that "Students were more likely to consider procedures to be humane for cows, small ruminants, or pigs than for dogs" (2005: 485). There were also differences between veterinarians that specialized in small animals versus large animals. "With the exception of cats, small-animal students were more likely to consider procedures to be inhumane for all species than were food-animal students" (Levine, Mills and Houpt 2005: 485).

These shifts in attitudes of veterinary medical students can be viewed within a broader context of medical socialization. Haas and Shaffir (1982:135) state that professional socialization or professionalization "involves the moral and symbolic transformation of a lay person into an individual who can take on the special role and status claimed by the professional." In order for medical professionals to successfully

transform into their new role and pass through the socialization process, they must not only obtain the medicine-based knowledge but they need also to demonstrate the professional impression management skills which convince clients, teachers, and other students that they are competent professionals (Haas and Saffir 1977). Whether it is mortuary science students, human medical doctor students, or veterinary students, medical socialization involves *distancing*. Distancing techniques are fundamental to success and attrition in these professions, particularly in the education process. Medical professionals must appear to be empathetic and compassionate yet systematically depersonalize and distance from patients (Cahill 1999; Smith and Kleinman 1989). Four techniques used in medical socialization to distance from patients are: esoteric language, objectification of bodies, and humor and emotion management/emotion labor (Smith and Kleinman 1989).

Esoteric language is a way to distance from patients through using technical words. Cahill (1999:7) claims that "...education requires students to adopt an occupational rhetoric and esoteric language that communicate professional authority and a calm composure toward matter that most of the lay public finds emotionally upsetting." Esoteric language is implemented in the medical fields as a means to create distance from the patient. Atwood-Harvey (2005) and Adams (2004) both describe the way reality is shifted by false naming as a means of moral distancing. An example of how language can be used to distance can be seen in the use of vague wording. Adams (2004) coined the term "absent referent" to describe how vague words are employed to normalize meat eating. She states that "The function of the absent referent is to keep our 'meat' separated from any idea that

she or he was once an animal, to keep the ‘moo’ or ‘cluck’ or ‘baa’ away from the meat, to keep *something* from being seen as having been *someone*” (2004: 14). Within veterinary practice, small animal practice is referred to as small animal medicine or even companion medicine but large animal practice suffers from a lack of concrete terminology. Although the AVMA uses “food animal” to describe market statistics for veterinarians, this is not standardized across all veterinary schools’ curricula. For example, the University of Florida (2011) website appears to struggle with what to call large animal medicine. The shifting of names ranges from food animal medicine, large animal medicine, rural animal medicine, and production animal medicine on the website.

Smith and Kleinman (1989) found that esoteric language is a way to technicalize and remove personalized meaning from patients. Instead of personal problems with individuals, illness and treatment becomes more of a puzzle to figure out. Communicating with faculty and other students using this newly learned technical language legitimizes and proves to others in the profession that they are worthy of being part of an esteemed profession. Fields, Smith and Kleinman (2006) discuss how doctors and animal rights activists both rely on rationality and objectivity to avoid emotionality and appear competent when interacting with others. Employing this type of esoteric and technical language is supported by medical professionals’ peers and mentors and students are continuously rewarded for using this distancing language while in school. Technicalization of language has beneficial and detrimental effects on students but nevertheless, it is part of the professional socialization process.

Objectification of bodies refers to the way students are socialized to interact with bodies. Veterinary students routinely conduct surgery on euthanized shelter dogs. According to Arluke (2004), despite moral resistance, medical students must interact with the dead shelter dogs differently than a pet dog they have at home. In these cases, it becomes clear that a dog is not just a dog. As close as humans are to dogs in Western society, a dog's meaning is socially constructed based on place and interaction humans have with them. Some medical students become disgusted with bodies and the bodies begin to lose the personal significance they once had. Other students label the bodies with premeditated negative judgments in order to feel superior over them and manage the ambiguities they feel toward working on them. Bodies begin to take on varied nuanced meanings based on the interactions one has throughout school. Transforming the body of a subject into an object makes it easier for professionals to deal with emotional labor and conflicting feelings of sadness, anger, or arousal (Smith and Kleinman 1989). Turning a subject into an object is an imperative step in creating an environment that promotes speciesism (Adams 2004; Spiegel 1996).

Humor is commonly used as a distancing technique and a way to avoid ambiguity and moral discomfort within the veterinary and other medical fields (Smith and Kleinman 1989; Sanders 2010). Smith and Kleinman (1989:63) found that "Students can create humor in the situations that provoke their discomfort. Humor is an acceptable way to acknowledge a problem and to relieve tension without having to confess weaknesses." Although faculty did not foster an environment where speaking about emotions was

normalized, they did engage in humor and laughed about situations with students. Although many of the issues students and faculty were laughing about were not funny to them, it enabled them to move forward with whatever situation or procedure they confronted (Smith and Kleinman 1989).

Researchers have documented the way students' emotions are transformed through medical school socialization (see Smith and Kleinman 1989; Cahill 1999). Smith and Kleinman (1989:67) state "...Medical situations provide vivid challenges, but students come equipped with emotion management skills that they need only to strengthen." Hochschild (1983) famously described emotion management in service-oriented jobs and illustrated how the ability to refine such a skill leads individuals into certain professions where emotion management is needed or imperative to success. Veterinarians are presented with this type of work frequently when working on small or large animals. Emotional demands, coupled with extremely stressful educational demands are an intricate part of the occupational socialization in medical school, including all individuals attending veterinary school. Research shows that faculty in medical schools typically ignore emotions students may be experiencing over the course of their study (Arluke 2004; Cahill 1999; Smith and Kleinman 1989). Interestingly, Paul and Podberscek (2000) found "Female students showed significantly more empathy toward patients than male students and there was a significant interaction between sex and year of study, with female students maintaining similar levels of empathy throughout the three years, while the empathy displayed by male

students declined in each successive year and particularly in the final clinical year” (2000: 271).

Moreover, Goffman (1959) and Peterson (2006) suggested societies have an emotion culture and cultural script that actors use to learn how to properly manage emotions. Competently managing emotions based on situational and interactional norms is part of a lifelong socialization process. Goffman’s (1959) dramaturgical approach suggested that there are four main ways people determine the emotional culture or cultural script: appearance of people, the setting, what individuals say about themselves, and past experiences with individuals. Although there are macro-level emotion cultures, there are also emotion cultures within the smaller confinements of groups and organizations.

Hochschild (1983) presented a new perspective on emotion work she called emotion labor. Where emotion management focuses on controlling emotions for the benefit of the self, emotion labor is controlling one’s emotions for the benefit of others. Emotion management can be performed anywhere and emotion labor is performed at work and is geared toward clients, customers, and patients. Feeling rules, or social guidelines, direct feeling and are the main component of emotion labor (Hochschild 1983). Although past research has discussed the ways emotions play a pertinent role in veterinary euthanasia (Morris 2009; Sanders 1995) the overall emotion culture and feeling rules of veterinary medicine have yet to be established. While exploring the prevalence of emotions in veterinary medicine is paramount, it is also important to note how the multifaceted views

society has toward animals complicates the emotion culture and feeling rules of the profession.

Attitudes and Perceptions of Animals in America

Arguably one of the most severe challenges veterinarians' encounter is the many different ways that society thinks and interacts with their patients, the animals. The varied and shifting relationships humans have with nonhuman animals complicates the relationship between veterinarian and patient because these blurry meanings fluctuate and are highly dependent on actors' experiences with animals. Depending on how one experiences animals growing up and over the course of life, may dictate how animals' meanings are constructed by doctor and client. Coming to a shared understanding of the animals' worth is a nuanced skill. For example, those from rural communities as opposed to those in urban areas are likely to have experienced "food" animals, if not directly, then indirectly through living in shared social spaces. These residual feelings or emotions from past experiences impact how actors think about animals. A closeness or distance to various species coupled with other lived experiences one has with them, indicates that it is necessary to explore the different attitudes and meanings society has toward animals.

Kellert (1989) identified nine attitudes Americans have toward animals: naturalistic, ecologicistic, humanistic, moralistic, scientific, aesthetic, utilitarian, dominionistic, negativistic and neutralistic. Kellert argued that although these attitudes are bound to change over time, the attitudes were remarkably stable throughout his decade of research on American attitudes toward animals.

- The *naturalistic* attitude is related to “a strong interest in and affection for the outdoors and wildlife” (p. 6).
- The *ecologistic* attitude is focused on wildlife as well but with “major concern for dependencies between animals and their natural habitats, in contrast to the naturalistic concern for personal, often recreational, involvement with specific animals” (p. 6).
- The *humanistic* attitude is closely linked with strong affection and companionship, most highly correlated with pet owners. Humans with a humanistic attitude often romanticize the role of animals in their lives. There are strong species distinctions associated with this attitude.
- The *moralistic* attitude is expressed frequently in animal rights debates and those holding this attitude are invested in ensuring no pain, harm, or suffering of animals is justified.
- The *scientific* attitude “values animals largely as objects of curiosity, study, and observation. While not necessarily resulting in a lack of affection for animals, the scientific attitude often fosters feelings of emotional detachment...” (p. 8).
- The *aesthetic* attitude is most related to the beauty of animals or any sort of symbolic message an animal fosters.
- The *utilitarian* attitude of animals is not to be confused with Singer’s utilitarian theory of animals, rather, this attitude employs that animals should provide humans

with some sort of benefit. They believe animals are largely a function of human need and purpose.

- The *dominionistic* attitude emphasizes the control of animals and is often related to rodeos, hunting, and bullfighting. “Animals are valued largely as challenging opponents, providing opportunities for the display of prowess, skill, strength, and often masculinity” (p. 9).
- The *negativistic* and *neutralistic* attitudes are closely related to one another. The difference is that negativistic attitudes are associated with a fear or dislike of animals whereas a neutralistic attitude breeds indifference to animals.

Kellert (1989) reported that the attitudes most representative of the American public were humanistic, moralistic, utilitarian, and negativistic/neutralistic. The categories with the highest prevalence are in stark contrast to one another. Kellert identified animal enthusiast attitudes among professions such as hunting or raising livestock, but professions that exist solely to protect and treat animals, such as veterinary medicine were not included in his study. Americans that were highly educated scored very strong on the scientific attitude scale. A scientific attitude was associated with a reductionist outlook. Americans with the scientific attitude fostered feelings of emotional detachment with a concern for biological and physical characteristics of animals (Kellert 1989).

One of the most useful sociological frameworks for understanding societies' perceptions of animals is the sociozoologic scale developed by Arluke and Sanders (1996). The sociozoologic scale arranges animals in a hierarchy; depending on how well they fit

into the role society expects them to play. Animals are viewed as good (at the top) or bad (at the bottom). Arluke and Sanders (1996) state that animals found at the top of the hierarchy are animals that we own as companions or pets, as well as those we use as tools. As long as the animal is seen as complacent, rule-abiding, and does not cause any problems to humans' structured lives, he/she¹ is constructed as "good." Bad animals are those who do not follow societies' rules. These animals may be too wild; therefore humans fear them instead of the animals fearing humans. They are not able to be controlled and challenge the traditional phylogenetic order. Bad animals are often portrayed in media and in public discourse as vicious (e.g., pit bulls).

Interestingly, animals that are deemed as good do not always remain good. A good animal can quickly turn into a bad animal. For example, the human that owns a dog is likely to consider the dog good so long as he/she does not bite any other humans. As soon as he/she does not play the complacent role, he/she will be deemed bad and could be euthanized. Further, a rat used as a tool in a laboratory for research is a good animal but if a storm floods the lab and the rats are released into the streets, they quickly turn in to vermin and must be exterminated. Herzog (1988) also found in research settings that regardless of how valuable a laboratory mouse or rat may be, once he/she hits the ground, the mouse/rat immediately is regarded as a pest. They no longer are protected as good

¹ He/she is employed throughout the paper instead of the pronoun "it" when addressing an animal as the pronoun it refers to an inanimate object instead of a subject.

animals because the researcher may not be able to determine which rat is connected with data and which rat is feral, hence, they become dirty and invaluable. Arluke and Sanders (1996) explain that the social construction of animals is based on moral grounds. However, these constructions are somewhat flexible as noted by how quickly animals can move in and out of categories.

The aforementioned research has provided a framework for exploring how cultural attitudes toward animals and professional socialization into the medical field may impact veterinarians' relationships with their patients. What is less known is specifically how these cultural and professional attitudes and practices impact veterinarians' lived experiences? In addition to understanding how veterinarians interpret the meaning of their professional work, I also seek to answer the following research questions: How does professional socialization prepare and influence veterinarians work? Do veterinarians use distancing techniques with animals and people? How do veterinarians define and understand their role as veterinarian?

THEORETICAL FRAMEWORK

This study employed a grounded theory approach but ultimately utilized a symbolic interactionist framework. The symbolic interactionist framework was used because interactions between doctor, patient, client and other employees were constructed out of multiple meanings veterinarians hold for each of these entities and the situation at hand. Blumer (1969) established the methodological position of symbolic interactionism and stated that its analysis rests on three pillars:

The first premise is that human beings act toward things on the basis of meanings that the things have for them....The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellow. The third premise is that these meanings are handled in, and modified through an interpretative process used by the person in dealing with the things he encounters (2).

Sociologists researching the symbolic meaning of animals in society have found this perspective and method to yield meaningful results. Studies utilizing a social interactionist framework to explore the social construction of animals include: middle school science students dissecting pigs, medical and veterinary students dissecting euthanized shelter dogs and companion pet dogs, veterinary technicians and veterinarians working in a large rural mixed-practice clinic, and with veterinarians working with companion dogs in a suburban clinic where dog training classes take place (see Arluke 2004; Arluke and Hafferty 1996; Sanders 1993, 2010; Solot and Arluke 1997). For example, Arluke (1988)

found that within animal experimentation labs, animals of the same species can be transformed into both object and pet. Whereas the mainstream public may experience conflict in understanding how animal researchers can claim to be empathetic and compassionate toward animals and yet use them in experiments, it is not puzzling to those in the profession. “If scientifically elevated, the animal’s meaning will be dictated by the general moral order of science. If personally elevated, the animal’s meaning will be derived from everyday life” (Arluke 1988: 116).

Another reason I chose to frame my data with a symbolic interactionist framework is because the meaning of animals varies by situation, culture, and interaction within different contexts. Veterinarians are no different than others within the medical community as they go through extensive training during graduate education and later in the field to be empathetic toward patients yet distanced from them. Veterinarians are not isolated actors; they are members of families, groups, and networks that have their own norms and practices regarding animals. In communicating with veterinarians about their attitudes and practices toward animals, dealing with people and business, a deeper understanding will be sought of veterinarians’ professional roles and how they these roles move in and out of categories.

METHODS

The interviews with veterinarians were open-ended and observational field notes were written before and after the interviews. The interview consisted of ten questions but all interviewees were probed for greater detail to each question. There were three categories of questions: childhood experiences, veterinary school socialization and current practices. Throughout these interviews, I found that dealing with people and running small businesses were at the center of the profession. Furthermore, certain themes began to emerge about how veterinarians treated animals in veterinary school, the ways veterinarians deal with people at work and the amount of time spent running small businesses.

Recruitment

The veterinarians for the proposed research study consisted of small, large and mixed-practice veterinarians working in Florida. Florida is unique from many other places because there are rural, urban, and suburban environments in which veterinarians with varying practices and specialties coexist. Central Florida is also home to many theme parks, zoos, farms, dog-tracks, and national wildlife parks where a diversified veterinarian expertise is needed. Given this range of demographic variety, recruitment for participation in this study was fruitful and crossed a range of various types of veterinary medicine practiced.

Non-probability sampling techniques were employed to find research participants for this study. Respondents were obtained using a convenience sample. Berg (2009)

defines convenience sample as relying on subjects that are close and easily available to participate in the study. The participants were currently practicing veterinarians in Florida, directly fitting the research sample requirements. My first recruitment strategy was obtaining contact information from a friend who has practiced veterinary medicine in Central Florida for 20 years. Veterinarians who attend monthly continuing education meetings with the informant were invited to participate in the interview through e-mail invitation. Thirteen of the seventeen interviews were conducted with veterinarians that responded to this e-mail invitation that requested participation in a master's thesis project. A different friend provided access to a fourteenth veterinarian. Once the informant got approval from the veterinarian, I contacted the veterinarian through e-mail and invited her to participate in the research. The fifteenth interview was obtained through volunteer work I participate in at a farm sanctuary. Permanent employees of the farm sanctuary contacted their primary veterinarian and once approval was given, I contacted this veterinarian with an e-mail invitation to participate in the research. Finally, I contacted the Associate Dean for Research and Graduate Studies at a College of Veterinary Medicine to inform him of my research and request that he be interviewed. Ultimately, he did not fit the interview criteria as he has since been exclusively in administration and not worked on animals for a number of years. He did provide me with three names of veterinarians within the college that practice large animal medicine and urged me to contact them for my study. I found these veterinarians' contact information on the university website and invited all three professors to participate in the study. Two of the three large animal veterinarians

responded and agreed to participate in the study through the same e-mail invitation sent out to all other participants.

Berg (2009) stated that respondent-driven sampling is one way to find respondents that belong to professions or categories in difficult to reach populations. Veterinarians are medical doctors with tight and fixed schedules, which is why it was necessary to rely on a convenience sample in order to gain referrals and find participants. In total, seventeen interviews with veterinarians were conducted.

Respondents

Of all seventeen of the interviews conducted, eleven of the participants were women while six were men. Four veterinarians currently or in the past worked in academia, five were board certified specialists, one was an intern approaching residency, one was a pro-bono practitioner at a spay and neuter clinic, nine were small business owners, three were in equine practices, one was in marine mammal practice, one was in primate practice, and twelve were in companion animal predominate practice. Some of the veterinarians crossed categories. For example, one could be a specialist, business owner, and equine veterinarian. Years practicing veterinary medicine ranged from less than one year to forty years. The entire sample was Caucasian with the exception of one Hispanic participant.

To show the diversity of the education these veterinary students received, I point out the variety of places these veterinarians received their veterinary training. The veterinarians interviewed for this research attended ten different veterinary schools, in and out of the United States. The United States currently has twenty-eight veterinary

schools accredited by the AVMA. Of the seventeen veterinarians interviewed, fourteen attended schools in the country. The veterinary schools they attended within the country include: Iowa State University, Tufts University, Oklahoma State University, University of Florida, University of Pennsylvania, Colorado State University and Cornell University. Three of the veterinarians went to veterinary schools outside the United States at University College Dublin in Ireland, Ross University in the West Indies and University of the Philippines Los Banos. The University of the Philippines Los Banos is not accredited by the AVMA so this particular veterinarian spent time at Cornell University to complete the United States' AVMA veterinary requirements upon returning from the Philippines.

Data Collection

Once I received approval from the Institutional Review Board, participants were interviewed at the location most convenient for them. Fifteen interviews were conducted at the veterinarians' place of employment while two were conducted over the phone. At the start of each face to face interview, Participant Informed Consent Forms were provided. The telephone interviewees were sent the Participant Informed Consent Form through e-mail prior to the interview. Once the interview started, I used a digital voice recorder to record the entire conversation with the respondent. The interview questions were in-depth and open-ended. A less formal structure allowed me to probe for details or ask questions I previously had not anticipated. Unanticipated insight into the level of business work and human interaction on the job caused me to adjust the interview questions to capture the new information. These adjustments occurred after the first interview. I did not directly

inquire about human interaction and business, instead I asked about challenges and surprises about the job. It was through these questions that a majority of the interview data used in this analysis was acquired. The questions asked were open-ended so that the respondents could provide as much detail and explanation as necessary. The interviews lasted approximately 60-90 minutes. The interview questions can be found in the appendix. Conversations were later transcribed into a Microsoft Word document. The program Express Scribe was used to replay the audio recorded conversations so that speed of audio could be controlled and easier to transcribe.

Human Subjects and the Institutional Review Board

Each participant was given the opportunity to accept or decline participation in the study. All participants were informed about the overarching theme of the research: to understand veterinary medical socialization and attitudes toward patients and clients in veterinary medicine. All participants were handed or e-mailed a Participant Informed Consent Form in which they did not need to sign. The respondents are able to relinquish their participation in the study at any point in the process. The only person that had access to the Participant Informed Consent Form with identifying information was the researcher. Otherwise, all identities were kept private. Throughout this paper, the only names used will be the pseudonyms. Pseudonyms were used in replace of actual names to ensure the privacy of the participants. The transcriptions from the interviews will also be kept in a locked file. The original voice recordings were destroyed after transcriptions were

completed. A few of the participants asked if they could be provided the final paper once it is complete.

Analysis

In coding and analyzing interviews, I was guided by a symbolic interactionist approach to address my research question. This framework was chosen due to the socially constructed meaning veterinarians attribute to their work based on the interactions with clients, patients, employees and other veterinarians. It became apparent that veterinarians use feeling rules to guide their interactions with all the beings they come in contact with, especially in the workplace (Hochschild 1983). I used open and axial coding techniques throughout the entire analysis phase.

Although the data analysis appears straightforward, it was in fact a very messy process. I had entered the field with some preconceived notions that did not “pan out” and the data did not fit well. With contradictions within veterinary medicine and emotion management at the forefront of my mind, it became impossible to see the data for what they were. In order to let the data speak for themselves, I performed a systematic and detailed analysis. This required me to abandon all my previous thoughts on the veterinary profession. I attempted to forget, to the best of my ability, all that I had read about this line of work so that I did not force the data to fit into categories that were not appropriate. I reread the transcripts multiple times to see what veterinarians most frequently discussed. This process led to the three themes discussed in the findings.

Strauss and Corbin (1998: 119) state that “There are several different ways of doing open coding. One way is line-by-line analysis. This form of coding involves close examination of data, phrase by phrase and sometimes word by word....” Therefore, the first phase of the analysis was initiated through line-by-line open coding which allowed me to carefully comb through each transcription and search for common themes. After reading all 294 single-spaced pages of interview transcriptions multiple times, three main themes about these veterinarians’ experiences were identified: it’s about using animals as teaching tools, it’s about dealing with people and it’s about business.

Veterinarians talk about loving animals during childhood and adolescence and the influence these interactions had in assisting them to pursue the field of veterinary medicine. Veterinarians were able to connect their positive feelings toward animals with a job. Besides that, veterinarians talked about ways they used animals as learning tools in veterinary school. Therefore, all data that included veterinarians discussing animals as a child/adolescent and during veterinary school were placed in a new Microsoft document. Most impressive were the in-depth and lengthy ways veterinarians talked about non-animal related work. These non-animal related types of work became the other two themes: dealing with people and running small businesses. Therefore, anytime a veterinarian mentioned their work in a way that is not directly related to helping and healing animals, these paragraphs were copied and pasted into the new separate Microsoft word document. Initially, all three of these themes were put into one large new document. After all of these new themes were placed into the new document, they were separated by

theme and placed into their own new documents. In total, there were three new documents.

The second phase of coding was through axial coding techniques. Axial coding was used to search for sub-themes within each of the new three documents. Strauss and Corbin (1998: 124) state “the purpose of *axial coding* is to begin the process of reassembling data that were fractured during open coding. In axial coding, categories are related to their subcategories to form more precise and complete explanations about phenomena.” Thus, within this new document, I searched for sub-themes. The sub-themes that emerged in the “it’s about using animals as teaching tools” theme were: liking/loving animals, connections with animals, early experiences with veterinarians, and uncomfortable experiences in veterinary school. The two situations that veterinarians describe feeling uncomfortable with animals during veterinary school were through surgery and large animal rotations. The sub-themes that emerged in the “it’s about dealing with people” theme were difficult clients, guiding versus controlling clients’ decisions, gaining trust from people, performing stage work and communicating with people. The sub-themes that emerged in the “it’s about business” theme were running a business (how do I do that?), handling money, technology and employee relations. Each of these themes became their own subtheme.

Reflexive Statement

I first started considering the veterinary profession as a research topic through conversations I shared with a vegan veterinarian. It was through these conversations that I learned of the intricate, complicated and often conflicting goals of the profession. I was inspired to learn more about how veterinarians think about their jobs and the animals that are and are not their patients.

As a vegan, feminist sociology student, I already had developed some beliefs established about the role of animals in society. I see inequality as interconnected and seek to shed light on the complicated views our society has toward animals. Therefore, as I began interviewing veterinarians, I had preexisting ideas about how animals should be considered and treated by professionals that take an oath to protect and take care of animals. I quickly learned that veterinarians take this oath very seriously. Most veterinarians interpret this oath as an issue of animal welfare, not animal rights.

I respect and admire those in veterinary medicine very much so it was important for me to keep a journal throughout all of the interview stage to stay balanced on the research aim. I was guided by Kleinman and Copp's *Emotions and Fieldwork*. At times, I felt bothered by some of the stories I was told and began to consider my own feeling and display rules. It was challenging to find the appropriate emotions to exhibit during these situations. I wanted to agree and show support for what they were saying, but it was not natural. I did not agree with them at all times. However, if I showed disagreement, I was afraid that they

would not trust me and would be less open to disclose their true feelings and experiences in the profession.

At other times, I felt like these interviewees were my friends and I admired them. On three separate occasions, veterinarians cried during the interview. One veterinarian cried because she was so happy and fulfilled with her life as a veterinarian. It was unexpected, and I began to shed tears as well. I identified with her as I too am pursuing my dream job. At the end of my career, I hope that I can look back and feel so happy and rewarded with all that I have done as well. It was incredibly meaningful and I began to think that I wished she could be my veterinarian.

Another veterinarian cried telling a story about an exchange he had with a man and dog while working at the emergency clinic. The man needed to euthanize his dog and it had taken him a long time to get to the point where he was ready. He was so ready that he could not wait to see his general practitioner the next day for the euthanasia. He drove to the emergency clinic at night after work and had to do it right then. The veterinarian and man had never met before but this man trusted the veterinarian. He told the veterinarian that this dog may have meant more to him than his wife for the dog always listened and was around. It was at this moment that the veterinarian began to cry. It was beautiful how much this veterinarian cared about his client, the patient, and the trust bestowed upon him. At that time, I wanted this man to be my veterinarian.

In fact, this became a common occurrence. There were quite a few veterinarians that I wanted to become my veterinarian after interviewing them. It was during these times that

I most relied on *Emotions and Fieldwork*. It was reassuring to see and understand that it is common for fieldworkers to have positive and negative feelings toward participants. I learned that it is okay to experience their feelings as long as I write and reflect on what these emotions meant from a sociological point of view. As I felt a rush of excitement before and after each interview, I took the time to write why this was such an exciting experience. I am becoming a “real” fieldworker, and I am enjoying my professional socialization.

FINDINGS

My research, which delved into the lived experiences of veterinarians sheds light on three main areas. First, I address these veterinarians' early experiences with animals. I highlight their love and connection with animals and their positive interactions with older veterinarians throughout their childhoods and early adult lives. These positive experiences are important to demonstrate because they are starkly contrasted with the uncomfortable experiences veterinarians shared about their use of animals as learning tools within veterinary school. Next, I illustrate how dealing with people is a critical part of the lived experience of veterinarians. Veterinarians often spend more time dealing with people than medically treating animals. Finally, I discuss the salient role business plays in veterinarians' lives. Thousands of veterinarians become business owners and concerns over these business matters often consume more of veterinarians' time than directly handling and working with animals. These three themes combined highlight that veterinary medicine is not necessarily all about the animals.

It's about Using Animals as Teaching Tools

Veterinarians describe the main reason for wanting to pursue this line of work as fulfilling a lifelong passion for animals. Respondents described loving animals from a very young age and knew that their calling was helping and curing them. Some of the respondents had experiences with veterinarians throughout their childhood and teenage years which further developed their desire to pursue animal doctoring. Others had a visceral connection to animals through their appearance, behavior, or even through the

interpersonal experience of riding a horse, for example. Without a doubt, these interview data are clear that veterinarians love animals. However, the data also show that once many of these veterinarians actually began their training in veterinary school, they interacted with animals in a way that was not in sync with their feelings toward them. To appreciate fully this disconnect, it is important to discuss the depth of these veterinarians' feelings toward animals, many of which developed during childhood.

Growing up with Animals

The first way that veterinarians talk about their love for animals is through their childhood experiences with them and nearly every single veterinarian interviewed for this research had childhood stories illustrating how much they liked animals and interacted with them growing up. For example, one veterinarian, Kevin, grew up on a cattle farm in the Midwest. He claims that it was these experiences and his deep liking for animals that assisted his decision to pursue veterinary medicine:

I think you want to be a veterinarian because you really like animals, you like working with animals. I grew up on a huge cattle farm. We raised cattle, had a few pigs, and had 4H projects. My parents weren't wealthy but it was great growing up on a farm. It was a great childhood and he (Kevin's father) was called when people had animals to castrate or something got sick. They always called my dad. He would go around and look at them so it was natural for me to think that I wanted to work with animals. Everybody wants to be like their father. It was kind of a natural thing to do... I always thought I'd be a large animal practitioner since I grew up on a farm.

I thought I'd do cows and pigs and everything but once I got into vet school, I really liked orthopedic surgery, sophisticated stuff, and I realized doing large animals would not make me happy which is why I went into small animal practice. In large animal, no farmer is emotionally attached to his cattle...you are never going to do spinal surgery on a cow. You're never going to do anything too sophisticated...When people are emotionally attached to their animals, they want to do whatever it takes to extend their life and make it comfortable. In large animal medicine it's a different story.

Another veterinarian, Monika, shares her experiences with animals as a little girl:

I always liked animals since I was a little girl. I felt that I needed to commit to take care of them: cats, dogs, lizards, chickens, even a hermit crab. I had all of them as pets. I had rats as pets, they were just amazing. I always had animals in my life since I was a kid. I've always had a pet since I can remember. I just felt like I was comfortable with them. It was more than them being sweet though. It was a knowing. I wanted to know what made them tick.

Although Adam, an intern at a veterinary specialist hospital, says his childhood experiences did not directly influence him to become a veterinarian at an early age, he also describes the importance of animals in his childhood:

I always had pets, mostly dogs, growing up. I went through great experiences with dogs. Dogs have always been a huge part of my childhood. I actually didn't decide to go to veterinary school until my later twenties so I probably am not among the norm

of veterinarians that said they wanted to go to vet school and knew since they were five years old and wanted to be a vet since they were five but pets have always been a huge part of my life and upbringing.

Similarly, Leslie grew up with animals and believes that these experiences played a role in her decision to become a veterinarian:

I think I decided at about the age of eight that I wanted to be a veterinarian. I think in veterinary medicine, especially with females, it is not an uncommon thing to decide that at a young age. I just stuck with it. I grew up with animals, I loved animals. I had dogs, cats, birds, hamsters, gerbils, rabbits, guinea pigs, I had a little of everything. My parents are animal lovers and I think that plays a role. When I was in fifth grade and we had a career contest, my mother loves to tell this story, where we created a poster of what we wanted to be when we grew up, I did this elaborate poster with all these animals and I won first place. That was kind of a defining moment that sticks out. I have a perfect memory of that.

Robin also grew up with animals but made sure that her real love, horses, would not be tarnished by working with them professionally which is why she ultimately pursued marine animal specialization:

There was really never anything else I wanted to do. I was one of the kids that accumulated anything I could get my paws on; puppies, kittens, whatever. My parents didn't let me have a lot of animals because they were not really animal-oriented. But they did allow me to have a puppy, and a kitten, and that sort of thing.

Then, I got very horsey as I got older. I've always had a great passion for horses and I thought I would go into equine practice but then I discovered that I liked horses so much that it was more fun for me to work with them not as part of my professional work but as a part of my hobby and something to really, deeply love. I developed my interest in aquatic medicine after I made my determination about horses, which has become my profession.

Jennifer describes her childhood experiences with animals as fun. She remembers always sneaking animals into her house and hiding them from her parents:

We had pets growing up. I usually tried to sneak them in the house. I was always hiding something in my closet. We had some great cats. I had a cat named Tom, he was the best; a collie named Lucky; a Pekinese named Ming, a multitude of pets coming in and out of the door, usually something I scammed in the house until my parents found out and then they'd say "well I guess they can stay, it's been living here for six months." No snakes though, we had mice, we had pet rats, I loved my pet rats. We had ferrets, a little bit of everything but no lizards or snakes back then. I think pursuing veterinary medicine was a god given thing because my dad swears that when I was four and five I told him I wanted to be a veterinarian and I never deterred from that.

These data show the deep feelings veterinarians had toward animals during their childhood and teenage years. Nearly every veterinarian interviewed had pets growing up and even sneaked them in their house, keeping them in their closet at times in order to

ensure these animals would become their pets. Interestingly, many of these veterinarians had animals that are often considered experimental animals in the profession, like rats and mice. It appears that they many of them did not distinguish between pet-animal and *other*-animal species at this young age although some did see animals as more of an occupational responsibility, in result of working on a farm. Either way, childhood experiences with animals show that these veterinarians truly like, even love, animals.

Early Experiences with Veterinarians

While most veterinarians interviewed described positive childhood experiences with animals, many of the veterinarians also described having positive and deeply meaningful experiences with other veterinarians. These interactions with veterinarians at a young age were encouraging and supportive to these respondents and influenced them to pursue the profession. Ashlee was one of the respondents that had impressionable experiences with veterinarians during her childhood. She had many pets of her own but grew up watching veterinarians work on her family's horses. Ashlee saw veterinary medicine as a way to connect a love of animals with a career. These cumulative experiences played a role in her decision to become an equine veterinarian:

I grew up on a horse farm and I always had cats, dogs and horses. I have always loved horses and I knew that was definitely the field of medicine that I wanted to go into. When I was growing up, I would watch these veterinarians work on our horses. I mean they were just the best vets. Of course they were older men. They were gentlemen and they were always friendly but I don't think they (pause), things have

changed, but they were always encouraging. They were just wonderful people and so that was where I really thought that this would be a great profession because you would get to be with horses and do something you love and treat the animals. So that is how I decided I wanted to be a vet. I was eight years old and I said I want to be an equine vet and I never changed my mind. If I wouldn't have gotten in to veterinary school I would have been in trouble. I had no second plan.

Melina also had a veterinarian role model as a child. A situation that could have been deadly for her dog became a memory that influences her daily work with children and their pets in the clinic:

I'm one of those people who have always known. I was the little kid carrying around the puppies and the cats. I grew up in Lake County so we had cows around and horses, dogs and cats. I had a bunny too. But um, I'd say, if you want me to go into detail, I really knew I wanted to be a veterinarian when I was about ten years old. We had this really old dog and I decided I was going to give her a bath so I was giving her a bath outside and I had her all soaped up and she had a mat on her belly. So, I got scissors and I was going to cut her hair and I saw some blood. She was just laying there and she did not seem to mind. So I got my mom and when we moved the hair, I had cut her, probably 8 to 10 inches of her skin while trying to cut her hair. I was young. So we rinsed her off and took her to the vet. I remember going with my mom and the vet being so nice. He never made me feel like it was my fault. He talked directly to me. He just really was very caring and I think that definitely

solidified that this was what I was going to do. I do a lot of the same things now in this practice when I have kids come in. I make sure to acknowledge them and get them involved and all of that. So I think that was a huge part of deciding what I wanted to do because he was just so great. I became a technician for him right out of high school.

Veterinarians connect a personal love for animals with a profession that seems to be based on curing and caring for animals, despite the reality of the real work in other areas involved. As these young (not yet veterinarian) children interacted and watched these older veterinarians when they were growing up, they realized that working with animals was a viable option and began to pursue this line of work once they were age appropriate.

Feeling Connections with Animals

While these veterinarians describe deeply liking or loving animals as children and having meaningful interactions with veterinarians, all these experiences influenced their decision to pursue veterinary medicine. Moreover, some veterinarians discuss the connection they felt to animals. This connection was described sometimes as aesthetic and other times as felt through physical communication. Ada remembers this connection with animals as young as four years of age:

I was probably four years old and I was like this is it. I just remember seeing a dog and connecting and I was probably too young to even know that that was all I ever wanted to do, forever, but I did. I actually went to veterinary school in the

Philippines, I spent four years there. So you're going to find people like me, who just knew right away that that's all they ever wanted to do and they did whatever it took.

Andrea also discusses the connection she felt and still feels with animals:

I have always felt a connection with all animals. I mean I'll walk down the street and I feel like I can say hello mentally to every dog I pass. I just always felt like that and they do come up to me and I do have an animal magnetism but you know now, one day with the chimps, yes some of it, a lot of it, has to do with how smart and human they are of course, I just feel the connection.

While Eric discusses his liking for animals and his many interactions with veterinarians as a child, his description of the connection he feels with animals is much more indicative of why he chose to pursue this line of work:

My father was a veterinarian and he worked with horses, I grew up with horses. I liked all kinds of animals. I had a curiosity about them. I rode them so there is that one on one connection that you don't have with other large animals because there is no interaction at that sort of a level, where you are communicating with them... If you do not have a connection or an interest you are not going to force it... but if there is something about them that attracts you, it might just be their appearance, it might be their behavior, it might be that you like riding, that is a connection you make...a lot of people relate to that connection between the rider and horse...It is a relationship...You do need a little bit of a connection to do large (animal) because

these (animals) are not domestic. They are domestic but they are not in your house domestic. They are somewhat specialized.

In sum, veterinarians feel connections with many different animals, and have felt these connections from a young age. These connections can be made by observing animals or through communicating with them. Whether these respondents attribute their childhood experiences with animals and veterinarians or their connection to animals as one of the reasons they pursue the field of veterinary medicine, these professionals do not ever describe a blatant disregard for animals at all. It is quite the opposite, which is what makes the next section seem so paradoxical and not animal-oriented. That is, rather than professionally curing and caring for animal patients, they treat animals as tools and disposable learning objects. Despite wanting to help animals, at times, they are intentionally causing harm to animals and healthy animals are killed in the name of education.

Uncomfortable Experiences with Animals

As previously shown, veterinarians love animals so when they enter school and start witnessing situations that were less than desirable for them and the animals, these memories stuck with them. These circumstances illustrate to the (at the time) veterinary students that veterinary medicine is not necessarily all about helping animals and treating the animals kindly. Veterinary students are often involved in and take uncomfortable actions toward the animals under their care. The procedures that they engaged in as part of

their training remain salient in their minds as they describe some of these harmful and bothersome procedures up to 30 years later.

Some veterinarians describe their experiences in veterinary training as “scary” and “uncomfortable.” These words are used by the veterinarians interviewed about what they witnessed in school. These firsthand accounts of animals being used as teaching tools is contradictory to how these veterinarians felt toward animals as they grew up. During surgery rotations and “food”/large animal rotations, it was common for veterinarians to describe animals being used as teaching tools. The most common references of uncomfortable experiences these veterinarians discuss are mainly a result of surgery rotations.

Andrea’s surgical experiences in veterinary school are similar to the other veterinarians that discuss causing unnecessary harm to animals in order to learn:

We broke legs to put them back together again. We used animals that were raised for research and these beagles didn’t even know where the door was. They just sort of stood in the middle of the room and they had to go and bark at a wall because they had been in cages their whole lives, they didn’t even know how to get out of the room. So it was pretty sad.

Tyler describes how performing terminal surgeries on animals for educational purposes is cruel and wasteful:

I think there is a benefit to cadaver computer programs and other model simulations but nothing teaches you like doing it on live tissue. That said, I think if

you are scrubbed in on cases as a student and then you are scrubbed in on cases as an intern and as a resident, you get the experience necessary without doing terminal surgeries on otherwise healthy animals. So I don't know if terminal surgeries on live animals are necessary in the education of veterinary students. I do think that is somewhat cruel and wasteful. In that order: cruel first, wasteful second. In terms of spays, there are plenty of humane societies where the students can do spays for them. Does that mean some will have complications? Yes, unfortunately it does but I think that is better than taking perfectly healthy animals, doing ten different procedures on them and then killing them.

Renee also discusses the animals that she performed surgery after surgery on in veterinary school and the sadness the students feel, including her, when they euthanize animals once they are done using them as surgical teaching tools:

At (name of veterinary school), we had a dog, a donkey, and a sheep that were...that was our animal for the entire year and we took care of it. We examined it twice a day, every day. Sunday to Sunday, I mean the whole time we had the animal, and at the very end once you have done surgery on it a couple times and woken it up and cared for it and done all of those things, the last surgery which was usually an abdominal surgery was a surgery that they were euthanized at the end of it... We had students who didn't want to participate in the euthanasia at the end and it is an ethical dilemma, for sure...I didn't want to euthanize our dog either or our sheep for

that matter or our donkey...I felt horrendous, it is a terrible day. Everyone cries and it's awful. You spend so much time with them; you are with them for months.

Some veterinarians get attached to the animals they use in surgery class. Like Renee, Sarah explains how everyone wanted to keep their animal instead of euthanizing him/her:

We would do one procedure and then we would wake them up and do another procedure on them the next time and then we euthanized them while they were still asleep. They had a rule that you weren't allowed to take the dog because everyone wanted to keep their dog. It was hard. You got attached to the dog. I mean you had to wake it up and take care of it and everything like that and then euthanize it the next time.

These veterinarians describe the immense discomfort they feel in using healthy animals as surgical teaching tools. Some have even called this practice "cruel" and "wasteful." The surgery rotation is hard for veterinarians because they must terminate animals' lives after caring for them post-surgery. These veterinarians report becoming so close to the animals they perform surgeries on that they want to adopt instead of euthanize them at the end of the assignment. However, adopting the animals used for classroom learning is against policy. These policies are vastly different from their experiences with animals prior to entering veterinary school. Many veterinarians cared for all sorts of animals and desired to cure and help them, which seems in contrast to these classroom assignments.

Many of the other undesirable situations these veterinarians describe were during “food” or large animal rotations. All of the veterinarians interviewed for this research were not part of a tracking system, meaning that they took courses in both small and large animal medicine. Tracking systems allow veterinary students to concentrate on the type of veterinary medicine that they intend on practicing after completing their four years of general veterinary education. Since many of the veterinarians interviewed for this research were small animal veterinarians, they describe feeling fearful and uncomfortable by many of the large animal rotations. It is important to note that large animal veterinarians, particularly large animal veterinarians that work with “food” animals, not horses, would probably be less fearful about the circumstances described here. With that said, many of the veterinarians in this study were bothered or uncomfortable with some of the procedures they engaged in during these rotations. Jack points out that much of the discomfort he felt working on large animals during vet school. He attributes this to the treatment of large animals as commodities:

Medicine is really fun but when you are talking about large animals much of the conversation becomes less about compassion and more about economics. If it is less expensive to send that sick cow to the slaughterhouse that is where it’s going to go. You are not going to spend the money to fix it even if you could fix it. If it’s more economical that is what’s going to happen and I didn’t like that aspect of those decisions being made on a monetary basis as opposed to the value of the animal basis. So that part in my brain just didn’t like it very much that way. Also, senior

year I was on a rotation where we actually got in to a truck and went out to farms to do work and this is Oklahoma and this is February and it is very cold, the wind blows all the time and we were at a dairy farm checking cows for pregnancy. This is not peeing on a stick test. This is sticking your arm into their rectum and feeling down there to see if you can actually tell if there is a baby in the uterus. Ok?! The only part of my body that was warm that day was my arm in that stinky cow butt and all I was thinking was I am not doing this for a living when I graduate.

Sarah also describes the unpleasant experiences she had with large animals during veterinary school. She found many of these situations scary:

Surgery on a horse, it is not like you put your little gloves on. No. You put gloves up to here (pointing to shoulder). You have to stand on a ladder to get in there. Hands are going up the rear, you are flushing out the guts and trust me, waking a horse up is really scary. The difference between a big horse and a small animal was real different. Yeah, it is scary. It might be better now but back then they would just put them in a padded room and they would start flailing and you just had to try to not get killed. Once, I was walking this horse and it kept trying to eat but it wasn't supposed to eat and it was flipping out and it got away from me. I thought it was going to kick me in the head. It scared me. I was afraid to do it but I had to do it. It was very scary so that was a little traumatic. Being around these horses is scary. You are holding their heads in these gas masks to make them go to sleep and it's like somebody is putting a rattlesnake on them. We went to a place that had elephants

and rhinos and we had to dart them and the medicine that puts them to sleep is so strong that if you nicked yourself with it you could die because that's how strong it is and how little we are compared to them. So all that stuff was scary but I was really scared that one of those horses was going to kick my head right off. They are just so unpredictable.

Jennifer also describes her experiences on food animal rotation as uncomfortable:

On food animal rotation, those are the vets that go to big dairy farms and they have to, we had to, palpate the cows to see if they are pregnant so you are putting on gloves up to here (pointing to shoulder) and you are going in rectally on a cow to palpate to see if there is a baby there and it's that kind of stuff. You had to wear big boots and there is a lot of mud. I mean, I like dirt, I'm dirty all the time for work but the difference is you are in an environment you are not real comfortable with, around a cow you are not real comfortable with, and they could do some damage real quickly. They could kick you. We had to learn if there was a baby cow stuck in the canal, how to dismember the baby cow to get out of the mother so you don't lose the mother because the baby cow is already dead so there are chains and saws and things involved. It is not a comfortable situation.

Despite veterinarians reporting liking/loving animals, feeling connected to them, and having meaningful experiences at a young age with those already practicing veterinary medicine, these veterinarians felt like they were using animals inappropriately during veterinary school at times. When they felt like animals were being used as teaching tools

were primarily during surgery rotations; however, many also felt very uncomfortable doing any procedures on large animals at all when they knew they were not going into that type of medicine. Being that most people do not grow up on farms anymore and do not experience large animals in their daily lives, it is understandable why these veterinarians did not like and often feared working on large animals.

Eric, an equine surgery specialist currently working in Academia, explains why he believes many veterinary students experience fear in large animal rotations:

Put yourself in that position. How would you feel if you were, like tomorrow, you start on a rotation where you were in the clinics in the hospital dealing with horses and you have not experienced horses before? You would find it a little intimidating. That's what it is. It is a lack of experience. It would be the same thing as asking you to do anything you've not done before but ask you to do well at it. You would go "geez that is not reasonable." So we deal with that but we deal with it. It does not become a huge issue. These things work themselves out. I think it is good to be, no matter whether you work on small or large animals, it is very good to have a certain level of fear over the animal you are working on because you don't know them all.

While many of these veterinarians still seem uncomfortable looking back at what they witnessed and took part in during veterinary school, other veterinarians believe the ends justify the means. In other words, some veterinarians believe that it is okay to use animals as tools if something better comes out of the use. For example, Mary, a specialist that works

in academia and private practice, states how sometimes you must hurt an animal to help them:

There are things that you have to do that potentially are going to hurt the animal right now but in the long run help them. I mean it is medicine... You have to do some things that end up not being that comfortable but in the long run it's better for them.

Tyler, another surgery specialist that used to work in academia, also makes the argument that some research conducted on animals ends up making a big difference in human lives, for example, Lasik surgery:

You are going to have some procedures being done that are not quote tried and true. They have not been done for years and years but you have to start somewhere. Someone was the first person to get Lasik surgery. There was someone that said "yeah go for it," and I am sure it was tested on animal eyes in a lot of different ways but someone was the first clinical patient to get it done and technically that was clinical research.

Adam, a recent veterinary school graduate interning in a surgery specialization department, also explains the importance of using/experimenting on "mouse models" (living mice used for experimentation) as he believes these results can improve or cure human eye diseases:

We did a lot of research on retinal degenerations and gene therapy and things like that. We used a lot of mouse models. Mouse models of human retinal degenerations. The retina is the part of the eye that senses light and is responsible for vision so

retinal degeneration is a process where it degenerates or it results in blindness over time and so there are a number of genetic type reasons for degeneration in the retina and we have mouse models that represent the same ones in humans and so using these mouse models that we use for human type diseases, it is very important.

Summary

Ultimately, these data show that there are conflicting feelings these veterinarians collectively share in their experiences with animals during school. They start their lives caring for animals and feeling connected to them. Some admire the profession due to their experiences with other veterinarians prior to entering the field. However, once they begin their journey to become an animal doctor, they must endure many circumstances that do not align with their positive affliction toward animals. Surgical experiences were overwhelmingly the most uncomfortable situations veterinary students were placed in as they had to euthanize healthy animals once performing many elective surgeries on them. Also, veterinary students were forced to closely engage with large animals despite never wanting to work with them.

It's about Dealing with People

The veterinarians interviewed for this research overwhelmingly discussed people more than animals, despite their professional role as animal healer and medical provider. It became apparent that that being a veterinarian is not all about the animals, it is quite possibly more often about dealing with people. Jack, a small animal veterinarian and practice owner, poignantly states:

As it turns out, the dealing with the people half of it is...probably just as, if not more, important than dealing with the animals...I mean yes I am taking care of the animals, but my real job is helping the people.

Ashlee, an equine veterinarian and practice owner, also points out in the beginning of the interview:

You may have heard this from small animal veterinarians too but the easy part is the work with the animals. That is the easiest, most rewarding part. That is why we all became veterinarians for the most part, because we wanted to work with animals and save their lives and be with them but the huge component about veterinary medicine that you are not really so probably prepared for is that it is very much a people business.

With few exceptions, every animal examined or treated by a veterinarian has a human or many humans attached to her/him. Thus, the people, generally the client or pet owner, are an integral part of the doctor-patient plan for treatment. Kevin, a small animal veterinarian and co-owner of a practice, makes this clear:

People probably should not become veterinarians if they think being a veterinarian is an animal job. There is no animal that comes through the front door without a person attached. It is a people job. If you don't like people then you definitely shouldn't be a veterinarian. That's for sure.

Veterinarians share a wide range of sentiments about the people with whom they come in contact while working in the field. Veterinarians must learn how to cooperate with difficult people, carefully maneuver guiding peoples' choices versus controlling outcomes, develop trust and successfully implement strategies in order to generate a trust based relationship, and give a successful stage-like performance to clients/owners without giving the impression that the performance has been rehearsed.

Difficult People

Veterinarians appear to have mixed feelings about their clients, which become most noticeable when veterinarians discuss their difficult clients. Problematic clients are not an anomaly in the field of veterinary medicine (Sanders 1994). There are five ways veterinarians most commonly described people as difficult: waiting too long to call the veterinarian about sick animals, requesting to euthanize healthy animals, being pathologically attached to animals, making bad choices based on impulsivity and the inability to have effective communication.

The first type of "difficult people" is those who seek veterinary care long after their animals are sick. Ashlee expresses her frustration with people that wait too long to call her about their animals:

The problem usually comes when they waited or they have not realized that there was a problem because then, a lot of times, you are dealing with critically ill animals. So, a lot of times, you can't believe this lady did this to her horse or why didn't she call me sooner. Dealing with people like that is just like, "oh you are so stupid." "How did you"... you don't say that to people but you think it. People do stupid things, they don't call you. The horse is sick for a period of time that would've been something that was easy to fix three days ago but now it's a major disaster.

Veterinarians found these people frustrating and difficult for the obvious reason that if they wait too long to call about a sick animal, the animal may be too sick for them to help and cure. Often, these animals must be taken to a specialist for appropriate care and treatment. Waiting to call the general practitioner not only jeopardizes the patient's life but also then makes the general practitioners' job obsolete as they may have to send the animal to a veterinary specialist with more expertise who is equipped with the necessary tools to handle the now more severe problem which could have been avoided in the first place. Veterinarians became animal doctors to help and cure animals and they are not able to do this job if the animal is too sick to help.

Another way that veterinarians found people to be difficult were in situations where clients requested to euthanize healthy animals for behavioral problems. Melina, a small animal veterinarian, discusses her experience with people wanting to euthanize for behavioral problems:

The owners are here with me making this request but I am not going to euthanize a healthy dog because they chewed up the carpet. I can choose not to do that even though that is what the owners want. I can choose not to do that. I can offer taking the pet from them, finding it a new home, getting them with a rescue group, we have veterinary behaviorists and I can get them to their house. Ultimately I can say that I am not going to euthanize a healthy animal. The ones we euthanize are the ones that are sick, dying, suffering, seriously injured. You know, we relieve pain and suffering so that I don't have to watch a dog that is in liver failure waste away on tubes and machines.

Sarah, a small animal veterinarian and practice owner, shares a similar story about people that request for her to kill their healthy animals because of behavioral problems:

People that can't take care of their pets just want to euthanize but we will keep them and we won't say we are going to euthanize but we will say that we will keep them and find them a home. We won't euthanize anything that is not sick here. I don't let somebody get away with something like that. I remember when I first came out of vet school this cat kept urinating in the house and the lady wanted to euthanize the animal. I worked for these guys and that is what these guys did, so I did. I still remember that to this day. Now, I am at a point where I can say no. I am not doing this.

Among the veterinarians interviewed for this research, euthanasia was considered appropriate to end the suffering of a patient but not to solve a behavioral problem. Most

veterinarians view euthanasia as a gift or the last kind thing to do for an animal that is in pain and suffering. Jack makes this point clear:

Well let me tell you, it is a miracle that in veterinary medicine we have that option to end suffering when it really is necessary, to not make an animal suffer, to not make them go on, that we can literally put them out of their misery by ending their life. It is amazing to me that we somehow can treat our dogs and cats with more compassion than we treat each other at the end of life.

Veterinarians do not see euthanasia as problematic; it is only when people ask veterinarians to kill an animal for other reasons such as behavioral problems, that these situations become uncomfortable. Veterinarians seek other ways to negotiate this request by offering to find animals new homes or offering counseling with an animal behaviorist, for example.

Veterinarians also find people to be difficult when they are “pathologically attached” to the animals under their care. This sentiment was supported by small and large animal veterinarians. People that are “pathologically attached” to their pets are not able to let go of sick animals and have almost too strong of emotions toward the animals. Tyler, a small animal surgery specialist, shares his thoughts on the pathological attachments he sees in the specialty practice where he is employed, particularly within the internal medicine department:

To put it in an honest way, I think some people tend to be more pathologically attached to their pets. I think internal medicine sees pathological attachments more

than I do in surgery. They tend to have clients that their dog is not just in their life but they cannot come to terms with the loss for whatever reason.

Andrea also sees pathological attachments in her line of work. Although the animals Andrea treats now are rescued animals that are permanently located at a sanctuary and not brought in by owners, she sees similar pathological attachments as when she was working in small animal medicine:

I just do not have the patience I used to have in dealing with people. It is very funny. You know, I still deal with care givers who are pathologically attached to the animals. I mean, so I deal with a lot of emotional attachments with these primates but I think because I have emotional attachments to them too it does not bother me as much as when I was practicing small animal medicine. I hate to say it because I loved my clients but they would just come in with such silly stuff after a while it was like the movie Moonstruck where I just wanted to say "snap out of it!" They would make so much out of so little and I think my tolerance just went away with dealing with them as I got older.

Veterinarians did not suggest that emotional attachments to animals were bad altogether but that when these emotional attachments are too strong, people are not able to say goodbye to animals that are ill. "Pathologically attached" people also tend to create more work for the veterinarian by bringing them in for treatment when no treatment is necessary which can be seen as a frustration when there are critically important issues at hand.

Difficult people were also defined by veterinarians as clients/owners that make bad choices based on impulse or gut feelings. Bad choices based on impulse or gut feelings ranged from a failure to consult the veterinarian in decisions about buying new animals to the delay of euthanasia. Monika, a small animal veterinarian, describes clients' bad choices that could have been avoided had the people discussed their needs or wants prior to adopting a new animal:

A lot of clients do not ask us before they go and get a pet. Many of these decisions are based on impulse. "Oh, look at this dog in the pet store, it's so cute." I am like ughhh. First of all, I do not like when clients buy pets from pet stores. I do not like that at all. I had this client that was seventy years old and she wanted to buy a golden retriever. Seventy years old and she wants a golden retriever. Here is my concern: that dog needs exercise. Is she going to walk that dog on a leash? That dog is going to dart after something and she is going to be pushed or pulled and then fall and break a hip. I am just like, "this was not a good idea."

Leslie, a small animal veterinarian and co-owner of a practice, also shares her experience with people that have difficulty in making the best choice for the animal:

I always tell people, "arriving at the decision is the hard part and once you have made the choice you will feel relief." When you are making the right choice and when the pet is sick and suffering it is gut wrenching to decide to kill them. I mean, this man that was in here a couple weeks ago and was hysterical and he kept saying, "I don't do this, I am a vegetarian. I don't even kill flies. I can't believe I am having

you kill my cat.” I am like, “yeah, but this cat is very sick and is not getting better.”

This client did not want to do any workup and I told him, “It is not fair to your cat if you are not going to pursue very aggressive treatment.” This was very hard because he was so upset.

Veterinarians do a lot of coaching and counseling with their clients in the hope that they help them from making poor choices as the situations described above. The veterinarians did not seem to mind counseling and helping clients with decisions but the clients became “difficult” to work with when they did not want to consider an appropriate pet for their lifestyle or delay ending a pet’s life in the event that getting additional medical attention to cure the animals illness is not an option.

Communication was another way people became difficult in the eyes of the veterinarian. The ability to communicate with clients is integral to be an effective practitioner and many veterinarians find this task daunting. They claimed that people frequently only hear what they want to hear; regardless of whether the veterinarian did everything they could to get a point across. Veterinarians know that people do not always listen to what the veterinarian is telling them and so they find these situations challenging and the people difficult. Monika says:

As vets we have to know a lot about humans and human behavior, psychology, because we have to try and reach our clients, communicate with them, we have to be clear. (Deep sigh) That can be taxing; some people are more difficult than others.

Tyler also expresses how communicating with people is difficult because of selective hearing:

It does not matter what you write down or discuss, you could have it in all bold capital letters and this is what you should expect and they will say, "I never heard that." I feel like we do a pretty good job of making sure they are explained each option and the relative risks and benefits of each. That does not mean they comprehend it. They are different people and they have different capacities or willingness to understand the risks and benefits and some people just hear what they want to hear, especially when it comes to risks. If I say, "There is a fifty to seventy percent chance," they will only hear the fifty or the seventy. If I say, "The price could be three-thousand or six-thousand" all they hear is three-thousand.

Kevin also describes the difficulties of communicating and educating clients:

Sometimes you just can't communicate; it's difficult to educate clients. They don't always hear what you want them to hear. In veterinary medicine you need to spend a lot of time explaining what the outcomes could be so that there are not surprises and even after you do all that sometimes people don't hear what they should have and they will hold it against you.

Veterinarians struggle with communicating with people about the expectations, risks, and benefits of the situation at hand. They fear that as the veterinarian they will be held accountable if a situation does not turn out in the client's and patient's favor. Although the

expectations may have been discussed, veterinarians seem pretty confident that people are not hearing the entire story that the veterinarian is telling.

Becoming More than a Guide

As noted above, veterinarians express frustration when clients do not listen to them or follow their advice. This leads to another important aspect of dealing with people: having to direct clients' behaviors even though they perceive their job as guiding them into making the most reasonable and best decisions for their animals. Veterinarians guide people based on the owners/clients/patients own individual circumstances. They feel very comfortable being the guide as Joseph, a small animal veterinarian and owner of a practice describes:

You know, we may think it is time to euthanize and they may not. That's ok; it's really their decision. We are just trying to help guide them through it so that they can feel good about the decision that they are making.

Jack also mentions his role as the guide:

Sometimes people want permission to tell them they aren't making a mistake or they aren't being hasty or that they are not thinking of it in the wrong way because when you are tied up in those emotions in that moment it's a pretty hard thing to even think clear so our job is to take them by the hand and help guide them down a path.

However, being the guide is often jeopardized when people either ask the veterinarian to anecdotally state what they would do if in the same situation with their own pet or if

veterinarians witness people making decisions that are not in the best interest of the animal or people.

Veterinarians seem to dread being asked: “What would you do if the animal was yours?” This question was frequently mentioned during the interviews. This question is seen as creating a difficult and undesirable situation because there is not one correct way to answer the question. Jack says:

Veterinarians hate it and it is a very hard question and I have been made myself to approach things in this way too. People ask you, “What would you do if it was your dog?” “What would you do if it was your cat?” I will be honest and I will tell them, “this is what I would do” and sometimes the answer to that question is put them to sleep. So, um, it is a hard part of the job when I am asked that question.

Leslie also describes her experience with this same question that she is requested to answer:

The hardest thing, especially when you are in a difficult situation is when people will ask me what I would do. I always get that question and it is a very hard question to answer. It is really hard. Sometimes both I and another doctor will be in the room and sometimes he will answer the question differently than I would. Everybody is different which is why it is so hard.

Renee, an internal medicine specialist, also brings up this question and how difficult it is to answer:

It is difficult when people frequently ask what I would do if they were my dogs and I don't really know because there are certain things that we can't do and then the question is what we should do. There are things that we don't necessarily think we should do. It depends on each individual. I had an old dog that had a chest tumor in her lungs. I could've opened her up and done chest surgery, taken out half of her lung, gone through all this stuff. I chose not to because she was sixteen and she would've been scared out of her mind. I don't know if a different dog would have come in that I would've done something differently. It depends on the dog and where you are kind of in that situation but I recently had an owner that had a dog with a tumor in his chest and I offered her to get a CAT scan before going into surgery and take part of the lung lobe out and then they are in the situation I was in. They were thinking about the pros and cons of whether to put their thirteen year old dog through it. Just because we can do it doesn't mean we should do it. It is a personal decision.

Veterinarians do not like this question because they have been trained to be the guide, not the final decision maker. When people ask the veterinarians, "What would you do if it were your own dog or cat," they are asking the veterinarian to decide for them and this in turn makes the veterinarians uncomfortable as it conflicts with their perceptions of the role of doctor as the guide.

Another way veterinarians describe the need to balance their role as guide versus controlling people's decisions is when people make unreasonable requests. Again, Mary, a

dermatology specialist and practice owner, describes the importance of being the guide and not making decisions for people:

You have to be very careful when you're in our situation not to put your judgment on what's good and bad on them. You need to tell them what their options are but they really need to decide what's best for them and what's best for their pet and then you have to support them in what they decide because, like I said, everyone's different. You don't know everybody's situation.

However, there seemed to be times when veterinarians' took off their guide hat and made some personal decisions although they did not like to do it. For example, Renee says:

I don't need to make a decision on when to euthanize an animal. It's the owner's decision and I can't decide whether I agree with them or not agree with them. It's up to them. So, I have been in situations where I didn't think it was a reasonable decision. I've had a couple of incidences where people wanted to put there animals to sleep and I thought that it wasn't the right thing to do so I just refused it but I know they are just going to go down the road to someone else and that someone else will do it.

Veterinarians guide people down the most appropriate path but sometimes the path that the people are going down is not the path the veterinarian agrees with so they must carefully "guide" people to the "best" decision as Kevin describes:

We talk to them and it can be difficult but if you're secure with your knowledge and you do a good job then your job is to be able to talk people into the right decision

and let them see it your way and get your view across. For example with breeders, so-called breeders, it's the same thing. We'll say, "yes I can see your point but this is actually why it should be this way and this is what happened" ... so if somebody has a misguided view of what is happening then you want to get them on track.

Guiding people is one of the most important roles of the veterinarian but it is also a challenging component of dealing with people. As described in the interview data, people sometimes force veterinarians to stop being the guide and request that they place themselves in the clients' shoes. In addition, sometimes veterinarians have trouble guiding clients toward some objective outcome when they feel like people may be going down the wrong path. Guiding may be the ideal, but the subjective experience of the veterinarian is often influencing how, where, and why veterinarians guide in the ways and directions that they do.

Developing Trust

It is understood that veterinarians must gain the trust of animals with whom they work, what is less recognized is that gaining the trust of owners is just as important and even more challenging. Veterinarians must gain trust from the people that seek veterinary care for their animals. Trust was discussed in two main ways: gaining trust from people that they do not know or see repeatedly and gaining trust from people that seek to become long-term clients. In the first situation where veterinarians do not know the clients and understand that they will probably never see the people again, they still must earn trust with these people in order to move forward with the animals' exam or procedure. These

situations are most common when veterinarians work either full-time or part-time in an emergency hospital or when they are a visiting veterinarian at an animal hospital.

One way these veterinarians earn trust from people that they will never see again is by listening to people and finding a way to get the people to listen to them, even if it appears the animal has been abused. Monika describes a difficult situation she found herself in while acting as a visiting veterinarian at an animal hospital:

There was an incident a long time ago where a client brought me a pit bull that had multiple bites and wounds and I treated the dog, the nicest pit bull. The sweetest dog, but I could tell he was a fighting dog. He was put in fights. So this is a dilemma in a case like that because you want to provide veterinary care for the dog and you want the owner to listen to you. I had to decide to report that owner right away or give them a warning. In that case I decided to give him a warning and I told him, "This dog cannot fight anymore." I listened to him and he listened to me. He turned white because he knew, *she knows*. But if I would've been nasty and called the police that dog probably wouldn't have gotten the veterinary care it needed and who knows what he would've done to the dog. I really had to think and it was hard. I had to decide what I could do and I decided with all the tact possible to tell this client, "listen we can't have this dog fight. That is something you can't do. It's older, it's injured" and he said, "You know what you are right." By listening to him I believe I was able to gain his trust and get him to make the right decision.

Jack also describes how he gained trust while working in an emergency clinic with people that he knew he would never see again:

At the emergency clinic it is fast paced and you don't have that established relationship. It really taught me how to quickly gain trust and provide a good service under a really stressful circumstance. They walk in and they've never seen you before. They are stressed, angry, worried, and you've got about three minutes of talking to them to get them to trust you and to gain that respect so that they will let you help them. One of the things I learned is that you have to, at that moment; let people talk and develop listening skills because they will usually want to relate when they got the dog or some funny stories about the dog. When people are willing to open up at that point and express to you how much this animal means to them, receiving that trust from the client is a pretty sacred thing.

Gaining trust from people in situations where the veterinarian knows they will never see these people seeking care for their pets again is challenging but a skill that can be developed, according to these veterinarians. It appears that listening is the most prominent strategy used to gain trust with people in which the veterinarian does not have an established relationship.

On the other hand, developing trust with people that are clients of an established practice is still an important component of dealing with people; however, these veterinarians describe trust being based more on relationships that grow over time. Melina

describes the importance of building relationships as a way to gain trust, especially as a new associate in an established practice:

You have to really build a relationship and kind of get to know each other, neighbors talk and it takes a while to build up your clientele. So new veterinarians typically join someone who already has an area they work in and (in the case of large animal practitioners) farms that they visit, and once they start to get to know you coming with that person they already trust, then it's easier. It's just a little more about relationships, and rapport, and trust.

Jennifer, a small animal veterinarian and owner of two clinics, describes how time and experience afforded her the opportunity to have relationships with people that come to her practice with their animals. She believes this is how she was able to gain trust:

I think experience helps because I can walk in the room and start talking out and the technicians will say, "I just spent an hour in there and they didn't listen to a word I said and then you just walk right in and they listened." I know a lot of my clients have been clients of mine for a long time; they are on their third pet, so there is that bond that I have with these people. They won't see the other doctors, they only want to see me and they'll wait until I'm in and I'm like, "no they are really sick you need to come in even if I'm not there." Sometimes I have to call them and talk them into coming in so you get this bond with them and sometimes if it is older clients that you've known for a long time it's easier to be more frank and they'll trust what you are going to say because they trust you as their vet. We have a relationship.

Whether these veterinarians are seeing people for the first time or hundredth time, they have ways to earn trust from people. Although the situations vary depending on short or long term care, veterinarians see trust as an important and even “sacred” part of dealing with people.

Successful Stage Performances

Another way that veterinarians deal with people is when they are “on stage.” My data show that veterinarians believe it is not enough to have a diploma from veterinary school hanging on the wall of the office. Veterinarians frequently described their work with people as a staged performance. They repeatedly must prove their competence as a veterinarian by performing for an audience, the audience being the people attached to the animal. Although veterinarians state that stage work becomes more comfortable with time, it is often very uncomfortable for the veterinarian. Kevin describes the discomfort of doing stage work:

There is a little performance anxiety. So you are out there trying to do your job and they are watching you and making you nervous and some of our clients want to come back and watch surgery and I don't have a problem with people doing it on occasion but you have to be real comfortable with what you are doing. Early in my practice career I would tell people, “you are welcome to do that but I am probably going to do a better job if you just let me take care of this” and most of the time that's the best way to do it but we rarely do things in front of them. Young vets are more nervous and it can be a problem.

Joseph corroborates the assertion that stage work is often uncomfortable for the veterinarian. He believes that one of the reasons it is uncomfortable is because people watching do not always know what an expected or normal response from the animal looks like and sometimes complications do arise:

In most cases they are not feeling anything but they could vocalize; it gives the owners the impression that something is wrong or that they are hurting and that is not the case but we can't control those things. We want it to go really well and sometimes it doesn't and that's one of the things that unfortunately adds to the stress of that event. So yeah, gosh, we would always prefer not to do it in the presence of the owner.

To manage the discomfort of being “on stage,” veterinarians appear to have specific strategies they employ including body language, spoken language, eye contact, and emotion labor. Jack describes his strategy:

Making eye contact, greeting the pet, getting down on the animals level and letting them see that I have a lot of compassion for the animal, you know you don't ignore that. Um, and then being able to quickly assess that situation, tie it up into a package that I can present to the owner in an understandable way that makes them know that we've got a solution for you boom boomboomboom and then they are usually on board after that.

Kevin describes his strategy and how important it is to give a believable performance regardless of how many times that performance has been given that same day:

What I think when I walk into an exam room is, “ok, I am on stage now.” As far as being on stage there are things we do in an exam that, you know, you have to go through the motions. You’ve got to check everything. It’s repetitive, the same stories over and over for us but it is the only time those people are going to hear that information that year so you’ve got to perform the same thing over and over again. Performing is being on stage, telling them what you are looking at, checking all the systems, making recommendations but it is a performance. It is a repetitive process that you have got to remember to do. Just because you are doing it for the fortieth time that day or the twentieth time that day, it’s the only time the person is going to hear it so you want to be complete and good and it needs to be a good performance. It’s kind of like a salesman giving his sales spiel, the better you do that job, the more successful you are going to be. So, you want to make it look natural. You don’t want to make it look like a performance but it really is. Doing the same thing over and over again and reporting the findings.

Veterinarians suggest that giving bad news is one of the more complicated parts of stage work. Many of them describe emotion labor strategies they employ in giving bad news to people. Eric, an equine surgery specialist, describes how he uses emotions to give a good performance to people:

There is just no easy way to give the owner bad news. You must show honesty and sadness. You have to show compassion and you have to be prepared for the other person’s response. The way I deal with it is I put myself in the client’s position and

understand how this news is going to come across and that makes you, so that is called empathy right? So you understand what they are going to feel.

Renee also uses emotion labor when “on stage” and giving bad news to people:

You have to give bad news and I am frequently telling people their dog has a brain tumor or something like that. So you try to prepare people the best that you can and you try to give them news in a straightforward professional manner without sounding cold. You find your own style and then when you do it, it becomes... you find a way to get it across but on certain days...I mean, I think you are always trying to make it better. I think you are always trying to get better at that.

Monika also talks about managing emotions when she is on stage:

I think owners appreciate it when you have sympathy, when you are sympathetic to their feelings, but if you get too emotionally out of control I don't think they, that's something they might not respect, so there is a balance. There's a very delicate balance that we have to show in those situations. I won't cry until I can get to the bathroom and then I'll cry so that the owner doesn't know.

Veterinarians perform for their clients because it may be the only time the owner gets that valuable information. They perform because they want to show their competence and make the people feel like they care about the animal. They also perform because it is unacceptable to be too emotional or not emotional enough when giving bad news.

Summary

Dealing with people is one of the most demanding and time consuming parts of being a veterinarian. In fact, dealing with people is such a salient part of the job that these veterinarians spent more time talking about people than animals, despite their professional role as animal doctor. Dealing with people manifests itself in many unique ways including: handling and interacting with difficult clients, managing the challenges of guiding versus controlling client decisions/patient outcomes, earning and maintaining trust with clients/owners, and giving repetitive thoughtful stage-like performances for people. The data are clear that being a veterinarian is much more than caring and curing animals; it is quite possibly much more about dealing with the *people* attached to their patients.

It's about Business

According to the AVMA, as of December 2011, there are 63,124 out of 98,083 currently employed veterinarians practicing in private businesses (avma.org). In Orange County, Florida alone, there are currently 130 veterinarians that own or co-own a veterinary hospital (fvma.org). Thousands of veterinarians become small business owners at some point in their professional life. Given these statistics, it is understandable that veterinarians spoke about business, often more than animals, during the interviews. Of all the veterinarians interviewed for this research, nine were business owners and one was being mentored and trained to buy into an already existing practice. Needless to say, veterinary medicine is not all about animals and business plays a large role in these doctors' lives.

As previously mentioned, veterinarians pursue this line of work because they love animals but the reality of the job has many more intricacies than they knew prior to entering the field. Based on these interviews, veterinary medicine is largely about running small businesses. This reality was expressed in a number of ways over the course of the interviews. Tyler explains how business is a component of being a veterinarian:

I think that like me, most veterinarians, our first inkling of wanting to be a veterinarian is specifically because we love puppies and kitties and then reality hits after you are out after a few years. There are a lot of other issues besides playing with puppies and kitties. It is not all fun. There's a significant business aspect.

Ashlee also addresses how practicing veterinary medicine is much more than taking care of animals:

Well I think, probably a lot of times most veterinarians think, practicing veterinary medicine is going to be “I’m just taking care of animals” and that is great but it is so much more than that. It is about being a business owner. So maybe those have been things that were not pleasant surprises but they are just a fact of life.

These veterinarians acknowledge that a great deal of their job is taking care of animals but they also overwhelmingly discussed the role of being business owners as well. Veterinarians spoke positively and negatively about their role as “businessman.” Some saw the business part of the job as taking away from their true pleasure of working with the animals, while others enjoyed the challenge of running a business. As business owners they must spend much more time thinking about *how* to run a business despite their lack of business preparation, the challenges of dealing with money, the rise of technology, and employee relations.

Becoming a Business Owner (...How do I do that?)

Veterinarians feel fully equipped with medical knowledge when they exit veterinary school. They report being prepared to take care of their future animal patients. However, they often felt less than prepared to run small businesses and many of them blame veterinary schools’ sole emphasis on medicine, while ignoring business among other things. Given the diversity of the programs attended, we can assume this lack of training is characteristic of most veterinary schools, not just a few.

Before starting veterinary school, Joseph was trained as a business-finance major during his undergraduate education. He describes his unpreparedness for running a privately owned small animal hospital:

I majored in finance during undergrad but did that prepare me for running a business? No, it did not. They did not include business classes when I was going through veterinary school either. I know they talked about doing more business application in veterinary school but I think their challenge will always be that there is so much medical material to include and this is something different; it's hard to get all of that in. When it comes to running a business, it is just really getting in and doing it. It does help to reach out and get other people's opinions but it is mostly trial and error.

Jack speaks very proudly when discussing his role as business owner but reflects on how beneficial it would have been to get additional business education in order to help make the learning curve less steep:

I like being the sole owner and yes it is very stressful sometimes but the freedom to just make a decision and do what I think is the best thing for the practice is a great deal. There was a slow learning curve when it comes to the business side of it because veterinary school is still so full of medicine that they don't teach you anything about coming out and being a businessman. So, if I had to change anything in my educational career, it probably would have taken me longer to get out of school but I probably would have got an undergraduate degree in business.

Somewhere in there I would've tried to get those prerequisite science classes for veterinary school because then by the time I got out, I would have known what it took to be an operating business owner and not just a veterinarian.

Leslie also expresses her disappointment with the emphasis on specialization since most veterinarians do not specialize. Many veterinarians become business owners and she claims veterinary schools spent only a small amount of time on learning how to run a business:

The veterinary school I went to really pushed us to specialize, even those of us who did not want to specialize. With specialization, after four years of vet school we can do four more years and become a dermatologist or surgeon or internal medicine specialist. I think that was one of my complaints with veterinary school. They really pushed specialization and really favored those students that were interested in doing that versus those of us that just wanted to do general practice and own a business. We, as general practitioners, feed the specialists' business so that is a huge part of veterinary medicine. So I was always a little disappointed that they didn't focus more on running a small business and general practice.

Although a large number of veterinarians go into private practice and ultimately run their own businesses, many of them did not feel prepared for this part of the job based on their educational training. Many veterinarians like running their own business and the autonomy it provides them but wished their education would have reflected the strong outcome that many veterinary students will one day become small business owners.

These veterinarians explained where and how they learned the skills needed to become a business owner in a few ways: talking with and observing past employers and friends in and out of veterinary medicine. Leslie describes how her mentor assisted in her in learning the ins and outs of running a business:

I think it was mostly through mentoring and getting my feet wet. It works out well with this practice being a very new business. We were not really busy with appointments so I could learn all that stuff from the prior owners. I used to do inventory and so I learned about all of that by actually just doing it. I don't do as much of that now because he (the other co-owner) does a lot and we also receive help from the office manager.

Ashlee also says that she learned a lot about becoming a business owner from past employers and friends:

I can talk to past employers about business. When I was working for this one veterinarian, a lot of her policies, they were just; I didn't think her practice was really well managed or organized. There were things that I thought oh, I don't want to do things this way. So you can learn just as much about what you don't like about running a business from people as much as the things that you do like. When I started my practice I actually had a friend in Jacksonville and her job is to set people up in small businesses and help them get started. She would say, "This is what you need to do and this is how you manage" and obviously you have to tailor that to a

veterinary practice versus a florist shop but that was a plus having somebody like that to help me. She was a client of mine in Jacksonville.

Ada, a retired animal hospital business owner and current visiting veterinarian at a spay-neuter clinic, also learned how to run a business through talking to friends and past employers in veterinary medicine:

And whenever I had a problem, when you own a business, there is a first time for everything and anything can happen. First time this, first time that.... And I'd call past employers and past veterinary student friends and say "I have a question" and they would reply "Ok, here is what you do." There was one friend...I'd call him up every day. I mean for months I would say "Ok, here is what happened today, what do I do?" (Laughter) So there is a lot of interdependency, if you are smart. Now, a lot of people just won't do that.

Regardless of whether veterinarians see running small businesses a positive or negative piece of their job, most of them felt that they were underprepared to take on this role. Many of them do become business owners because it allows them freedom and autonomy but there was a steep learning curve. The way that these veterinarians accounted for the lack of knowledge on the practicalities of running a business were buffered with friendships with past employers, clients and other veterinarians with business experience.

Handling Money

Another way these veterinarians describe their daily responsibilities as business-oriented (as opposed to animal-oriented) is when they are discussing money. As business

owners, these veterinarians are impacted by the state of the economy, the exchanges they have with clients about paying for services for their animals, and the “humdrum” of paying staff and bills.

Similar to any other business, the economy impacts the choices consumers make about seeking services or treatments for their family members/animals. These veterinarians argue that when the economy takes a downturn, people forego bringing their pets in for check-ups and may not spend the extra money on specialized services. Tyler describes the impact a down economy has on the profession:

When you are in veterinary school you know a little bit about the money aspect of the job but you don't have to worry about it all that much. If the cases don't come in, it doesn't affect you other than you have fewer cases to take care of. Now that I am involved in the business aspect of the job, if cases are not coming in because of a down economy then we are in trouble because this is all out of pocket for people. Less than five percent of people have insurance for their pets. Most people pay out of pocket and the economy has a big impact on the profession, at least it has in this economic downturn. The downturn in the economy caused a major drop in patient visits.

A bad economy not only hurts these business owners but they also discuss how the state of the economy impacts their patients' expectations. Monika describes how the economy changes the conversations she has with her clients regarding payment:

I think that sometimes the economy becomes a significant issue in running a business because we have clients that expect the patients to be treated for veterinary care regardless of whether they can pay or not. We can't do that. We can't tell the staff, "We can't pay you this week because the people didn't pay." No, they have bills to pay too. The doctors have to get paid, the staff has to get paid, the bills have to get paid, water, electricity all the medical equipment. It all costs money. This is a business, see. So yes, it is medicine but it is a business as well. Sometimes people don't understand and get upset. Many don't understand that this is a business. We have to maintain and charge. Sometimes the population just wants to come in and get services for free but we can't do that. We have to charge for services. The economy definitely takes a toll on our business.

These veterinarians describe how the economy impacts business because clients are less likely to seek services for their animals when money becomes tight. This, in turn, makes their businesses less profitable. If the economy is in trouble, clients sometimes believe that the doctors should be more generous with giving away treatments, despite the ripple effect this lack of money has on employees and bills that need to be paid. Clients' expectations about payment are shifted in a down economy. According to a large number of veterinarians' interviewed for this research, money impacts business in other ways as well.

Many veterinarians do not like worrying about the money aspect of the job, even though it is a key part of staying open for business. These veterinarians struggle with collecting money from clients because they want to help their animal patients but they also

need to be able to satisfy their other business related financial obligations too. Kevin says that the compassion he has for helping clients and animals sometimes overrides the financial hit he takes when people cannot pay for treatment:

Even though you are in business to make a profit, you are still trying to do the best thing for the client. It is tough to balance that equation. You often feel like veterinarians are probably their own worst enemy. We want people to do whatever they can to save their animal's life but a lot of times it just comes down to they can not afford it. So, we end up giving away a lot of services, a lot of the time, but if you can sleep at night and that makes you feel good sometimes giving away free services is worth it.

Joseph emphasizes the point that worrying about finances and payment gets in the way of his true passion, helping animals and the people attached to the animals:

You really want to see animals and help animals or help people and yes, I get to still do that but I have to spend a portion of my time worrying about collecting payments for services and the finances and that is not as much fun... Those things are part of the deal but if you were to ask me what I'd like to do, I would prefer to just do the medicine. I would certainly prefer to do just that.

Ashlee considers the running a business part of being a veterinarian to be "a drag" for many reasons but most of the reasons are financial:

What is the drag? The drag is the owning and running of the business... The business aspect of people paying you and dealing with that. I own my own practice and the

business aspect takes away from my work with the horses. I mean, for instance, when I worked for someone else, I was an associate veterinarian so I didn't have to worry about payroll and payroll taxes and ordering stuff and this person hasn't paid you or you know this person has all these problems with the horse and needs to be treated and they don't have any money. That wears you out. That wears me out. I find it draining. I would rather be doing the veterinary medicine. It's just; it's just part of it. I mean, I like working for myself and having my own business, it's great...and now I know if people call me it is because they want me. The humdrum of owning a business though, it has its benefits and it has its downfalls.

Jack also finds owning a business to be incredibly beneficial because it afforded him financial security. However, similar to other veterinarians interviewed, he expresses how it is this same component of running a business and worrying about finances that keeps him awake at night:

Where you can start to have financial security is transitioning from just being a doctor to being a business owner. So this practice is my practice. I am the sole owner of it but I have four doctors that work here for me. I have twenty-five or six lay staff that works here. What keeps me awake at night now is business related things: financial statements, my responsibility to take care of the people that work for me because I feel very responsible for them. It is important to make sure that they have access to health care and that we have a retirement plan here. So it has changed a lot, you start off worrying about your medicine. Later on if you become a

practice owner you worry about the business and all of the financial responsibilities that come along with it.

Leslie explains how asking clients for money can be very awkward at times, particularly when a client is suffering:

When people are grieving and they are going through this and making this decision to euthanize their sick animal, I find it just horrible to make them go through that and then make them come out to reception and pay a bill. That is horrible for a person so they can take care of it up front before we go into an exam room or a lot of people now cremate so we just say, "take care of it when you come and pick up the ashes." That is hard and if there are other people in the waiting room, it just makes it so awkward and hard for these people that are really suffering.

Money plays a big role in these veterinarians' lives as the income and outflow of money is critical to run a successful business. However, this is not one of the parts of the job with which these professionals necessarily like to be concerned but it is necessary. Veterinarians know that when the economy is not great, people will seek deals and not want to pay for treatment. They also know that sometimes people just can not afford treatment and as a doctor, they want to help even if that means doing it for free. Money has given them autonomy and financial security but also taken them away from their true passion, medicine.

Technology

Another way it becomes apparent that veterinary medicine is all about business is when these professionals discuss the large impact technology has played in their professional lives. New technology has allowed veterinarians to be less “hands-on” than before this new technological era. These advances in technology have allowed veterinarians to use machines and electronics to diagnose illnesses. They also do not necessarily need to rely on consultations with other veterinarians as much since they can browse online databases for similar past cases posted. These cases posted online help veterinarians’ identify illnesses in their own cases. In particular, cell phone cameras, specialty websites and diagnostic equipment have most assisted veterinarians in diagnosing patients faster than before. The sharp increase in technological advances has also driven up the number of specialists in the field. Overall, these veterinarians see technology as a major part of their jobs and are grateful for the ways that it helps their businesses. Although these veterinarians are grateful and enthusiastic about the major technological changes in the field, these changes aid in distancing veterinarians from being more “hands-on” with their patients. Monika is grateful for smart phones and social media as she sees these tools as ways to promote the businesses’ services as well as help make initial diagnoses on patients:

People talk bad about Facebook and social networking but I think there are a lot of advantages to it for our personal life and for our profession. You can actually use Facebook to promote the services you offer at the veterinary hospital, so it’s pretty

neat...Technology has really advanced. One thing that amazes me so much with clients is that with smart phones clients can tell me, "Well Fluffy is doing this and that" and then I said, "Well really, did you film it?" They will often say, "Well yes I did" and then they can show me on the video what it is doing. I have a friend of mine who lives in California and her dog is overweight. I told her to take a picture. So she took pictures and texted it to me so based on that I was able to tell her, "It was probably this and this and that and your dog looks good but you need to go to a vet for this and this and that." It's almost like; technology is changing the way we do business. I think it is for the better.

Monika clearly is appreciative of smart phone technology as it helps her help others, human friends and animals. However, this illustrates how veterinarians need not even be in the same state with their patient to make initial diagnoses. Kevin also shares how new technology has changed the way he does business. He discusses the way online forums assist him with diagnosing cases he is perplexed about and made him less dependent on advice from friends he went to school with:

There is an online forum where we can post cases and get help online so we don't have to depend on our classmates who specialized as much because this online forum has made it a lot easier for us as general practitioners. You can post your case on there and get a specialist to review it and answer questions, so that is nice. There is a monthly fee; I guess they may pay their board certified specialists. They post a case and they eventually get around to it. There is a list of pretty elaborate cases on

there. It's nice to have one source to go to. You don't even have to post a case; you can look at all the old cases that have been posted.

Kevin's use of online specialty forums is an excellent example of how veterinarians are becoming more accustomed to using the internet and online resources as opposed to getting more "hands-on." Not to say general practitioners do not engage with specialists at all anymore (they definitely do) but they are less reliant on physical interactions with them. In the past, it was not unheard of for general practitioners to visit a specialty clinic and observe cases or even telephone over to a specialist to ask for advice on a case but this is becoming less frequent. Mary explains how she has not had veterinarians come in to observe her specialty-required cases lately:

There are veterinarians who don't like us being here; they think they can do everything we can do and they don't refer to us, they don't like having specialists. But most of the vets are really good. We have had several general practitioners shadow us and we are more than happy to have people come in and see what we do. I have not had anybody shadow in quite a while though.

Veterinarians now have more options, thanks to technology, and going online may be the easiest and most convenient option.

Many other veterinarians are thankful for the influx of technological advances because it has allowed them to become specialists. Specialization was once a rarity in veterinary medicine but has become much more prevalent due to technology. These

technological advances have made four years of veterinary school deemed not enough time to become really knowledgeable on a particular area or species. Tyler explains:

A lot of the changes in practice had to do with technology. We can do so much more. The more we can do the less we could squeeze all the specialties in 4 years of vet school which is just your basic general veterinary medicine. You get exposed to the specialties but you don't get the expertise. With the explosion of technology and information we now are in order to do the best that could be done in a given area and you do have to have the opportunity to get the training now.

Mary also explains how technology has changed the way veterinarians do business:

Veterinary medicine has changed a lot mostly due to technology. The more technology you have, the more medicines you have and stuff like that. A hundred years ago the main thing that your doctor did was tell you what was wrong and help you get through it. They didn't have as many specific things that were going to make you better as they do now and that is really the same with veterinary medicine. We didn't really have those technologies to help diagnose things as we do now. So that is probably the biggest change; is just the amount of technology and services we can provide in our business because of the rise in technology. When I went through veterinary school, I'm old enough, we did not have all that we do now, we didn't even have email pretty much back then.

Technology has changed the way veterinarians do business. Veterinarians do not need to be as "hands-on" as much as they did prior to the major technological

advancements like the internet, smart phone technology and cutting-edge diagnostic equipment. These veterinarians discuss how new technology allows them to find solutions to problems online, diagnose patients faster, and become more specialized in a particular field. Ultimately, technology may be making veterinarians less “hands-on,” reinforcing veterinary medicine to become more digitized and less personal.

Employee Relations

Another way veterinary medicine is all about business is shown when these veterinarians discuss employee relations. They mention how a main part of their job is hiring and firing employees and creating a positive work environment where everyone feels appreciated. While some veterinarians rely on an office manager do deal with employee relations, many do all of the human resources functions their selves. Jack finds it incredibly important to have the right team of employees and likes that he can fire any employee if they are not performing up to his standard:

As a business owner, I have the ability to surround myself with people that I like. I can fire you if I just don't like you. I love that. If you come to work and you just got a crappy attitude, you are not going to stay here. I'm not going to tolerate it. If you are a gossip, I am not going to tolerate it. I want happy people that are here for all the right reasons that are motivated to do their jobs and work hard every day and we laugh and have fun and get along and if you can't get on that program you go away. And that makes me really happy in my job. I love these people that I work with. And that is the hardest part of running a business is not the money and the finances it's

the people you work with. I work really hard to shift a tremendous amount of responsibility downstream. The veterinarian should come in, should exam the pet, should talk to the people, should diagnose the illness, but somebody else should do most of the work on the animal. Somebody else should give it the injections, somebody else should put in the catheter, and somebody else should take the x-rays. It doesn't take a doctor to do those things. I can train people to do that. So for people that don't want to or can't for whatever reason go on and become a veterinarian, they can do some really cool things in their job and feel rewarded that they are they are given all these responsibilities. My technicians don't just come in here and stand here and hold the pet. They are responsible, primarily responsible, for the health and well being of the patients when they are in this building. And by giving them that responsibility I think it makes them feel that their job is important. And again, if employees come in and don't want that responsibility then they don't stay. And I've got that power.

Jack feels very strongly about the type of employees he wants in his business, people who desire to hold a lot of responsibility in their jobs. He says he loves his employees and loves that he can replace them if they are not interested in having a lot of responsibilities. Melina is currently being trained to buy into one of the two businesses her boss owns and is currently running one of the practices. She describes the longevity of the staff and how important it is to create an environment where each employee feels valued:

I get to be a part of the decision making process on what drugs we have here, protocols, all of that but I also deal with employee issues. The employees here... when you find a hospital like this, I mean (other doctor's name) employees... I started working with her in 2000 and obviously came back as a doctor and am being trained to take over this practice. Her head tech has been with her for 15 years. The office manager has been here 13 or 14 years. (Doctor's name) really keeps staff a long time because she knows how to run a good hospital, how to make a good working environment, how to show appreciation. So when you find a hospital like this, you really stick there because it's such a good one. I know that the employees that come through here have been like "Wow, the last place I worked was nothing like this." I mean, we have our ups and downs and moments but she likes to throw Christmas parties every year. She plans something every year and it's a surprise and it's for your significant other and your kids... You get to do this whole thing whatever it's going to be and she really looks forward to that. On one hand, we don't get a bonus but every year you would kind of forget about the bonus because you'd think "Did I get 200 dollars, did I get 500 dollars, did I get an iPad?" whatever it was... This year she took us all to the Gaylord Palms, she paid for a hotel for the weekend for every single family, she got us tickets to Ice, which is a little event down there, and she paid for dinner that night, breakfast the next morning... For employees over 5 years she got us all a spa day. I mean, that is a good Christmas present. So every year we kind of look forward to what she is going to plan this year

and I love that about her. If I end up buying this practice or a practice of my own, I definitely want to get that mentality of everybody enjoys working together, they enjoy the ownership, and they want to stay... She's got these long term employees and everyone feels appreciated.

While some veterinarians see employee relations as a positive piece of the job, others find it more frustrating. Kevin describes how dealing with employees can be aggravating:

One of the biggest aggravations of building a practice is keeping the help here which our office manager mostly deals with... hiring and firing people. Also, making sure the employees are keeping things clean. I am way too picky so everybody thinks it is clean when I think it's dirty so I have a hard time getting people to clean.

In discussing business and employee relations, Joseph also felt less than enthusiastic due to handling employee relations, "You have to deal with employees. Those things are part of running a business but if you were to ask me what I'd like to do, I would prefer to just do the medicine." Leslie also found staffing employees to be a challenge:

I think that because we are not affiliated with hospitals like human physicians and we are running small businesses and the veterinarians are typically running all of these, you don't have the funds to staff like a corporation.

Dealing with employees, whether viewed as a chore or an important part of creating a positive work environment, is part of being a veterinarian. While some veterinarians prefer to "just do the medicine" many others described how they "love" their staff and how they

would like to emulate a family type bond with employees once they buy their own businesses.

Summary

Veterinarians appear to do much more than animal doctoring, they are business owners. Thinking about business--whether it is *how* to run a business, the complications of money, the inclusion of new technology, or employee relations--is a large part of these professionals' daily working lives. These veterinarians, and arguably the many other veterinarians that run small business, see this part of the job as very challenging and spend a lot of time thinking and dealing with business-related work issues. Although some veterinarians would prefer veterinary medicine to be all about the animals, it is not.

DISCUSSION

While the professionalization of medical students has been studied extensively (Fox 1979; Haas and Shaffir 1977; 1982; Smith and Kleinman 1989), considerably less research has been conducted to understand the professionalization of veterinary students and how hidden socialization practices impact veterinarians throughout their professional lives. Veterinary students endure similar professional socialization techniques as medical students but there are some differences. Both medical and veterinary students distance from their patients through hidden, or unwritten, techniques supplemented and enforced in and out of school. However, veterinary students' patients are much more varied and complex.

Medical students and physicians understand that their patients have inherent value. For veterinary students and veterinarians, the value of the animal is always based on context. Veterinarians must be competent and skilled on not one but multiple species and each species is not automatically labeled with a certain type of value. The value of animals in society is socially constructed and veterinarians are deeply embedded within this society that has contradictory and often extremely harmful attitudes and behaviors toward animals. Even dogs, commonly considered "man's best friend" and one of the most frequent types of patients veterinarians treat are not always provided the same level of care or consideration. For example, thousands of dogs are euthanized at shelters each year because they do not have an official home, yet dog breeding facilities are legal and thriving in this country. Other dogs are used for entertainment (e.g. dog racing tracks, hunting tools) or as

research subjects in veterinary schools and do not live cruelty-free, authentic lives like the dogs we consider our family members. Veterinarians know and understand their patients are not all considered equal and most see this as an issue of animal welfare, and a few see this as an issue of animal rights². One veterinarian included in this research stopped eating animals after witnessing harmful treatment of farmed animals during her veterinary school education.

Above all else, the dominant theme in the aforementioned research is that veterinary medicine is not exclusively about the animals. During veterinary school, teachers and students treat animals as learning tools and once these students enter the profession, they constantly deal with people and concentrate on running small businesses. These insights are counter to the main goals and mission of veterinarians, according to the American Veterinary Medical Association (AVMA.org). The professional world of veterinarians is not unlike other medical professions; in that, the focus on medicine is at the heart of the field but daily interactions with other actors are much more varied than

² Animal welfare focuses on improving the quality of life for animals and reduce their suffering. Animal welfare asserts that it is acceptable to use animals for human satisfaction as long as the animals are treated humanely (Singer 1975). Animal rights asserts that all animals have inherent value and seeks to eliminate the use of animals by humans for experiments, food, and entertainment, etc. (Regan 1983).

simply providing check-ups and routine treatments on patients. For that matter, it probably resembles many other bureaucratic professions wherein the main role/function becomes secondary to the rules (e.g., some professors spend much more time doing research and service than teaching).

The situations in which veterinarians meet their patient is critical (e.g. veterinary school or private practice) and interactions with animal patients will vary depending on the time and place these actors meet. Some animals will be injured on purpose, in the name of education; others will go through extensive new technological diagnostic treatments costing thousands of dollars to possibly extend their life for sometimes just a few weeks. The person attached to the animal also matters and highly influences the treatment the patient receives. If the person attached to the animal is a veterinary student, the animal's life could be terminated due to policy. If the person attached to the animal is poor, they may not get the help their animal needs in order to survive. If the person attached to the animal is wealthy, the animal may get better healthcare than a human who has cancer, undergoing extensive and costly treatments. These examples could extend for many more pages but the point has been made: depending on where an animal fits into the sociozoologic scale (Arluke and Sanders 1996) and where the humans attached to them fit into the larger social structure of society, the veterinary treatment will be adjusted.

People play a large role in veterinary medicine and veterinarians often think about people more than animals when describing their daily jobs. How veterinarians interact with people is dependent on the feeling rules of the profession (Hochschild 1983). These

veterinarians mention that dealing with people is one of the most challenging parts of the job. They frequently manage their emotions in the workplace and rely on strategies to earn trust and give stage-like performances to clients and owners during the course of the day (Goffman 1959; Hochschild 1983). At times, they must put their true emotions on hold in order to conform to how the profession demands they act. This is most apparent when veterinarians talk about difficult clients. Past research shows that problematic clients, “...require extensive education and stroking, affront the veterinarian’s moral sensibilities, and affect the profitability of the enterprise...others are seen as indicative of more serious failings. In particular, clients who apparently are unconcerned with their pet’s physical and/or psychological health...are judged more negatively” (Sanders 1994:10). While some veterinarians do not mind dealing with people, many more of them find that this part of the job takes away the time they would prefer to spend doing medicine.

Furthermore, veterinary medicine is a business. Veterinarians must negotiate between their love for animals coupled with their extensive knowledge they’ve obtained on how to help and cure animals with whether or not people can afford the services. Veterinarians have suggested that clients tend to believe their animals deserve treatment, regardless of whether they can afford to pay for the care. However, veterinarians must pay their employees, the bills, and invest in new technology to stay current and open. The detached concern they must elicit may be a function of their socialization process in veterinary school. These hidden practices (made less hidden through ethnographic research) demonstrate to veterinarians that at times, animals are objects or tools. When a

living being is turned into an object, it is much easier to dismiss or cause harm to them (Adams 2004). Some veterinarians reject eliciting detached concern when clients cannot afford treatment and may treat animals for free. They know that this is detrimental to business and see themselves as their own worst enemy when they give out free services, as one veterinarian in this study noted. Balancing all of these financial and emotional demands is not easy for the veterinarians and they often feel conflicted over this issue. These are realities that could be buffered through more visibility and training during professional socialization processes.

To summarize, symbolic interactionism was introduced to explain how veterinarians interpret the meaning of their work, whether the work involved is with animals, people, or inanimate objects like technology and money. Other researchers use symbolic interaction to study human-animal interactions (Alger and Alger 1997; Sanders 1993) and the current findings also reveal the utility of this micro-sociological theory. Veterinarians actively construct their professional world. They are guided by feeling rules and the emotion culture of the profession but ultimately they reflect on their own past experiences and interactions with others to assist in the decision-making process and actions they take in regard to the animals, people and business-matters with whom they come into contact.

Limitations

A shortcoming of this study is that respondents did not represent all areas of veterinary practice. "Food" animal veterinarians are more difficult to reach than any other

type of veterinarian in Florida. Although I received contact information for one “food” animal veterinarian through a respondent in this study, all final interviews had been scheduled and a timeline was set and followed in order to complete this thesis in a timely fashion. An in-depth interview with a “food” animal veterinarian may have shed light on areas that were not considered in this study.

This was also my first qualitative study and I had many lessons to learn along the way. With more experience in this type of interpretive methodology, the data may have been richer and more detailed in certain areas. The focus of the research shifted a few times before I understood what it meant to let the “data speak for themselves.” With more experience, I may have been able to narrow questions down to go more in-depth in one area as opposed to shifting topics multiple times during the interviews.

Time restraints also limited the study. More time would have allowed me to attend the American Veterinary Medical Association Conference that met in Orlando during the time I was interviewing respondents. Observing what courses and sessions were offered during this meeting would have provided insight into whether the profession is trying to add more training on client interactions and business workshops. Looking at a program would not have been sufficient; I would have liked to see how many veterinarians participated in these sessions, if they were offered at all. Spending more time conducting participant observation in any veterinary clinic or school would have also given me a larger and/or more detailed framework.

Finally, all veterinarians interviewed currently practice veterinary medicine in Florida. This limited the study because veterinarians from other states or countries may have different experiences with other types of animals and people. For example, one veterinarian in this study spent the majority of her veterinary training in the Philippines. She mentioned that in the Philippines people do not have companion animals. The majority of the animals veterinarians treat in the Philippines are “food” animals. However, the “food” animals are not primarily cows, pigs and chickens as they are here in the United States. Another veterinarian in this study spent time in rural Nicaraguan communities teaching the locals how to practice sustainable agriculture. She mentioned that there were many unvaccinated stray dogs roaming the towns but when people interacted with them it was out of utility than pleasure purposes. They considered pets to be a luxury and mainly used animals as a source sustenance. So although a couple of these veterinarians spent a small amount of time in other countries learning or practicing veterinary medicine, they were not completely embedded within the culture long enough to provide thorough and descriptive accounts of a lived experience of practicing veterinary medicine in other cultures. All veterinarians in this study overwhelmingly spent the majority of their careers practicing in Florida which largely shapes their attitudes, experiences and practices within the profession.

Implications

I hope that this research can be used as a tool for veterinary schools and individual veterinarians. One lesson learned was that most veterinarians struggle with uncomfortable experiences in veterinary school. Although contentious, tracking systems in veterinary school may be a partial solution to this problem. Students who do not desire to work with large animals could avoid working with the animals they fear. However, tracking may further place animals into categories and sustain inequality so the decision to track does not necessarily mean it is the best solution. Further, tracking would not solve all of the uncomfortable experiences veterinary students must engage in during surgery rotations. Schools may consider investing or experimenting with electronic/digital surgery formats as opposed to the use of healthy animals.

Future Research

Future research should include an analysis of the American Veterinary Medical Association accredited veterinary colleges' curricula. This analysis should systematically evaluate how and whether these schools are currently preparing veterinary students with client communication rotations and business courses. In this evaluation, tracking should be taken into consideration as well in order to see if these courses are geared toward both small and large animal concentrations. Although the current study included five veterinarians that work with large animals, there were zero veterinarians interviewed that work with "food" animals. The perspective and views of these veterinarians would provide

further insight as to whether client communication and business skills are needed in these fields as well.

APPENDIX: INTERVIEW QUESTIONS

Interview Questions for Veterinarians

Childhood Experiences with Animals

1. Tell me about your childhood experiences with animals.
2. Did you have pets?
 - a. Tell me about your relationships with these animals.

Veterinary School

3. Tell me about your decision to become a veterinarian.
4. Tell me about your veterinary school education.
 - a. Did your training include both large and small animals?
5. Tell me about relationships with other students in veterinary school.

Current Practices

6. What type of veterinary medicine do you practice?
7. Tell me the biggest surprise about veterinary medicine.
8. Tell me the most challenging part of veterinary medicine.
9. Tell me the most rewarding part of veterinary medicine.
10. Is there anything else you would like to discuss in this interview?

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