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# **Identity Conflicts and Emotional Labour in the Veterinary Profession**

Gizem Morris

A thesis submitted in partial fulfilment of the requirements  
of the University of Westminster for the degree of  
Doctor of Philosophy

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## Abstract

This research investigates professional identity conflicts and the emotional labour results from the attempt of reconciling the ideal and real selves. Four distinct elements are identified as the triggers of these conflicts. Specifically, professional, commercial, ethical and emotional dilemmas emerge when focused on the challenges vets experience in small animal clinics. This thesis revealed how recent changes in the veterinary profession have exacerbated the emotional costs of the tensions between their ideals and realities.

The classical literature on professions and professionalism is rather unrealistic to aspire, but its core tenets continue to inform more contemporary research on professional occupations and professional identities. Their implications often show conflict between the ideal professional, opposed to the reality of the professional in everyday practice. Drawing upon service quality models, this thesis also draws attention to the complications in veterinary services due to the triadic nature of the vet-pet-client interactions. While the intensified emotions between the client and the pet have been recognised, the consequences of their effects have not been addressed in research to date. Although the construct of 'the client' governs notions of professional demeanour and accomplishment of expertise, this does not imply that technical knowledge is not valued. However, it is not well articulated into professionalism in the veterinary profession.

To address this gap, face-to-face semi-structured interviews were conducted with fifty veterinary surgeons practicing in small animal clinics in the UK. The tension evidenced in the interviews was indicative of the gap between the service ideals espoused by the ideology of professionalism and the reality of actual practice. The data point to the disillusionment vets feel at not being able to live up to their professional ideals. This has resulted in intensifying the existing pressures and unrealistic expectations for professionals, which poses a risk to the career span of professionals and the future prospects of veterinary profession.

Thematic analysis was employed to identify the elements that trigger conflicts of vets' professional identity. The conclusions highlight the distinctiveness of professional emotional labour in the veterinary profession and give rise to dimensions of conflict. Intensification of professional labour is found to be closely interlinked with increasing rates of clinical depression and emotional burden. Results suggest future research needs to focus ways of deducing emotional labour among veterinary professionals, who alarmingly in their discourse consider suicide as a logical extension of euthanasia.

## Table of Contents

Abstract.....	1
Table of Contents.....	2
Table of Figures.....	6
Acknowledgement .....	7
Declaration.....	8
Chapter 1.....	10
Introduction .....	10
1.1 Introduction .....	11
1.2 Impetus of the Research .....	11
1.3 Background of the Veterinary Profession.....	11
1.4 Small Animal Practices in the UK .....	12
1.5 Veterinarian-Client-Patient Relationship.....	13
1.6 Professional Veterinary Bodies in the UK .....	14
1.7 Veterinary Journals .....	16
1.8 Outline of Chapters.....	16
Chapter 2.....	18
Literature Review.....	18
2.1 Introduction.....	19
2.1.1 Introduction to Research in Identity Work .....	19
2.1.2 Introduction to Professionalism.....	23
2.1.3 Introduction to Professional Identity.....	24
2.1.4 Introduction to Vet’s Professional Identity.....	28
2.1.5 Introduction to Changes in Veterinary Professionalism .....	34
2.2 Causes of Professionals’ Identity Conflicts .....	44
2.3 Conflicts of Professional Identity and Emotional Labour.....	53
2.3.1 Complications of Vet-Pet-Client Interactions .....	54
2.4 Reconciliation of Split Identity and Emotional Labour .....	60
2.4.1 Unacknowledged Labour .....	62
2.4.2 Dilemma of Emotional Neutrality and Professionalism .....	63
2.4.3 Attempts of Split Identity’s Reconciliation .....	66
2.5 Summary.....	71
Chapter 3.....	74
Research Design and Methodology .....	74

3.1	Introduction .....	75
3.1.1	Researcher Relevance and Motivation .....	75
3.2	Research Aim and Objectives.....	76
3.3	Research Strategy .....	77
3.4	Research Methods .....	80
3.4.1	Review of Relevant Studies’ Research Design and Methods.....	82
3.4.2	Semi-structured Interviews and Thematic Analysis.....	84
3.4.3	Selection of Interviewees.....	85
3.5	Research Design .....	88
3.5.1	Phase 1 .....	88
3.5.2	Phase 2.....	90
3.5.3	Phase 3.....	92
3.6	Thematic Analyses .....	96
3.7	Confidentiality and Ethics .....	97
3.8	Summary .....	98
	Chapter 4.....	100
	Vets’ Professional Identity and Changes in the Profession .....	100
4.1	Introduction .....	101
4.2	Vets’ Professional Identity .....	101
4.2.1	Theme 1: Love of Animals.....	102
4.2.2	Theme 2: Interest in Science.....	104
4.2.3	Theme 3: Being Independent.....	106
4.3	Conclusion.....	107
4.4	Changes in Veterinary Profession .....	108
4.4.1	Theme 1: Technological Changes.....	108
4.4.2	Theme 2: Corporatisation .....	113
4.4.3	Theme 3: Client Expectations .....	122
4.5	Conclusion.....	129
	Chapter 5.....	131
	Tensions between Professional Identity and Service Quality.....	131
5.1	Introduction .....	132
5.2	Vets’ Service Context .....	132
5.2.1	Clients’ Expectations .....	137
5.2.2	The Dilemma of Professional Identity: Ideal vs. Real Vet .....	140

5.2.3 Service Ideals of Professionals .....	142
5.2.4 Service Realities of Professionals .....	144
5.3 Implications for Vets' Professional Identity .....	152
5.4 Conclusion .....	154
Chapter 6.....	158
Conflicts of the Professional Identity.....	158
6.1 Introduction .....	159
6.2 Professional Conflicts.....	159
6.2.1 Professional Internal Conflicts .....	160
6.2.2 Other Professional Factors.....	161
6.2.3 Summary .....	164
6.3 Commercial Conflicts .....	164
6.3.1 Limitations Because of Financial Constraints.....	165
6.3.2 Clients' Negative Attitude .....	166
6.3.3 The Battle Between Being a Vet and Being a Business Owner .....	169
6.3.4 Summary .....	170
6.4 Ethical Conflicts.....	170
6.4.1 Vets' Professional Identity and Ethics.....	171
6.5 Conclusion.....	179
Chapter 7.....	182
Professional Emotional Labour .....	182
7.1 Introduction .....	183
7.2 Emotional Conflicts .....	183
7.3 Managing Emotions .....	186
7.3.1 Surface Acting .....	186
7.3.2 Deep Acting.....	188
7.4 Psychological Costs .....	189
7.4.1 Emotional Detachment and Professionalism.....	190
7.4.2 Emotional Labour and Gender.....	193
7.5 Coping with Professional Emotional Labour.....	197
7.6 Psychological Costs of Professional Emotional Labour.....	201
7.6.1 The Development of a 'Dark' Sense of Humour .....	204
7.6.2 Exiting from the Profession.....	205
7.7 Conclusion.....	206

Chapter 8.....	209
Discussion and Implications.....	209
8.1 Introduction .....	210
8.2 Theoretical Contributions .....	210
8.3 Empirical Contributions .....	215
8.4 Implications for Practice and Education .....	221
8.5 Limitations and Recommendations for Future Research .....	226
8.5.1 Validity and Reliability.....	227
8.5.2 Researcher’s Reflection .....	229
8.6 Conclusion.....	232
Reference List.....	233
Appendices.....	256

## Table of Figures

Figure 1: Table of Acronyms and Definitions.....	9
Figure 2: A schematic representation of ancillary staff and vet-pet-client interactions .....	14
Figure 3: Presents further information about the roles of veterinary bodies.....	15
Figure 4: Presents further information about the veterinary journals.....	16
Figure 5: Summary of Service Quality Concepts Usage .....	47
Figure 6: Conceptualisation of Service Quality and Professional Identity.....	51
Figure 7: Conceptual Framework.....	73
Figure 8: Research in Social Identity and Professional Identity .....	84
Figure 9: Research in Types of used Phenomenology .....	84
Figure 10: Steps of research design .....	88
Figure 11: Pilot Study .....	89
Figure 12: RCVS meetings during Pilot Study.....	91
Figure 13: Themes of semi-structured interview.....	91
Figure 14: Details of actual interviews.....	95
Figure 15: Table below illustrates the thematic map of initial analyses. ....	99
Figure 16: Findings Representation Extended Conceptual Framework .....	214



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## **Declaration**

I hereby declare that this entire thesis is the work of the author and works quoted have been duly referenced. This thesis has not been submitted to any other awarding body.

**Figure 1: Table of Acronyms and Definitions**

<b>Word</b>	<b>Definition</b>
<b>Vet</b>	The word 'vet' may be taken to represent veterinary surgeons, or the adjective 'veterinarian'.
<b>Pet</b>	The word 'pet' may be taken to represent small animals, or companion animals.
<b>Client</b>	The word 'client' will be taken to represent the owner, parent or human companion of the animal who is buying the service on behalf of their animal.
<b>Vet–Pet–Client</b>	Refers to the interactions between the vet, the pet and the client.
<b>Identity Conflict</b>	Refers to the internal negotiation process between the ideals of the vet in relation to reality when there are differing external competing expectations.
<b>Professional Emotional Labour</b>	Refers to the emotional efforts put into attempts at reconciling competing demands on identity in order to maintain its unity.
<b>RCVS</b>	Royal College of Veterinary Surgeons.
<b>BVA</b>	British Veterinary Association.
<b>AVMA</b>	American Veterinary Medical Association.
<b>JAVMA</b>	Journal of American Veterinary Medical Association.

# **Chapter 1**

## **Introduction**

## **1.1 Introduction**

This chapter introduces the objective of the research and provides background information about the veterinary profession in the UK. An explanation of relevant terminology is presented in order to provide a general profile for the scope of this research. It ends with an outline of chapters.

## **1.2 Impetus of the Research**

This research investigates professional identity conflicts and the emotional labour results from the attempt of reconciling the ideal and real selves. Therefore, the original contribution of the thesis is to the understanding of the way that emotional labour is employed in order to maintain vets' professional identity in a context of competing and conflicting demands of their profession. On a wider scale, it will inform current debates on how recent changes have affected vets' sense of professional identity, and will examine the tensions between their ideals and realities. Finally, it draws attention to the distinctive professional emotional labour undertaken by veterinary surgeons practising in small animal clinics in the United Kingdom.

Therefore, this thesis makes three key contributions:

- (1) To describe in depth the changing nature of the veterinary profession and characteristics of vets' professional identity.
- (2) To advance the understanding of the causes of professional identity conflicts and the tensions arise due to these recent changes.
- (3) To identify the triggering elements of emotional labour that surface in attempts at reconciliation of these identity conflicts.

## **1.3 Background of the Veterinary Profession**

A veterinary surgeon or veterinarian is defined by the Federation of Veterinarians of Europe (FVE, 2014) as 'a doctor for animals and a practitioner of veterinary medicine'. The roots of the word veterinarian come from the Latin word 'veterinae' which stands for 'draught animals' (FVE, 2014). The term 'professional' represents a member of a profession working

within a pledge, strict code of conduct and ethical and high professional standards, recognised by a professional association (Lammers and Garcia, 2009).

Veterinary surgeons included in this research are members of the Royal College of Veterinary Surgeons and are legally obligated to the ethical responsibility of their professional pledge, which they must proclaim at their university graduation for their veterinary degrees.

'I PROMISE AND SOLEMNLY DECLARE that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession and the Royal College of Veterinary Surgeons, and that, ABOVE ALL, my constant endeavour will be to ensure the health and welfare of animals committed to my care'. (RCVS, 2015)

The American Veterinary Medical Association (AVMA, 2015) highlights the importance of the veterinary profession due to its unique position of 'being the only doctors educated to protect the health of both animals and people'. The duties of the veterinary profession also hold a crucial role in many aspects of public health and security, in addition to considerations of environmental protection and animal welfare. However, vets are competently educated for a wide range of responsibilities, from zoo to laboratory animals. This research deals particularly with the vets who mainly deal with pets in small animal practices.

## **1.4 Small Animal Practices in the UK**

Small animal practices vary in size and facilities depending on the number of employees and the equipment they have. Some practices are owned by companies, such as Medi-Vet, Companion Care, and Vets for Pets. However, those companies may be run by vets, some are run as partnerships between vets and non-vets. Despite the involvement of ancillary staff, such as receptionists or veterinary nurses, the 'veterinary surgeon' is the key contact that generates traffic for both the clients' satisfaction and overall profits.

According to the Federation of Veterinarians of Europe (FVE, 2014) records, approximately 60% of veterinarians are engaged in private or corporate

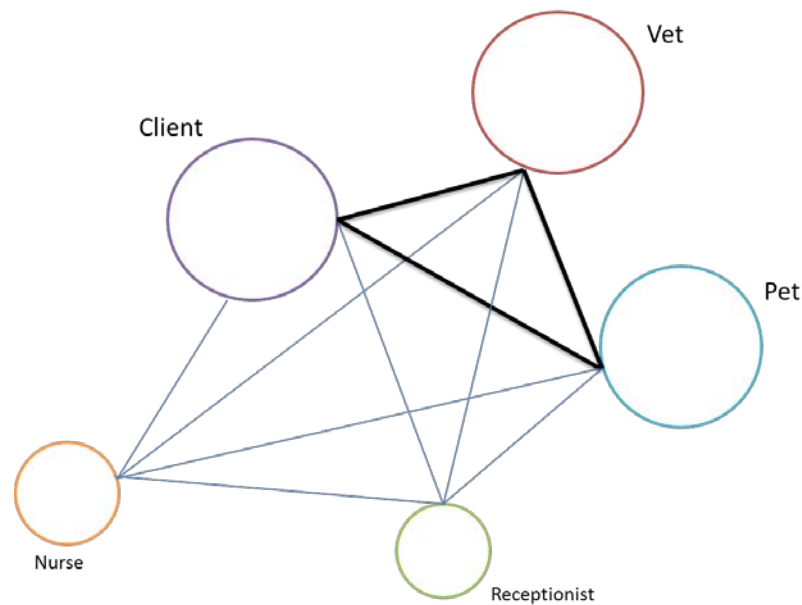
clinical practice. In the UK, 95% of vets are employed within the profession and 90% of those are working in practices. Figures presented in the 2013 Annual Report of the Royal College of Veterinary Surgeons (RCVS) suggest that there are approximately 5,150 practices in the UK.

According to RCVS's records (2014), 'there are 425 veterinary premises in London (Region 7 - London and suburbs), of which 394 are 'Registered Veterinary Practice Premises', and these are permitted to 'handle medicines'. These practices are classified under four categories, namely: Equine (3), Small Animal (367), Mixed (13) and Not Specified (11). Within these classifications, only Small Animal Practices (367) that particularly deal with pets will be considered in this research. The other 31 non-veterinary practice premises include: residents, research and animal charities, such as Blue Cross, Dogs Trust, People's Dispensary for Sick Animals (PDSA), and Royal Society for the Prevention of Cruelty to Animals (RSPCA). The business context is not found to be applicable to these and, therefore, non-veterinary practices are excluded from the scope of this research.

## **1.5 Veterinarian-Client-Patient Relationship**

The American Veterinary Medical Association (AVMA) defined the concept of the 'veterinarian-client-patient relationship' (VCPR). The VCPR serves as 'the basis for interaction among veterinarians, their clients, and their patients' (AVMA, n.d.). In this research, the focus does not directly lie on the vet-pet-client relationship, as the empirical data does not include material gathered from either clients or pets. Primary data in this research are gathered only from the professionals – the vets – themselves. Based on these principles, this research uses the concept of 'vet-pet-client' to refer to the triad structure of vet services that distinctly differs from most other structures in medical settings.

**Figure 2: A schematic representation of ancillary staff and vet-pet-client interactions**



## **1.6 Professional Veterinary Bodies in the UK**

The Royal College of Veterinary Surgeons (RCVS), the British Veterinary Association (BVA), and the Federation of Veterinarians of Europe (FVE) are the three major professional veterinary bodies. These are involved with setting the standards and the regulations concerning the veterinary profession in the UK. For validity and reliability reasons, the researcher has mainly employed these sources for the confirmation of secondary data. After meetings with senior management of the RCVS, the researcher was granted full access to primary data. Therefore, this research is supported by the RCVS, which provided information about the statistics, survey results, and contact details of small animal practices in London.



**Figure 3: Presents further information about the roles of veterinary bodies.**

<b>Professional Veterinary Bodies</b>
<b>Royal College of Veterinary Surgeons:</b>
Royal College of Veterinary Surgeons (RCVS) is the UK's governing body of the veterinary profession. The RCVS is the constitutional body, which governs the Veterinary Surgeons Act and is in charge for the registration and regulation of the educational, ethical and clinical standards of the profession. Unless a veterinary surgeon is registered with RCVS, they cannot practice veterinary surgery and medicine in the UK (RCVS, 2014).
<b>British Veterinary Association:</b>
The British Veterinary Association, founded in 1952, is the national representative body for the veterinary profession. According to BVA records, the current association has more than 14,000 members. BVA functions by promoting and supporting its members through communicating their interests with government, parliamentarians and the media. BVA's vision is 'a strong and respected veterinary profession working to improve animal health and welfare for the benefit of society' (BVA, 2014).
<b>Federation of Veterinarians of Europe:</b>
The Federation of Veterinarians of Europe represents approximately 200,000 veterinarians from 38 European countries with a mission reading: 'one profession, one vision, one voice'. Brussels is the centre of legislation that governs the veterinary profession, where practicing veterinarians are represented by the European Union of Veterinary Practitioners (FVE, 2014).

## 1.7 Veterinary Journals

Two main UK veterinary journals are recognised by the BVA (2014): '*Veterinary Record*' and '*In Practice*'. Additionally, there are two other key publications recognised by AVMA, the '*Journal of the American Veterinary Medical Association*' and the '*American Journal of Veterinary Research*'. However, these sources are exclusive to the members of RCVS Knowledge Library, the researcher has granted permission to visit their archive for research purposes (RCVS, 2014).

**Figure 4: Presents further information about the veterinary journals.**

<b>Veterinary Journals</b>
<b>Veterinary Record</b>
Established in 1888, the <i>Veterinary Record</i> is the official journal of the British Veterinary Association. The content of the journal includes clinical research papers on a large range of veterinary topics, news and comments from the field (BVA, 2014).
<b>In Practice</b>
In conjunction with the ' <i>Veterinary Record</i> ,' this journal provides educational material for the continuing development of the veterinary profession (BVA, 2014).

## 1.8 Outline of Chapters

Chapter 1 lays the foundations for this research, introduces the veterinary profession, and presents the scope of this study.

Chapter 2 identifies the theoretical framework of the study and considers available academic literature with regards to professional identity, service context, and emotional labour.

Chapter 3 describes the methodology used to provide data to investigate the research questions. It justifies the qualitative element of the research and the sampling methods used. The selection of participants, data collection, and analyses methods, are discussed in details.

Chapters 4, 5, 6, and 7 include the presentation and analysis of the qualitative data obtained during the series of in-depth, semi-structured, face-to-face interviews with the UK veterinary surgeons.

Chapter 4 identifies the characteristics of the veterinary professional identity and explains changes and challenges in the profession that are identified by veterinary surgeons themselves. It explores the concerns of the vets and the actual impact of these changes on their professional identity.

Chapter 5 presents vets' service ideals and the actual service realities. It illustrates vets' opinions of clients' expectations, and how these differ from the vet's understanding of service quality. Subsequently, it explains the impact of these perceptual gaps on professional identity, and outlines the main demanding conflicts of market pressures in the context of small animal practices.

Chapter 6 documents the conflicts of vets' professional identity, identifies the professional, commercial and ethical problematising elements, and explains how these issues result in professional emotional labour.

Chapter 7 further investigates the links between emotions and professional identity and reveals the psychological costs of the sociological changes. It discusses the conflicts of the vets' professional identity that result in professional emotional labour.

Chapter 8 concludes the implications of the primary findings from the research in detail and reemphasises the main theoretical and empirical contributions of this research. It discusses the limitations of the current study and ends with presenting recommendations for future research.

## **Chapter 2**

# **Literature Review**

## **2.1 Introduction**

This chapter presents a review of previously published scholarly papers and consists of three main sections. It starts by defining professionalism in the veterinary service and discusses the recent changes that may have played a role in problematizing vets' professional identity and acting as the causes of conflicts. This is followed by a reconciliation process that intensifies the emotional labour. It reviews relevant theories and assesses their appropriateness for the research objectives; paying particular attention to two dominant frameworks, namely 'professional identity' and 'emotional labour'. Further focus is placed on the features of professional services, with an emphasis on medicals in general and vets in particular.

### **2.1.1 Introduction to Research in Identity Work**

Identity work in business research is concerned with 'individual and group behaviour, communication patterns, leadership and managerial work' (Alvesson et al., 2008). Different forms of identity, such as organisational, managerial, and professional identities, have been of interest to researchers (Lent et al., 2001) and represent a promising era for marketing and service management research (Clarke et al., 2009, Ybema et al., 2009).

The notion of identity originally borrows its concepts from psychology and sociology. A selection of definitions of identity is presented in order to provide further understanding of this complex notion in psychology and sociology. For the purpose of this research, particular attention is given to the socio-psychological use of the term.

Psychologists refer to identity to describe self-identity. In psychology literature, self-identity is defined as 'who one is' (Ashforth and Mael, 1989), 'sense of self' (Knights and Willmott, 1989) or a 'stable core of self' (Callero, 2003). Meanwhile, sociologists often use the term to describe 'collective identities' (Alvesson et al., 2008) or, in micro-sociology, 'the collection of group memberships that define an individual' (Hogg and Terry, 2000). In business studies, one of the commonly employed definitions refers to 'the qualities, beliefs, and expressions that make an individual (self-identity) or

group (such as national identity), precious sense of coherence and distinctiveness from others' (Sveningsson and Alvesson, 2003, p.1165).

Following these definitions, different approaches occur in the use of identity among scholars. From the sociological perspective, 'identity' is defined as the similarities of group members. Paradoxically, in the psychological perspective, identity stands for uniqueness and the differences of individuals.

In socio-psychology, instead of treating these two concepts separately, scholars acknowledge the dual presence of personal and social identities by investigating the 'thoughts, feelings and behaviours of individuals in groups' (Smith et al., 2014). From the socio-psychological perspective, identity is regarded as a 'dual character' – a 'permanent dialectic' (Clarke et al., 2009) and as a 'bridge between the self and society' (Burford, 2012).

Following this approach, 'social identity theory' emerged by illuminating the process by which, and the extent that, individual members align their personal notions of self with collective identities (Brown and Starkey, 2000). Social identity theory is acknowledged as a unique frame, by simultaneously integrating social and individual identities (Postmes and Branscombe, 2010). For the purpose of this research, the following section is designed to provide background information, reviewing the two dominant theories that have informed the identity literature in business research; namely, Identity Theory and Social Identity Theory.

#### **2.1.1.1 Identity Theory and Social Identity Theory**

The reviewed literature represents two main views on identity research (Hogg et al., 1995, 2000; Stets and Burke, 2000; Stets and Serpe, 2013; Jenkins, 2014). Scholars have compared the similarities and the differences between identity theory and social identity theory (Hogg et al., 1995; Stets and Burke, 2000).

On the one hand, Identity Theory postulates that people tend to define themselves in alignment with norms of social groups associated with their own social constructs (Tajfel and Turner, 1979). Within this context, many scholars have focused on understanding how identity is constructed and maintained (Sveningsson and Alvesson, 2003; Pratt et al., 2006).

Conversely, according to Hogg et al. (1995), Social Identity Theory originates from the early work of Henri Tajfel, and covers social factors in perception (Tajfel 1959) and social beliefs held such as racism, prejudice, and discrimination (Tajfel and Tajfel, 1963). In 1970, Tajfel argued that an individual connects with a social group that is positively distinctive from other groups. This group represents desirable and socially meaningful stimuli for individuals who seek to associate with their self-perception. Thereby, Tajfel (1970) presents the acknowledgement of group members who are connected through the same psychological reality. This process is called 'self-grouping' or 'self-categorisation' (Burford, 2012).

In the cognitive process of self-grouping, identities are formed and maintained on the basis of complex interactions with, and imitations of, those around us – and this social aspect of identity is crucial. Alvesson et al. (2008) illustrate that in personal identity, unique personal attributes, are assumed to be those not shared with other people, which builds into social identity as an individual's perception of themselves as a member of a group. The emphasis placed on groups comes from their capacity to be internalised and their contribution to one's sense of self; in addition, this sense of belonging affirms their 'emotional and value significance' (Tajfel, 1972, cited in Haslam et al., 2009, p.2). Social identity also attributes a distinctive feature to group behaviour (Slay and Smith, 2011). Thus, the main commonality between the two theories is that they both acknowledge the relationship between social constructs, and that an individual's behaviour is regulated by their multiple selves, or dynamic-self (Stets and Burke, 2000).

Despite coming from similar backgrounds, there are also noticeable differences. For instance, Hogg and Terry (2000) pointed to the micro-sociological roots of Identity Theory, while they place Social Identity Theory under the psycho-sociologic school of thought. Comparing the two theories, Thoits and Virshup (1997) noted that 'most of the differences originated in view of the role as a basis for identity; "who one is" held by social identity theory. In view of the role as a basis for identity, "what one does" is held by identity theory' (cited in Stets and Burke, 2000, p.234). Identity work is defined as an ongoing sense-making process to construct a meaningful

relationship between a person's self-identity and social identity (Brown, 2015; Brown et al., 2008). Based on these definitions, this thesis borrows the notion of identity from these theories, by acknowledging that 'being' and 'doing' are both central features of one's identity and an individual's identity, and are inevitably affected by surrounding changes.

In support of what Stets and Burke (2000) suggest, social identity theory provides a powerful framework for the nature of professional identity and inter-professional tensions, to be made explicit in the design of research studies. This trend towards questioning assumptions and developing deeper and more meaningful research questions is directly relevant, as the role of the professional simultaneously alters due to the changing nature of professions. 'Different identities become active as the situation changes as relevant stimuli for self-categorization change' (Stets and Burke, 2000, p.231). This implies that, given its social nature, investigation into professional identity demands a better understanding of recent changes in a profession. Thus, social identity serves as a unique platform that allows integrating influences, and the consequences of social changes, into analysis.

A lack of research has been recognised by other authors, as 'existing literature may offer faulty generalisation by failing to consider the professional identity construction processes under current conditions' (Nkomo, 1992, cited in Slay and Smith, 2011, p.87), and 'the context-bound nature of professionalism focuses on assessment and does not allow the subjectivity of professionalism to be considered'. Furthermore, the social identity approach permits the understanding of professionalism constructed within the dynamics of professionals' specific service context (Slay and Smith, 2011).

Most of the revision of relevant sociological theories proved useful in investigating collective identities of large organisations; however, Identity Theory was not adequate for use within the context of this research. The main reason for this is that vets, in a consulting room, are sole decision-makers. This individual aspect of identity brings the focus onto the professionals themselves, rather than on their profession within the context



of clinics. Therefore, borrowing the concept from social identity theory, placed under socio-psychology, was more appropriate as opposed to identity theory from micro-sociology. Hence, Professional Identity Theory, as part of Social Identity Theory becomes an enabling theory on professional services, as it allows investigation of each professional's individual opinions, through the acknowledgment of recent changes undergone by the profession. Thus it provides contextual explanations as to how these changes are being experienced by members of a profession in their daily work environment and their identity.

### **2.1.2 Introduction to Professionalism**

The word 'profession' comes from the Latin word 'professio' and has religious origins: it originally meant to 'vow', 'declaring openly' (Lammers and Garcia, 2009 p.359). The word then became associated with occupations that make the vow (pledge), which commonly represents 'prestigious and learned occupations' (Lammers and Garcia, 2009).

Professionals are traditionally identified with desired social traits such as 'degree of a privilege' (Slay and Smith, 2011) and prestige and autonomy (Benveniste, 1987). The power of professions was gained through a professional association, an ethical code for professional practice, a recognised authority based on exclusive expertise, and an imperative to serve the public responsibly (Greenwood, 1957). In addition, Hamilton (2013, p.2000) stated that 'professions have historically been most autonomous and enjoyed the greatest social prestige and are expected to maintain high standards of competence and moral responsibility'. Hickson and Thomas (1969) identified the following elemental characteristics of a profession:

- 1) Emotional Neutrality
- 2) Body of Knowledge
- 3) Formal standards of ethical conduct
- 4) Service orientation
- 5) Social Status
- 6) Training and Education
- 7) Self-control
- 8) Social control

- 9) Formal associations
- 10) Professional Identity

Hickson and Thomas' (1969) identification of salient characteristics is still in use in today's definition of the 'professional' and is compatible with the definitions provided particularly for medical settings. For the purposes of this research, it fully represents the characteristics of veterinary surgeons. Therefore, the researcher employs Hickson and Thomas' definition, as restated by Lammers and Garcia (2009, p.362): 'Profession is characterised by emotional neutrality, command over a body of knowledge, formal standards of conduct, a service orientation, elevated social status, extended training and education, self and social control and the establishment of formal associations'.

### **2.1.3 Introduction to Professional Identity**

Professional identity is defined as one's professional self-concept based on attributes, beliefs, values, motives and experiences (Schein, 1978; Benveniste, 1987; Ibarra, 1999; Slay and Smith, 2011). Professional identity is also defined as a 'systematic way of evaluating, identifying and organising the perception of self' (Erikson, 1968). Tajfel and Turner (1979) asserted that work-related identity has a stronger impact on personal identity compared to gender, race or ethnic identities. Within social identities, there are many different concepts referred to by researchers, such as gender identity and national identity; these are classified as 'social representations'. These are given identities, different from earned identities such as professional identity, and are collected under 'socio-professional identity' (López-Facal and Jiménez-Aleixandre, 2009). Some scholars have used substitutable terms, such as occupational identity (Johnson et al., 2012), vocational identity (Holland et al., 1993), career identity (Page-Jones and Abbey, 2015) or work identity (Pratt et al., 2006). Due to its compatibility with the research objective to focus only on professionals and to maintain consistency, this research employs the term 'professional identity', accepting 'profession' as the salient identity. Slay and Smith (2011) summarised three ways of constructing professional identity:

- 1) Professional identity is the result of the socialisation process and is rhetoric where one is provided with information regarding the meanings associated with a profession.
- 2) Individuals adjust and adapt their professional identity during periods of career transition.
- 3) Life, in addition to work experiences, influences professional identity by clarifying one's priorities and self-understanding.

Bhabha (2012, p.51) points out that 'identity is never an a-priori nor a finished product; it is only ever the problematic process of access to an image of totality'. Moreover, professional identity is not a fixed quality of individuals: it is something that must be 'strived for, justified and defended, on an on-going basis in everyday interaction' (Corlett and McInnes, 2012). Consequently, 'identity does not always live up to its promise as a mediating concept' (Ybema et al., 2009). Identity construction is also defined as 'a socially negotiated temporary outcome of the dynamic interplay between internal strivings and external prescriptions, between self-presentation and labelling by others, between achievement and ascription and between regulation and resistance' (Ybema et al., 2009; cited in Symon and Pritchard 2015, p.244).

This notion puts an emphasis on the interpersonal negotiation of identity as an ongoing process between internal drives and external pressures. The two main concepts of professional identity are ideational and relational, and are distinguished by Corlett and McInnes (2012). Symon and Pritchard (2015, p.244) explain these concepts as 'the way that individuals position themselves relative to, and in turn are positioned by, the ideational notions of who they should be and how they should act'. This process relates to the need to seek appropriateness and acceptance within a group, whilst still accommodating the others' initial wishes. Consequently, when confronted by contradictory and ambiguous situations, individuals may engage in self-reflection, and questioning of the self may result in identity reconstruction (Niemi, 1997). In addition, Cheney and Ashcraft (2007, p.161) point out that professionals are not immune to, or free from 'institutionalized expectations

for professional demeanour'. This can cause a battle between the real and ideal self and between 'possible' selves, posing questions such as:

- Who am I?
- What would I like to be?
- What am I afraid of becoming?

From this literature analysis, especially considering the growing emphasis on performativity of professionals under intensified market pressures, it is evident that professional identities are not exempt from these simultaneous construction and deconstruction processes. These propositions unfold at two fundamental levels. Firstly, understanding professional identity requires acknowledgement of external factors, such as changing environment of profession. Secondly, it demands the recognition of internal mechanisms such as; professional identity is threatened when professionals' real selves do not live up to the standards of the desired ideals of profession. As a consequence, two sets of different selves threaten the unity of self-identity, which inevitably leads to a destructive dilemma that problematizes professional identity. This process can be emotionally draining and estranging from the concept of self. The inherence of this process with professional identity is further detailed later in this chapter under the section on emotional labour. The next section addresses the limitations of the reviewed professional identity research literature.

Driven from this review, there is an ongoing debate in the literature about the construction of the professional identity and its link to professional education. Anderson-Gough et al. (2000, p.1154) argue that, although educational institutes can teach professionalism, 'the process of becoming a professional entails considerably more than simply passing examinations – it is also a matter of the accomplishment of certain ways of behaving and understanding of the world'. This is all part of the process of professional socialisation. From a similar perspective, Monrouxe et al. (2011) point out that 'the transition from medical student to doctor is not simply qualifying, but "becoming" a doctor – internalising the "doctor" identity' (cited in Burford, 2012, p.145). Both groups of researchers commented, 'core ethical values can be taught at university, but cannot be formed into professional identity'. As Niemi (1997)

observed, the process demands active participation of the student in taking responsibility and internalising professionalism and its ethics. Professional demeanours are defined by moral purpose; therefore, professionalism is evidenced in the form of ethics (Taggart, 2011). Clarke et al. (2009) refer to these as 'moral identities'.

In relation to the limitations of professional education in developing a professional identity, Kaiser (2002) commented on how medical schools urge students to embrace 'rigidly-defined professional identities' and continues by arguing that 'their restrictive power functions ... perpetuate the patriarchy, limit the uniqueness, squelch inquisitiveness and damage one's self confidence in the mental image of self'. He displayed a presentation of the 'mental image' of a medical doctor from the perspective of students. Individually, doctors were described as wearing white coats, continually looking at X-rays and offering advice to all who would listen. He defined them as 'slaves to their pager' and suggested that this image highlights the need to create a much broader and more flexible concept of professional identity. Additionally, he argued that the desire to obtain power by possessing superior intellect was a neglected aspect of how identities are constructed, acted out and interpreted by others (Kaiser, 2002).

As discussed, many researchers acknowledge that professional identity construction mostly happens after graduation (e.g. Sullivan, 2000; Monrouxe et al., 2011). Yet, paradoxically, most of the attention in professional identity research has been given to students and trainees (e.g. Mossop, 2012). It is also important to note that, even though there are some research studies conducted on professionals, such as accountants (Anderson-Gough et al., 2000), lawyers, physicians (Burford, 2012) and teachers (O'Connor, 2008), there is a dearth of work on veterinary surgeons.

Taking these factors into account, an understanding of these dynamics, progression and construction of the professional identity, could not be achieved without the participation of professionals actively practicing in the profession. Therefore, the current research aims to fill this gap by investigating the veterinary professional identity among vets who are already in practice. This creates an opportunity to make an original contribution to

literature by studying veterinary professionals in their profession. The following section presents literature from the limited number of studies undertaken in the veterinary field.

#### **2.1.4 Introduction to Vet's Professional Identity**

In a medical context, professional identity represents 'beliefs, attitudes and understanding about inter-professional healthcare team roles in profession' (Adams et al., 2006). Veterinary medicine, as a scientific discipline, shares the medical platform with human medicine. Along with their commonalities, the reviewed literature has documented the different traits of doctors' and vets' professional identity, accounting for the influence of their situational differences.

Stryker (1968) proposed that, when multiple role identities are available to professionals, salience hierarchy determines which role a person will enact in a situation. In fact, Johnson et al. (2006) and Burford (2012) emphasised that when medicals perceived conflict between clinical and managerial roles, they maintained their clinical identity, and replicated the existence of this 'salience hierarchy'.

Among the characteristics common to all medicals, Hickson and Thomas (1969) proposed that professionals are more likely to identify with their profession than to their organisations. Their findings were evidenced when Burford (2012) documented that in human medicine, doctors' clinical identity is superior to their managerial identity. Another study, conducted by Johnson et al. (2006), also found that vets were more committed to the profession than to their organisation.

In terms of differences, Page-Jones and Abbey (2015) reported, 'vets don't have a wide range of different selves to experiment with the identity-based perspective ... and are more resistant to engaging in identity play'. Contrary to findings about physicians (Pratt et al., 2006; Johnson et al., 2006), it is implied that vets reject the existence of multiple variant identities dependent on clinical settings. This finding is particularly important as it implies that a vet's professional identity is deeply rooted in their personal identity; whereas

for physicians, it seems easier to separate their professionalism from their actual selves and to adapt to their organisational settings. This distinctive feature of a vet's identity indicates different strategies in dealing with emotional labour, and given its inseparability from their personal identity, this poses inevitable problems for vets' overall mental wellbeing, which is not just limited to the scope of a vet's professional identity. Therefore, changes in the veterinary profession and conditions of clinical settings are not negligible when investigating vets' professional and personal welfare.

Moreover, Doorewaard and Brouns (2003) highlighted the danger of professionals being liable to confer their identities for an organisation's profit drive. In fact, Pratt et al. (2006) recognised that identity construction is triggered by 'work-related identity integrity violations'. This connects to the identity customisation process, where doctors are faced with the disparity between what they do and who they are. Violation occurs when doctors try aligning with what they have done, instead of who they are, in order to fit in with organisational norms (Pratt et al., 2006). In contrast, vets would rather change their organisation in order to find settings that will allow them to act as themselves (Page-Jones and Abbey, 2015; Page-Jones, 2015). Conversely, Page-Jones and Abbey (2015) reported that veterinary surgeons are not prone to confer their veterinary identities, as 'career is central to identity for many veterinary professionals who tend to have a strong sense of self ... consequently, mismatches between "who I am" and "what I do" tend not to lead to identity customisation (fitting the self into a role or organisation) but to the search for alternative, more identity-compatible employment'.

These findings add further importance to the veterinary professional workplace. Compared to other professionals, vets' resistance towards sacrificing their idealism or professionalism could be another source of detachment or isolation from the work place in seeking a suitable environment (Armitage-Chan et al., 2016). Collectively, these factors may enlighten why veterinary surgeons experience particularly severe emotional labour (Platt et al., 2012). This aspect also calls attention to the significance of how recent changes affect a professional's identity.

Hence, it has become evident within medicals that veterinary identity differs from a physician's identity, though the research dedicated to this area remains limited in elaborating its importance. It can also be concluded that, particularly among practicing vets, the changes within the profession, and their impact on clinical settings and organisational structure, demonstrate higher relevance and importance for their identities than for those working in non-clinical settings. Therefore, the current research investigates the vet's professional identity in clinical settings.

#### **2.1.4.1 Problematic Characteristics of Vet's Professional Identity**

Vets' professional identity comes from their love for animals, and, therefore, ethical commitment to their profession (Page-Jones and Abbey, 2015). This has been described as 'devotion to animals emotionally and professionally' (Lammers and Garcia 2009, p.375). The same researchers also note the profound ethos behind a vet's professional identity, which is common among vets but less so among other professionals in medicine.

Research undertaken on veterinary students by Armitage-Chan et al. (2016, p.318) records their understanding of a veterinary surgeon as 'an inter-professional team member, who makes clinical decisions in the face of competing stakeholder needs and works in a complex environment compromising multiple and diverse challenges, [including] stress, high emotions, financial issues, work-life balance'. This is parallel to the definition of other medical professionals, as suggested by Adams et al., (2006). Yet, as reported by Armitage-Chan et al., the vet students participating in their study illustrated a good understanding of professionalism as it applied to clinical practice in theory, but not in actual practice. This implies the need to extend a vet's professional identity research, from university life to professional life.

Armitage-Chan et al. (2016) identified three problematic characteristics of vets' professionalism:

- 1) Balancing multiple responsibilities – toward patient (animal), client, colleagues and team.



- 2) Management of professional challenges – such as work-life balance; setting correct expectations for emotional clients and clients' financial limitations.
- 3) Professional fallibility – the 'assumed perfectionist' nature of veterinary identity.

Due to these factors, Armitage-Chan et al. (2016) posit the definition of a veterinary professional as an 'infallible expert', while elaborating on the unrealistic expectations and pressure on individuals. Furthermore, they conclude that 'strategies for accepting fallibility and those necessary for establishing reasonable expectations of professional behaviour and clinical ability are poorly developed. This phenomenon is arguably one of the reasons why veterinary surgeons have a solid reputation and an acknowledged predisposition towards suicide (Armitage-Chan et al., 2016; Platt et al., 2010, Platt et al., 2012).

Despite the complexity of this topic, which means it cannot be ascribed to a single cause, there is considerable literature pointing to difficulties with mental welfare in the veterinary profession (Bartram, 2009; Meehan, 2014; Stoewen, 2015). Yet, paradoxically, vets in the same studies have often expressed high affinity towards their work, despite all the challenges they faced (Armitage-Chan et al., 2016). This phenomenon leads to another debate; considering the extent to which vets are willing to keep up with their professional demeanours, at the cost of bearing the emotional labour.

Allister (2016, p.317) recommended that 'challenges facing the veterinary profession need attention beyond the individual ... and the answers to the challenges that poses do not solely lie within veterinary education'. Armitage-Chan et al. (2016) emphasised the need for further research, which needs to focus on professionals in their professional settings. Evidently, as reported by Vet Futures (2015), about half of new graduates find that their expectations do not match with reality. Allister (2016) points out the urgent need for a better understanding of the veterinary professional identity, by referring to it as an under-examined profession: 'it is crucial to get a deeper understanding of the violations and threats that might arise to thrive in the current work environment'. Furthermore, Allister (2016) also criticises the

limitations of the education system, as academic knowledge is not enough and needs to be accompanied by information regarding the values and behaviour expected by the profession. She argues that dwelling too much on vet education, and leaving the professional dimension out, leaves new vets 'ill-equipped for professional life'; adding that, despite professional identity being studied attentively in other professions, including medical ones, research is still much needed in the veterinary context. Therefore, the literature still does not make clear the ways in which professionalism and its real-time demands could be integrated into a vet's education.

Professional identity is described by Allister (2016) as 'how we see ourselves as professionals', by focusing on the content of the promise, or vow, that vets make to society, and argues its feasibility in terms of compatibility with reality. She further alerts that the ethical principles veterinary professionals strive for have almost become ethical dilemmas of veterinary professionalism, while 'impossible standards and expectations of infallibility create a dissonance for individuals and the profession when faced with clinical realities and the social context in which vets operate' (Allister, 2016, p.317).

The perfectionist attributes of vets' professional identities set high expectations for vets, not only toward others but also for themselves (Allister, 2016). Consequently, when someone inevitably makes a mistake, instead of being perceived as normal, it becomes a 'traumatic issue', due to vets' self-criticism or sometimes self-denial (Allister, 2016). Aspiring to perfectionism in veterinary education, and in an individual's own characteristic as a perfectionist, is deemed to add further affinity towards emotional labour. In the same research, one of the vet participants explained that this often caused vets an emotional distancing from the event, instead of accepting the fallible condition of a human being (Allister, 2016). Therefore, it could be that vets empathise more with their clients or patients than with their colleagues. It is argued that this shared common characteristic of perfectionism can also cause them to become severely judgemental, towards both their colleagues and themselves. Professional ideals of infallibility are not realistic to aspire to

all the time. Nevertheless, vets are failing to fulfil these requirements, ending up in high-stress conditions and suffering from emotional burdens.

Specifically in the case of veterinary surgeons, the impact of mismatched expectations and thus ethical dilemmas on professional identity should not, and cannot, afford to be ignored (Allister, 2016). Arguably, in contrast to many other professions, vets are found to strongly bond their self-worth with their professional identity (Allister 2016; Page-Jones and Abbey, 2015; Armitage-Chan et al., 2016). Significantly, these interlinked self and professional identities pose some problems. For instance, even little incidents, such as client dissatisfaction or adverse medical opinions among colleagues, start to become perceived as a threat to the perfectionist ideal of the professional, causing severe frustrations (Mellanby and Herrtage, 2004). Armitage-Chan et al. (2016) argue that this is partially the fault of veterinary education, which reinforces perfectionism in decisions that are inevitably dependent on many unknown variables. They underline the danger of creating the illusion that it is feasible to become an ideal vet who knows everything and should always perform at a high technical level.

In addition, according to Freidson (1999), 'novice vets' must also be able to trust their professional status, balancing their use of clinical guidelines where appropriate, with the confidence to adapt treatment based on their own clinical judgment. Training that relies too heavily on a single 'best practice' for treatment risks closing off alternatives that are not necessarily wrong; thereby causing anxiety if gold-standard treatment cannot be followed, or is unavailable. These findings indicate why all these issues predispose professionals as perfectionists and reflect the fallibility of their identities in actual practice. These elements are also seen as reasons for a lack of self-confidence. Because these characteristics do not sit well with the idea of the 'ideal vet,' which assumes that perfect vets must be successful at all times, these elements tend to intensify emotional labour and suffering. Moreover, it is observed that these feelings are not often shared with colleagues due to shame. These limitations in sharing common fears, which could dilute stress by providing assurance that they are not alone in feeling this way, are another factor contributing to why these feelings are suppressed at all costs.

This is not to undermine the vital importance of medical skills and knowledge, but to highlight that vets are not well equipped to handle errors, and that chasing after impossible standards might be one of the fundamental reasons why the emotional burden and tendencies toward suicide are higher in vets compared to the general population.

Overall, previous researchers (Page-Jones and Abbey, 2015; Allister, 2016) agree that vets' professional satisfaction is fundamental to their wellbeing and maintenance of a healthy sense of self. From this perspective, the vet's professional identity is deeply rooted in their personal identity, which is closely interrelated and inseparable from many aspects of their being. Therefore, these findings suggest negative influences on vets' professional identity, which may have a direct impact on a vet's own 'self' concept and mental wellbeing. Consequently, it can be argued that the emphasis on the perfect vet, and an education that aims to produce the 'ideal vet', do not permit resilience in handling adversity and disappointments, which puts vets in a weak position in dealing with the failures and the consequences of emotional labour of their role.

### **2.1.5 Introduction to Changes in Veterinary Professionalism**

Dent and Whitehead (2013) stated that the word 'professional' does not represent upholding the truth, arguing that the 'power' given to the word has faded away with its loss of exclusivity. The authors argue that current expectations of being a professional caused the word to become a 'Leitmotif' of the postmodern age. The notion of 'professional' and its desired associations are no longer available to sustain the secure sense of place for identities. 'The ability to trust in professional judgement, despite being a key aspect of social cohesion, becomes an elusive quality, misted by contingency and disrupted by market pressures' (Dent and Whitehead, 2013, p.1).

Scholars argue that the ideal type of professional does not exist anymore, nor is it realistic to aspire to be one. In an attempt to deconstruct ideologies that were formerly taken for granted, professionalism is being blurred with

loss of faith and trust, and an increased suspicion and perception of risk. Dent and Whitehead (2013) reported that there is an element of easier access to knowledge, enabled by knowledge technologies such as the Internet; the main actor in this scene is represented by the shift in marketing, which dwells heavily on client-oriented strategies. Thus, cumulatively, these changes pose challenges for professionals in contemporary professionalism.

As a consequence, the authors argue that trust has become a 'social lubricant' and that therefore, professionals are expending extra effort on sustain their position in response to loss of autonomy, which is causing a loss of faith and trust among professionals. Accordingly, these issues cause professionals extra stress and demotivation, thus threatening the security of their identities. Under these conditions, professionals attempt to align themselves with the ideal image of being a professional in order to sustain the image of 'professionalism' in the eyes of others. Therefore, it can be argued that commodification of professionalism is threatening professionals by instigating a precarious professional identity.

Dent and Whitehead (2013) also provide insight into why this matter is particularly important within caring professions. They report that service providers experienced a 'managerial attack' on professional identities in general, but particularly in professional services where commercial attributes have been added to 'genuine self-valued identities'. Thus 'care' becomes associated with a financial value. Despite the fact that the very same aspect of care was used to represent only vocational and ethical meaning to professionals, it is now working against them by escalating undertaken emotional labour (O'Connor 2008; Hochschild, 2012).

Hence, it can be argued that professionals, in addition to their primary responsibilities, are now being challenged to prove the legitimacy that was once taken for granted (Evetts, 2013). This attempt to be perceived as professional through proving or reassuring their knowledge and autonomy, brings an invisible element of another conscious effort. These elements seem to cause a detachment from professional identity by moving away from their 'ideal' self (Pratt et al., 2006).

As a consequence, professionals are now forced to put more cognitive effort into responding to clients' needs and suspicions. It is argued by scholars that being exposed to these emotionally draining aspects of everyday activities increases the emotional labour undertaken by professionals and risks emotional 'burnout' in the long term (Brotheridge and Grandey, 2002). Therefore, the 'sense of professional identity' is threatened due to emotional labour, which is unacknowledged in the provision of professional service quality (Leidner, 1999).

Despite the important shifts in the connotations of 'professional' and 'professionalism', the literature remains limited on the topic of the changing forms of professional identity. This is supported by Dent and Whitehead (2013, p.2), who underline the need for future research in illuminating 'the increasingly complex dynamics and contesting pressure under which professional identity is experienced, enacted and validated'. They further explain that the reason behind this phenomenon is the power attributed to an increasingly questioning client group, which has consequently caused 'social erosion' to the meaning of professionalism. 'Identity configuration is increasingly subsumed under dominant culture customer orientation, where values and expectations come to displace the privileged knowledge, and the practices of the old elite in order to appease their client' (Dent and Whitehead, 2013, p.2).

The veterinary profession is no exception from these shifts in professionalism and has undergone major changes within the last few decades. One of the most significant changes at the global level is the dramatic decrease in large-animal veterinary work, due to the reduction in the number of livestock and similar economic animal holdings; in contrast, the opposite applies to small-animal veterinary practices (Lowe et al., 2009). Consequently, the sudden increase in small-animal veterinary practice has had its effect on competition among small animal vet clinics (RCVS, 2014). This is particularly so in the UK, as a growing number of private (independent) practices are being aggressively forced into being placed with, or joined to, branded veterinary groups and joint venture partnerships. A number of corporate practices, with their sophisticated marketing and powerful promotion strategies, have also

shown a dramatic increase in their share of the companion animal market. Collectively, all these changes are signalling a change in traditional business models (Henry, 2013).

These recent changes in the veterinary profession initiated discussion regarding the business approach to veterinary practice management. John Sheridan, former president of British Small Animal Veterinary Association (1974-1975) and Veterinary Practice Management Association (1993-1996), has highlighted his worries about the potential damage to the profession's reputation for care and compassion, claiming that clinics should be less focused on margins (Vet Futures, 2015). The fundamental changes in veterinary practice structure seem to remain 'noteworthy', yet not fully understood. Consequently many unanswered questions remain about the potential risks that are currently threatening the veterinary profession in the UK, and their inevitable impact on professionals' identities.

According to the Sheridan report, the independent veterinary practice sector in the UK suffers from a poor and declining rate of profit (7% or less), whereas 'corporate' groups are gradually increasing their profit rate, targeting 18% or more. The Vet Futures team (2015) suggests that vets have been hesitant to charge more for their professional services and have relied heavily on the sale of medicine to sustain the survival profit generation for their practice. Similar studies in the USA have pointed out that 61% of practices struggle with negative profit levels, and that veterinary earnings in 2014 were lower than those of other professional groups (Vet Futures, 2015). In response, other success parameters to monitor performativity were examined, such as animal welfare, client satisfaction, client/patient database growth, market share, professional standards and personal income; however, efforts to improve these remained insignificant (Vet Futures, 2015). These factors are in need of investigation to assess how they might have affected vets' professional identity, and will be detailed further in later sections.

Veterinary surgeons are often not trained in business- and management-related aspects of their practices. The absence of a commercial skill set is diagnosed in recent literature as a 'skills gap' (Henry, 2013). John Sheridan

(Vet Futures, 2015) proposed that this skills gap was closely related to 'business expertise, and, is as important as professional skills in the provision of veterinary services in a demanding marketplace'. Therefore, issues concerning professionals and their understanding of professional service quality inevitably demand a better and more meaningful understanding of these changes; 'one that goes beyond the clinical dimensions of the profession' (Henry, 2013, p.16).

The Vet Futures team (2015) comments that shifting cultures in consumer behaviour cause growing concerns about the mindfulness and importance of ethical responsibilities in vets' professionalism. This poses a serious concern for vets in the UK, as the veterinary surgeon's professional identity is closely associated with a high level of ethos (Mossop, 2012). An omnibus survey carried out by the Vet Futures team indicated that 94% of the UK population trust veterinary surgeons generally or completely (Vet Futures, 2015). This trust has been slowly built up over many generations by veterinary surgeons who deal at first hand with practical animal welfare challenges and deliver professional, caring and compassionate services to their clients (John Sheridan, 2015, cited in Vet Futures, 2015).

Professional bodies have mentioned concerns about these rapid changes and are uncertain about the long-term impact on their profession; particularly the maintenance of scientific and ethical values at the core of veterinary professionalism. The British Veterinary Association (BVA) and the regulatory body (RCVS) launched the Vet Futures initiative, encouraging research and collaboration between practitioners and regulators on behalf of the veterinary profession in the UK (Vet Times, 2015). BVA president John Blackwell stressed the objective of Vet Futures as 'being in control of shaping its own future where the profession wants to be in the next 10–20 years, rather than being dragged in' (Vet Times, 2014).

Reflecting on the changing landscape of veterinary practice, Kinnison et al. (2014) note a number of significant challenges to veterinary professional identity that have occurred over a short space of time. These include the move from smaller practices to larger veterinary hospitals; increased specialisation, resulting in a greater emphasis on communications between



colleagues; consideration of referral; limitations of practice during clinical decision-making and emphasis on a distinction in veterinary care between insured and uninsured clients.

Therefore, the following section focuses on these recent changes that may have affected vets' professional identity by escalating pressure on professionals, which may have led to the intensification of emotional labour.

#### **2.1.5.1 Changes in Technology**

According to the IBISWorld UK Vet Industry report (2016), technology is the largest cost component of the industry. In 2014–2015 it took up 41.6% of the overall industry revenue of £3bn, which is equivalent to 18.8% of all industries in the sector. Orpin (1995) criticises veterinary profession for taking a purely scientific approach by arguing that since the 1990s, veterinary practice has only improved diagnostic imaging and surgical solutions. He emphasises the importance of 'the art of practice', in contrast to 'the science of the practice'.

#### **2.1.5.2 Changes in Corporatisation, Commercialisation and Distrust**

One of the other dramatic changes happening in the veterinary profession is the increase in the number of corporate veterinary clinics in the UK. The RCVS (2013) reports: 'for Vets working within clinical veterinary practice, there may continue to be a reduction in the proportion who are sole principals and whose practice is under sole principal or partnership ownership, and an increase in the proportion owned by a limited company or corporate concern'. Of those veterinary surgeons working in clinical practice, 43% work as assistants or employees of a limited company (RCVS Facts, 2013).

This leads to another topic, namely the consequences of the commercialism of practices. Corporate practices focus on service quality with a client-centred approach, seeking to increase the clinic's reputation for success regarding client satisfaction. Fundamentally, service quality seems to hold the key when it comes to loyalty: developing sustainable, long-term relationships with clients. It is suggested that client commitment remains one of the strongest, and non-replicable, competitive advantages (Brockman et

al., 2008). Nevertheless, this puts veterinary services under increasing pressure to balance costs and quality when choosing between competing alternatives (Lin and Brian, 1996). Similarly, Gardiner (2003) draws attention to commercial restrictions, arguing that finance versus welfare can present major ethical dilemmas, because balancing welfare with sensible, cost-efficient medicine can be very challenging.

Brockman et al. (2008) identify three main themes, from the perspective of the client, which cause clients to pause at the time of decision-making about veterinary services: emotional attachment, result expectations, and financial sacrifice. The article highlights financial and moral difficulties clients face when using veterinary services. Vets' clients consider the cost of a pet's treatment to a higher degree, compared to the cost of care in human health services: Brockman et al. (2008, p.7) indirectly refer to the UK's National Health Service when they point out that 'unlike human health care, consumers must directly pay for the majority of high-dollar veterinary care'. Each case is different because the pet is dependent on its owner's initiative and ability to pay. When an animal companion is ill, the consumer faces the stressful decision of whether to even engage with the treatment, along with the hardship of paying for it. It is also noted that the economic struggles of the last decade have taken their toll, by increasing the cost-consciousness of clients.

Some of the financial costs of cases are not foreseeable, which makes it difficult for both vets and clients to anticipate the overall price. Further uncertainties were addressed by the authors: 'the long-term consequences of the service may only be known over the course of time, it may not be clear whether costs associated with the service price could have been avoided by the service deliverer' (Brockman et al., 2008, p.7).

Previously, professionals mostly owned their practice, and working as an employee for large organisations such as corporates was not common (RCVS Facts, 2013). Increasingly, professions are becoming more commercialised, and as a consequence, professional identities are being obscured (Knights and Clarke, 2014).

Clarke et al. point out that 'work identities are contingent and perpetual works-in-progress, the fragile outcomes of a continuing dialectic between structure and agency' (2009, p. 347). They indicate that these structural changes in organisations will inevitably influence those working for them (agents). They contend that organisational structure exposes client centrality to professionals, with a monetary motive rather than 'service ethic'. From a similar viewpoint, Anderson-Gough et al. (2000) argue that changes in professions exhibit a straying from previously established 'professional service ideals', with reference to a 'public service ethic'. Along with commercial and professional activities, current reflections on the nature of professionalism acknowledge its changing nature and the fact that commercial orientation challenges the dominant service ethic.

Sullivan (2000) states that, 'the ascendant ideology of the time promotes and encourages people to ceaselessly be searching for the "best deal"'. This change in social climate has a significant and often negative impact on professional practice. The result, mostly evident in the USA, but not unknown in Britain and Canada, has been to transform the doctor-patient relationship by substituting questions of cost and benefit for traditional relations of care and trust. It is often commented, 'medicine depends on more than competence and expertise, essential as these are. It cannot function as an institution without good faith on the part of provider, patient and the public as a whole. The root of the public's trust is the confidence that physicians will put patients' welfare ahead of all other considerations, even the patients' momentary wishes or the physicians' monetary gain' (Sullivan, 2000, p.675).

The commercialisation of the veterinary profession has resulted in vets being interrogated more thoroughly at all stages by their clients. Effectively, this has been brought about by the client recognising, probably subconsciously, a change in professionals, as they become an employee of a larger corporation. It can be concluded that this conception and its effects on identity are inevitable (Anderson-Gough et al., 1998).

For the current literature, it is evidently documented that professional identities are assessed by their success quality, which requires client approval. The impacts on professional identity of privileging client satisfaction

have been observed by several scholars (Anderson-Gough et al., 1998; Anderson-Gough et al., 2000). The crucial role played by the client in professionals' socialisation, and the impact clients have on maintenance or defence of professional identity, are recognised as one of the main factors interfering with veterinary professional identity.

There are many ways in which a client's interference can impinge on professional identity. Anderson-Gough et al. (2000) argued that accommodating client needs is perceived by accountants as developing a 'culture of sacrifice' of personal time, and thus becomes normalised as the preferred method; however, this is actually forced upon individuals rather than being their own choice. 'What runs through these practices and links the disparate elements of behaviour and appearance is the recurring motif of the client, and the imperative to be "client-friendly". The demanding client becomes a part of professionals' "taken-for-granted" world' (Anderson-Gough et al., 2000, p.1156). The authors explain that the centrality of being client-friendly appears to initially present a 'professional image', used as a crucial survival tactic during professional life. The tendency to think of a professional's obligations to clients leaves professionals' 'appropriateness' and 'approval' to be determined only on the client's terms (Anderson-Gough et al., 2000), which reallocates the authorisation of professionalism to the client, instead of the professionals themselves. The manifestation of professionalism develops in a different form; such as a demonstration of similarities with clients, in order to build trust through commonalities. From these quantifications, it becomes evident that the concept of professionalism is inseparable from the notion of professional identity in terms of client service in the commercial era. Anderson-Gough et al. (2000) argues 'an understanding of what the client service ethic means for identity which is attuned, neither to self-interest nor to public service. What are at stake in the construction of the client are also, necessarily, those things that are rendered unimportant, marginal or invisible. What this ignores is that, for auditors, the client is the real shareholder' (p.1161).

Referring back to the development of professional identity within organisational culture and socialisation, the commercial aspect can cause a

conflict of interests. Clarke et al. (2009, p.347) note that within that process 'identities may not always be of our own choosing'. As a consequence, these ethical dilemmas may interfere with the 'ideal' professional identity. That can lead to the main dilemma of professional identities; that is, the battle between the 'ideal' and the 'real' selves. These notions are explained in later sections under definitions of professional identity.

### **2.1.5.3 Changes in Pet-Client Relations and Expectations of Services**

In addition to the factors described in the previous sections, there have been social changes in clientele and significant shifts of attitudes, beliefs and behaviour. The evaluation of veterinary services and their quality should be treated as operating under new circumstances, with the acknowledgement of the strengthening of animal-human bonds. The overall reflection of these factors occurs in its most visible form in the consultancy room, where veterinary surgeons are increasingly being exposed to considerably higher client expectations. The increase in client expectations, which is often reinforced via media and frequently leads to unrealistic expectations, is the most significant dimension raised by veterinary bodies' representatives (RCVS, 2015).

Ongoing importance is given to the increasing emotional involvement of clients, and how this may influence their assessments of veterinary services. While it is not within the scope of this research to explore this aspect, its emotional consequences are acknowledged, as they apply to the emotional work undertaken by vets. Many academics have emphasised the increase in pet ownership (Cavanaugh et al., 2008), and thus an increase in pet-related consumption concepts (Brownlie, 2008), bringing about a gradually increasing emotional value of pets in people's lives (Ridgway et al., 2008). Downey and Ellis (2008) focus on the emotional consumer socialisation process, underlying the importance of human-animal bond adaptation to consumer behaviours. Similarly, Keaveney (2008, p.444) points to the 'multi-million-dollar international market that needs exploration [and] flows from the highly involving, deep emotional bonds that develop between humans and their pets'. The influences of the emotional bond on consumption life cycles have also been investigated: regarding dog-owner relationships (Ellson,

2008) and cat-owner relationships (Megehee, 2008). Brady and Palmeri (2007) highlight that pet owners are now less driven by price, and more by 'emotion and passion'. Brockman et al. (2008, p.401) suggest that, compared to regular routine purchases, decisions about veterinary care are often much more involved and much more emotionally charged. They postulate that a logical decision-making process, where sacrifice is weighed against quality, does not always occur. In support of this argument, Gilly (2008) also acknowledges that the 'rational man' does not apply to consumer behaviours of vet clients, as their decisions are made under emotionally charged circumstances.

Further research has been aimed at gaining more insight into consumer decision-making in veterinary care. Brockman et al. (2008) noted emotional attachment, recovery expectations, and financial sacrifice as being the main themes that affect end-of-life decisions. In addition, three factors influence each of these themes: guilt (as an internal factor), the family, and the veterinarian (as external factors). Moreover, Holcombe et al. (2016) commented on an increase in veterinary social work as a consequence of the lengthened lifespans of pets, enabled by advanced medicine and the increased emotional value of pets in people's lives. As a result of this increase in emotional involvement of vets' clients, 'the potential for an overlap of medical and psychological interactions expands' (Holcombe et al. 2016, p.77). Accordingly, Brockman et al. (2008, p.399) put forward the essential role conflict of vets' professional identity, asking whether the treatment is being provided for the pet or the owner.

Next section provides definitions and positioning of identity in its main social constructs, with the intention of considering to what extent social shifts in professionalism and increasing expectations from professional services become relevant to a professional's identity.

## **2.2 Causes of Professionals' Identity Conflicts**

According to Parasuraman et al. (1985; 1988), in its simplest form, service quality is the art of 'matching customer's expectation and experience'.

Therefore, service quality research mainly deals with the issues of client satisfaction, which generally refers to consistency between expectations and experiences. Reviewed literature shows that, during the last four decades, scholars have commonly used customer satisfaction, or dissatisfaction, as the main criterion to assess the success of the service provider (Bansal and Taylor, 2015). This poses certain problems for professionals' identity, as it is an inseparable part of their services. Subsequently, being prone to needing clients' approval adds extra stress and requires more conscious attention toward how professionals are being perceived by their clients. The psychological consequences of continuously working in that state are further detailed in the later section on emotional labour.

The inseparable aspect of the service provider from the service itself involves the role of people in the service transaction and their influence on service quality, such as the service personnel's behavioural consistency (Bowen, 2016). Thus, the service provider inevitably becomes an integral part of the service itself, which is, effectively, an important part of the service offering (Woodruffe, 1995). However, within the last two decades, marketing literature has largely focused only on customer satisfaction, emphasising customer-orientated strategies; and has mostly investigated the perceptions of customers, whilst neglecting the role of the service provider in this interactive scenario (Andaleeb and Kara, 2014; Sharma and Patterson, 1999). Henceforth, this research concentrates, somewhat unusually, on the perspective of professional service providers whereas most studies of service quality focus on the perspective of the client (Dhillon and Prasher, 2014).

Many researchers have studied the diverse multiplicity of service quality, such as Grönroos and Voima, (2013); Parasuraman et al., (1988) and Lehtinen and Lehtinen, (1982). In addition, Parasuraman et al. (1985) highlight that managerial control of service quality lessens where the service is vastly dependent on the client's participation. Hence, compared with goods, the quantitative assessment of services becomes more problematic due to the absence of tangible cues. Inevitably, this makes the evaluation of the service quality more difficult for both the service provider and the client

(Brown and Swartz, 1989). They further suggest that service quality cannot be simplified by considering it only in relation to its outcome.

To document the differences between the process and the outcome, researchers have employed a basic classification: 'how' the quality is associated with the process of the service delivery, and 'what' quality is associated with the outcome. (Researchers later added another element, to consider the potential impact of a firm's image, which is not applicable to the current context.)

The main argument is carried between the technical and functional elements of services. This section summarises the different notions to illustrate how different terminology has been used interchangeably by scholars.

Even though different terms have been used for the recognition of this categorisation, the fundamental linkage remains the same. The concepts of 'technical quality', 'outcome quality' (Parasuraman et al., 1985), 'physical quality' (Lehtinen and Lehtinen, 1982), 'instrumental performance' (Swan and Combs, 1976) and 'overall efficiency' (Woodruffe, 1995), are equivalent to the concept of 'what'. Similarly, 'functional quality' (Grönroos, 1984), 'process quality' (Parasuraman et al., 1985), 'interactive quality' (Lehtinen and Lehtinen, 1982), 'expressive performance' (Swan and Combs, 1976) and 'the way service is delivered' (Woodruffe, 1995) correspond with the concept of 'how'.

Following a similar approach, Ong et al. (1995) classified professional services with the constructs of 'cure' and 'care', which are aligned with technical and functional qualities, respectively. Essentially, cure systems are used to refer to outcome-therapy, whereas care systems associate with the affective – that is, socio-emotional – rapport of the service provider. On balance, in the conceptualisation of the current thesis, the researcher favours referencing Grönroos (1984), in order to maintain consistency by using technical and functional concepts. In a later section, reference will be made to the work of Ong et al. (1995) and their allusions to medical services, bringing in the concepts of cure and care in order to avoid differing



interpretations. The table below summarises the concepts used for service quality in order to avoid conceptual ambiguity.

**Figure 5: Summary of Service Quality Concepts Usage**

<b>Author</b>	<b>Notion 'What'</b>	<b>Notion 'How'</b>
Grönroos (1984)	Technical	Functional
Parasuraman et al. (1985)	Outcome	Process
Lehtinen and Lehtinen (1982)	Physical	Interactive
Swan and Combs (1976)	Instrumental	Expressive
Ong et al. (1995)	Cure	Care
Woodruffe (1995)	Credence	Experience

### **2.2.1.1 Professional Identity Dependence on Client's Approval**

Debates on service quality started in the late 1980s and promoted the shift to a client-centred approach, which has become the main principle of many business strategies and has prioritised the focus of research upon the client. As a result, today's notion of quality is often defined merely from the client's perspective. Since then, this proposition, particularly in professional services, has been aligned with some hidden, invisible challenges, such as the emotional labour undertaken by professionals in order to sustain their desired professional identity.

According to Lehtinen and Lehtinen (1991), quality is delivered during interaction between the client and service provider. Similarly, previous research indicates that the intangible aspects of the staff-customer interface have a significant effect on service quality (Johnston, 1995). Therefore, interactions between the service provider and the client have become pivotal (Coates, 2011; Grönroos, 2011). Similarly, Ravald and Grönroos (1996, p.19) suggested that these interactions could develop into customer loyalty, whereby a stable, and mutually profitable, long-term relationship is enhanced. This emphasis on the delivery of the service, rather than the outcome, requires the integration of functional quality into the client-provider interaction. Additionally, researchers have reported that without functional quality the consumer will still feel unsatisfied, irrespective of the degree of

satisfaction caused by the technical quality of service (Luo and Qu, 2016; Swan and Combs, 1976).

Johnston's (1995) research reported that the determinants of satisfiers and dis-satisfiers differ in sources; and while users more easily assessed failures associated with technical quality, they commonly referenced functional quality in a positive light. The myth regarding the power of functional quality comes from its prerequisite for consumer satisfaction. Grönroos (1984) explained why this is problematic for researchers, commenting that 'functional quality is perceived in a very subjective way and cannot be evaluated as objectively as the technical dimension'. Emphasis on functionality has placed further importance on the client's opinion of service, and is contradictory to the notion of professional identity, which is built around technical elements such as expert knowledge and authority. This creates a conflict between the ideals (expectations) and realities (experiences) of professionals, by distributing this power to clients in order to assess the appropriateness of their professional identities.

Increasing evidence shows that the enhancement of quality in professional service is considered an essential strategy for success (Grönroos and Voima, 2013; Babakus and Mangold, 1992). It can be argued that the definition of service quality is informed by a comparison of customer expectations and actual service performance; this emphasises what the firms intend to deliver versus what the client receives, which could be significantly different (Parasuraman et al., 1985). The inconsistency and the challenges of evaluating professional service quality have been regarded as a topic in need of investigation (Bansal and Taylor, 2015; Brown and Swartz, 1989). However, although the number of research topics has increased dramatically, the study of professional services, particularly in the medical field, remains very limited.

Studies have been conducted on professional services that are facing different levels of challenge. The complexity of these professional service characteristics depends on a 'highly intangible, high-contact, high degree of expertise', and multiple difficulties arise in assessing its quality (Woodruffe, 1995, p.266). Within the multi-dimensional nature of satisfaction in

professional services, researchers have studied various classifications of components. Particularly in the health sector, the identification of key components of service quality presents insights into whether functional quality outperforms technical quality. Results indicate that further attention needs to focus on the interactions between the professional service provider and the client (Kaurav et al., 2016; Risser, 1975; Rubin, 1990).

Abdosh (2016) draws attention to the difficulties of assessing technical quality in health services. However, from a medical perspective, an approach that allowed us to do this would be ideal, since patients are often unable to assess the technical quality (outcome) accurately. Functional quality (process) is usually the primary determinant of patients' perception of quality (Babakus and Mangold 1992). Fitzpatrick (1984) suggested, 'many patients appear to have more confidence in commenting on convenience, cost, and a doctor's personal qualities than in expressing dissatisfaction with medical skill' (cited in Sitzia and Wood, 1997, p.1839).

As a result, the unique concept of professional services leads to an understanding of why the majority of the research emphasises functional quality as being more important than technical quality (Brown and Swartz 1989; Rust and Oliver; 1993). Clients' lack of ability in assessing technical qualities allows speculation about the manipulative power of functional quality to take over the overall client satisfaction. However, while this is a major concern for clients, it also poses different levels of problems for professionals. Subsequently, it leaves professionals conflicted between their ideal and real selves, as they may feel that their technical competency is not appreciated as much as their functional competency.

#### **2.2.2.2 Validation of Professional Identity and Suppression of Ideals**

Given that professional identities dwell heavily on expert knowledge (or technical quality), the emphasis on functionality increases the gap between the service ideals and real practice. The empowerment of client satisfaction seems to be the main indicator of professional service quality in literature, and the client's expectations repeatedly perform a fundamental role in expressions of satisfaction. Hopkins (1990) argues that a patient's

expectations are subjective; thus, 'quality' should be treated as essentially a subjective complex, where unreliability of satisfaction must also incorporate recognition. It has also been argued that it could be misleading to place confidence in client complaints as a tool for monitoring professional's actual success, as this may not be a reliable source due to lack of specialist knowledge; clients, more often, are not qualified to assess the professionals' task (Woodruffe, 1995).

These facts indicate the interactions between the service provider and the client seem to complicate a professional's identity. This implies undermining the integrity of professionals, in order to accommodate the subversive behaviour of the client. The process of distancing themselves from their ideal selves, in an attempt to meet their clients' expectations, leads to the deconstruction of professional identity. Consequently, 'the provider would design, develop and deliver service offerings on the basis of his or her perceptions of client expectations and arrange modifications depending on their perception of clients' experience' (Brown and Swartz, 1989).

Brown and Swartz (1989) found that relationships play a significant role in perceptual gaps between physician and client, which they called a 'dyadic exchange'. Based on their findings, they posed an important question for future research agenda: 'does process quality have a greater role than outcome quality in the overall professional service evaluation?' (Brown and Swartz, 1989, p.92). The proposition is provocative in its concept; yet most subsequent research has failed to adequately address the issue and its consequences for professionals' identity.

In the 1990s, the Gap Model became popular in professional services. Brown and Swartz (1989) identified three gaps in the context of medical/professional services: the gap between clients' expectations and experiences; the gap between clients' and service providers' perceptions of clients' expectations; and the gap between clients' and providers' perceptions of clients' experiences. Looking at these gaps, it becomes evident from the reviewed marketing literature that, although there is considerable emphasis on the client's assessment of services, insufficient attention is given to the provider's role in this interactive scenario. Although it

is acknowledged that an intra-client gap exists for the client, none of the models recognise that the same case may apply to service providers. Examining the expectations and experiences of the service provider in relation to the intra-provider gap could inform the debate more accurately. In particular, within professional service provision, there is a missing link between designing and delivering the service; by purely focusing on the client, the models neglect the interactive role played by the provider.

Academic research appears to widely acknowledge the interactive nature of the ‘dialogue’ of services. However, in its attempt to bridge these gaps, the literature remains more of a monologue, by mostly focusing on the client. This approach is particularly problematic when the service user and the service purchaser are not the same; for instance, in the cases of paediatric doctors or veterinary surgeons. Most of the work carried out in professional services acknowledges the importance of clients’ opinion in assessing the success of professionals, which posits problematising issues for professionals’ identities in seeking the approval of clients (Brown and Swartz, 1989; Ravald and Grönroos, 1996). However, analysis of how clients perceived the service would not be highly satisfactory without an appropriate understanding of the provider’s perspective (Brown and Swartz, 1989).

**Figure 6: Conceptualisation of Service Quality and Professional Identity**

<b>Service Quality</b>	<b>Between</b>	<b>And</b>
Gap 1	Client expectations	Client experiences
Gap 2	Client expectations	Professional perceptions of client expectations
Gap 3	Client experiences	Professional perceptions of client experiences
<b>Research Gap</b>	Professionals’ expectations	Professionals’ experiences
<b>Professional Identity</b>	Ideal self	Relative self

While researchers have focused largely on one side of the argument, targeting clients, they have seemed to neglect the potential drawbacks and effect on professional identity. Due to the current paucity of academic research in this area, future research needs to account for the perspective of the professional service providers, acknowledging the conflicts that may subsume their service ideals, and consequently maintenance of professional identity.

Mclver (1993) argues that the client satisfaction movement was part of the general shift towards consumerism. Managers were encouraged to promote a 'customer service-orientated culture', to devise and run 'quality management systems' and to adopt an all-embracing quality philosophy, which was arguably controlling and affecting professionals' identity.

Kaba and Sooriakumaran (2007) emphasise this, by noting the evolution of the doctor-patient relationship: moving from the traditional approach to the patient-centred approach within the last 20 years. Similarly, whilst investigating 'patient-centred healthcare systems', with the intention of finding out what patients want, instead of what professionals believe they need, Sofaer and Firminger (2005) noted an increase in the implications regarding healthcare quality. At present, the focus on clients is being reinforced with the paradigm of a medical world that increasingly employs patient perceptions of the quality of health services (Pulvirenti et al., 2014). This is seemingly an adequate approach with doctor-patient cases, as here it is the patient who is directly experiencing the service; but in veterinary medicine this is not the case, thus concept becomes problematic.

Furthermore, researchers point out that service providers' interpersonal skills have often been neglected in their technical repertoire (Mosadeghrad, 2014). Meanwhile, numerous authors have listed the importance of these quality determinants, but the integration of these elements into the service delivery somehow has not been sufficiently addressed.

Many researchers have emphasised the key role played by professional-client interactions, which profoundly affect the ideals of professionals (Ibarra and Petriglieri, 2016; Ben-Sira, 1980; Brown and Swartz, 1989). Although

this concept has helped to shift attention to the professionals' role in this process, little empirical data has been presented within the last two decades. This implies a need for updated research in order to tackle the issues concerning the consequences of consumerism for the maintenance of professional identity.

### **2.3 Conflicts of Professional Identity and Emotional Labour**

The reviewed literature on marketing suggests that within the overall perception of quality, functional quality often becomes a stronger determinant than technical quality. Swan and Combs (1976) report that in order to justify his or her satisfaction, a satisfied customer is more inclined to comment on 'expressive attributes' rather than 'instrumental attributes', reinforcing the emphasis on functional quality. Brown and Swartz (1989) claim that professionals are not aware of this gap, 'many professionals are more task-oriented than client-oriented'. The professionals' tendency to focus on technical quality, rather than functional quality, could be one of the reasons why the content of previously published papers remains limited to the role of professional-client interactions in functional quality.

Brown and Swartz (1989) emphasise that the professional-client relationship has a profound effect on the overall evaluation of service quality. It is suggested that clients predominantly rely on professionals' quality attributes associated with 'functional quality'; such as reliability, empathy and assurance. Within functional quality, aspects of care, communication, trust and empathy are regarded as the most important interpersonal aspects in health care (McIver, 1993; Sitzia and Wood, 1997).

These debates provide insight into the importance of the professional-client relationship and the essential link of how functional quality elements are integrated into service delivery. Similarly, Williams and Calnan (1991) found that irrespective of medical context, the most important criteria were professional competence and the nature and quality of the patient-health professional relationship. Findings provide sufficient support for the previous arguments, in which functional quality seems to dominate technical quality,

underlying how the power of 'mode' enables the dismissal of technical elements (Anhang et al., 2014).

In the case of human medicine, Senić and Marinković (2013) point out that when a patient does not have the medical knowledge to judge the practitioner's medical activities, it is the affective behaviour that becomes the criterion a patient uses for evaluation of the service. Moreover, the patient's appraisal is dominated by the emotional support (mode) that accompanies the course of treatment (Ben-Sira, 1980).

### **2.3.1 Complications of Vet-Pet-Client Interactions**

Following the importance given to interactions between the service provider and the client in professional service quality, this section draws attention to the veterinary profession, acknowledging the complications that arise from the involvement of 'the animal' within this relationship. Additionally, some distinct characteristics of clients, such as emotional involvement, provide more complicated dynamics to investigate. Despite the distinctiveness of veterinary professional service matters, there is still a paucity of scholarly work that has touched upon their special features. In veterinary services, the client is mandatorily involved due to the communication barrier between pet and vet; thereby the triadic nature of service interactions becomes even more problematic. Therefore, client approval of vets' professional identities is largely dependent on their interpersonal skills. This poses a problem for professional identity, given that vets predominantly perceive that their primary role is to 'cure' the patient and rarely associate their duty with having to satisfy the needs of the client. These results are important when considering the essence of a vet's professional identity, which is centralised around 'science and animal', and conflicts with their ideals when challenged by accommodating a client's needs that are not science or animal oriented.

The different expectations of the cure and care elements are important when considering how professionals prioritise their ideals and why shifting from cure to care may cause conflicts to arise in identity. In veterinary settings, research conducted by Brush and Artz (1999), from a sample of 193



veterinary practices, identified three elements to be considered: credence, experience, and search characteristics. 'Credence' qualities are defined as attributes 'that are costly or difficult to evaluate by the buyer even immediately after purchase and consumption' (p.226). Therefore, adjustments become more complicated from the service provider's point of view. Testing a patient, diagnosing problems, performing specialised treatment, recommending continuous treatment under core medical generic services, and knowledge of preventive medicine under preventive care have been classified as activities with 'credence' characteristics, showing a direct link to 'cure' or technical quality. Within credence-related activities, Brush and Artz (1999) named 'professional resources' as drivers of competitive advantage, coming from knowledge of medicine, schools granting a veterinary degree, and professional norms and associations.

Difficulty arises within veterinary services, where the actual performance (cure) is not in its most visible form. For instance, when the client leaves the clinic with a prescription and the antibiotics take effect within the next few days, the overlapping time between paying for the service and receiving the actual result immediately causes clients to be more anxious (Kosa and Robertson, 1969). These elements are further discussed in terms of emotional labour, where professional identity is overloaded and confronted with different experiences in reality, compared to the expectations of their ideals.

Furthermore, researchers indicate that vets' clients, who are often already emotionally predisposed due to the current health issues of their pets, tend to be less fair when evaluating the service quality of veterinarians (Brush and Artz, 1999). The delay between diagnosis and the pet's response to therapy usually causes clients to alter their service assessment criteria to functional quality in the absence of any way to assess technical quality. In addition, in the study of a number of UK health care institutions (general practice, dentists and hospitals), Williams and Calnan (1991) found that 'professional competence' is the most important criterion for services, irrespective of medical context. Ben-Sira (1976) noted that a patient's perception of professional competence in health quality is often led by a doctor's

friendliness and reassurance. Therefore, arguments revert back to emphasising the functionality of quality, rather than the technical competence of professionals. This aspect creates a problem for a professional's identity if it is not integrated into the schema of ideal self. Transforming the image of an emotionally neutral scientist expert into a relative self, and providing a friendly and personal service, threatens the 'professional' aspect of identity. This often causes professionals to resist and disassociate from being service personnel. What appears to be lacking is a clear understanding of the importance of emotional encounter within the evaluation of service quality (Johnston, 1995).

Similarly, while professional services traditionally used to predominantly emphasise 'credence', Brush and Artz (1999) point out that practice capabilities are boosted through good relationships with clients where 'experience' qualities become more significant. In addition, Brush and Artz (1999) highlight that 'the existence of medical services with experience qualities is acknowledged but not widely investigated, in part because it may suggest a diminished emphasis on the credence qualities of the service'. In support of this, Sitzia and Wood (1997) indicate that even when patients are good at assessing technical aspects of service, such as when doctors are clients; without functional quality, their perception of service quality was still unsatisfactory (Kosa and Robertson, 1969; Ong et al., 1995).

Reviewed literature on 'professionals' is paradoxical when 'emotional neutrality' is counted as an essential characteristic representing professionalism, as the importance of 'affective behaviour' of professionals in medical settings has been evidenced by a large number of scholars (Arnold and Boggs, 2015). For instance, Fitzpatrick et al. (1992) and Kadner (1994) draw attention to the interactions between the professional and the client, recording that patients are strongly influenced by the professionals' interpersonal manner. Similarly, MacAllister et al. (2016) found that clients ranked kindness, friendliness and emotional support as 'exceptionally good' service rather than technical care.

In support of this, recent research on how to improve veterinary services acknowledges the gap between veterinary practitioners and their clients. For

instance, focusing on the client's side in quantitative terms, Gabay et al.'s (2014) empirical research (109 clients-surveys) addressed the question of what vets' clients want. Similar to the studies mentioned on medical service quality, the researchers identified that clients respond strongly to the elements that convey warmth and reassurance; those which are associated with 'care' and not driven by the 'cure'. Based on these findings, the authors recommended that information on setting expectations may be obtained by talking to service providers who have direct experience in dealing with clients.

Researchers report that veterinary clients define high quality 'not only as the soundness of the actual medical treatment, but also in the way the practitioner or service provider interacts with clients' (Henry et al., 2013; Frankel, 2006). Subsequent findings suggest that practitioners should attend to the strategic value of client relationships and should provide programs to enhance strong vet-client relationships (Kanji et al., 2012). Brockman et al., (2008, p.405) suggest 'future research needs to explore the extent to which strong client relationships are perceived as important to vet practitioners, and might identify the specific strategies vets use to build and maintain these relationships'. These findings have brought a different perspective to debates surrounding conflicts arising in the veterinary professional identity, as it remains primarily and predominantly focused on animals, thus neglecting the client part or not perceiving it as part of a vet's duty.

Literature fails to draw attention to the complexity arising from vet-pet-client interactions in the understanding of emotional labour commenced during this process. The role played by the involvement of emotions, from both vet and client, makes the service provision particularly challenging. In support of this, Brockman et al. (2008) underline the complexity of these interactions: 'vets not only care for the animal patient but also provide an important service with potentially deep emotional cachexia for the owner' (p.405).

Although many studies have been undertaken on animal-human bonds and emotional attachment at client's side, the complex effect of the evaluation of vets' service quality, and its potential flaws, on professional identity have not yet been fully examined from the professionals' perspective. In order to

demonstrate why certain conflicts arise in veterinary service settings, it is necessary to address the characteristics of the vet–pet–client triad relationship. For this purpose, the following section presents some of the previously published research relating to the provision of service quality in the veterinary profession. Three separate interactions are discussed consecutively: pet–client, vet–client, and vet–pet interactions.

### **2.3.1.1 Pet and Client**

Researchers describe the deep emotional bonds that develop between clients and their pets (Keaveney, 2008). Brockman et al. (2008) highlight that ‘animal companions play an increasingly important role in consumers’ lives, and therefore many pets receive acceptance and treatment as a member of the family’. For example, the American Pet Products Manufacturers Association (APPMA) reports that 42% of dogs now sleep in the same bed as their owners, compared to 34% in 1998 (cited in Brady and Palmeri, 2007).

In addition to this, Kennedy and McGarvey (2008, p.424) argue that pets are commonly referred to as ‘loved family members’. According to Cussack (1988), ‘animals serve as confidantes with no risk of betrayal’ (cited in Dotson and Hyatt, 2008, p. 457). Ridgway et al. (2008) state ‘pet owners consider their pets as full family members and extensions of themselves’.

Holbrook and Woodside (2008) used an interpretive approach to investigate a consumer decision made under these emotional circumstances.

Brady and Palmeri (2007) point to the changes in social factors and put forward their argument that ‘pet owners are becoming increasingly demanding consumers who won't put up with substandard products, unstimulating environments, or shoddy service for their animals. But the escalating volume and cost of services, especially in the realm of animal medicine, raises ethical issues about how far all this loving should go’.

Richard G. Wolford, chairman and CEO of Del Monte Foods Co. (DLM), has stated that he refuses to use the word ‘owner’ (cited in Brady and Palmeri, 2007). “Anyone who has a pet understands who owns whom” says Wolford, who is owned by two Jack Russell terriers’. Brady and Palmeri (2007) also

cite Bob Vetere (2007), the president of the APPMA, who asserts that 'people are no longer satisfied to reward their pet in pet terms. They want to reward their pet in human terms'. Brockman et al. (2008), call this as 'the price of unconditional love'. Even though these researchers acknowledge the emotional involvement in this profession, the literature remains limited on its potential impact on the vets' professional identity.

### **2.3.1.2 Vet and Client**

Reassurance, empathy, and familiarity play a significant role in building trust and are regarded as important aspects of the doctor–client relationship (Morriss, 2015). Williams and Calnan (1991) also report the nature and quality of the professional–patient relationship to be an important determinant of client satisfaction. Similarly, the power of good communication is acknowledged as a tool of integrating care element into veterinary service provision (Coates, 2011; Morris, 2012). Lund et al. (2009) also report that 'about one-third of owners reported problems related to a lack of trust and poor communications in encounters with their veterinarians'. Furthermore, Lund et al. (2009) outline the consequence of the increasing importance of dogs in a client's life, which is reflected in an increase in demands from clients who 'have expectations of their veterinarians, not only with respect to the treatment of their dogs but also with respect to themselves as clients' (p.106).

### **2.3.1.3 Vet and Pet**

One of the most challenging aspects of the relationship is the ethical consideration and dependence on the perspective of 'whose behalf?' Ethical concerns can be very relative. According to Jen Halls (BVA, 2014), veterinarians commonly face ethical dilemmas in their everyday practice. Usually the terms 'ethics' and 'welfare' are used in conjunction within veterinary terminology.

Regarding end-of-life decisions, for human beings, euthanasia is often perceived as immoral; whereas in the veterinary profession it is perceived as normal. As Brockman et al. (2008, p.398) point out, 'vets routinely euthanise animals to end their suffering without moral controversy concerning social

welfare'. However, ethical issues involved in the vet–pet–client case are acknowledged; but the potential impact of that on the service of vets and their welfare have not been investigated from this perspective. It is worth noting that, although the veterinary graduation pledge includes reference to ethical responsibilities in relation to the client, society and the environment, it states that the primary ethical responsibility of the vet is 'ensuring the welfare of the animals under their care' (RCVS, 2014).

## **2.4 Reconciliation of Split Identity and Emotional Labour**

The term 'emotional labour' is defined by Hochschild (1983, p.7) as 'the management of feeling to create a publicly observable facial and bodily display, suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others'. Its labour comes from the demand involved in coordinating the mind and feelings. Research undertaken on emotional labour in service roles reveals that for professionals 'to survive in their jobs they must mentally detach themselves – from their own feelings and emotions' (Brotheridge and Grandey, 2002).

The consequences of suppressing emotions or attempting to having control over them can pose serious problems (Hochschild, 1979). According to Freud (1925), the role of emotion is to communicate feeling; thus it serves as a 'signal function'. When emotions are suppressed, their communication function is disabled; thus, they do not inform the feeling anymore. Hochschild (2012) calls this process 'transmutation of an emotional system,' indicating that an individual can become deaf to their emotions, and consequently lose access to their sense of self: 'When the transmutation works, it means we sacrificed losing the signal function of our feelings and became robots'. We ask ourselves who we are, as if the question permits a single neat answer. 'We still search for a solid, predictable core of self even though the conditions for the existence of such a self have long since vanished' (Hochschild, 2012).

In their study, Steinberg and Figart (1999, p.9) stressed the significance of emotional labour: 'The relational rather than task-based aspect of work,

found primarily but not exclusively in the service economy; it is labour intensive work; it is skilled, effort-intensive, and productive labour. It creates value, affects productivity, and generates profit'. The debate surrounding the commercialisation of human feelings particularly concerns those in service roles, who lend their 'inner sources' to the profit motive of companies (Hochschild, 2012).

From another angle, emotional labour is also recognised in situations where 'efforts [are] made to understand others, to have empathy with their situation, to feel their feelings as a part of one's own' (England and Farkas, 1986, p.91). James (1989, p.15) points out that these two elements happen simultaneously, and that the service provider needs to empathise with the emotional state of their clients whilst managing their own emotions. As a result of 'suppressing or managing their own feelings or emotions' (Kunda and Van Maanen, 1999), service providers expose themselves to negative effects on their well-being, and may suffer from 'burnout, fatigue, and emotional inauthenticity' (Macdonald and Sirianni, 1996).

Moreover, when researchers employ the social identity theory, they argue that some effects of emotional labour are moderated by one's social and personal identities, and that emotional labour stimulates pressure on a person to identify with their service role (Ashforth and Humphrey, 1993). Furthermore, they also comment: '[the way] one displays feelings has a strong impact on the quality of service transactions and the experience of emotion itself' (Ashforth and Humphrey, 1993, p.88).

These characteristics of emotional labour inevitably vary among different service roles. Tang (2012) points out the drastic differences in the levels and kinds of emotional labour undertaken by service providers compared to occupational services (e.g. cabin crew) and professionals (e.g. surgeons). However, though Ashforth and Humphrey (1993) explored the link between emotional labour and personal identity, Tang's (2012) concept of 'professional emotional labour' remained virtually unexplored, particularly in professional identity literature.

## 2.4.1 Unacknowledged Labour

With ever-improving technologies, the decline in manufacturing process, and the sudden growth in service industries, there is a need for a more social set of skills with the increase in jobs involving interaction with people rather than working with machines. Greater emphasis has therefore been given to the talent of representing of an 'appropriate' image, and the ability to have control over feelings and emotions, is globally acknowledged as a strategic competitive source (Bolton, 2004). Accordingly, the need for what is known as 'men productive power' has declined, and traditionally feminine characteristics such as care and compassion have become more relevant skills. The intensive labour dedicated to these activities is often taken for granted. As a consequence, this is not recognised as a means of efficiency, which arguably adds gender diversion into the dismissal of women's emotional labour, as opposed to men's productive labour (Gherardi, 1994; Bolton, 2004). Researchers stress that victimisation of women is not the only consequence; men also struggle with the unacknowledged dynamics of current work. Marsh and Musson (2008) report, men juggle emotion work between the father identity (being emotional) and the career identity (being rational). Along with this, Hochschild (2012) points out that another form of false self is being reinforced via the culture of altruism. She suggests that this phenomenon may lead to women being more prone to 'overdeveloping the false self' (Hochschild, 2012), stating that the womanly art of status enhancement and the emotional work that is required has been made more public, more systematised and more standardised. Consequently, Hochschild (2012) contends that women are becoming victims of stereotyping in their professions due to a belief that women are more emotional; and, because their emotions are given less credibility, they need to show them more strongly. However, she argues, this display of emotion is taken as 'overreaction', which may in turn increase stereotyping in an organisation, to the disadvantage of women. She uses an example from politics: 'When a man expresses anger, it is deemed 'rational' or understandable anger, anger that indicates not weakness of character but deeply held conviction, when women express an equivalent degree of anger,



it is more likely to be interpreted as a sign of personal instability'. As traditionally, women are assumed to be emotional, 'this very belief is used to invalidate their feelings'. Therefore, less trust may be given to female judgements and less respect accorded to the way the female feels. As a consequence, not only their opinion, but also their labour in emotional work, is discredited (Hochschild, 2012).

Moreover, Hochschild (2012) presents another example using statistics from medical settings, where female physical problems are given less credence compared to those of males. The opposite applies in psychological problems where men are less accepted as experiencing stress, and it is more common for women to be referred to psychologists. These indications are striking, as they suggest that even professionals are not exempt from gender biases when making decisions, and the inequalities concerning both genders are embedded in everyday life.

#### **2.4.2 Dilemma of Emotional Neutrality and Professionalism**

Emotion is often defined as interfering with the rational goals and success of professionals, which underpin the ideal image of the 'objective scientist' (Fineman, 2000; Putnam and Mumby, 1993). For this reason, professionalism often demands the suppression and denial of feeling and emotion (Bryant and Cox, 2006; Parkin, 1993). In a professional context, 'emotional neutrality' is repeatedly reported as one of the elemental characteristics of professionals (Larsson, 2014; Hickson and Thomas, 1969). Society and professions hold expectations of distinct 'feeling rules' (Goffman, 2002), displaying how people should manage and express their emotions (Harris, 2002) and how the suppression of emotion at work is bound up into power and control mechanisms. Brotheridge and Grandey (2002) claim professional occupations are more exposed to emotional exhaustion in the form of emotional labour. According to their research, specifically in medicals, emotional labour predicts emotional burnout. The results were confirmed by subsequent researchers, indicating certain 'caring occupants' such as health carers (Knights and Clarke, 2015; Leonardi et al., 2013) and academics (Taggart, 2011). Consequently, professionals are more likely to

experience burnout, as the caring aspect of their job has an element of genuine feelings and deeper emotional involvement (Brotheridge and Grandey, 2002). Drawing on previous concepts, it is acknowledged that the mismatch between ideal and relative selves can result in burdening, discontent, professional dissatisfaction and detachment from emotions (Ibarra, 2004). Rousseau (2002) argues that the acceptance of a division between the 'real' self and the 'ideal' self is often a way to avoid stress and act on defence mechanisms. Similarly, Lemmergaard and Muhr (2012) define identity work as developing professional indifference, and hence emotional detachment to cope with emotional strains.

This division, or mismatch of the ideal and the real self, 'relinquishes a healthy sense of wholeness' and, as a consequence, this tension could be normalised to accept the ideal' (as one wishes to be), and 'on-stage relative' self (who one should be) (Hochschild, 2012). Other responses to emotion control entail subordinating 'to emotion labour forms' or maintaining a split identity, thus negotiating between authentic and displayed identity. Efforts put into these kinds of 'appropriate displays of emotion' are explored in the research on emotional labour (Clarke et al., 2009).

Furthermore, Tracy (2000, cited in Winkler 2016 p.5) states that in 'reacting to systems of emotion control, individuals simultaneously constitute themselves and are constituted as emotional beings through consenting and resisting behaviour and discursive meaning making'. Fineman (2000, p.6) poses several important questions, such as 'Who has to be pleased or appeased? To whom should one not reveal weakness or displeasure? Where is it appropriate to express warmth and appreciation and when should these feelings be disguised?'. In relation to this, Smith et al. (2014) state that people do not only adjust their feelings to the emotions prescribed by an organisation, but also to work the relation between self-identity and social identity.

Researchers have also studied the ways in which identity is threatened, acknowledging the difficulties of maintaining a sustainable individual identity that remains integrated with social identity (Watson, 2008). In support of this, social identity theorists argue that identity threats are indeed associated with

negative emotions (Burke and Stets 2009; Stets and Turner, 2014; Stets, 2015). Fineman (2000 p.6) observes that 'the feelings and meanings are on-going actors on identity'.

Identity constitutes a lived experience that is 'simultaneously cognitive and emotional' (Jenkins 2014, p.67). Constitution of identity demands both cognitive effort and affect (Winkler 2016). Grappling with the complex and dynamic interplay between thoughts, actions and emotions would constitute a productive agenda for identity work research. Despite the fact that identity work was observed to be both conscious and subconscious (Watson, 2008), most of the research has privileged the conscious aspects of the identity work (Hoyer and Steyaert, 2015). According to Winkler (2016), focus on the conscious element of the identity has often caused neglect of the role of emotions in constitution of how individuals perceive their identity and relate to their social identity.

Recently, scholars have given further attention to the role of emotions as informing and defining the identity in the process of constructing its meaning (Winkler, 2016; Zembylas, 2003). Emotions in experiences are often used to describe tensions between desired ideals and actual realities that call the acknowledgement of the fundamental link between the emotions and the professional identity (Winkler, 2016; Curchod et al., 2014; Knights and Clarke, 2014). In relation to this, debates informing the professional identity generally focus on the 'individual's ability to negotiate and improvise aspects of a professional role' (O'Connor, 2008). For instance, Zembylas (2003) draws attention to the inseparability of emotions and professional identity: 'in fact, their (rational) reasoning is dependent on emotional choices' (cited in O'Connor, 2008). Given an example from doctor-manager's identity, Cascon-Pereira and Hallier (2012) confirm that 'emotions are cues for the rationalisation process to construct identities for the self and others, thereby constituting social positions'. Therefore, emotional effort dedicated to the construction and re-formation of identities becomes evident (see e.g. Cascon-Pereira and Hallier, 2012).

Therefore, the sufficient understanding of how emotions inform and influence the professional's identity becomes an essential research topic (Clarke et al.,

2009; Smith, 1993). In support of this, Winkler (2016, p.1) also notes that 'no contemporary review of the identity literature has focused on mutual constitution of emotions and identity'. From a similar perspective, Coupland et al. (2008) point out the limitations of the current literature, which is 'neglecting people's agency in responding to emotional norms,' whilst focusing on the controlling and regulating aspect of these norms. Thus, future research should investigate the role of emotions in problematising professional identity, rather than just acknowledging their mutual constitution.

Overall, these studies demonstrate that identity work constitutes a continuous emotional struggle to reconcile tensions between the authentic identity and a displayed identity that adheres to professional/organisational emotion norms.

### **2.4.3 Attempts of Split Identity's Reconciliation**

Professionalism is predominantly characterised by emotional neutrality. Winkler (2016) reported that professionals, particularly those in managerial positions, tend to deny being emotional, because this would interfere with their understanding of professionalism. Similarly, Kerasidou and Horn (2016, p.8) reported that 'the expression of emotions in medical practice is perceived as unprofessional and many doctors learn to suppress and ignore their feelings'; the process is termed a 'moral compass'.

Kerasidou and Horn (2016) identified that while being empathetic to patients is expected from doctors, no attention was given to the labour this demands from the physicians. The authors argued that 'the profession is ruled by maintaining a technically skilful, rational, and emotionally detached doctor'. By highlighting how emotions are being repressed in medical settings, Kerasidou and Horn (2016) criticised the fact that doctors are not allowed to deal with their emotions due to 'the fear of being criticised or stigmatised as weak'.

Similarly, Hochschild (2012, p.50) documented that 'in the operating room serious professional behaviour require, justify and facilitate a clinical and impersonal attitude toward death'. Also, the 'correct professional attitude' of a

pathologist carrying out a post-mortem examination allows the whole exercise to be completed effectively and certainly more scientifically, rather than emotionally. She also shares her observation that whereas at university a laboratory dissection class may arouse some humour, possibly being used as an emotional valve, there is little humour in the hospital autopsy room.

Expanding upon these analyses, Westwood and Johnston (2012) study 'humour' in forms of cynicism, sarcasm and irony as tactical defence mechanisms in response to coping with emotional labour. Westwood and Johnston (2012) attribute additional functionality to these forms of humour as employees' protests against institutional colonisation of their professional identities. Humour in the workplace is also studied by Martin (2010) as an emotional response to the performed identity.

Meanwhile, Hochschild (2012) further indicates that challenges of emotional labour result in a 'human cost', in forms of emotional numbness and psychological detachment. She explains that these strategies 'reduce stress by blocking access to the feelings through which stress introduces itself', and that this allows a person to remain active, despite major distress. However, although this may solve the problem in the short term, there may be a more serious long-term cost. Hochschild (2012) concludes by arguing that 'when we lose a central means of interpreting the world around us, we become part of the commercial show'. Tracy adds that 'employee identities are constructed in relation to virtually incontestable and inescapable emotion labour forms' (2000, p.90). Yet, the invisibility and the tacit nature of emotional work caused it to be unrecognised and therefore not valued (Taylor et al., 2017).

The instantaneous production and consuming nature of emotional work has become an important component in service quality. Its features are recognised by scholars as a desired capability of service providers (Brockman et al., 2008). Often, successful utilisation of these skills demonstrates a core competence with a competitive advantage among service industries (Steinberg and Figart, 1999). Yet, even though emotional work can be similar to other forms of labour, in being arduous and tenuous and generating exhaustion and stress, it is rarely recognised. Tancred (1995)

highlights its importance, saying ‘its intangible, instantaneous and perishable assets [render] emotional labour as an invisible skill which seemed to be admitted or appreciated across service providers’ (cited in Bolton, 2004). Furthermore, McNaughton (2013, p.71) outlined that ‘emotion in medical education rests between the idealised and the invisible, sitting uneasily at the intersection between objective fact and subjective values’. Correspondingly, Riley and Weiss (2016) reviewed the professionalisation of emotions and the interpersonal aspects of emotional labour. The authors highlighted that, especially in the case of medicals, attempts at coping with or managing emotions through suppressing and controlling them are categorised as causes of emotional labour. Their findings suggest that ‘the importance of emotional labour should be recognised and valued in healthcare settings and furthermore, professionals must be equipped to deal with the severe emotional demands of medical work’.

Equally, Wagaman et al. (2015) specified ‘compassion and empathy’ during medical service interactions, as forms of emotional capabilities and as a subject in need of further investigation and acknowledgement. Service providers are expected ‘to possess a genuine emotional understanding and empathy’ (Hargreaves, 2001, p.1059); nevertheless, due to failures in quantification of emotional labour, it seemed unimportant and was considered worthless (Constanti and Gibbs, 2004; O’Connor, 2008).

#### **2.4.3.1 Professional Emotional Labour**

Traditionally, professionalism is dominated by professional knowledge, standardised as objective and exclusively scientific (Schön, 1983). This causes the subjective encounters of a professional’s identity to be neglected (McMurray and Ward, 2014; Hargreaves, 1998). As a consequence, the technical characteristics inescapably regulate the professional role in a rationalist manner. Subsequently, dwelling on expert knowledge, professional possessions are not equipped to cope with the complexity of professionals’ socially set, and negotiated, identities (Sullivan 2000; Wellington and Bryson, 2001). ‘Identities are not incidental to the work but are an integral part of it and its instrumental approach to human personality and social interaction raises troubling moral issues’ (Leidner 1991, cited in

Wellington and Bryson 2001, p.933). In addition, Wellington and Bryson (2001) discuss the interdependence of these elements in 'people based services' and the difficulty arising due to the dyadic nature of these service interactions. Providing an example from psychiatry, Leidner (1999) demonstrates the occurrence of ethical conflicts for professional identities, particularly where clients are directly involved in service encounters.

Similarly, Leidner (1999) accepts the unavoidable influence of service quality on a professional's identity. In fact, Mueller et al. (2011) conveyed that for professionals, when the client's expectations do not match with their own, it causes self-doubts and 'role conflicts' that result in moral distress and diversification between the ideal and relative selves. As a result, professionals experience an internal negotiation between the discriminated ideal and the relative self, in an attempt to maintain 'appropriate public and professional identity'. Hochschild (1983, p.7) explains this as an emotional labour, when a person induces or suppresses their true feelings and is limited in being able to act out their desired identities.

Across the reviewed studies, the interfering role played by clients is identified as one of the most troubling issues in the construction and maintenance of professionals' identity. Therefore, when investigating the emotions that problematise identity, future research should acknowledge the role played by others, such as clients (Brown, 2015; Winkler, 2016). Hochschild (1983) argues that 'a private emotional system has been subordinated to commercial logic, and it has been changed by it'. However, 'like most great achievements, the advanced engineering of emotional labour leaves new dilemmas in its wake, and new human costs'.

#### **2.4.3.2 Emotional Conflicts of Vet's Professional Identity**

This section focuses on emotional labour in the specific context of health services. Knights and Clarke (2015) emphasise that medical professionals often 'live on the edge,' showing higher tendencies towards suicide, depression, and alcohol/drug abuse, along with anxiety and insecurity. They claim that among medical professionals, doctors, dentists and veterinary surgeons are deemed to be the prime candidates for this designation. Legal

access to pharmacies and lethal drugs, with the knowledge of how to utilise their effects, was highlighted as one of the factors that count against medical professionals. In addition to this, Mastenbroek et al. (2014) argue that gender might be one of the predictors of burnout among young veterinary professionals. According to their survey results, males score significantly lower in emotional exhaustion and cynicism compared to their female colleagues.

Pilgram (2010) discusses the invisible and little-acknowledged emotional work undertaken by veterinary professionals, who are expected to provide a social and emotional support to their grieving clients when they lose their pets. In addition to vets not having been trained for this sort of counselling task, they may also be subject to absorbing more of these negative emotions, due their identification with their clients and shared empathy in being animal lovers and pet owners.

Perfectionism among vets is believed to be rooted in, and fuelled by 'the constant pressure on individuals to develop and realise their full potential reinforced by institutions of family education and government' (Knights and Clarke, 2015). According to the same researchers, vets, along with academics, are experiencing severe levels of anxiety due to increasingly being subjected to market forces. Consequently, the drastic elevation of managerial controls in favour of client-oriented market strategies comes at a cost of 'de-professionalisation and loss of autonomy', by compromising identities for motives of profit (Knights and Clarke, 2015).

Whilst studying stress management in veterinary students, Collins and Foote (2005, p.171) summarised that 'veterinary practice involves a multitude of potential stressors, including long hours, lack of control over workload, emergencies, unexpected deaths, euthanasia, client grief, treatment failure, surgical challenges, difficult clients, conflicts with staff and mistakes in diagnosis. The large array of potential stressors can combine to put practitioners at high risk of mental, physical and emotional fatigue'. They argue that, in addition to their professional duty of looking after the animal, vets also need to respond to the emotional needs of the client. This has a negative impact on the vet's mental health.



From these analyses, it is concluded that the veterinary profession represents a distinctive platform for this kind of research. Critically, the profession is in emergent need for further research dedicated to the psychological costs of emotional labour; costs which, according to Hochschild (2012), will call for 'great inventiveness' to pay.

## **2.5 Summary**

This chapter has dealt with three major themes: professional identity, service quality and emotional labour. Looking at professional identity in a service context raised the issue of market pressures, particularly generated through the enforcement of client-authorized definitions of service quality.

The notion of identity has been defined from sociological, psychological, and social-psychological perspectives. Relevant identity theories have been reviewed, and social identity theory has been expanded upon, with particular reference to professional identity. The main objective of this chapter was to investigate professional identity from a social-psychological viewpoint, in order to provide an understanding of issues that in the researcher's opinion are worth considering.

The consequences of the deconstruction of professional identity create conflicts and diversification of ideal and relative selves, becoming the topic of interest in the form of emotional labour. The intense mental efforts dedicated to the reunification of these selves are considered as threatening welfare issues for professionals in their daily activities. It is also a call for the investigation of what it really entails to be a professional, and into the psychological costs and human sacrifices needed to maintain this position in today's society, behind what seem to be 'prestigious' identities. The increasing rates of clinical stress, suicide, and emotional burden among professionals call for an acknowledgement of professional emotional labour, the re-assessment of efforts in marketing strategies, and a definition of professional service quality.

Traditionally, a user-based approach equates quality with maximum levels of client satisfaction, but arguably this is not an appropriate approach when the

user of the service is different from the client, as in veterinary services. The problem with the user-based approach is that it attributes the highest value to the perceived service quality rather than the actual service quality, by undermining the technical element. This presents conflicts for vets' maintenance of their professional identity and contradicts with their ideals; thus adding further emotional labour as they attempt to keep up with the competing demands of their profession.

The point is not to disregard the professional knowledge of the vet and their abilities of diagnosis, but to argue that it would be misplaced confidence to suggest that these technical 'credence' qualities are sufficient on their own to provide client satisfaction. This is controversial to a vet's understanding of professionalism. The emotional support devoted to clients, 'care', seems to be one of the problematising issues in the case of vets, as they see their primary and sole duty as being to 'cure' the animal. Therefore, it is important to investigate the professional service provider's perspective of how functional quality elements relate to experience, and how these affect their professional identity.

Current evidence on vets and professional identity suggests that vets show a strong commitment to their occupation and to animal welfare, both accompanied with a high degree of ethical and emotional involvement. Evidence on the changing context of veterinary practice, shows that commercialisation and changing client expectations have had a significant impact on the maintenance of vets' professional identity.

Meanwhile this commercialisation challenges the public service ethos, and diverges from the original ideal image of professional identity. Client expectations are also becoming increasingly demanding, thus increasing the intensity of emotional labour and its impact on professional identities. This usually tends to produce a drastic mismatch between the ideal and relative selves, which tends, in turn, to lead to debates about emotional labour. Professionals are defined with reference to rationality, but professional work involves expending emotional labour. Having to manage self-presentation, maintaining emotional neutrality and displaying a 'professional persona', is itself considered mentally demanding, hard work. It is postulated that in the

current literature there is still a paucity of research on this aspect of professional work.

Derived from the literature analyses, the objective of this study is to contribute to the understanding of how professional identities evolve in veterinary practice, in response to commercialisation and changing relationships with clients. It explores the tensions that arise for individual practitioners and the strategies that vets employ in repositioning themselves in relation to the ideal professional type.

**Figure 7: Conceptual Framework**

<b>Changes in Veterinary Professionalism</b>	Technological	Commercial	Client's Expectations
<b>Professional Identity</b>	Ideal Vet		Real Vet
<b>Causes of Identity Conflicts</b>	Vet-Pet		Vet-Client
<b>Professional Emotional Labour</b>			

## **Chapter 3**

# **Research Design and Methodology**

### **3.1 Introduction**

The aim of this chapter is to establish the link between the identified research objectives, the selected research strategy, and the reviewing methods' appropriateness in their implementations. The reasoning behind the decisions, motivation, and indications driven by the literature analyses are discussed accordingly.

This chapter is structured in three sections. In the first section, research aims and specified objectives are listed, and the rationale for the philosophical positions is justified in qualitative research strategy. In the second section the analysis technique and data collection methods were chosen. The advantages and limitations of these decisions are discussed after comparative considerations of other relevant approaches. In the third section, the research design is presented with details of the data gathering procedures.

#### **3.1.1 Researcher Relevance and Motivation**

Researchers in social science are concerned with the exploration of 'ideas and intellectual capital' influenced by 'conceptual and theoretical inspiration' (Bryman and Bell, 2015, p.5). The multi-disciplinary (Brown, 1997) and interdisciplinary (Watson, 1997) context of management research is limited to portray a straightforward link between the theory and the research. Hence, the complexity of its nature provides different levels of motivation for its researchers (Bryman and Bell, 2015; Silverman, 2016). On a wider scale, researchers are assumed to be primarily driven by the need of understanding what is occurring in their field where they could identify unsolved problems (Bryman and Bell, 2015, p.5). Therefore, the motivation behind this research, as well as its academic contributions, is also concerned with the pragmatic implications to the profession. Subsequently, the pivotal element of the researcher being involved with the subject, or having experienced the subject would enable in-depth elucidation of it (Bryman, 2015; Smith, 2015; Woodruffe, 1996). Similarly, Bryman (2015) underlined 'the training and personal values of the researcher cannot be ignored'. Therefore,

researchers' position as a qualified veterinarian surgeon becomes relevant. Hence, the rationale behind focusing on the veterinary profession also comes from the researchers' previous experience of working as a veterinary surgeon in the small animal clinics.

Regarding the academic background of the researcher; she is graduated from Ankara University with the degree of Bachelor of Veterinary Science in 2010, after five years of academic education and professional practice. She became a recognised Veterinary Surgeon, and still occasionally practice in small animal clinics. In addition, the researcher also holds a four-year, undergraduate Bachelor degree in Business Administration and completed a Masters in Management. Thus, bridging the researcher's knowledge and interests in veterinary science and business management provides academic and professional background to this research project.

### **3.2 Research Aim and Objectives**

This research investigates professional identity conflicts and the emotional labour results from the attempt of reconciling the ideal and real selves. Therefore, the original contribution of the thesis is to the understanding of the way that emotional labour is employed in order to maintain vets' professional identity in a context of competing and conflicting demands of their profession. On a wider scale, it will inform current debates on how recent changes have affected vets' sense of professional identity, and will examine the tensions between their ideals and realities. In particular, it is aimed at deepening the understanding of vets' experiences to explore the ambiguities and the tensions on professionals' identities that result in distinctive professional emotional labour in the context of their services.

Therefore, three key contributions of this thesis are summarised below and are revealed in Chapter 4, Chapter 5, Chapter 6, and Chapter 7:

Chapter 4: To advance empirical understanding of how recent changes have affected vet's professional identity in the UK.

Chapter 5: To explore the causes of tensions and conflicts between professional identity and service quality.

Chapters 6 and 7: To identify the elements of professional emotional labour that trigger conflict of vet's professional identity.

### **3.3 Research Strategy**

Flick (2014) argues the complexity of the reality does not allow most phenomena to be explained in isolation. Complimentarily, Cassell et al., (2006, p.164) add qualitative element 'enables the unfolding and analysis of a complex set of relationships'. Parallel to that, Weber principles of 'verstehen' known to be used to capture the meanings and interpretations that actors subjectively ascribe to phenomena in order to understand how they experience and articulate with 'socially constituted everyday realities' (Johnson et al., 2006 p.132). The strength of verstehen comes from its intentional recognition of the internal, subjective logic: because, 'qualitative analysis is a cognitive process and each individual has a different cognitive style' (Heath and Cowley, 2004, p.149). Accordingly, this approach is particularly found to be successful in business and management studies (Mintzberg, 1973; Armstrong et al., 1981).

A qualitative researcher could relate to two common interpretive orientations between ethnography and phenomenology (Bryman and Bell, 2015). Ethnographic researchers usually take an active role in the field and mostly focus on observable trends (Bryman, 2015). Due to practical constraints, ethnographic observations were discarded. Instead, phenomenology is determined to be more adequate approach for the purpose of this research for the following reasons.

One of the restrictions on observations was the involvement of clients' and patients' confidentiality and complications arising in approvals of ethics application forms. Another factor considered during the informal discussions, was the fact that because the researcher is also a veterinary surgeon, her presence as an observant in the practice was not a welcome idea, and in some cases was considered an element of confrontation. Especially among recent graduate vets, presence of another vet may have caused anxiety,

since it could be interpreted as monitoring to examine their medical knowledge.

In contrast to ethnography, phenomenology does not intend to offer findings but it does suggest interpretations. Thus, Husserl (2012) calls it 'a science of consciousnesses'. Phenomenology is grounded in the early work of Husserl and Heidegger (Dowling, 2007). It has been explained by Van Manen (1990) as a 'process of exploring one's interests and understanding of a phenomenon'. This is accomplished by exposing the principles of the phenomenon through gathering information and stories from those living within its world, and then interpreting the data, before suggesting possible effects, consequences and actions. Thus, phenomenology enables deeper investigation into the subjective experience of the individual, including interpretation of their reality (Creswell, 2013). Therefore it can be argued that phenomenology allows closer relevance to the utilisation of participants' spoken experience over ethnographic behavioural observations. Taking all these factors into an account, phenomenology is evaluated as the most appropriate approach, as the content of interviews demanded vets' actual experiences, represented from their inner world to the researcher through gained confidence and trust.

Although phenomenology is grounded in Husserl and Heidegger's work, their methodological ambitions differ. Whereas Husserl aims to define the essence of the experience in a descriptive manner, Heidegger aims for the understanding of being in an interpretive way (Gill, 2014). The approach employed in this research is closer to the Heidegger's (1988) who believes 'self and world belong together in the single entity' which is called 'Dasein', translated as 'being there' (cited in Gill, 2014). As research investigates from the perspective of social identity theory, it treats the professional identity as a single entity, which is defined as a dialogue between self-internal drives and external demands.

Further to this, Heidegger asserts that 'emotions and moods are involved in our perceptual and cognitive engagement with the world, present in even our most abstract intellectual endeavours' (cited in Hatzimoysis, 2010). This approach correlates with the research objective of this thesis, which



investigates the role of the emotions problematising professional identity, and is therefore accustomed to the inspection of emotions (Gill, 2015a). Therefore, Heidegger's interpretive approach was concluded to be a better fit for the purposes of research objectives.

Given the interest in phenomena, professional identity and its links to the emotional labour could not possibly be separated from the service context in which they appear. According to Solomon (2006) individuals make connotations of meanings through their feelings, and therefore emotions and the conscious understanding of the experience, are inseparable. Moreover, emotions are credited as an intrinsic aspect of experience (Solomon 2006; Van Manen, 2003). Therefore, recognition of the role played by emotions is key to the understanding of the meaning of experiences (Smith, 2008; Van Manen, 2003). As Solomon (2006, p.291) noted, the 'realm of emotions is rich and promising territory for phenomenologists'.

Following this rationale, it was essential to develop a strong phenomenological element in this research to allow for the emergence of new themes throughout the process of data-theory interactions (Bryman, 2015). This process is regarded as 'appropriate knowledge - epistemology' about the social world (Saunders and Lewis, 2012) and is closely interlinked to the analysis and interpretation of the data. In contrast to a positivist approach of objectivism, constructivist ontology acknowledges the continuous role played by 'social phenomena and their inference of meanings as undertaken by social actors in social display' (Bryman and Bell, 2015, p.726). By the essence of social constructs of professional identity, experienced tensions and ambivalences of vets' identity, is inevitably within the subject of a subjective stance; additionally, this sort of data can only be demonstrated by the interpretation of its researcher.

Guba and Lincoln (1994) reveal the innuendo of interpretive research, via recognition of the possible different interpretations and its valued validity on meaningfulness for different realities, which 'is interrogating different representations of professional perspectives' (Bettany and Woodruffe-Burton, 2009). Similarly, Johnson et al. (2012) argue that professions are driven by the professional's self-interest. It is, therefore, the relationship

between the profession and the identity that are strongly interlinked in the context they appear. The characteristics of phenomenology, attributing extra importance on counting participants' interpretation of their reality, are further detailed in the following section, with particular reference to Smith's interpretive phenomenological analysis (IPA) (Gill, 2014).

IPA's unique advantage comes from its empowering role in the understanding of emotions that intertwine the experience (Gill, 2014). For these reasons, other scholars also validate IPA, which is researched in regulation of identity (Alvesson and Willmott, 2002), mental distress (Folkman and Moskowitz, 2000), and organisational identity (Gill, 2015a). Consequently, after considering various methods of phenomenological analysis (Osborne and Smith, 2008; Gill, 2014; 2015a, 2015b), interpretive phenomenological analysis (IPA) is identified as the most adequate approach for the research objectives of this thesis.

### **3.4 Research Methods**

An interest in professional emotional labour and the issues affecting vets' professional identity, as experienced by vets, required the subjective accounts of their everyday experience of work that inevitably required the employment of qualitative methods. That demanded to investigate vets' identity conflicts and account their emotional impositions of their individual experiences. Moreover, driven from the literature review, it was also noted that there is a paucity of work published in qualitative research investigated in professional services mainly neglecting the problematising issues for professional service providers by focusing univocally on prioritising only customer's experience (Zeithaml et al., 1993). A review of other methods in marketing literature is further specified and presented in the appendix of this thesis. Hence a quantitative format was not necessarily conducive to allow the participants to express their views on the experienced conflicts and the emotional labours of their duties. Thus, accounting for the complexity and subjectivity of subject's nature, a qualitative approach over quantitative was intentionally chosen to capture the insights of phenomena rather than simply listing the facts. Valuable contributions of qualitative research, especially

research published in identity work, were also validated by other researchers in these subjects (Cassell et al., 2006; Gioia et al., 2013; Gill, 2015b).

The important methodological contributions of interviews to identity work, are also reported by other scholars who investigated this (McInnes and Corlett, 2012; Symon and Pritchard, 2015). Therefore, interviews present an adequate platform for the demonstration of emotion and identity, through realistic expressions of how people define themselves and discuss their experience, regarding 'who one is' in relation to 'what one does' (Sveningsson and Alvesson, 2003). Qualitative research interviews are defined as being '...concerned with individual's own accounts of their attitudes, motivations and behaviour. It offers richly descriptive reports of individuals' perceptions, attitudes, beliefs, views and feelings' (Hakim, 2000, p.23). Qualitative interviews are appropriate where the researcher holds great interest in the interviewee's point of view to reflect the respondents' concerns (Bryman, 2015). Smith (2008) widens the implications of the qualitative interview implying that, it not only includes the understanding of the respondent's viewpoint, but also investigates why they have that view point.

Adding to this, Gioia et al. (2013, p.17) refer to informants as 'knowledgeable agents who are socially constructing their realities, thus can explain their thoughts intentions and actions'. Researchers are referred to as 'glorified reporters' as their role is to provide a platform to credit informants' experiences for richer concepts, instead of confirming existing ones. Likewise, these interviews aimed to serve both parties involvement through collective and collaborative identification of issues (Gioia et al., 2013).

From another angle, Fournier et al. (1998, p.3), mention the importance of open talks in research 'when we talk to people we hear about [the] confusing, stressful, intensive and manipulative marketplace in which they feel trapped and victimised'. They also highlight the emerging themes of loss of control, vulnerability, stress, and victimisation that possibly would not have arisen if the researcher had not been able to relate to their research subject. Building on this point, Bettany and Woodruffe-Burton (2009) underlined that 'despite

the foundations of trust, partnership and mutuality... academic literature revealed a dearth of [the participant's] feeling, emotion, opinion or voice'.

Within qualitative interviews, phenomenological interviews are referred to as, 'interactive introspection' (Wallendorf and Brucks, 1993). The impetus value of sharing a researcher's own experience during such interviews enables the interviewee to delve deeper into their comments, due to feeling more at ease knowing they are understood without judgement (Wallendorf and Brucks, 1993). The positive impact of this kind of openness in phenomenological interviews has been recognised by other researchers (Oakley, 1981; Ellis; 1991; Woodside, 2004). Phenomenological interviews are also employed and accredited by other researchers in corresponding topics; for instance, professional identity (Friedman and Kaslow, 1986), professional health services (Bowling, 2014), physicians in medical settings (Burford, 2012; Sullivan, 2000), anaesthesiologists' work (Larsson and Holmström, 2007), and identity anxieties (Gill, 2015a).

### **3.4.1 Review of Relevant Studies' Research Design and Methods**

Professionalism and emotions have been investigated in the context of teaching by O'Connor (2008), who employed qualitative interpretative methods. Similarly to this thesis, O'Connor's results were also indicative of emotional interference with professionalism among participating teachers. From a parallel perspective, interpretative qualitative methods have also been employed by other researchers studying Social Identity Theory as applied in medical contexts. Findings have been validated across many other studies that looked particularly at group processing during medical education, which involves the early stages of informing and constructing professional identity (Burford, 2012). However, this thesis takes a somewhat different approach, acknowledging the indicative construction of professional identity starting earlier than actual education (i.e. during childhood), and how in the case of veterinary candidates, expectations and aspirations are commonly shaped or become vivid throughout medical training; this may or may not apply to other medical students (i.e. doctors). In relation to the unique service context of veterinary surgeons, ethical dilemmas about

professional identity – particularly those that concern clients’ interference – showed similar complications to those previously reported for accountants (Anderson-Gough et al., 2000).

The reviewed literature selectively presented above indicates the validity and reliability of interpretive qualitative research in other contexts. Reflecting on the findings of this thesis, the methodological design proved to be complementary to the designs of previous researchers, and revalidated the compatibility of studied academic theories from phenomenological perspective. These methods aimed to maximise the richness and acknowledge the complexity of these findings, which further accorded with interpretative phenomenological analyses.

Results showed similar indications to those found by Gill (2015a, 2015b, 2016), who provided extensive evidence crediting the power of the interpretative phenomenological analysis technique in other overlapping research areas, such as ‘elite identity’ and ‘status anxiety’.

A study by Costas and Kärreman (2016) evidenced extensive qualitative data gleaned from knowledge workers in the context of management consultants; they also undertook research considering identity regulation in work experience, where commonalities were detected parallel to this thesis. It was found that not living up to the ideals of professional identity causes boredom, described as ‘arrested identity founded on unfulfilled expectations and the sense of stagnation’ (Costas and Kärreman, 2016, p.61). Similar reports were made by vets interviewed for this thesis as another form of emotional labour. Therefore, the methodology employed in this study demonstrates confidence in the use of the interpretative qualitative approach in reporting emotional conflicts of professional identity.

**Figure 8: Research in Social Identity and Professional Identity**

Author	Context	Relevant Theories	Participants
O'Connor (2008)	Teachers Emotions and Professional Identity	Qualitative Interpretive Study	3 participants - teachers
Burford (2012)	Group processes in medical education: learning from social identity theory	Social Identity Approach	
Anderson-Gough et al (2000)	Professional Identity Accountancy	Professional Identity	
Gill (2015)	Elite identity and status anxiety: An interpretative phenomenological analysis of management consultants	Interpretative Phenomenological Analysis	8 participants – management consultants

**Figure 9: Research in Types of used Phenomenology**

Author	Context	Type of Phenomenology	Participants
Kram and Isabella (1985)	Organizational studies	Descriptive Phenomenology (Husserlian)	3-6 participants
McClure and Brown (2008)	Psychology	Descriptive Phenomenology (Husserlian)	3 participants
Gibson (2004)	Pedagogy	Descriptive Phenomenology (Husserlian)	Not specified
Yakhlef and Essén (2012)	Nursing	Interpretive Phenomenology Heideggerian	Until new informants reveal no new findings
Murtagh, Lopes and Lyons (2011)	Psychology	Interpretive Phenomenology Heideggerian	1 or more

### 3.4.2 Semi-structured Interviews and Thematic Analysis

Semi-structured interviews provide a common list of topics with the intention of increasing the comparability of data and to give uniformity in order to enable the extraction of coded themes. Compared to structured interviews, semi-structured interview techniques grant the researcher the flexibility of keeping an open mind about the contours, enabling concepts and theories to emerge from data (Bryman, 2015). This approach aimed to minimise the

potential manipulation of 'commonly shared fears' which could occur in unstructured interviews (Bryman, 2015). It is also used with an intention of maximising respondents' sense making of their experience, by limiting the researcher's bias, which might arise from imposing researcher's preordained assumptions (Gioia et al., 2013). Authors highlight the limitations of structured interviews, and the necessity of leaving freedom for informants' terminology, by conscientiously using their terms in order to sustain a rigorous interpretation of their experiences. Moreover, semi-structured interviews are called 'retrospective and real-time accounts by those people experiencing the phenomenon of theoretical interest (Gioia et al., 2013, p.19) which provides an adequate frame for this interpretive phenomenological analysis.

Semi-structured interviews are suitable for explorative phenomenological nature of the thematic analyses that are employed in this research, where the theorising and conceptualising of the data is derived from identified themes. These emerge through an individual's recounted experience, and are then categorised into subordinate or superordinate themes. These processes corresponds with the stages generally used in Nvivo10 and are the purpose for the empirical data analyses of this study, where open-coding has utilised the development and creation of sub-nodes, clustered under main themes, as merged into main nodes. It should be noted that the reason for using Nvivo10 software in this study is limited only to data management. Data processing and use of thematic analyses in Nvivo10 are further detailed in a later section under management of interview data. Given these considerations of data management, it was decided to adopt mono-method, semi-structured, face-to-face, in-depth interviews to enable thematic analyses.

### **3.4.3 Selection of Interviewees**

The critiques regarding the number of respondents, particularly in qualitative research, are presented in vague perspectives without specific justifications. For instance, Onwuegbuzie and Collins (2007) suggest qualitative research should not be so small as to make it difficult to achieve data saturation,

theoretical saturation or informational redundancy, but at the same time, the sample should not be so large that it is difficult to undertake a deep case-oriented analysis. Congruently, Flick (2014) concluded that there is no definitive approach in qualitative data analyses corresponding with how to validate data. However, Creswell et al. (2011) recommended 20 to 30 interviews as a reasonable sample, they also underlined that should be left to the initiative of the researcher. The same authors explained that the actual appropriate number should be determined by the researcher, when similar themes start to re-occur in their data.

Phenomenologists primarily adopt an idiographic approach in order to sustain an in-depth and detailed understanding of an individual's experiences. Therefore, it does not aspire to achieve 'theoretical saturation', thus it rejects the debates concerning the number of the participants. Rather, it achieves its sufficiency through intentional purposive and the homogenous selection of participants (Gill, 2014).

However, phenomenological approaches typically employ a small number of interviewee variants such as 1 (Murtagh et al., 2011), 3 to 6 (McClure and Brown, 2008) or 8 Gill (2014), that is not necessarily true. For instance, in case of Tanner et al., (1993) hundreds of participants were recruited 'until new informants reveal no new findings' (Gill, 2014, p.122).

Fifty face-to-face, in-depth, semi-structured interviews were conducted with veterinarian surgeons, whereby it was not the intention to look for generalisation of data. Instead, the concern was with gaining a deeper understanding of vets' individual experiences. Correspondingly, generalisations are not among the strengths of interpretive phenomenology; researchers in phenomenological stance are, first and foremost, concerned with the richness of qualitative accounts over quantity of data (Gill, 2014; 2015b).

In conclusion, after comparison with other techniques and considering its pros and cons, interpretive phenomenology is found to be the best approach for the content and the context of this study. Gill (2014, p.17) credits IPA as a unique and valuable focus on qualitative approach where 'an idiographic



focus that does not necessarily seek to establish causal relationships, an assumption of a chain of connection between what individuals say and what they experience.’ In phenomenological principles, the main rationale of researchers is to offer recommendations, and not rules (Gill, 2015b). Despite its limitations in generalisation, the main objective of this research was to investigate the understanding of the challenges vets’ face and the meaning of their experiences that creates conflicts of their professional identities. Thus, it was not intended to provide definitive answers as to what something ‘is’ (Larkin et al., 2006) or to ‘produce universal truths’ (Gill, 2014). Another element behind this decision was the involvement of the service context whereby vets could focus on particular experiences, and finally the IPA served the function of providing a platform for the emergence of the links between conflicts of professional identity and emotional labour.

## 3.5 Research Design

The following table below illustrates the three phases of the research design, further explained in the following sections.

Figure 10: Steps of research design

	Resource	Methods	Type	Role of interviewee	Intention
<b>Phase 1 Pilot</b>	Royal College of Veterinary Surgeons	Qualitative: Unstructured interviews	Face-to-face	4 Veterinary Surgeons 2 Veterinary Nurse 1 Receptionist	Identification of research issues
	Vet Webinar	Online Vet Webinar	Online Seminar Question-Answer	7 Online Webinars about Practice Management in UK	Expert opinion
<b>Phase 2 RCVS</b>	Royal College of Veterinary Surgeons Knowledge Library	Semi-structured interview	Face-to-face	RCVS Head of Library and Information Services	Access to RCVS Secondary data and Journals AVMA
	Royal College of Veterinary Surgeons	Semi-structured interview	Face-to-face	RCVS Head of Communications	Access to RCVS Survey Questionnaire and Survey Analysis
	IT Department Royal College of Veterinary Surgeons	Registered Application of Practice Data Source	E-mail, exchange of excel documents	RCVS IT Database Officer	Conditions of Supply - Access to London Small Animal Clinics
<b>Phase 3 Data Collection</b>	RCVS Practice Data <sup>1</sup>	Semi-structured interviews	Face-to-face	50 Veterinary Surgeons 25 Female 25 Male	Main Primary Data Resource for developing framework

### 3.5.1 Phase 1

The intention of the pilot study was to assess the appropriateness of the focus, only on veterinary surgeons, within the clinical settings. A small database of vet clinics was created using Internet search engines. Clinics were contacted by telephone, whereby four out of ten agreed to collaborate.

<sup>1</sup> Data collection criteria of the clinics chosen: only small animal general practices that are registered with RCVS either with Practice Standards Scheme (PSS) or non-PSS and located in London – Region 7.

The pilot study comprised seven face-to-face, unstructured interviews with veterinary nurses, receptionists and veterinary surgeons at four different Greater London small animal practices. The table below gives details of the interviews:

**Figure 11: Pilot Study**

	<b>Gender</b>	<b>Date</b>	<b>Role</b>
Clinic 1	Male	14.04.2014	Veterinary Surgeon
Clinic 2	Male	22.04.2014	Receptionist
Clinic 2	Female	22.04.2014	Veterinary Nurse
Clinic 2	Female	22.04.2014	Veterinary Surgeon
Clinic 3	Female	23.04.2014	Veterinary Nurse
Clinic 3	Female	23.04.2014	Veterinary Surgeon
Clinic 4	Male	16.09.2014	Veterinary Surgeon
Vet Webinars	Mix	April – May 2014	Specialists

A second element of the pilot study was an online participation in Vet Webinars. As stated by the RCVS, veterinary surgeons in the UK must attend 35 hours of training under the continuing professional development programme (CPD events). Some of this training is online, vet webinars, providing content-specific sessions. At the end of these sessions, time is allocated for vets' questions, concerns and confusions. These events were very insightful in developing an understanding of vets' current struggles and concerns.

Two important facts were identified during the pilot study. One of the most striking issues was vets' criticisms, that most of their concerns are not being vocalised by their trade unions, and that there is not enough research undertaken to tackle these problems. However, when calling the clinics, there was great deal in difficulty gaining access to vets to ask for their opinions. This led to the identification of a second issue: the barrier preventing access to veterinary surgeons. Receptionists are often the ones to answer phones calls, and rarely understand the intention of this call, they resist passing the research invitation to veterinary surgeons. Although they often offer the kind assurance, that 'they will call you back', this rarely happened. In this sense, receptionists were acting as gatekeepers. In two cases, it was necessary to contact the vets known from university, directly.

On another two occasions, receptionists were asked if they would be interested in being interviewed, and it was only possible after conducting interviews with them, to ask for their cooperation in arranging a meeting with veterinary surgeons. Often, in their responses they mentioned the importance of the vets' role in clinical settings; therefore, this time the request seemed reasonable to them.

### **3.5.2 Phase 2**

During the webinars, vets often mentioned the role of the governing body, the Royal College of Veterinary Surgeons and the impacts of their regulations. Therefore, intense effort was ploughed into arranging meetings with key contacts from RCVS. In preparation of the empirical data collection, five additional in-depth semi-structured interviews were conducted with RCVS representatives from different departments, namely: RCVS Knowledge, Research and IT Data Office.

In discussions, the barriers regarding access to the veterinary professions were mentioned to RCVS representatives. Paradoxically, representatives mentioned the limitations of their researchers, who often perceived conflicts of interests by veterinary surgeons, due to the involvement of a governing body. Often they reported vets being hesitant to state their true opinions. Equally, most of their research, conducted via surveys, was strictly limited to quantitative methods, and therefore was less insightful in elaborating the cause of many symptoms. They also stated concerns that the shortage of vets is becoming a problem and that they do not seem to have sufficient data to explain why vets are now leaving the profession with a shortened career life than ever before. Therefore, representatives mentioned their interest in this project which was the importance of gaining an understanding from the perspective of the veterinary surgeons in practice. At this point, RCVS mutually agreed to enable the direct access to veterinary surgeons by providing vets' e-mail addresses, in order to overcome the difficulty of accessing to the veterinary surgeons – as experienced during the pilot study.

Additionally their data sources, such as previous and current survey results, were provided, along with access to the RCVS library. Free access to veterinary journals has extended the reach of secondary data.

**Figure 12: RCVS meetings during Pilot Study**

<b>RCVS Meetings</b>	<b>Date</b>
RCVS library	20.04.2014
RCVS communications	31.07.2014
RCVS research	07.08.2014
RCVS communications	21.03.2015
RCVS communications	08.07.2015

The informal discussions held during the first two phases led to the structuring of the interview agenda. Issues highlighted included the significant perceptual gaps that fed into the conflicts between an idealised profession and the reality. The driving forces behind the daily challenges of financial constraints, unrealistic client expectations, and other constraints that frame vets' experiences, and their implications for the commercialised profession, were topics that were brought up regularly in these discussions. It was noted that the 'taken for granted' ideas and practices, the consenting of a dominant vision of idealised profession, the medical technicalities, and the tensions that it created for their professional identity, became evident in the discussions. Based on these observations, the 'aide-mémoire' of topics listed as below:

**Figure 13: Themes of semi-structured interview**

<b>Main Themes</b>	
1	Becoming a vet
2	Changes and challenges in the profession
3	Ideals and realities of being a vet
4	Differences between clients and vets understanding of quality
5	Conflicts of daily practices and 'Vet-Pet-Client' interactions

### **3.5.3 Phase 3**

Arrangement of research participants began in March 2015. Following the database received from RCVS, randomly selected veterinary surgeons received an official invitation e-mail to participate; this had been prepared for this research and approved by RCVS before being sent. The exact letter and consent form can be found in the appendix to this thesis. The data base sampling, agreed with the RCVS, allowed for a target of equal gender split, a range of ages and length of tenure as a vet, along with different levels of authority within their organisation to sustain a wider range of perspectives informing the recent changes in the profession as being experienced by professionals.

#### **3.5.3.1 Characteristics of Participants**

All participants of this research are registered members of the RCVS, and licensed for small animal practices in the UK. An equal gender ratio was obtained intentionally, as this represents the current practicing vets' gender ratio in the UK. Their experience varied between 2 and 45 years, which covers the vast majority of tenure scale (RCVS, 2015). According to the RCVS Annual Report (2015), bio-demographic characteristics of participants correspond with the UK's current vet profile (RCVS, 2015).

Vets, practicing in small animal clinics of every role, were interviewed, including practice managers, head surgeons, regional managers, vets working in small clinics where they are the sole vet in charge and large hospitals with 200 employees. Forty-seven different clinics were visited during this research, including both corporate and non-corporate practices. Within the corporate clinics, four major organisations in the UK were included. Associates, sole principals and partners, interviewed included vets who worked in charities, hospitals, university research hospital, reference hospitals and second opinion clinics.

The majority of vets were UK graduates, including all seven veterinary schools in the UK. These are: Cambridge, Royal Veterinary College, Edinburgh, Glasgow, Liverpool, Nottingham and Bristol universities. Many of those interviewed held speciality degrees (doctorates) in gynaecology,

neurology, internal medicine, surgery and anaesthetics. More than half of them had experience working abroad in countries such as, continental Europe, the USA, Canada, and Australia. All respondents also owned their own pets and had experienced being a client of other vets.

### **3.5.3.2 Location**

With the exception of a few interviews with head-vets or vets in managerial positions, where the interview took place in their office, interviews were held in the clinics. Most of the time vets were very busy, but were kind enough to allow the researcher to visit them in their lunch break. This often seemed to be the only time they could spare, without cancelling their appointments. Some of the interviews were held in a consultancy room. This added a reality dimension, as the atmosphere enabled vets to reflect on the meaning of their experiences within their professional surroundings.

Quite often, clinical settings became part of the interviews. For instance in one case a vet was speaking whilst performing an operation on a cat when the question was asked, 'in your opinion, what makes a good vet?' He then asked the researcher to come over and to suggest what she would do next in this kind of operation (knowing the interviewer is a qualified vet). Following the response he then seemed to be pleased and answered the question of what makes a good vet, emphasising surgical knowledge in an open surgery operation in that case. On another occasion, the interviewer was told the animal was anaesthetised and interview must end before the operation. This gave the interviewer a 30-minute maximum to end the session, as the interviewee knew that another vet (interviewer) would not take up more of their time, while at the same time testing the researcher's knowledge regarding surgical procedures.

In some cases, the interview was interrupted by an emergency in the clinic. This was then followed with the vet 'reflecting in action' (Schön, 1993) by referring to what makes the profession so challenging, yet dynamic. On a few occasions, vets would burst into tears after an immediate loss of a patient or when triggered with the conflicts mentioned in interviews, confessing that they could not deal with the stress and some were currently seeing a

psychiatric consultant. Several minutes later, they would have to compose themselves as they had a consultancy straight after the interview. On many occasions, interviews ended with vets highlighting that 'this session was like a therapy.' These observations signalled the existence of important issues, such as emotional labour in vet practices, and revealed the extent to which vets were being exposed to stress on a daily basis. This added another level of insight to the interpretation of what was meant by struggling to cope with stress; this would not be available if the interviews had not been conducted in professional settings. Although emotional labour was not part of the original interview agenda, these incidents signalled an emerging topic.

Throughout these interviews, there was a strong rapport between the researcher and the participants and there were many times when the researcher could associate with the experience of vets, and many voice recordings captured the gratitude received from participants, such as: 'Thank you, it is really peaceful to talk with someone who understands what it takes, without judging as clients, patrons or others do'.

Overall, incidents presented here demonstrate that the dialogue was not so much between a researcher and a vet, but was rather experienced as being from 'one vet to another'. According to Gill (2014) these nuances pose significance for validating interpretive phenomenological analysis, by representing its idiographic and double hermeneutic characteristics. These highlights are believed to play a strengthening role in the qualitative element of this research, which would not be possible to achieve via other quantitative methods, or even ethnography, due to the lack of interaction and conversation that makes sense of their experiences. Most of these nuances are captured in their story telling through their sense-making narratives. The following table provides a list of all 50 interviewees, their gender, tenure, positions, and the date of the interview.

In the following format, interviewee number, gender, professional role, and tenure will precede interview quotes in following data chapters of this thesis. For example: 32F-Associate-3.



**Figure 14: Details of actual interviews**

	<b>Gender</b>	<b>Tenure in yrs.</b>	<b>Position</b>	<b>Date</b>
1	Male	10	Associate	27.03.2015
2	Female	3	Associate	16.04.2015
3	Female	16	Associate	17.04.2015
4	Male	20	Sole Principal	20.04.2015
5	Female	12	Partner	21.04.2015
6	Male	12	Partner	21.04.2015
7	Male	8	Sole Principal	22.04.2015
8	Male	14	Associate	22.04.2015
9	Male	26	Associate	28.04.2015
10	Male	45	Sole Principal	30.04.2015
11	Female	9	Associate	01.05.2015
12	Female	10	Associate	01.05.2015
13	Male	21	Associate	05.05.2015
14	Male	31	Sole Principal	19.05.2015
15	Female	17	Associate	20.05.2015
16	Male	27	Sole Principal	21.05.2015
17	Male	38	Partner	22.05.2015
18	Male	15	Partner	26.05.2015
19	Male	29	Partner	27.05.2015
20	Male	30	Partner	27.05.2015
21	Female	2	Associate	01.06.2015
22	Female	18	Sole Principal	01.06.2015
23	Male	6	Associate	01.06.2015
24	Male	18	Partner	03.06.2015
25	Male	16	Partner	08.06.2015
26	Male	17	Partner	09.06.2015
27	Male	27	Sole Principal	10.06.2015
28	Female	4	Associate	11.06.2015
29	Female	5	Associate	11.06.2015
30	Female	16	Associate	16.06.2015
31	Male	5	Partner	17.06.2015
32	Female	3	Associate	18.06.2015
33	Female	2	Associate	26.06.2015
34	Female	7	Associate	27.06.2015
35	Female	14	Sole Principal	07.07.2015
36	Female	13	Associate	10.07.2015
37	Male	5	Associate	14.07.2015
38	Female	4	Associate	14.07.2015
39	Female	2	Associate	15.07.2015
40	Male	5	Associate	17.07.2015
41	Female	12	Partner	18.07.2015
42	Female	29	Sole Principal	21.07.2015
43	Male	33	Sole Principal	22.07.2015
44	Female	5	Associate	22.07.2015
45	Female	4	Associate	24.07.2015
46	Female	17	Associate	25.07.2015
47	Female	3	Associate	22.04.2014
48	Male	21	Partner	14.04.2014
49	Male	23	Partner	16.09.2014
50	Female	6	Associate	23.04.2014

### 3.6 Thematic Analyses

Research employs thematic analysis, following the structure of inductive approach, as recommended by Gill (2014) and Smith et al., (2009). For that purpose, NVivo10 qualitative data analysis software was employed with the intention of ensuring analytical organisation of transcripts and systematic analysis of data (Bazeley and Jackson, 2013). Four main steps of analyses adopted from Gill (2014) and Smith et al. (2009) are presented below:

Stage one	Intense reading transcripts for detection of significant themes and processing these to capture 'essential quality' of respondent's comments.
Stage two	Clustering themes to develop master superordinate or overarching themes
Stage three	Revision of all transcripts to orient the analyses around identified themes to create superordinate themes
Stage four	After systematic process, presenting analytical interpretation of a narrative account enhanced with 'verbatim extracts from participants'.

In this process, the tape recordings of the interviews, all made with the respondents' permission, were transcribed as documents to enable effective interpretation of data. The documents were downloaded onto the system, contained all the text and basic demographical information regarding every interview. NVivo10 search functions allowed the coding of text and collection of related quotations.

Through examination of documents, open coding was used to filter data, whilst not limiting it to the initial themes as suggested in aide memoire. This process ended with additional nodes and provided a wider view of the data. Creation of nodes provided a meaningful categorisation of emerging themes, whilst sustaining rigorous and systematic analyses. Merging similar nodes assisted the methodical identification of themes, which later transferred into an index tree. The index tree helped the categorisation of themes and specification of codes, parallel to research objectives. This process enabled the establishment of the links between employed theories. Finally, culmination of themes informed the development of the conceptual framework. Coding in NVivo helped to maintain accurate references to the interviews' demographical data, which would not be possible without use of

this software. Overall, use of NVivo10's function was limited to the data management.

As acknowledged by other interpretive researchers, data presentation, analysis and discussions are processed together (Malterud 2001; Gioia et al., 2013). The processing of raw data into categorisation, and overall visual representation, is credited as an important component of establishing precision in qualitative research (Tracy, 2010; Berg et al., 2004). Gioia et al. underline that permission of the structural construction of data is not restricted to research paradigms, and thus should not be simplified as an attempt 'to impose a positivist hallmark on a relentlessly interpretivist approach' (2013, p.25).

### **3.7 Confidentiality and Ethics**

Non-disclosure of the names and contact details of individual participants was assured throughout the study and afterwards. Confidentiality extends to information obtained during the research, whose disclosure might be detrimental to any party. Data obtained during the research, such as research notes, interview notes, and interview recordings, will, as in normal practice, remain the property of the researcher.

Based on this principle, the cooperation of regulators from the RCVS (access to information) and the researcher (sharing the research results), have mutually agreed that the results will be used to improve the RCVS Practice Standard Schemes and, thus, the related regulations about the standard quality of UK small animal practices.

### **3.8 Summary**

Chapter 3 has introduced selected research methods and the reasons for choosing them. References to academic literature are provided with an intention to identify the appropriateness of these methods to the topic. Overall, qualitative strategies were elaborated upon from an interpretivist perspective, and a phenomenological approach was adopted throughout semi-structured interviews. All transcripts were used by NVivo10 software for data management and thematic analysis.

The following four chapters are structured to address the three main research objectives. Data analyses are provided, including the presentation of quotes from interviews, explanations in relation to literature, their interpretations and discussions in the form of research findings. Throughout the analyses, reference to the word 'vet' is being used interchangeably with a respondent and only refers to the vets that were interviewed in this research. The synthesis of analyses and discussions are presented simultaneously.

**Figure 15: Table below illustrates the thematic map of initial analyses.**

<p><b>Chapter 4</b></p> <p>Recent changes that affected vets' professional identity.</p>	<p>Vets' Professional Identity Characteristics</p> <ul style="list-style-type: none"> <li>○ Interest in Science</li> <li>○ Being Independent</li> <li>○ Love for Animals</li> </ul> <p>Changes in Profession</p> <ul style="list-style-type: none"> <li>○ Technology</li> <li>○ Corporatisation</li> <li>○ Client Expectations</li> </ul>
<p><b>Chapter 5</b></p> <p>Tensions of illuminating professional identity and professional service quality.</p>	<p>Professional Ideals</p> <ul style="list-style-type: none"> <li>○ Vet-Pet – Technical Quality</li> </ul> <p>Professional Realities</p> <ul style="list-style-type: none"> <li>○ Vet-Client – Functional Quality</li> </ul>
<p><b>Chapter 6</b></p> <p>Elements threatening the maintenance of vets' professional identity.</p>	<p>Conflicts of Professional Identity</p> <ul style="list-style-type: none"> <li>○ Professional</li> <li>○ Ethical</li> <li>○ Commercial</li> <li>○ Emotional</li> </ul>
<p><b>Chapter 7</b></p> <p>Professional Emotional Labour</p>	<p>Professional Emotional Labour</p> <ul style="list-style-type: none"> <li>○ Emotional Exhaustion</li> <li>○ Psychological Detachment</li> <li>○ Lowered Career Span</li> </ul>

## **Chapter 4**

# **Vets' Professional Identity and Changes in the Profession**

## 4.1 Introduction

This chapter presents data and analyses of findings for the first research objective: to advance empirical understanding of how recent changes in the veterinary profession have affected vets' professional identity. Chapter 4 is structured in two sections and has a twofold purpose. Firstly, it explores the veterinary professional identity with the intention of discovering the main constructs out of which it is made; secondly, it examines several recent major changes in the veterinary industry, which may impact or influence vets' professional identity.

## 4.2 Vets' Professional Identity

This section reveals what constitutes professional identity in veterinary surgeons, by analysing their responses to the question of why they became a vet.

A significant majority of respondents mentioned 'always wanting to be a vet' since childhood and never changing their mind. The quote below illustrates the feeling of belonging and internalisation of the idea of becoming a vet in the form of a committed future-project.

32F-Associate-3

'Never really had any other desire to do any other career than becoming a vet.'

Interviewees often mentioned emotionally charged events behind this decision, such as losing a loved pet. For example, a respondent relates why she became a vet:

11F-Associate-9

'Because when my cat died, I thought I could do better than our local vet.'

Along with painfully charged events, some vets also mentioned positive inspirations and admiration of role models, such as James Herriot. An interviewee said:

16M-Principal-27

'I was six, reading James Herriot Books, which gave me enthusiasm for working with animals. I wanted to be James Herriot.'

Respondents' descriptions of childhood, and early feelings about becoming a vet, led to an understanding of what influenced their ideals. Therefore it can be argued that ideologies are imprinted on young individuals' minds and are shaped by early experience in life (Brown and Starkey, 2000).

The responses to 'why vets become a vet' were homogenous, given the diversified demographical background of the interviewees. It should be noted that not only were the respondents diverse in terms of gender, age, and tenure; the cultural orientations of participating vets, and the universities they graduated from, also differed significantly. Hence the role played by beliefs and values formed in childhood should not be ignored in the understanding of professionals' perception of professional identity, and what constitutes an ideal vet. The following section investigates these links by identifying the common characteristics shared by respondents prior to becoming vets.

#### **4.2.1 Theme 1: Love of Animals**

One of the most widely shared commonalities across interviewed vets is 'love of animals'. This is often accompanied by implications of 'preferring animals over people'.

02F-Associate-3

'Since I was a little girl, I always loved the animals, and wanted to avoid people.'

The majority of respondents mentioned sentimental values attached to the animals, and perceiving their patients as their own.

31M-Partner-5

'Whenever there's an animal in my clinic, I always go on my knees, it doesn't matter how I'm dressed. It's just treating them as though they would be mine.'

36F-Associate-13

'Your patients ... it's a little bit yours, as well.'

Treating their patients as if they were their own pets is commonly perceived as a necessary condition of being a vet, and inevitably suggests vets' emotional involvement in their practice. Moreover, for both vets and their clients, having a pet of their own counted as evidence of being an animal



lover. In fact, respondents stated that 'a vet without a pet' would be perceived as 'outrageous'. Quotes below represent the importance of this amongst colleagues.

29F-Associate-5

'I find it really strange when vets don't own animals. I couldn't imagine a vet without a pet. That's just weird.'

01M-Associate-10

'Clients find it very strange and suspicious if a vet doesn't have a pet.'

These expectations of vets among both vets and clients show that vets hold a unique position compared to other professions, and this element is attributed as a distinct feature of the vet's professional identity. This notion is argued by an interviewee below:

01M-Associate-10

'Does a client expect a lawyer to be divorced to trust his/her abilities on their divorce case? Or, do doctors expect their colleague to be a father/mother before becoming a paediatric surgeon?'

These findings show indications parallel to the explanations of Page-Jones and Abbey (2015). Vets' possession of a strong personal commitment towards their profession is further elaborated in the following observation by a respondent:

09M-Associate-26

'For most vets that I've met, there is very much a feeling of cohesion between them. There is a very strong professional bond between most of us in terms of ethics, support and mutual respect, certainly; stronger than a lot of other professions.'

In accordance with Page-Jones and Abbey (2015), these findings also confirm animal love and the ethical dimension, which not only inspire vets to remain committed to their profession, but also inspired them to enter the profession in the first place. It can be argued that early childhood interests and inclinations are framed later by professional ideals and ethical values. Reinforced by these, the strong commitment towards the profession, and love for animals, have set a different internalisation for vets. As recognised by Taggart (2011), these notions are found to serve a moral purpose and ethics, as a form of evidence towards professionalism, and inform the

development of the professional identity. The findings in this section represent 'emotional value significance' to vets by connecting through their psychological reality (Haslam et al., 2009).

#### **4.2.2 Theme 2: Interest in Science**

Most of the vets mentioned their early interest in science, medicine and biology as one of the main reasons for their choice of profession. Veterinary surgeons' perfectionist natures and need for making evidence-based decisions are interlinked with their scientific identity and its subordinates; for instance, possessing academic status and being a researcher. The following quotations from respondents demonstrate how they perceive being a scientist and the significance of making evidence-based decisions.

22F-Principal-18

'I do consider myself a scientist in a sense that I believe that whatever decision you make, you should be gathering evidence to be making that decision.'

Furthermore, in the following quote, an interviewee underlines the importance of disassociating from emotions, giving a hint of perceiving emotions as being unprofessional and leading to biased decisions.

15F-Associate-17

'When you are not a scientist, it is very easy to make decisions based on emotions. When you have that scientific background it really helps to align your thought process so that you consider "is there evidence to suggest that one decision is better?"'

As revealed by the interviewed vets, the duality of these characteristics is complicated: their love of animals makes it impossible not to be emotionally involved, but at the same time they need to detach and apply a scientific approach. Building on the scientific status of the vets, as illustrated by the quotes below, respondents believe that living up to their high standards and expectations of themselves is sometimes impossible to achieve. Sharing his perception of the image of an ideal vet, a respondent called it a 'pipe dream':

23M-Associate-6

'I'm striving for clinical excellence. I want to be an absolute walking encyclopaedia of veterinary knowledge. I want it all at my fingertips, all that

knowledge immediately to come out of my brain straight away. I want every clinical decision to be based on the multitude of evidence-based medicine that I've read about. I want to perform advanced operations and a wide range of surgery, not just the basic ones. That would make me an ideal vet. That's probably a total pipe dream.'

Respondents argued that these high expectations that are required to become an ideal vet are unrealistic to aspire to, and yet they keep informing the educational culture of veterinary faculties; this feeds into the mechanisms of self-criticism. Consequently, when a vet makes a mistake, instead of being perceived as normal, it becomes a 'traumatic issue':

06M-Partner-12

'Vets are usually confident and competent; they were the best of high school, best of university, and best of society. It is earned ensured identity reinforced by society. We are not used to failures; we personalize it more than any other profession, probably another tendency towards our suicidal reputation.'

Similarly, another senior vet warns that being academically successful is not sufficient for future career prospects, indicating that being a vet demands emotional strength whilst displaying resilience:

14M-Principal-31

'A-pluses don't necessarily mean you can cope with what it takes.'

Going by these analyses, being academically good in science seems to dominate the perceptions of being an ideal vet; along with the natural persona of being success-driven and perfectionist, and evidence-based decision-making.

The findings indicate that ideas surrounding the 'ideal vet' are influenced by childhood, including a love for animals and keen interest in science. The combination of the two plays an important role in vets' choice of profession. These characteristics are further reinforced during their education in veterinary faculties, which is predominantly scientific. These findings show why vets chose their profession, and how the identified characteristics were enforced and fit with their self-perceptions of professional identity.

### 4.2.3 Theme 3: Being Independent

Following their love of animals and passion for science, vets reported their need to be independent, and solely in charge of their decisions and actions; as a result, they show resistance to following orders. Some respondents attributed extra importance to power: being a partner and having authority aligned with their need for autonomy. It is found that being independent is a fundamental characteristic of vets' professional identity.

09M-Associate-26

'The catchphrases that you hear about vets are all true. Vets are notoriously very difficult to manage because they all have their own ideas and they don't want to do what anyone else tells them. Partly it's defined by the intake of vet faculties, because in all countries, veterinary undergraduates are very highly academically qualified, they're very motivated, they have to jump through so many hoops to even get to be a vet. Very talented people spread themselves out and these traits make them difficult to manage, and difficult to order around.'

Furthermore, some respondents added that vets are 'not being open to criticism,' which in their opinion is an inevitable outcome of being approved and deemed successful all the time and continuously assured by their surroundings. A senior vet shared his perspective on why vets are like this, referring back to the requirements for high achievement in the process of becoming a vet:

10M-Principal-45

'If you could survive to become a vet, this was evidence that you are very intelligent and independent. Society, parents, teachers were assured you are the clever one. So vets are not really used to failure, they do not know what to do with criticism. They will always personalize it, which does not make their life easier.'

Similarly, the following quote emphasises the same aspect from the perspective of another respondent.

05F-Partner-12

'Vets are intelligent creatures and they are much more resistant to criticism as opposed to others. Most of the time you save lives on your own; vets learn to become independent hunters – like tigers – don't recognize any punishment from others and cannot obey others.'

The findings suggest that these seemingly desired qualities of the ideal type of professional are necessities for becoming a vet, but at the same time count against professionals by making them less competent at accepting and coping with failures. Respondents commented on these traits making them vulnerable as a vet in the long term. The phrases used by participants included 'living on the edge', 'easy to tip the other direction' and 'being control freaks'. A respondent shared his observation:

25M-Partner-16

'Vets are quite high achieving with quite high expectations of themselves. I think they are probably borderline control freaks about a lot of things, which, to some extent, is necessary. Vets have a tendency as professionals, I suppose, to focus on failures ... in the profession, generally, we have an alarming suicide rate which I think is par for the course.'

These findings may also inform the debates concerning professional fallibility across vets (Armitage-Chan, 2016). It has also been reported in the literature that aspiring to so-called 'golden standards' is causing anxiety amongst vets when these cannot be achieved (Freidson, 1999). As a consequence of aspiring to perfection, 'identity does not always live up to its promise as a mediating concept' (Ybema et al., 2009).

### **4.3 Conclusion**

This section revealed the motivations for vets to become vets, and the values, beliefs and ideals that constituted their professional veterinary identity based on their own perceptions and accounts. As acknowledged by Lammers and Garcia (2009), 'devotion to animals emotionally and professionally' comprises the essential part of a vet's professional identity.

However, this demonstrates that vets' professional alliances are also similar to those traditionally associated with desired traits of professionals, such as 'emotional neutrality' (Lammers and Garcia, 2009), prestige (Slay and Smith, 2011) and autonomy (Benveniste, 1987). Controversially, these very same elements, which are mostly believed to be the fundamental professional characteristics, also seem to be the cause of professional fallibility, and the anxiety that is further explored in Chapter 7 under the concept of

professional emotional labour. These implications confirm that professional identity is not a finished ideal project: it must be strived for, justified and defended on an ongoing basis in everyday practices (Corlett and McInnes, 2012). Therefore, the identified characteristics are important for considering the effects of changes, and the conflicts in vets' professional identities.

## **4.4 Changes in Veterinary Profession**

This section presents the major changes affecting the veterinary profession in the UK, and considers their potential impact on vets' professional identity. The aim of this section is to deliver a better contextual explanation regarding the current climate of the veterinary profession in the UK by illuminating the increasingly complex dynamics and contesting pressures under which professional identity is enacted and validated (Dent and Whitehead, 2013).

The analysis of responses identified three major changes that had an impact on professional identity over the past few decades. In the following section, each of these changes will be considered and comments made on their resulting benefits and challenges. These changes are:

- 1) Technology, Referrals and Insurance
- 2) Corporatisation and Commercialisation
- 3) Increase in Client Expectations

### **4.4.1 Theme 1: Technological Changes**

This section elaborates on dramatic changes in technology, as reported by many respondents. Technological changes were often associated with vets' scientific approach, particularly their need to have evidence for their diagnoses and decision-making. A respondent observed:

26M-Partner-17

'Recently, more and more vets keen to employ the advanced technologies into medical profession and become more evidence-based in their diagnosis rather than try and learn approach.'

While trying to keep up-to-date with new technological equipment and ever-increasing knowledge in the field, some respondents indicated higher professional satisfaction due to the ability of new devices to give more accurate diagnoses. Respondents often suggested that vets are tempted to employ more of these evidence-based technological tools, in order to be more precise in their diagnoses and improve their success rate in treatment, rather than blindly guessing.

Alongside comments on improved technological devices, some respondents mentioned that there is more demand for the quality of work that vets do and a positive correlation with the increased expectation from clients, and from their peers, due to the increased amount of offers of diagnostic and laboratory facilities that are enabled by advanced technologies and medical equipment.

31M-Partner-5

‘From the professional point of view medicine definitely advanced correlated with technology. Investigations have become more accessible. By that I mean CT scans, MRIs, sophisticated techniques.’

Along with the benefits of technology come certain drawbacks. Some respondents added that, though technological advances have brought improvements in medical quality, new technologies are expensive. Consequently, that is being experienced as an increase in the costs of their services. A respondent explained:

26M-Partner-17

‘...it becomes obvious to any medical practitioner that medical services are not meant to be low-cost with all the expensive costs from MRIs, pharmacies to hygiene safety.’

Yet often, in their experience, it comes as a surprise to clients in the UK that medical services are expensive. Some respondents reported that, particularly in the UK, this is because human medical services are mainly paid for by the NHS and the clientele are not conscious of the costs of maintaining a veterinary practice.

09M-Associate-26

'In this country particularly we have the NHS and people are not used to how much medicine costs, there is an unwillingness to pay for treatment at its true value.'

That aspect is also related to the communication barrier between the vet and the patient. Compared to other medicals, vets are more dependent on technological investigation, which is inevitably reflected in their employing more medical tests. This poses a dilemma for the professionals in which the success of treatment is likely to affect profits, as these advanced technologies are often expensive.

In coordination with technological advances and the increase in prices, vets mentioned the impact of referrals. Older vets especially pointed to insurance companies as being the driving force behind this trend.

16M-Principal-27

'Referrals and insurance go hand in hand.'

14M-Principal-31

'Referrals and specialisation would not be as available if it were not for insurance companies.'

More experienced vets are especially concerned that in the long run having the alternative of referral will have the downside of killing skills, so that new graduates will not be driven to improve, but instead will just refer patients somewhere else. Moreover, respondents argued that one of the biggest disadvantages of this situation is that it is undermining their own skills. These technologies can be only afforded by the 'big places' (referring to corporates).

24M-Partner-18

'Now we refer to other big places with advanced technologies. But that is killing our skills. We had been challenged to take initiative and investigate further in diseases.'

Some of the respondents argued that clients without insurance are unable to afford technology. A referral, often based on the availability of certain technology, is expensive. This may threaten ethical decision-making because of the cost-related concerns. Some experienced vets expressed their doubts as to whether certain medical procedures were truly necessary,



or were being done primarily for motives of profit. This supplementary financial motive introduces a perceived conflict of interest on the client's side, between the animal's health and the vet's financial gain.

04M-Principal-20

'Clients with insurance are choosing the "referral" option with expensive tests, such as MRI scans, even though most of the times vets know it will end up in the same result.'

Another vet expressed her worries, underlining the consequences of this trend:

30F-Associate-16

'Less people can afford to have a pet. I worry about the insurance situation, it is becoming too expensive for owners and we will see more animals suffering as a result of that cost.'

In addition, older vets especially mentioned their concerns about the increased competition and potential handicaps arising due to insurance interfering with the decisions being made in clinics. They also concluded that the needs of vets for further investigation and the demands from clients for further diagnosis might not always be in the best interest of the animals.

09M-Associate-26

'The profession is at a very interesting place at the moment because there are so many advances in medicine, to offer a gold standard of medical help that has a price for everything. Debate is what we can do and what we should do.'

Most of the vets mentioned their conflict when dealing with a client with no pet insurance, or no money, yet with a sick animal. Newer technologies such as X-ray scans, MRI, and ultrasound improve the accuracy of diagnosis but also increase the cost. Some mentioned the resistance of clients when it comes to cost, as clients see veterinary work as a type of vocation. As a result, vets are struggling with their decisions under financial constraint, and also battling with the ethical responsibility of their profession, which is found to intensify tensions in vets' professional identity.

11F-Associate-9

'When clients don't have pet insurance, you've got to prioritise your tests. So you cannot do as ideally as you would like to.'

30F-Associate-16

'Clients having insurance or not wouldn't change my recommendations, but it would come into the discussion. Inevitably it can affect what we can actually do for the animal.'

The majority of respondents mentioned the Internet as a threat to their profession, mainly for two reasons. Firstly, pharmacy products/drugs can be sold without the requirement of a prescription. This is not a regulated area: this leads to price wars, where clinics are under certain regulations, and therefore certain drugs are more expensive for them. Some respondents said that cutting back on this will make vets more dependent on their consultation as an aid to lost profit. This aspect seemed to undermine professional regulations. Similarly, some of the vets underlined that,

16M-Principal-27

'People are more suspicious of vets, and attuned to look at websites to compare prices, which show they are less loyal.'

04M-Principal-20

'Internet is another enemy that occurred within last 25 years selling risky pharmacological products. We cannot change the expiry date and sell the nonsense products but people tempt to choose cheaper options. When you left the pharmacological products out, we become more dependent on our consultation skills.'

Secondly, vets are worried that their clients are being exposed to uncontrolled and unreliable information on the Internet, such as on blogs and internet forums potentially written by non-medical experts, which may lead to more time being needed to correct them in the consulting room. Many respondents report that they are now spending too much time clarifying their clients' Internet-sourced knowledge, from 'Dr Google', as they call it:

24M-Partner-18

'Thanks to Internet, clients are thinking knowing better than vets do. We spend more time in consultancy to correct the wrong information provided by Dr Google.'

Some respondents also underlined how media coverage sets unrealistic expectations.

10M-Principal-45

'Clients have unwarranted expectations from TV programmes where "super vets can cure everything". And then you come to the reality which is totally

different in terms of what can be really done: you can't cure cancer, or you can do things but it will cost £10,000.'

For these reasons, technology is listed as one of the changes affecting and altering a vet's job. Despite medical advantages, on the downside Internet sources seem to challenge the authority of professionals. Vets believe this is the main drive behind the increasingly questioning clientele, undermining their expert knowledge, training and experience.

These issues are found to have become a stress generator for veterinary professionals and to pose ethical dilemmas, especially for vets in the UK. Acknowledgement of the causes of perceptual differences in price was found to be closely relevant to the tensions in professionals' identity, as it puts limitations on their ability to obtain further evidence and eliminate the chances of failure in their diagnoses, thus suppressing their ideals.

## **4.2.2 Theme 2: Corporatisation**

Many respondents mentioned a definite change in the profession: the rapid increase in the number of corporate practices. However, some argued that the word 'corporate' might be misleading in the way it is used. Certain characteristics that may be associated with the concept were revealed, and it was noted that they had both positive and negative attributes. Often this concept was related to the debates surrounding vets' need for independence.

### **4.2.2.1 Career Progression**

Some experienced vets mentioned a shift in the attitude of new vets, emphasising that when they first started in the profession, being a vet was a life choice rather than a career choice, in the sense that they would never switch off their professional identity.

14M-Principal-31

'People no longer have this idea of it as being vocational; that relates directly links back to the balance of life, allows people to work 9–5 jobs and take career breaks more than owning your own practice. Which arguably is not a bad thing, I'd like to have taken some career breaks. That didn't happen. But then equally, if I'd taken career breaks would I be the vet I am now? Probably not.'

Some older vets also mentioned that they were challenged to develop their skills because they were exposed to their jobs immediately and were conscious of the responsibilities of ownership of their own business. Therefore these structural changes are perceived by senior vets as challenging professional authority.

04M-Principal-20

‘However, some of the new graduates are demanding more social life, and, as a consequence, they are more dependent on corporates rather than being the owner of their own clinics, whilst also having a lower income.’

Distinctively, it was noted during the interviews that it was mostly older vets who still owned their clinics. Another vet gave his perspective of how it used to be in corporate facilities 27 years ago, and why he had chosen to have his own practice, emphasising his need to be independent:

27M-Principal-27

‘I left these big groups because I wanted my own freedom to make my own decisions, to work for and help my patients and no one else.’

The same vet elaborated further on the issue that, in his opinion, certain procedures were not correct. This included allowing only specialists to carry out procedures and not allowing general practicing vets to perform operations. He criticised how this principle created a fear of demonstrating capability.

27M-Principal-27

‘I was working for a large veterinary group, and the owner insisted that his general practicing vets would not carry out specialist procedures. And it was common that we would have to do the operations under dark, because we didn’t want to be emasculated as vets.’

According to the same respondent, vets showed resistance to these restrictions, and it was common practice to carry on operations secretly, despite being restricted by the owner. This vet described the restrictions as an invasion of their clinical freedom.

More negative aspects were highlighted by several respondents, regarding the restrictions on clinical freedom that interfere with individual decision-making. Another respondent argued:

16M-Principal-27

'It is no-one but the vet who has to determine how capable he/she is.'

Another issue raised, was that 21<sup>st</sup>-century vets had a decreasing earning potential. One older vet explained the reason for this as being that today's vets take less responsibility.

20M-Partner-30

'Corporates offer better quality of life for the vets in terms of working hours. They don't have to take on the responsibility of management. Unfortunately that comes at a price. The price is being reduced earning potential.'

A younger vet with five years of experience provides further support:

31M-Partner-5

'We as younger vets appreciate life, we want to live more and work less, even if that means to have less money.'

During an in-depth discussion with the Chief Executive of one of the UK's largest veterinary corporates, the executive emphasises that the primary motivation of their structure is driven by clinical excellence. However, he points out that some corporates are just setting up to consolidate vet practices, and have little interest in clinical excellence. His concern is that:

20M-Partner-30

'These companies are only interested in taking over smaller clinics, and that there is a danger that they will finish as a small group of companies, whose only way to grow is to buy other veterinary practices, with little interest in the veterinary surgeons, their clients, or clinical excellence.'

He notes that there can be a downside to corporatisation if it is initiated without animal welfare as its core value. Another respondent who works in an independent practice shares his opinion:

18M-Partner-15

'There's been less interest in doing the correct thing by the animal in a lot of places simply because some of the corporates are just there to make money. They don't really care one way or the other, as far as it is profitable.'

From a different angle, some corporate structures were mentioned that are giving financial help to new graduates to set up their practices. However, there were differing opinions about these structures:

34F-Associate-7

'[X, Y] corporates are very much franchises. The vet buys into it and they offer support with the financing but then they still have fairly strict rules about what they do.'

Financial pressure on vets implied the consequence of not being able to achieve their ideal standards, limiting their professional identity.

19M-Partner-29

'Young vets are being sold business models they do not understand, particularly joint ventures, some of which are very one-sided. But the biggest problem is it ties them in for a long period without earning much money. If the projected growth doesn't come, particularly for new places, that has caused some suicides. It's true.'

However, the implication for vets' professional identity is intensified pressure, and as a consequence, the danger of feeling forced to confer their identities for an organisation's profit drive (Doorewaard and Brouns, 2003). It is suggested that industry-wide financial pressures are the key theme that underpins all of this, and that it does not only apply to vets working in corporates (or larger organisations that are structured similarly).

#### **4.2.2.2 Competition**

Vets repeatedly mentioned their concerns about unfair competition. Senior vet-managers working in the corporates also pointed towards corporatisation as driving increased competition amongst practices, whilst emphasising the consequences that arise with joint venture capital.

25M-Partner-16

'The corporates are just opening up on people's doorsteps, offering incentives for clients to move vets. They're running cost leaders on items like vaccines, neutering. It's reached critical mass now and it can't be stopped. So, independent vet clinics, and ownership, is just going to keep declining. We don't try and compete on price with the corporate chains. It's not something we could ever win.'

Another level of challenge is the price war in competing to provide cheaper, first-hand opinion and preventive healthcare, to a point where it is almost becoming uneconomic for some practices.

20M-Partner-30

'There is a big challenge with competition: to an extent provision of healthcare gets undermined, because the standards are undermined. A trade-off with commoditisation versus maintaining high quality and high clinical standards.'

Some practice owners mentioned the many disadvantages of being a small practice, and thus not being able to compete in price wars with corporates. This particular aspect caused small practices to be more conscious about their finances and also to put greater emphasis on appeasing clients than before. As a consequence, this increased their dependence on clients' approval.

#### 22F-Principal-18

'It's not a good thing for veterinary practices to spend more of our time worrying about our business, clients and finances and competing and dropping your vaccine costs and stressing about that, when you should just be working on improving your clinical skills. Eventually we're all going to get swallowed up and the worse, it will drive out diversity.'

Similarly, another vet with six years' experience mentioned that he did not want to get distracted with the business side of the practice, which he regarded as compromising his independence:

#### 23M-Associate-6

'I like the idea of owning my practice being my own boss, but at the moment I'm purely trying to be a good vet. The clinical side of things and the client relationship is enough for me at the moment without the extra worry of the financial survival of the business and dealing with the recruitment side of things and all the tax forms and all the health and safety and everything else that must come with the side of running a business.'

As mentioned earlier, some young vets confirmed that some of the reasons for their preference towards corporates include working conditions and flexible hours. Another attribute mentioned was 'golden standards'. Some of the vets working for corporates did not view these protocols as restrictions of clinical freedom. On the contrary, they counted them as benefits of corporatisation and emphasised that 'golden standards' are there to drive clinical excellence and bring a degree of standardisation. Some vets also mentioned the access provided by bigger companies: compared to small practices, vets do not need to call and book specialists, as they can call in immediately to discuss their case. They also mentioned the advantage of having access to many vets, with a greater possibility of having some specialist skills and knowledge sharing within the same clinic.

#### 31M-Partner-5

'Golden-standard and high-end medicine means rather than just a blind guess, we would investigate. 'Golden standards' is what textbooks say in universities, an ideal way of science, evidence-based medicine. High-end medicine stands for investigating in top-end equipment and knowledge. There is no room for gut feeling, we do investigations, we get results and we know what to treat.'

These demonstrations of the compromising of independence provide evidence for the hierarchical interplay among the identified characteristics of vets' professional identity. This linkage means that for some vets, being independent is more important than interest in science, and for others the same 'golden standards' are not perceived as perfect science, but instead as limiting their clinical freedom and threatening their need for being independent.

#### **4.2.2.3 Leadership and Ethical Decision-Making**

Some vets expressed their worries about non-vet owners or managers causing leadership to be taken away from the vet, and also highlighted the potential consequences of having a business mindset and its possible conflict with ethical decision-making. Vets underline the main reason for why corporates have stricter rules about charging and making money, by indicating the policy decisions being made at the top, via a business-minded manager who is not as integrated with practice on the ground as a vet would be.

07M-Partner-8

'The reason that corporations get a bad name is the leadership can be quite removed from the clinical practice and it does make a significant difference being a vet in manager position.'

17M-Partner-38

'There are potential challenges may not necessarily have arisen yet but vets are facing the difficulty with practices that has a policy which vets disagree with and impacts on clinical or professional grounds.'

Vets often mention the limitations raised by the protocols that corporates set to ensure standardisation. They point out that there is space to have evidence-based protocols for concepts that are safety based. Ultimately, a vet should have the overriding clinical decision and do what they feel comfortable doing. If vets have too stringent rules and are being pushed to



do things with which they are not comfortable, then it can become chaotic and threatening for professional identity. This poses the risk that, if anything went wrong, the vet would be penalised, and potentially could lose their licence, while the corporation would suffer no such penalty. Therefore, respondents often reiterated 'there should be minimal interference with the vet in what they choose to do, [since] they are responsible for their decision-making'.

34F-Associate-7

'The blanket protocols limit your clinical freedom.'

33F-Associate-2

'I don't think you can just write a protocol for everything. Every situation is going to be different, and you need to be able to rely on your own skills.'

A vet-manager working in a corporation also expressed the frustration and challenges for them as they grow; a major concern being the need to set the balance between maintaining their clinical standards with the need to have consistency and efficiency, without taking the freedom away from the vets' decision-making.

07M-Partner-8

'It is a challenge, how can you allow people the freedom to make decisions that they think are best, whilst also not having total chaos and everyone pulling in different directions.'

#### **4.2.2.4 Commercial and Ethical Conflicts**

In terms of protocols and finance, ethical dilemmas were often mentioned by vets, who are bound by professional codes of conduct by the RCVS. They often mentioned that conflicts arose because of money. Vets are in two different settings at the same time: trying to provide ethical health care and trying to make money. They argued that this is not as straightforward an equation as it might be in other services.

06M-Partner-12

'In an ideal world we share the same ethos of the profession so from a medical perspective. But from financial perspective, inevitably you feel more stress if it comes to financial initiatives.'

Compared with other medicals, it can be concluded that vets are uniquely facing that challenge because of the frequent life-and-death situations of their patients in combination with their direct involvement with the cost of treatment.

34F-Associate-7

'It does not honour the veterinary's ethical compassionate healthcare provision.'

With the rise of corporations, older vets are worried that new vets are in an environment where they are being worked by the corporates to please shareholders. Vets often mentioned the awareness of their colleagues working in some corporations as having targets or bonuses to achieve, like a salesperson, and in a vet practice this might cast shadows on their ethical commitments by introducing conflicts of interest.

Vets also highlighted that the small-animal sector might be particularly liable to this, due to the emotional involvement of the client, and their feeling of guilt if they do not proceed with suggestions. Older vets especially mentioned that it is easy for a vet to justify the treatments they propose, such as blood tests and/or X-rays, and clients are emotionally predisposed not to skip some procedures that may not be truly necessary, and can be expensive, because this would make them feel guilty. They emphasise that these are ethical issues and that today's young vets have to face these dilemmas.

04M-Principal-20

'It is questionable in their practices if they do things because of the necessity or because they can do things. Unfortunately our profession is liable for such manipulations.'

33F-Associate-2

'If you're being a diligent vet, you are not going to convince people to do things for the sake of business. Trying to hit targets does not sound a very ethical way that some corporates do.'

Repeatedly, vets mentioned that types of corporates differ greatly. Vets in corporate practices, but also in private practices, mentioned that it is unfair to assume that negative attributes should be associated with all corporations. In a sense, they implied that the word corporate is occasionally misused.

Many vets, especially the older members of the profession, stressed certain concerns that come with the corporate business structure. There is a common belief among vets that not all the corporations are the same. They acknowledged that corporations differ very much in terms of their organisational culture and that this is not necessarily linked to clinical quality. Some argued that certain big chains are not particularly interested in clinical excellence and are driven purely by financial motives. On the other hand, some of the managers interviewed, including the owner of a big chain in the UK, mentioned that corporate structures can be geared to provide clinical excellence; the owner distinguished his own group from others in that sense.

It was noted that most of the vets are concerned about the clinical freedom of vets working for large chains, due to the precise protocols and recommendations under which they work, particularly over the use of certain medicines. Some explained it as the danger of leadership being taken away from the practice side of the profession. The potential threat coming along with a profit-driven business mentality seems to worry professionals regarding the threatening of their core values, ethics and professionalism. This is particularly so in cases where it is expected to compromise animal welfare in order to appease the client.

Vets in independent practices expressed worries about price competition, as it is relatively easier/cheaper for corporations operating on a larger economic scale to employ people, purchase medicines, and deal with other operating expenses. Some mentioned that competition is not driving vets to become better in their skills but to enter price wars.

Vets in managerial roles working for bigger organisations are concerned about how to maintain their gold standards and control of quality, without limiting the clinical freedom of their vets.

Younger vets working for independent practices showed a preference towards smaller practices, because they believe they have greater support from their colleagues for their hands-on approach, and a more personal relationship with their clients. It was also noted that some vets working in corporates have business targets. Some interviewees suggested that these

predispositions inevitably cast a shadow on clinical freedom and threaten professional identity.

Vets working in corporations run by veterinarian managers mentioned that they had chosen bigger chains because they were seeking clinical excellence, relating to their ideal selves, and these companies provided a golden standard: they employed evidence-based decision-making, advanced equipment, and provided complex support via immediate access to hospitals or specialists working for the same group.

Overall, it can be argued that the pressures generated by price competition and general business worries stress older vets more than younger ones. Meanwhile, young vets are exposed to keeping up with targets or dealing with increasing suspicion from clients. They are also more and more frustrated about defending their professional identity, sticking with their ethos and remaining animal lovers. All these factors are collectively contributing to the intensity of the existing emotional labour at professional, ethical and commercial levels.

### **4.2.3 Theme 3: Client Expectations**

Many respondents declared that the emotional bond between clients and their animals has tightened drastically. The dramatic changes in the acknowledgement of emotional involvement, documented in the literature review, found convincing support from the vets. Most of the vets highlighted that the emotional bond with pets has changed over the years and has now become much more of a personal bond. Respondents reported that they perceived a shift in attitudes of clients, with animals becoming part of the family. This increases the involvement of emotions in decision-making, which also increases client expectations of vets.

03F-Associate-19

‘There is a much deeper emotional commitment and that makes a big difference to clients’ expectations from us.’

These factors, along with those previously mentioned, contributed to increased client expectations in service quality and its potential conflicts with

respect to professional identity. Some of the respondents reported that most of the expectations and demands are coming from the client rather than being forced by vets. Some of these issues probably apply to other professional services, yet for vets, clients' demands seem to hold a particularly important position in their professional life, as reported by Page-Jones and Abbey (2015).

08M-Associate-14

'We found ourselves in a triangle basically – as a vet we have our patients – animals and the owners became as important. Before, the owners were not that much involved, they were just informed. Right now, however, we are still primarily patient oriented; we feel the pressure of involving clients into the decision-making.'

Referring back to the research conducted by Armitage-Chan et al. (2016), it has become evident that vets are affected by the comments and complaints received from clients. However, they do not consider their role to be client-centred. Yet, as mentioned in service quality definitions, vets are obliged to ensure clients are satisfied, even though the client is effectively not the user of the service; they are the ones purchasing the service. The effects of clients on vets' professional identity and service quality are elaborated upon in the section below.

#### **4.2.3.1 Conflicts with Clients**

Many vets, when emphasising the importance of compassion and commitment in ethics, define vets as those who represent an animal that cannot speak and who make decisions for their welfare, on their behalf.

29F-Associate-5

'My priority always is the animal, because you're essentially this voice for this thing that can't talk.'

They expressed concerns about when there are conflicts of interests between the vet and the client that compromise the pet's health. In these situations, vets strongly believe their role and priority must always be 'animal welfare', even though this issue leaves a grey area of interpretation. They mentioned the importance of not allowing their own emotions to interfere with their decisions in cases where they cannot get along with the client, and they asserted that, even under difficult circumstances, and despite being pushed

by the owner, vets should never give up on the animal. Many vets mentioned the need to be truly compassionate in order to remain 'professional' in such situations. A vet explains:

36F-Associate-13

'You need more compassion, because it's never the animal's fault – it may be the owner's fault. The owner may make you angry but you can't be angry at the animal. So no matter how much the owner pushes you, you cannot make the animal pay for that.'

References to vets' dependency on the client also came in another form, where they need the 'consent' of the client for procedures on the animal. Respondents in managerial positions reported their concerns about the misinterpretation of consent. Some vets in more senior positions pointed out that practitioners in the industry need to pay further attention to the subject of informed consent.

07M-Partner-8

'Consent seems not too well understood by new veterinary graduates and predisposes potential conflicts where vets are being very client focused, and thus losing the objectivism of remaining professional.'

Another subject of discussion is that of 'consent' forms, which are legally binding for vets if they have to defend their license due to any incident.

28F-Associate-4

'We're not really taught how to phrase these things. You need to make clients believe they're making this decision. It's tricky: you are dependent on client's consent for what you need to do for an animal.'

Many respondents reported that the danger is that the vet could become someone principally not really interested in quality, but in how their clients perceive the quality. These perceptual differences led to the discussion of the danger that young vets could lose the line between being a professional healthcare provider and acting as a service provider, by feeling the pressure of placing the client as their priority, thus neglecting their prime responsibility to the animal. A respondent reported that 'vets keep giving clients another option as soon as the client gives any sort of hint that they are not 100% "on board".' Another vet argued:

07M-Partner-8

'Vets should not compromise their science whilst trying to please clients.'

The research findings imply that vets' professional identity configuration is increasingly subsumed under a dominant culture of customer orientation, where values and expectations come to displace the privileged knowledge and the practices of the old elite, in order to appease the client (Dent and Whitehead, 2013).

#### **4.2.3.2 Clients' Emotions**

Some vets, mostly senior, indicated how the emotional bond between client and pet is incorporated with clients' expectations of vets, by illuminating the social shifts in pets' place in their owners' lives.

09M-Associate-26

'A lot of our clients see their pets as surrogate children. This kind of emotional bond certainly underpins the companion in our profession and we're totally dependent on it.'

19M-Partner-29

'The main market in small animal practice used to be a married couple with two children and one dog. Now it's a couple living together with no children and two dogs, which are child substitutes. So that's the market we're dealing with.'

Vets acknowledged emotions as a big part of their job. They described the wide range of emotions, by saying clients can be incredibly sad, and they can be incredibly excited. They mentioned the difficulty of trying to address this when, at the same, they have to remain professional and rational, in order to do the best for the animal. Vets commented that 'anger is the hardest one'. In these situations, the vet needs to be calm and to handle the situation, which has caused the vets to demonstrate expected emotions rather than real ones. Thus, it can be argued that the client's emotional involvement in these cases is another factor increasing the intensity of emotional labour that vets have to take on.

29F-Associate-5

'I try to be very patient when clients are frustrated, that their anger is only guilt because they can't afford it and they want to take it out on somebody. So I think if I rationalise it then I don't get angry or annoyed with them. It is important not to let it get over you.'

A senior vet mentioned that after years of experience, they are likely to neglect the client's emotions, but veterinary surgeons should maintain awareness and act sensibly, bearing in mind the emotional circumstances of their clients.

04M-Principal-20

'Emotionally, after years of experience we can get into a trap to believe our knowledge is enough just because we are confident with diagnosis, but should remain in mind that the person in front of you is very sad, sometimes even angry.'

Respondents often mentioned finding it difficult to deal with clients' emotional circumstances, especially with 'denial'. Respondents repeatedly mentioned that some of their clients still ask for a second or third opinion, regardless of how correct their diagnoses were. They explained that frequently, clients are looking for a different answer because their 'mind-set is not ready to accept reality'.

06M-Partner-12

'The mental problem with clients when they refuse to believe in reality that pet have that disease cannot be solved. They will go around and around till five other vets repeat the same and you need to leave them to do that, to convince their consciousness.'

Vets further illustrated the attachment of clients to their pets in the following two examples:

11F-Associate-9

'They still wanted me to kind of patch him up and get him better. It took a lot of time to explain to them that it wasn't fair for their dog. That is distressing for patients, when the clients are in denial.'

25M-Partner-16

'I had a nineteen-year-old cat in this morning that we put to sleep, but the owners wanted it to be sent off for an MRI and were considering all these things, and it's nineteen. It had multiple conditions. It was in a terrible state. They took a lot of persuading that euthanasia was the kindest thing for this cat and they seemed to not be able to grasp that fact.'

Vets also commented that some clients get aggressive if they have a different perception. Respondents implied that clients tend to act this out because, below the surface, they might feel guilty. One of the biggest challenges in these cases is when they have to put a huge amount of effort



into trying to find and communicate the right words and phrases to make their clients feel comfortable with what they are doing.

04M-Principal-20

'Clients are emotionally predisposed not always can truly skip some expensive and unnecessary procedures, because that makes them feel guilty.'

#### **4.2.3.3 When Emotionality Causes Clients to Become Irrational**

One of the most frequently mentioned topics during interviews was the emotional circumstances of the clients. The increasing emotional bond between clients and pets in recent years (Brady and Palmeri, 2007) is seemingly reflected in veterinary practice. Respondents mentioned that the emotionality of clients could take over their rationality.

21F-Associate-2

'I can't expect logic from people: the emotion is deeper than that. The emotion is so deep that the logic will disappear.'

A senior vet gave one of the extreme examples from his experience, referring to a politician:

10M-Principal-45

'I met the Prime Minister of [a country] and his dog wasn't well. It was a relatively poor country. We were confronted with the fact that no vet had oxygen but we had the use of a human clinic. So the Prime Minister said: "Well let's use the human medical clinic because I don't want my dog to die." I decided not to. Instead, use the vet clinic on simpler anaesthetics, because I knew that it might be political suicide for the Prime Minister to be seen to have his dog treated in a private human clinic in a poor country. But his emotional attachment to his dog was so great that he didn't see that at the time.'

This anecdote illustrates the power of emotionality that applies to everyone, regardless of their background; referring to 'an extraordinarily successful politician' who was tempted to risk his reputation because of the emotional attachment he had toward his dog.

#### **4.2.3.4 Professional Satisfaction and Disappointment**

As exemplified in the quotes below, vets' definitions of their professional satisfaction showed a strong link to their descriptions of the ideal type of professional. It is noted that there was no mention of clients when vets were defining professional accomplishment. This indicates that vets do not

perceive their role as related to the clients at a professional level, and this can explain why there would be a higher level of stress when, in practice, vets are obliged to work within and under a client-centred culture.

04M-Principal-20

'You cannot satisfy everyone. I do not see my role as being here to serve the emotional need of the client; my focus is to treat the animal.'

33F-Associate-2

'It's satisfying when you made a positive difference. I like medicine and surgery; cannot say the same for people.'

In the case of vets, their professional satisfaction, as expressed, was primarily related to the animal getting better; whereas their dissatisfaction was never mentioned as 'the animal dying or medical failure', but usually included the client's perception of them. Similarly, none of the vets mentioned the client's satisfaction as defining their job satisfaction. The evidence suggests that vets do not care much about their clients' opinions unless they are negative.

33F-Associate-2

'I tend to remember the rude clients more than the nice ones.'

Many of the interviewees revealed their concerns that some very intelligent vets, who are medically more competent, are not so popular. Subsequently, respondents indicated a lack of social skills, such as communicating with clients, by highlighting the fact that veterinary education dwells heavily on the scientific aspects of the job, whilst in everyday practice vets are increasingly being challenged on their social skills.

18M-Partner-15

'A lot of people in this industry have been drawn to this industry because they're not very good with people anyway. But one of the difficulties is we weren't trained to deal with clients, that was never covered.'

Interviewees repeatedly expressed frustration about the fact that their competitors are not 'great vets' but great communicators. That leads to some conflict, particularly in the case of veterinary surgery, which seems to be perceived by many vets as 'the science of animals' and 'avoidance of people'.

## 4.5 Conclusion

This section has covered the major changes in the veterinary profession within the UK and has commented on how these changes have affected the veterinary professional identity. The next chapter focuses on the professionals themselves, by addressing the perceptual differences between the actual professional quality and the client's perceptions of it, from the perceptions of the vet respondents. It develops the issues highlighted here and provides a deeper analysis of how these changes affect vets' service provision, and how this impacts on the vets' professional identities.

Within the major changes that have taken place in the UK veterinary profession, there are significant changes not specific to the veterinary profession, such as developing technology and its natural outcomes in advancing medical investigations, and diagnosis tools and imaging techniques such as MRI. Positive contributions include increased accuracy in diagnosis, though the expense of technological advance increases the cost of these services, leading to dissatisfaction among clients. The Internet, by giving clients access to information and research, has been found to strongly influence their expectations. However, while many interviewees voiced the importance of its contribution to research and collaboration among colleagues, they also mentioned its disadvantages: setting unrealistic expectations aligned with other media sources, the danger of distributing uncontrolled information that misleads clients, and the extra effort applied in the consultancy room to correct these misperceptions.

Structural change, such as the increase in the number of corporate practices, seems to be a concern for the construction of vets' professional identity, due to its rapid effect and unforeseeable future impact. Additionally, specialisation (referrals) and involvement of insurance companies are the other interlinked sub-topics identified in responses. However, these changes are not context-specific or exclusive to the veterinary profession and may also apply to other medical professions. These factors have become strongly associated with a social change: the dramatic increase in clients' service expectations, which leads to additional pressure on vets in meeting the increased expectations for service quality.

In addition to these factors, another drastic social change that may only and closely concern vets' services is the increase in emotional attachment of clients to their pets. This increased attachment seems to maintain a strong and direct impact on a vet's daily practice. Simultaneous exposure to clients' expectations and their emotional needs seems to intensify the emotional labour undertaken by veterinary surgeons. Yet, paradoxically, most of the respondents reported that they would still have chosen to become a vet, despite the 'clinical depression' that some of them have experienced, or fear they will experience.

Some of the findings in this chapter/section were previously indicated in the Royal College of Veterinary Surgeons (RCVS) Facts (2013) and the 2014 RCVS Survey of the Veterinary Profession. Despite the fact that these changes have been acknowledged by professional bodies, their implications as felt by professionals in everyday practice have been overlooked. This chapter has revealed the impact of these changes on self-perceptions and on professional identity, by examining vets' actual experiences of practice. In Chapter 5, these findings are further explored and their implications for professionals are discussed.

## **Chapter 5**

# **Tensions between Professional Identity and Service Quality**

## **5.1 Introduction**

Chapter 4 highlighted the major changes in the veterinary profession and pointed out factors that affected vets' professional identity. This chapter addresses the second objective of this research, which is to explore the tensions between professional identity and service quality. The chapter is divided into two parts. Firstly, it will address the perceptual gaps concerning the ideal type of professional: 'being a good vet' from the vets' own perspective, in contrast to the vets' perception of 'being a good vet in the eyes of their clients'. Secondly, it draws attention to the perceptual differences in service provision of technical quality versus functional quality, and how this corresponds to the intra-professional gap between the ideal and the real notions of vets' professional identity. Implications of the identified tensions for vets' professional identity are discussed in a service context. Different perspectives on service ideals and the vets' perceptions of their clients' expectations of service quality will lead to the identification of conflicting issues of vets' professional identity. Based on findings from interviews, the sources of identified conflicts will be further discussed in Chapter 6, and Chapter 7 will elaborate on the implications for how professional emotional labour impacts on vets' professional identity.

## **5.2 Vets' Service Context**

Veterinary surgeons, in contrast to many other medical professionals, deliver their health services to the patient and not directly to the client. In this context, Parasuraman et al.'s (1988) definition of service quality – 'satisfaction of the client' – becomes problematic, as it is not the client but the animal/patient that is experiencing the results of this service. The interviewed vets acknowledged that, even though for them ideally it is the technical quality or cure that determines their service quality, in reality this is not sufficient for their clients.

Interviewees often commented on the difficulties that arise due to the delivery of technical quality to the pet whilst delivering functional quality to the client. Many experienced vets stressed the fundamental importance of

the vet–pet–client ‘relationship’ during their service interactions. Evidently, vets see the client relationship as a crucial part of delivering quality service. The vets’ understanding of this relationship in the consultancy room is shown below.

#### 02F-Associate-3

‘The relationship is directly between you and the client, and also the relationship between you and the animal. There is also the relationship between the client and the animal. It’s a triangle: vet, pet and client.’

#### 20M-Partner-30

‘It should probably be an equilateral triangle, each arm of that is equally important and I think you make a mistake to focus on the vet–pet relationship at the cost of the client relationship and very much so vice versa, and obviously the client–pet relationship underpins everything that we do.’

Vets often expressed their dependence on clients and the importance of gaining their consent, to cooperate on a matter of mutual concern for the pet. Respondents explained that the involvement of the client often complicates the decision-making process:

#### 25M-Partner-16

‘I think it’s a co-operative effort. It’s very much a team effort between vet and client. If you get your clients on board with your thinking, it works for the patient.’

#### 18M-Partner-15

‘Someone I met years ago said it was concordance that you try to get rather than compliance. So not just, ‘You need to give these medications twice a day.’ It’s the client understands why they need to give this medication twice a day. So you should set getting client on board, as a goal.’

Respondents recognised that ‘getting the client on board’ is crucial to the success of medical treatment, and for this is it necessary to earn clients’ trust. Trust was also identified as a strong influencer of the client’s perception of service quality. Vets stated that one of the common practices in second-opinion or referral hospitals is just to confirm what their colleague had previously diagnosed. They observed that clients’ perception of weak quality was not due to professional knowledge, but rather to the failure of the first examining vet to develop trust during their inspection. Responses below suggest clients are often suspicious and untrusting.

02F-Associate-3

'Clients need to be able to trust you. They are entrusting their prized possession to you. They will notice every detail in the way you hold the animal.'

23M-Associate-6

'A vet-pet relationship: client is watching that like a hawk and if you get that right you are more likely to earn that trust.'

Most of the respondents strongly believed that trust is the most important element of this relationship. When asked how to build that trust, however, vets often started by expressing their uncertainty about the best approach. Younger vets in particular referred to scientific characteristics. They stressed that trust needs to be earned through professional competence, putting emphasis on technical qualities such as expert knowledge, accurate diagnosis and successful treatment.

02F-Associate-3

'Trust is something that you need to earn. It's not something that you can get overnight. Usually, when the animal gets really ill and you get them through – that is always a good bond-builder.'

28F-Associate-4

'Picking up on things that they might not have noticed and then diagnosing the problem and making sure you resolve it appropriately. That builds trust for them.'

Conversely, vets with more experience highlighted different aspects of building trust, putting the emphasis not on technical elements but on functional quality, for example showing 'care':

34F-Associate-7

'How do you build trust, is those little things that aren't about your medical knowledge but about showing that you care about them and their animal.'

24M-Partner-18

'Our trust criteria are different from clients. As a vet if I need to take my pet to another vet, it wouldn't matter how nice or caring they were, I would go to the one who knows the most!'

The differences between these two perspectives indicate that new graduates believe it is the 'scientific' element that concerns the clients most. Vets with more experience stress that in real practice clients are more emotional than



rational. Therefore, it can be argued that vets learn with time that the scientific element is not necessarily what their clients are concerned with. A respondent defined this transition by explaining that this differentiation was developed during years of experience, and that, after losing many clients, it was learned that successful treatment of the patient is a less important factor than attending to the needs of the client.

17M-Partner-38

'To be a good vet, as you and I know it, is not enough for an owner. They want something else. And it can be very difficult for a vet to figure out what possibly is this else! I was just thrown in the deep end: learned by experience.'

The following episodes demonstrate that the experiences of senior vets challenge the perspectives of younger ones. Vets with experience highlighted how they were wrong to think that trust is about medical success. The devious role played by communication skills in building trust, or even creating a false perception of service quality, is further elaborated in the following experiences of respondents:

05F-Partner-12

'I have seen clients whom their cat died from the anaesthesia. They did not change the vet because they blindly trusted. Clients can forgive you for the unforgivable; another vet would never forgive you for that mistake!'

One of the senior vets expressed his amazement regarding the power of communication, giving an example of one of his former clients coming to him for a second opinion after their dog was operated on five times. He said that he could not believe the extent to which the client could put up with mistakes, just because 'they loved this other vet'. He described a leg operation a dog needed to undergo:

06M-Partner-12

'They put a plate on it, it got infected, they kept doing flushes, they did another surgery, they did another surgery and this goes on and on ... and "he was just amazing!" Oh, he had to do surgery five times, that's how amazing he was.'

The vet kept expressing his frustration and anger, saying 'that's a disaster'. Yet he explained:

06M-Partner-12

'He just has the gift of the gab and the ability to communicate.'

Recognition of these issues leads to the argument over clients' actual capabilities of assessing the services. Respondents often mentioned that clients are 'superficial or shallow' in their approaches to assessing the real quality of service; which, in terms of vets' service ideals, is the medical outcome.

24M-Partner-18

'Clients look at it on a very superficial level. To give you an example we have a new graduate scheme at the hospital, our newest graduate was good in communication skills and seemed a bit older. Client insisted "I want to see that vet", and you think "You don't actually, because it's only their second day since they left the vet school".'

Another senior vet also underlined the limitations to clients' capabilities of assessing the medical outcome, which lead to them being carried away with false facts, such as managerial titles, rather than a medical skill set:

20M-Partner-30

'The clients have no real idea, can be bit shallow in the way they asses the quality. Some of them are obsessed with hierarchical administration, 'I want to see a senior'. If animal has got a complicated diabetic, you probably want to see the expert in internal medicine and our head vet is a surgeon.'

As a result, vets argue that the vet's confidence and professional bearing may be very manipulative; perhaps a more decisive factor in a client's perspective than the vet's technical competence.

07M-Partner-8

'We have got the stereotype of vets in referral practice that clients don't like. These are the vets to trust with the most advanced risky surgeries. And then you have got the vets in practice that you would never take your own pet to them, but clients think they are fantastic.'

Most vets mentioned this, disappointedly emphasising that they had not been trained in how to deal with clients, and most times it did not occur to them that being a vet requires dealing more with people than with animals.

06M-Partner-12

'That explains why there are vets who are not incredibly skilled who have a huge client base, and others, who are very, very skilled, struggle getting clients in their practice, because they became a vet to dedicate themselves to animals and that was to avoid people.'

These findings lead to the closer consideration of what makes vets' clients perceive service as good-quality, and what elements of these relationships are significant in this process. As one of the respondents observed:

34F-Associate-7

'Well it's interesting. Clients tend to think good vets are the ones who are confident and friendly and like their pet, whereas in reality it's the ones who have a good knowledge of medicine.'

Similarly, this was confirmed in a medical context by Ben-Sira (1976) and Morriss (2015), who found that a patient's perception of health service quality is often determined by a doctor's friendliness and reassurance. This aspect poses a problem for the professional's identity if not integrated into the schema of the ideal type of professional, by transforming the image of an emotionally neutral scientist expert into a relative self that seems like a friendly service provider. Subsequently, this threatens the 'professional' aspect of vets' identity and usually causes professionals to resist and disassociate from the idea of being here to serve to the wants of the clients and not the needs of the animal.

### **5.2.1 Clients' Expectations**

Respondents drew attention to the expectations of clients, emphasising that their own understanding of being a good vet is not necessarily consistent with their clients' understanding of a good vet. Many respondents underlined the same factor with ambiguity, by suggesting that the main conflict arises due to them maintaining their focus on the animals' health, while they feel that clients expect it to be more about themselves.

22F-Principal-18

'The expectation of the clients is much higher; they are more demanding and easier complaining. The challenge is that clients are not only expecting a good clinical care but also excellent customer service.'

Respondents often mentioned that they were struggling to live up to the expectations of their clients. Many of the vets were concerned that too much emphasis was being given to customer care as the primary goal, and that this could result in lowering the quality of healthcare. A result of this is that

vets become more dependent on clients' acceptance and/or approval, which may interfere with their true professional opinion and initiative. From a long-term perspective, this is perceived as a threat to the veterinary profession, as it undermines the legitimate power and autonomy of professionals, and confronts vets' need to be independent actors. Many senior vets in managerial positions, from both corporate and non-corporate practices, shared their views:

07M-Partner-8

'There is too much focus on customer care as a primary goal, and that results in lower quality healthcare. For us the meaning of achieving higher quality requires the focus on high healthcare quality in the first instance. We are not a service sector; I think the [veterinary] profession is distracted at the moment from the real issues.'

20M-Partner-30

'This is where the industry struggles, because the route to success is different to what the client is actually coming in and asking us to deliver. That is the main conflict for us because we professionally and personally have animal's best interest at heart, not the client's. Whereas we care primarily about the pets, they primarily care about themselves.'

This quote hints at the different perceptions of success from the client perspective as opposed to the vet perspective. Similarly, vets mentioned their preference for technical assessment, and empathy with medical clients, by highlighting the knowledge of the client as one of the factors that might also affect communication patterns and levels of stress. The problem arises due to the limitations of clients' knowledge, as explained by a respondent below:

25M-Partner-16

'This really does boil down to the fact that clients are not clinically trained so they don't understand. Once we had a very friendly vet, clients absolutely liked him but clinically, he was over-confident and under-competent, which is a very dangerous combination. So that's something I think clients are unaware of and I think [vets] need to be mindful of it happening more often than [they] realise.'

Vets commented that other medical graduates tend to be more understanding because of their own experience. Respondents explained that medical clients can better understand the pressure, the possible

outcomes, the risks involved, and the difficulty of treating medical conditions. Vets, by strongly associating themselves with other medical professionals, identified commonalities in their professional identities and indicated that they prefer clients with a medical background:

23M-Associate-6

'Medicals know there are shades of grey within science. Some clients have no idea and they just want some magic fix, not understanding that their animal is seriously ill or has an ongoing illness. That you cannot cure it overnight with one pill, and it might be managing a condition rather than curing it. Medicals get it.'

This emphasis on the delivery of service, rather than on the outcome, requires the integration of functional quality into service interactions (Lehtinen and Lehtinen, 1991). This phenomenon is not unknown in other medical services (see Luo and Qu, 2016; Swan and Combs, 1976). However, it has not been acknowledged how this integration might challenge the professionals' understanding of professionalism and its integration into their provision of service quality.

Vets observed fewer conflicts originating from medical clients, compared to non-medical clients. Some respondents suggested that clients without a medical background are more demanding in functional quality, due to a tighter emotional bond with their pets, and thus they have less patience during consultations. The following quote demonstrates this challenge:

04M-Principal-20

'Treating animal is required, but I doubt if it is necessarily the only expectation from a client. They need explanations and justification of your actions. Some clients become our main challenge in consultant room rather than the virus/bacteria etc. in the animal's body. Sometimes I find myself about to say to client "hold on I am trying to understand what is going on once that I will explain it to myself I will happily explain to yourself as well".'

Additionally, vets seemed to be very concerned about clients' suspicions with respect to price. They highlight that clients' lack of accurate assessment of medical costs is another stress factor. When comparing their clients' background, vets mentioned the relative ease of dealing with clients with a medical background, who would not confuse their professionalism with commercialism.

01M-Associate-10

'Medicals would like us to use more diagnostic tools because they know it is the matter of investigation, minimising the risks and not maximising the profit.'

20M-Partner-30

'Clients will choose to go to another vet because of price. They'll go somewhere cheaper. But that cheapness comes at a cost as well that they may or may not see. It goes back to the clinical side that is often not really seen or witnessed by the client. They can't make the judgement on that like medicals. They assume things are the same from one practice to another.'

Vets feel that more and more, they have to defend their actions and justify their tests and charges, due to unfeasible expectations having been set by the Internet and other sources. The participants in this study also highlighted the difficulties for clients in quality assessment, due to the intangible and high degree of expertise characteristic of veterinary services, compared to other non-professional services (Woodruffe, 1995). Additionally, respondents provided comparable examples when referring to clients with medical backgrounds, confirming that the dependency on functional quality is in fact due to the absence of capabilities to assess the technicality of services.

This section has covered the difficulties that arise in the client–pet–vet relationship; the next section will present the dilemmas this triangulation poses for vets' professional identity.

### **5.2.2 The Dilemma of Professional Identity: Ideal vs. Real Vet**

According to these analyses, one of the most demanding conflicts arises when vets feel pressure to compromise their idealism in order to appease their clients' needs. As acknowledged by social identity theorists (Slay and Smith, 2011), clients hold a crucial position in the development and maintenance of professionals' identities. Following this argument, selected cases are presented below, using the recorded words of vets themselves, in order to provide a better understanding of the internal conflicts experienced by vets, and how these conflicts impact on their professional identities (Brown, 2015). Vets often compared their current understandings with what they had been taught at university, and discussed how their views had been challenged since they graduated. It is important to note that the development

of professional identity is continuous, and client relations can have a dramatic effect on maintaining the ideals of professional identity. Below are some examples of various respondents' use of irony when talking about the tensions between their ideals and realities.

#### 04M-Principal-20

'Ideal vet, excellent diagnostic skills, reading blood tests accurately, understanding MRI scans, improvise the symptoms. Being the master of the expert knowledge, the things that we were trained at University right?

But in reality, the things that really matter were not taught at university, such as dealing with the client with a reasonable manner. Some clients tend to find some vets being "rude", what does it mean? They do not seem to acknowledge how complicated the case on the table, that all knowledge going through in your head trying to filter the information they are giving to you, which most of the times 90% of client's speech is not what we are looking for.'

The following quote is from another respondent who explains how his beliefs transformed since graduation, by elaborating how taken-for-granted beliefs were a 'fairy tale' compared to reality:

#### 06M-Partner-12

'I used to think differently what a good vet is. When I graduated, I thought a good vet would be able to do a good clinical examination, examine the animal, and make the plan and treat the animal. That's what I thought a good vet would be; if you do everything well, everybody will be happy with you. That has changed obviously, that is in fairy tale.'

Another respondent mentions that clients do not seem to appreciate professional qualities as much as personal encounters. She adds that clients' reviews make her doubt if clients are sincere in prioritising their animals when visiting vets.

#### 05F- Partner-12

'If you look at positive reviews you will see it has nothing to do what we learnt at university, usually "they were available, they were kind". You will never find, "we had an incredibly difficult situation with three different conditions and they sorted that out." That's a problem. These things make you suspect who they care more about – themselves or the animal?'

In this study, respondents distinguished the actual service quality, and the clients' perception of quality, by exemplifying instances in which they had witnessed an absence of technical quality corresponding to the scientific

characteristics of their professional identity. Within these elements, medical knowledge, diagnoses, treatment, and cure were listed, similar to Brown and Swartz's (1989) categorisation of 'credence'; while clients would nonetheless be appreciative of vets' services predominantly based on functional elements, such as caring and loving. A relatively recent graduate illustrated the same issue, saying that these perceptual gaps are the biggest frustrations within his daily practice.

31M-Partner-5

'Clients' real want is the personal touch, that's what frustrates us. Because ideally, which is enormously different than reality, it should be the medicine that matters, not are you smiling with the client, are you crying with the client, are you showing "yes I understand". No, focus should be on animal and if the sick animal is getting any better.'

The respondents pointed out how their beliefs about an ideal type of professional were challenged against the realities of actual practice. It is noted that the two parties have different realities in respect to perceptions of quality, which often causes vets to defend their professional identity in the process of ongoing negotiations with clients. Vets show stress and disappointment in the process of realisation of differentiations drifting away from their ideals. These different understandings of quality create a conflict between the vets' perception of an ideal vet and the reality of veterinary practice. In order to expand on the consequences of these perceptual differences for the construction of vets' professional identity, the next section compares and contrasts professionals' service ideals with realities, aiming to identify the elements that are the causes of these conflicts.

### **5.2.3 Service Ideals of Professionals**

In this section, the topic of 'being a good vet' is discussed from a vet's perspective. The responses are presented thematically. The 'ideal' professional characteristics that are determinants of the service ideals of the vets, and their understanding of professional service quality, are illustrated by quotations on the following identified themes:

- 1) Intelligence and Knowledge
- 2) Diagnosis and Treatment



- 3) Expertise and Experience
- 4) Competence and Confidence
- 5) Ethics, Integrity and Welfare

Respondents often mentioned that the ideal service should consist of 'intelligence, professional skills' and should be delivered by a vet 'who knows medicine inside out' as the first and foremost important criterion.

02F-Associate-3

'Vets who have an encyclopaedic knowledge of all the different diseases, how to treat these; having the intelligence to know what is important and knowing what tests are important. They will also have the skills to do procedures, and surgery. They would tell you immediately what is wrong with animal and fix it pretty quickly.'

A large number of respondents claimed that 'proper diagnosis and efficient treatment' are essential, and should be delivered by vets who are 'driven by the medical quality'.

20M-Partner-30

'Good medical interest, clinical skills and diagnostic skills, problem-solving skills, you have to get satisfaction out of knowing more and learning more. It is really important to apply that knowledge in a practical way on the basis of individual cases.'

Respondents also mentioned continuous improvement of surgical skills and researching diseases, being attentive to symptoms, never underestimating the situation and the condition, always carrying out a proper consultation, and not being overconfident or relying on experience.

16M-Principal-27

'Experience at every level, knowing where to look and what to see, to be able to see the wood for the trees, without being distracted by things that are not wholly relevant. For me it's much easier to see that at a glance now. But, of course, it's still imperative to do a full clinical examination. You know how much you can find on that, and that leads to a better standard of healthcare.'

Additionally respondents highlighted clinical abilities, such as being aware of one's own competence, having confidence when making a clinical judgement, remaining conscientious about risks, and recognising their own limits.

11F-Associate-9

‘Good vets have encyclopaedic knowledge; seen it all, done it all. You have to be confident in your abilities, but also know where your limits are and know when to ask for help.’

Other elements mentioned were honesty, integrity, compassion, not performing unnecessary medical procedures, and not abusing the trust of their client.

17M-Partner-38

‘To me good vet is my father. He had very strong sense of professional duty, always got enthusiasm to the animal in his care. He’d always instruct me, if they ask you to alter the date on a certificate or something like that, you must say, ‘No, I’d never, ever do that. My word is sacrosanct.’

Similarly, ethics and welfare were commonly mentioned as characteristics of ideal service, and were defined as ‘attending to an animal’s welfare and needs, and making that paramount.’

01M-Associate-10

‘My ethos is to provide the sort of care that we want our own pets to receive, always prioritise animal welfare when you have finished your day, you must have clear conscience, that you did your best for the animal under your care.’

They highlighted determination of ideal service as solely ‘when your treatment of an animal achieved success’. An ‘ideal’ vet was often defined as a ‘real expert with skills, who can read into the symptoms, and has exact responses.’ Vets often used the phrase ‘stands by science’ and ‘prioritising animals’ welfare at all costs’ in the demonstration of their ideals. In these responses, three elements are significantly aligned with identified characteristics of vets’ professional identity: love of animals, interest in science, and being independent.

## **5.2.4 Service Realities of Professionals**

Following the examination of vets’ own perspectives, the next section reviews the responses to the question: ‘What is a good vet from your clients’ perspective?’ The relative professional characteristics, as observed from the client understanding of ‘quality’, are presented with quotations regarding the following identified themes:

### **1) Empathy and Understanding**

- 2) Reassurance
- 3) Love, Care and Affectionate Personality
- 4) Relationships and Good Communication
- 5) Perception of Quality and Charisma

A majority of respondents highlighted that being empathetic and understanding are the two main characteristics demonstrating the caring element of services, which were predominantly approved and appreciated by their clients.

#### 23M-Associate-6

'Clients focus is much more on the ability to empathise: the psychological identification with experiencing other people's opinions or attitudes, so that's the psychological identification with client.'

Regarding the 'understanding' element, respondents distinguished between different aspects of clients' expectations, saying that it is 'more complicated than it seems'. An interviewee illustrates a number of issues in the clients' perspective that are not only about their pet, but also about themselves; such as understanding clients' worries surrounding 'blame' and 'shame.' The same vet stresses that clients can be anxious about money, or for other reasons, such as 'if clients would be able to deal with what vets say? Or should they [the client] have picked up the problem sooner?'

#### 06M-Partner-12

'To be perceived as a good vet from your clients you must understand them. Assuming clients are always there to solve animal's problem can be wrong or even worse, what you perceive as a solution and what your client think is the solution can be totally different.'

Some vets underlined that clients who are in need of reassurance may desire a second opinion. They also draw attention to the importance of explaining what is wrong with the animal and explaining why the vet is doing what they are doing.

#### 34F-Associate-7

'What satisfies client is, whether vet appears confident and reassures them they're doing the right thing. Often, they don't question vet's medical judgement, or whether, if the vet is doing the right thing.'

Vets often stressed that clients are seldom keen to inquire about the vet's certificates or qualifications. They are more trusting if they believe that the vet cares.

#### 09M-Associate-26

'Give a hug when needed; show some evidence that you actually care, that's what they want more than brilliance. For clients, a good vet is not the vet who is an expert in medicine. From my personal experience, it's the ones who show they love and care. That is more important than the immediate diagnosis. The perfect vet will love their animal as much as they do. They think that their pet is the most important thing and you should think that as well.'

Some respondents emphasised the importance of the client's needs for their emotions to be acknowledged, and how this relates to satisfying the client's needs rather than those of the patient. A majority of respondents emphasised that, in their experience, clients take the vet's knowledge as a given and don't question it much, unless the vet is not a good communicator. They also pointed out that there are some vets who are not truly clinical experts, but being good communicators makes them seem like they are.

#### 05F-Partner-12

'It's not enough to be a good vet the research stuff, clients took this for granted – maybe because they cannot assess it. We can just bullshit if we need to but as long as you have a good relationship with the client you're onto a winner. So to them being skilled is not as important as being a good communicator.'

Vets often mentioned that creating a personal relationship with clients is often dependent on establishing a good relationship with their pets: 'if you don't get on with the animal, you cannot get on well with client.'

#### 16M-Principal-27

'They like their vets having a good relationship with their pets. If the animal reacts differently, they think there's something wrong with the vet. I give dogs very expensive liver treats, they love it and come to me because of it, but as far as the owner is concerned, "Yeah, he's got a way with animals, hasn't he?"'

Many respondents repeated that clients have to perceive that the job is done well. Vets commonly referred to charisma and personality as strong influencers on clients' perceptions of quality. A respondent stressed that

charisma and personality are very strong influences, describing them as toxic:

14M-Principal-31

'Charisma is part of it, "poisonality" not personality, as we call it.'

A majority of vets said their specialities were not a concern to their clients as much as how the perception of quality was reinforced through charm, charisma or being in touch with emotions.

27M-Principal-27

'Clients' perceptions are biased by their interaction with the personality not the quality. One man's fish is another man's poison.'

Some of the male respondents, commonly managers who are involved in vet recruitment processes, have the perception of female vets as being more in touch with their emotions and count this as a positive attribute. A male manager believes that this element reflects well in client satisfaction. The same manager also mentioned the 'charisma' of male vets as one of the advantages in connecting with emotion. Giving examples from his experience, the same manager mentioned several times that some clients preferred a particular vet because they found that individual attractive.

07M-Partner-8

'A lot of male vets compensate for that because most of our clients are female. In my experience, there is the attraction element to it. Attractive male vets are good people to employ, or certainly very charming male vets.'

This was confirmed by a female manager, referring to one of her employees as 'the handsome vet', being more in demand.

22F-Principal-18

'It's good to have a guy in the practice, some girls want to see a guy and I think he offers something completely different; that he's cooler and inevitably more appealing for females compared to me.'

Similar to conclusions in the literature on professional service quality, these findings prove that functional quality seems to have a manipulative power, influencing the clients' perceptions of professional service quality (Luo and Qu, 2016). Thematic analysis illustrates the evidence for the existence of a gap between the vets and their clients, in terms of perception of quality. In

the reviewed literature, some researchers acknowledge care, communication, trust and empathy as the most important interpersonal aspects in health care (McIver, 1993; Sitzia and Wood, 1997). In this study, the same elements are confirmed to play a role. Additionally, understanding, reassurance, demonstration of love, care, an affectionate personality, and charisma were reported as elements of functional quality, delivering personal service and care. These new elements could be the reflection of an increased emotional bond between clients and their pets (Keaveney, 2008). Thus, clients' emotional involvement is inevitably reflected in the consultancy room and affects the dynamics of the vet–pet–client interactions.

Researchers indicate that vets' clients, who are often emotionally predisposed due to the health issues of their pets, tend to be less fair when evaluating the service quality of veterinarians (Brush and Artz, 1999). However, the impact of the intensified emotions recognised between the client and the pet on the veterinary practice has not been considered. In the current study, the findings indicate that most of the decision-making mechanisms are being disturbed as a result of increased emotionality. This brought up the professional concerns for vets' service ethos, due to an undermining of the scientific element of their service quality.

#### **5.2.4.1 Functional Quality Overruns Technical Quality**

Vets often mentioned that 'quality' to their clients is not linked with their perception of success. Often they witnessed other vets who are hugely popular with clients, because they care deeply about how they are perceived by clients. The problem, they feel, with these vets is that they make decisions based on how they will be perceived, not on what is right for the patient. It was commented that many poor clinical decisions were made because the decision-making process was the wrong way around.

20M-Partner-30

'Often it's got to do with modes of communication, which in some respects is a concern, because clients take clinical competence for granted by and large. In a lot of cases they will assume it's there and they will base their judgement on the other aspects. You know – very superficial things, how old is he, does he have grey hair and does he speak nice to me.'

34F-Associate-7

'I know some people who are highly intelligent and know an awful lot but don't have such good communication skills, so the clients don't like them as much. And there are a few vets that should not be allowed to practice, but clients love them and they're like 'oh such a great vet, brilliant'.'

Some mentioned that, ideally, clinical skills should be the most important, but in reality clients would rate the vet who is a 'good communicator' higher. In the opinion of interviewed vets, their clients, similarly to doctors' patients in Sitzia and Wood's (1997) study, appear to have more confidence in commenting on vets' personal qualities than in expressing dissatisfaction with their medical skills. Veterinary services are not the only professional services where functional quality is found to be a more deciding factor in quality assessment than technical quality (Rust and Oliver, 1993; Brown and Swartz, 1989). Yet this reality in vets' actual practice has negative consequences for their professional identity. Consequently, the unification of their desired service ideals and realities in everyday practice is disturbed. This sort of internal conflict will be further detailed while discussing emotional labour.

According to respondents, in their university classes almost no attention was given to client interactions. Contrary to many other medical professions, it is not common practice for veterinary students to meet clients before graduation, neither is it part of their educational curriculum (Mossop, 2012). There are current debates and recommended improvements for full integration, although this will not benefit vets who are already working in the UK sector (Vet Futures, 2015). A vet with 45 years of experience underlines the limitations of veterinary schools and criticises the fact that they do not deliver an understanding of clients to vet students, equal to their understanding of the medical conditions of animals.

10M-Principal-45

'The importance of understanding the owners as well as dogs and cats, that as veterinarians we come ill-equipped to understand, why our customers are bringing our patients in and what they expect from us.'

He has initiated a course involving vet practice role play in universities all around the world. Sharing his experience, he tells that the role-playing exercises were set up to act out realistic scenarios, such as delivering bad

news to a client. He mentioned the drastic reaction of students. 'At first, they laughed and giggled because the professor was pretending to act, but immediately the entire class would become silent and start listening intently.' He mentions that only after this did students realise that this is real life, to which they will be exposed:

10M-Principal-45

'This is what's going to be me after I graduate and I'm in practice. I'm going to have to give people bad news: "your dog has inoperable cancer, and nothing can be done", or I'm going to have to be confronted by emotion.'

Another respondent with 14 years' experience brought up the same issue:

08M-Associate-14

'I definitely didn't have enough training on communication, *Aide Parfait*, breaking bad news, negotiating with the clients, things like that, dealing with the hard questions, difficult clients. I eventually learned that after losing many clients.'

Though it did not feature in the veterinary educational curriculum for earlier generations, it was expected that this dimension would by now have been acknowledged by vet universities. Yet some new graduate vets mentioned that the efforts are not sufficient, that the role-plays do not represent real life accurately enough, and that the most challenging conditions are not fully covered.

32F-Associate-3

'Education about coping with emotions of clients is missing. They do role-play scenarios. But it's never the same as when you're at university, they're seeing mainly insured members of the general public so money isn't such a worry. Certainly the lecturers who are clinicians, they don't deal with general public, so its tune is not sufficient.'

A large number of respondents mentioned that the reason for them facing these problems in practice is the fact they were never taught these things at university in the first place. Respondents' difference in tenure years, varying from 3 to 45, suggests that this gap in the veterinary curriculum is still not addressed, and keeps adding extra stress and conflicting with the ideals of professionals' identity. Another respondent mentioned that it took her 10 years to learn these skills.

12F-Associate-10



'It took me 10 years to get it right. I can't remember a single lecture on how to consult or communication skills.'

Some respondents pointed out another complicating factor, which is the fact that they never get direct feedback from their clients. Therefore, the problem continues to exist without any guidance or hints for the vet to learn what went wrong in communication. Similarly, most of the vets mentioned that they do not have a criterion for assessing client satisfaction or any kind of monitoring system of service quality. Therefore the gaps between their service ideals and realities are never closed and keep generating stress due to limited understanding in their service provisions.

Most vets mentioned they can only be sure they have achieved service quality if the 'same clients keep coming back again'. Some other vets mentioned that complaints could serve as a feedback mechanism. However, getting many complaints is unusual. Moreover, a lack of complaints cannot necessarily be interpreted as a sign of good quality, as vet clients may just change their vet instead of complaining. Therefore, vets do not get much feedback that indicates how to improve their services.

#### 04M-Principal-20

'We never know why someone leaves us. Probably we learn why they left their [previous] vet and some occasions their [new] vet learns why they left us. So probably we need to call each other to monitor our actions? You are on your own how you improve your services, I suppose I learned by experience. Still who knows there were what kind of reasons I never see the same clients.'

Overall, these findings are important in terms of realising the core values of a vet's professional identity, and shed light on why vets in particular are being exposed to stress, regarding the major changes in the profession and the consequences of a client-centred approach. Lund et al. (2009) declared that 'about one-third of owners reported problems related to a lack of trust and poor communications in encounters with their veterinarians.' This claim can be confirmed and its scope expanded by demonstrating vets' professional characteristics, linking to personal characteristics, education and socialisation as outlined in Chapter 4. Additionally, findings from this research have provided a deeper understanding of why vets are sometimes associated with lack of social skills; a large number of respondents

expressed their amicability with animals rather than people as a reason for being drawn to the profession in the first instance. Given the perfectionist characteristics of vets' professional identity, success of their services is important to them. Inevitably, given the client-centred approach, clients' assessment of their service comes into the debate, as clients' satisfaction is often used as the main criterion to assess the success of a service provider (Bansal and Taylor, 2015). Service providers are an integral part of the service itself and an inseparable part of service quality (Woodruffe, 1995). Subsequently, tensions created through market pressures are generated through the notion of service quality.

### **5.3 Implications for Vets' Professional Identity**

The majority of the vets reported that their service ideals do not match with everyday practice. This section elaborates further on how service quality models fail to acknowledge professional identity and why this is a problem in a professional service industry. On the one hand, vets show strong commitment to the professional attributes of their identity; but on the other hand, they come to the realisation that client expectations are not only about medical professionalism.

25M-Partner-16

'My impression of younger graduates is that their expectation of general practice versus the reality is increasingly wrong. There's a gap. There's a gap in expectation and I don't know at what point or where that needs to be addressed.'

Consequently, this gap between their understanding of professional service quality and what their clients actually expect from them becomes problematic. Senior and manager vets mentioned their concerns about the consumerism paradigm and pointed to its complications for vets' professional identity. A respondent explained:

19M-Partner-29

'The danger appears to be some vets aligning themselves too strongly with their clients by delivering a perception of quality; that is, treating the client, rather than the animal, as the priority.'

The vast majority of respondents mentioned the impact of recent changes on their practice; stressing the importance of identifying, training, and delivering tools to help to build bridges between vets' understanding of professional service quality and the actual expectations of their clients. In the light of recent changes and increased market pressures, vets expressed their main conflict as being squeezed between the animal's welfare and the client's expectations. The following is an example of how a veterinary surgeon expressed the difficulties they experience as a result of increased and differentiated client expectations:

33F-Associate-2

'You should always try to do what's best for the animal but at the end of the day that is being asked within the means of the owner. And their terms of animal welfare can be significantly different.'

Whereas a client-centred approach may seem to be an efficient strategy for most commercial services, it becomes problematic in veterinary professional services where the client is not the direct user of the service. The focus on client satisfaction and a client-centred approach creates the danger of vets becoming more focused on how they are perceived by their clients, thus mixing their priorities and potentially ending up with poor clinical decisions. One of the interviewees, in his capacity as a regional manager, describes the danger in that identity conflict:

07M-Partner-8

'The consequence is they will become one or the other. It really can become a battle.'

According to some senior vets, this is a big threat to the profession, and young vets in particular are becoming more prone to this behaviour as a result of the felt increase in market pressures. Confirming this, another vet points out:

06M-Partner-12

'Sometimes you feel you have to sacrifice your medicine to make an owner happy.'

It is argued that this is the biggest concern of senior vets, and a dangerous dilemma for junior vets. The same vet urged the need for younger vets to realise that 'client satisfaction is important, but it is not the absolute.'

Senior vets' main concern is the danger of new graduate vets trying to deliver their professional services on the basis of their perceptions of clients' expectations. Some fear that, if no actions are taken and vets feel forced to accommodate clients' wishes, thus sacrificing their professional identity in favour of commercialism, this will be the end of the 'profession'. These findings inform the debate about the conflicts of professional identity, where these factors reinforce the anomalies between the ideal and real notions of the professional identity.

## **5.4 Conclusion**

This chapter has revealed the impact of clients' perspectives on the vets' provision of service ideals and the consequences for how they apply these to their professional identities. Yet, due to the negligence of professionals' experience and perspectives, the interference of the clients with quality in a veterinary service context was not previously acknowledged. This chapter has provided evidence in the context of professionals' understanding of provision of service quality and has detailed the tensions as applied to vets' professional identity. The findings showed that vet–client interactions have a significant effect on clients' perceptions of service quality. However, as was shown in other service sectors by Johnston (1995), conflicting issues that were posed for professional service providers were not fully explored.

It is argued that vets' ideals originate from schools and initial training, and that they often contrast with real-life practice. A majority of vets feel that clients are not interested in how knowledgeable vets are. Vets' opinions of service provision helped to explore the impacts of clients on vets' services, which should not be ignored. Subsequently, the problem of meeting client expectations is compounded by the fact that these are emphasised in commercial expectations. Under the current market pressure, keeping the client happy is deemed necessary for sustaining a business. That often

means sacrificing the professionals' ideals in order to appease clients. Implications for vets' perceptions of professionalism, and their felt need to negotiate and defend their ideals, indicate the main reasons for stress and conflicts of the professional identity.

Previously, Brown and Swartz (1989) claimed that professionals were not aware of this gap in functional quality vs. technical quality, as 'many professionals are more task and self-oriented, than client-oriented'. This study has revealed that vets are aware of the issue, yet this does not mean that they customise their professional identity accordingly. Instead, this awareness adds more stress to their professional duties. Vets' strong commitment to their professional identity prevents it from being altered. This lack of resolution develops into internal struggles and frustrations, thus intensifying the emotional labour due to the pressure and/or the suppression of their service ideals.

While service orientation seems a trivial concept for many common professional services, respondents in this study were seen facing the dilemma of whether the service they are delivering is to the pet or to the client. The element of client-oriented marketing strategies driven by financial profits, especially in cases where vets are not the owners of the clinics, has increased the pressure on professionals and created issues of professional identity. The reality of being controlled or limited by institutional rules, organisational protocols and client expectations is contradictory to the ideal type of a professional's autonomy. The distribution of power, particularly towards clients, seems to undermine the professional aspect of these services, causing some respondents to feel as if they are in a service sector that is diminishing the desired characteristics of professional identity, thus causing detachment or rejection, or a feeling of 'being here to serve the client.'

Marketing literature on service quality has commonly been criticised for prioritising the client's satisfaction whilst favouring consumerism, and thereby neglecting the service providers in the process (Mosadeghrad, 2014). The findings of this study indicate that this negligence, by empowering clients, increases the tensions in the construction of vets' professional identity. As a

consequence, the results indicate that the ideal type of professional is not a realistic ideal to aspire to, and the implications of these trends are being experienced as undermining the professionalism of services in reality, thus causing extra stress to professionals in the form of professional emotional labour.

The consequences of the relatively recent shift towards consumerism (McIver, 1993), seem to affect vets' practices too. The findings suggest that the perceptions of vets' clients play a key role in affecting the service ideals of professionals, and create conflicts for their professional identity when not matched with the reality (Ibarra and Petriglieri, 2016; Brown and Swartz, 1989). Consequently, the identified issues present threats for the future of the veterinary profession. Nonetheless, the struggles as experienced by professionals have not been recognised as disabling elements in the construction of their professional identity. As a result, these paradoxes are not fully acknowledged as stress generators, and therefore the intensified level of undertaken emotional labour has remained under-validated.

The findings reveal that perceptual gaps do exist between the clients' and the vets' understanding of quality, which problematise the maintenance of professional identity by distancing their service ideals from conventional practice. From the perspective of the vets, the technical elements determine the quality; but vets believe that for clients, it is the functional elements that determine the quality. Moreover, vets mentioned experiencing professional satisfaction and accomplishment when the animal is getting better, emphasising the 'cure' very much on the technical side; but their clients' satisfaction is more related with 'care'. Sometimes, this results in a conflict between the ideal and the real notions of the vets' professional identity when different perceptions about health quality are not synchronised. This can lead to frustration. Experienced vets commented that compromising on health care to appease their clients cannot be a solution. A majority of the respondents showed strong disassociation from those vets who consider the possibility of their priority not being an animal. This ethical commitment towards animal welfare was well established and internalised across all

interviewees in a form of personal morality, rather than a professional code of ethics.

Given that vets' expectations of themselves are not the same as their clients' expectations of them, there is a need to accommodate and adjust their professional identities. Settling these internal conflicts causes vets a lot of stress and emotional burdens, especially given the emotional intensity of these interactions; not only from the clients' side, but also from the vets'. Having been animal lovers since childhood evidently causes vets to personalise and internalise these conflicts with an even stronger impact, which most of the time is neglected by the academic research on professional identity.

The findings from this chapter indicate that market pressures do not only impact on the construction of the vets' professional identity in corporate practices; rather, this is felt among all professionals, regardless of the type of practice. It can be concluded that pressure arising from client-oriented strategies is not limited to larger commercialised practices, but that it impacts the entire profession.

The results of this section have disclosed how service quality models fail to acknowledge professional identity, and why this is a problem for professional emotional labour for veterinary surgeons. Therefore, it is argued that service quality models put too large an emphasis on the client's side, and thus neglect professionals in the process, resulting in increased professional emotional labour. This is a particular problem under current changes in the UK veterinary profession. Based on findings from interviews, sources of identified conflicts will be further discussed in Chapter 6 and Chapter 7, which elaborates on the implications of how professional emotional labour impacts vets' professional identity. Thus, the next chapter focuses on the overlapping conflicts and identifies the themes of problematising elements and strategies of how vets manage to cope with professional emotional labour, in order to maintain their professional identity.

## **Chapter 6**

# **Conflicts of the Professional Identity**



## 6.1 Introduction

This section focuses on the conflicts of professional identity that result in professional emotional labour. The previous chapters described how recent changes affected vets' professional identity, and revealed tensions arising because of intensified market pressures and differences in the expectation of service quality between the vet and the client.

Reviewing the issues involved with the profession and their impact on professionals identified veterinarians' internal conflicts. The dilemmas consist of professional, commercial, ethical, and emotional elements, which produce conflicts with respect to the ideal type of professional. This chapter now identifies the reasons behind these major issues. It is recognised that these elements generally do not occur in isolation, and often influence and amplify each other. In order to avoid duplication, the following sections are organised to emphasise the characteristic features of each element. Within these elements, there are three different ways in which they relate to conflicts. Firstly, there are worries represented at an external level, commonly relating to the changes in the profession as listed in Chapter 4. Secondly, there are conflicts that are triggered by client interference, due to service interactions, as identified in Chapter 5. Thirdly, this chapter investigates the consequences of the internal conflicts of professionals that affect their practice and mental welfare. It concludes that professional emotional labour within the veterinary profession is a threat to the future of the veterinary profession in the UK. A major trend within the profession is a growing worry with respect to the sustainability of veterinarian surgeons' motivation and welfare, which can be related to the shortage of vets in the UK. Moreover, it is suggested that further research should focus on the identified threats associated with vets leaving or changing their profession, and to the rate of suicide related to this.

## 6.2 Professional Conflicts

Vets' medical concerns, represented under *professional* labour, distinctively relate to the medical aspects that cause cognitive intensity, extra stress and

worry to vets in their daily practices. Respondents explain the extensive knowledge that is required at all times within the scope of their duties, which increases the job's mental complexity. This prominently relates to Bolton's (2004) concept of 'medical labour' or 'mental labour'; the consequences of this aspect are found to be closely associated with 'the scientific and the perfectionist' elements of vets' professional identity.

### **6.2.1 Professional Internal Conflicts**

Respondents mentioned multiple issues predominantly relating to medical knowledge that generate 'stress' and 'anxiety' in their daily practice. Vets often face a large number of different medical problems in the same day. A vet with 12 years of experience underlines how it can become overwhelming to possess such specialised and diversified knowledge, which triggers self-questioning mechanisms and leads to surgeons living with continuous worry. She defined this process as 'living in a continuous battle with yourself':

05F-Partner-12:

'On the same day you can see a neurological problem, orthopaedic problem, or kidney disease, endocrinology problem, thyroids, skin disease, ophthalmologic problem, and so you need to know a lot of stuff. And you always feel a little bit, "Uh, can I live with that?" And sometimes you can't.'

She further explains that these experiences are not necessarily related to the expectations of others, such as clients or colleagues, but rather to a self-questioning mechanism; hence, this poses an internal professional conflict that generates stress and anxiety:

05F-Partner-12:

'It's not a client or another vet: it's you who is continuously questioning yourself; I'm doing my best, am I doing the best?'

Other respondents, discussing the concept of 'self-created pressure', also bring up this point; without taking others' judgement into account, they still feel the pressure of not being 'allowed to make any mistakes'.

23M-Associate-6

'I don't know if it is vets being too hard on themselves or if there is a genuine perception, but I often have the feeling, that I can't not have the knowledge. I can't be wrong. I can't make mistakes. I have to know everything. You have

that feeling you need to know everything with absolute certainty. You are the vet. It's that high emotional investment, and the expectation on you. You are expected to do it. You're just expected to make it right.'

A vet with 45 years of experience explains similar phases in his career, emphasising that this aspect could also be related to a common element, which is love of the animal. Therefore, there is also an emotional involvement contributing to this sort of anxiety in vets, especially for those in the earlier years of their career, who often worry about whether their mistakes will cause irreversible harm to animals.

#### 10M-Principal-45

'When I started, I was worrying about whether I was making an accurate diagnosis or not. But after a number of years you reach a point where you know you're not killing them so you're not harming them terribly, then you might be doing some good.'

Issues conceptualised around professional labour were prominently about 'making the right decision'; 'not having enough knowledge'; 'not having enough evidence', and thus, the fear of 'making a mistake'; and overall, the fear of 'not being good enough'. These worries were repeatedly mentioned by many respondents. They are linked to being a perfectionist, in reference to 'interest in science', and also accompanied with an emotional involvement due to 'love of the animals'.

### 6.2.2 Other Professional Factors

In addition to these worries, vets mentioned that even if they do everything right, there is always a risk of something going wrong beyond their power and that they would feel guilty charging for their service if it eventually failed. A respondent with 31 years of experience explained his worry:

#### 14M-Principal-31

'With these expensive surgeries, something could happen that causes sudden death, you know yourself, a clot or have something wrong with the heart that you didn't detect. It's an enormously traumatic thing on its own to lose an old dog, and we just add thousands of pounds on top of that.'

Another respondent draws attention to the time limitation in consultancy rooms. He describes how time management is important for vets and

mentions the physically and emotionally draining effects of continuously working under severe deadlines, especially in the case of emergencies. A respondent refers to medical deadlines as 'death-lines', referring to the large number of life-or-death situations. He explains that time pressure weighs heavily on vets. Running late also means increasing anxiety among clients in the waiting room. The consequences of these delays have brought clients' emotional circumstances into the debate as another source of stress for vets' practice.

#### 23M-Associate-6

'There can be a lot that needs doing and without enough hours in the day to do it, and they're all highly important ... you know, it's not like a lot of things need packing into boxes, it's like a lot of sick animals need your help, with clients behind those sick animals super-worried and highly emotionally charged themselves. So it's the nature of the workload causing stress, as well as the amount of it.'

A respondent argues that the vets' medical worries do not solely concern the animal: their successes are also affected by the interference of clients. He mentions that vets are dependent on their clients, who therefore may affect the course of the disease; thus, one of the struggles is that their ideals are dependent on issues beyond their power. This does not sit well with their need for control.

A respondent with 45 years of experience acknowledges that it is a long process for a vet to overcome feelings of anxiety about 'not being good enough' and to build appropriate confidence. Moreover, he adds that, once vets become more confident about their decisions, other anxieties start to kick in, such as clients' interference with their medical decisions. Despite the fact that these other issues are beyond their power of control and exceed their individual capabilities, failures still disturb vets and trigger anxiety, as other issues can also set barriers that reflect on their ideal image of being a professional. Respondents mentioned that losing a patient, despite their best efforts, still triggers negative emotions, and the feeling of not being good enough.

#### 10M-Principal-45

'You reach a point where you become more relaxed about the animals, then you start noticing that they're attached to people. Then eventually you realise that they're more than attached to people, that the people who bring them in can influence the course of disease as well as decisions on whether or not, for example, to treat. But they could also be influencing the actual problems that animals had.'

This quote illustrates the role of the client in the course of shaping the disease. Findings indicate that different vets and clients with the same problem may make very different decisions for an animal, and it may not be possible to say whether one was better than the other.

However, the source of these pressures and the feelings of not being good enough can be found in vets' internalisation of idealism and perfectionism. In the reviewed literature, the quest for perfectionism among vets is believed to be rooted in and fuelled by 'the constant pressure on individuals to develop and realize their full potential, reinforced by institutions of family education and government' (Knights and Clarke, 2015). Whether this is created by society, education, the perfectionist nature of vets' professional identity, or all of the above, is beyond the scope of this study. The important implication is that irrespective of the reason, vets are experiencing severe levels of anxiety, which runs in the back of their minds at all times, which potentially predisposes them towards the other problematising elements of their professional identity. Findings indicate that vets' individual responses represent homogeneous shared fears that are commonly felt by professionals throughout their professional identity. One vet summarises the list of the anxieties relating to worries concerning the image of the 'ideal vet':

#### 23M-Associate-6

'Anxieties, that your colleagues' opinions of you are not as great as you'd like them to be; anxieties, that a client has a wrong perception of you – for example, has the perception that you are just trying to get as much money out of them as you can; an endless list of anxieties, really. Obviously, those anxieties are a source of stress in themselves.'

Respondents also mentioned the struggle to not give the wrong impression to their colleagues, adding that collectively it is overwhelming to be monitored all the time by clients and colleagues, in addition to their own self-criticising mechanisms.

### **6.2.3 Summary**

Three different sets of medical worries have been identified as sources of stress under professional labour, related to cognitive intensity: lack of confidence in one's own judgement, the size of the stakes, and potential failures beyond vets' power. The latter includes the risks of operations and issues related to client-dependent factors, such as the requirement to gain the client's consent to treat the animal, or clients themselves interfering. Collectively or separately, these factors can act as challenges to a vet's professional identity.

In addition to the medical concerns, other conflicts unfold; such as 'whether it is too expensive to treat', or 'if it is ethical to treat', along with 'how to deal with emotional circumstance'. These issues led to the identification of commercial, ethical and emotional elements, which are further explained in the following sections. The next section details the conflicts arising due to the commercial aspects of the veterinary practice.

## **6.3 Commercial Conflicts**

Money-related issues, such as financial constraints of clients, impact on vets' decision-making mechanisms, and put limitations on vets' ideal type of practice. Respondents noted commercial aspects to be one of the biggest struggles preventing them from achieving their ideals.

Vets mentioned their own lack of education on the costs of treatment. Subsequently, vets felt limitations on their service ideals and at times mentioned feeling guilty about charging for their services, due to their emotional involvement and genuine care for their patients. Respondents also claimed that some members of the public have an unrealistic view about vets' financial gains, believing them to be 'money grabbers'. Interviewees stated that many clients in the UK are not aware of the expenses of medical services, because the NHS covers human medical services and clients do not pay for it directly. Therefore, they unfairly express their disapproval about the costs of services to vets. Lastly, some mentioned clients abusing the goodwill of vets and using their feelings and care for animals against them.

These are ethically and emotionally painful dilemmas, showing how becoming involved with the commercial aspect troubles the vocational element of a vet's professional identity.

### **6.3.1 Limitations Because of Financial Constraints**

Some of the respondents commented that they had not been prepared enough during their university training about the reality and consequences of financial constraints. They mentioned that finance was never discussed and that they were predominantly trained to use as many as tests as possible to improve the accuracy of their diagnoses. Two problems unfold as a consequence. Firstly, new vets do not know how to calculate accurate cost-estimates whilst treating the case; secondly, they do not know how to communicate these costs to their clients. Vets mentioned that most of the time, this is the main issue when clients complain and get angry. This adds extra labour on the top of vets' existing complications in the consultation room. Managers argue that because vets are not equipped with these tools, they tend to feel anxious about charging for their services, thus inducing financial struggles for them to sustain their clinics.

06M-Partner-12

'Ironically, one thing that nobody, nobody ever told me, when I was a student, is that you have to treat animals but you will ask a fee for that. You will need to be paid for that service to be able to provide that service.'

33F-Associate-2

'At university, seeing animals and doing surgeries and cool stuff like that, nobody talk to us about how important it is to come up with accurate estimates and inform people of costs all the way through, so we all have angry clients not wanting to pay bills.'

In addition to not being trained in how to communicate the cost of service, respondents mention that it is a professional limitation when money becomes the main deciding factor for an animal's health, rather than the condition of the disease.

03F-Associate-19

'Making decisions based on commercial considerations is reasonably common. It's not cheap. We have to address that. Whether they can afford it, or not, is still another decision they have to make.'

Vets often mentioned this as one of the biggest conflicts when forced to compromise on their medicine due to financial restrictions.

05F-Partner-12

'Money problem when people are telling you, "I can't do it." And that's painful, because you have to find a compromise and it's quite a difficult dilemma. It's hard to say, "Okay, we'll skip this drug, it's too expensive" when you know the life expectation will be less. And so, this also touches the ethical chords.'

Another interviewee, positioned as head vet of a hospital, explains that the vet is torn between wanting to clinically do the very best for the pet, and having to liaise with the client's finance. He further explains that solving the problem of the pet is intellectually stimulating for the vet, which is closely related to their professional identity and reinforces their professional satisfaction. He warns that sooner or later all vets, even if not in managerial positions, are going to experience conflicts of interest due to 'commercial' involvement.

20M-Partner-30

'Clinically and professionally there is an academic ego if I can call it that, and on the other hand a client who's unhappy about costs ... There's quite a mixture of emotions going on and, yes, there is commerce involved and a degree of conflicting drivers which every vet has to learn to deal with and try and get the balance right.'

Similarly, other respondents suggest that,

16M-Principal-27

'the biggest dilemma is avoiding doing work for the animal because you think the owners will be concerned about the cost. This is a very bad mistake, when vets alternate the quality of care for cost – "Well, okay, that's what we would ideally do but let's try some treatment and see if it gets any better".'

### **6.3.2 Clients' Negative Attitude**

Respondents often expressed their unease about clients having a negative attitude toward vets' financial gain, and the resulting worry about charging for their services appropriately.



#### 28F-Associate-4

'The worst kind of clients is the ones that expect you to do everything but they then don't want to pay for anything. That's annoying because then you can't do what you want, investigate the problem properly, it's not straightforward, you need to do tests to find out, to get an actual diagnosis, it can be hard to then have to treat something just based on the symptoms. It's difficult to find an appropriate treatment for it that will try to make it all go away with one magical injection. Yeah, just inject some fairy dust in or something and everything, all of your problems will disappear.'

They also highlight the tension between them and their clients, who sometimes argue that if they truly loved animals they would not charge to treat them.

#### 29F-Associate-5

'When clients can't afford it, they always take out their frustration on you. So it's always like, "you don't care about my pet, you just want my money". It's that kind of challenging you on your ethics or how you feel about their pets. I think that can be quite frustrating.'

Respondents claim that they are often being challenged, and are required to defend their professional identity to their clients: that they did not choose the profession for money, but because they loved animals. This same issue is addressed by another respondent:

#### 32F-Associate-3

'I don't understand why vets have got this, you know, black cloud over us that we rip people off because a lot of members of the public think that it's a very high-earning profession. They don't really realise that it's not. It is something that you do because you love it, not because you want to make a lot of money. So I do find it's quite insulting really, to the knowledge and the care and attention that you're giving to your patients. When clients think that you're only doing it for the money and if you really cared about their pet you'd be doing it for free. It's just like, "Yeah, we've also got to pay the bills for the practice".'

#### 34F-Associate-7

'Another challenge is we come out with a £40,000 big debt to pay off and really not being paid that much in practice. You don't feel like you have the reward for the work that you've done.'

In 'professional' services where commercial attributes are added to 'genuine self-valued identities', 'care' becomes a financial value. The very same aspect of 'care', which used to represent only vocational and ethical meaning

to professionals, is now somehow counting against them by escalating undertaken emotional labour (O'Connor 2008).

Another respondent explains his struggle, in that the only complaints he has ever received from his clients, have been about money. He explains:

06M-Partner-12

'At the end of the day, you also have to remain responsible for the reality your job is also business. Especially if you run on your own, you need to make your client happy. Sometimes, they get ridiculous ...

"I'm sorry, but while I was trying to resuscitate your dog, I couldn't call you in the same time telling you I'm using more medication than what I had thought to use" – I have to stop my medical activity, grab the phone, forget all the sterilisation and ask for your permission: "Can I use that injectable med is going to cost £35, may I use it on your dying dog?" That was the initiative you took believing they would say "Yes, of course." And they said yes but still insisting ...

Now you did not sleep all night; you are exhausted and going through that money discussion makes you to regret resuscitating the dog.'

Respondents often mentioned negative feelings, such as painful dilemmas; frustration; clients taking anger out on them; complaints; and feeling insulted, unrewarded and regretful. These findings are important, referring to Fineman's (2000) definition of feelings as an ongoing play on identity. Thus, commercial aspects contribute to the conflicts of professional identity. Commercial labour generates troubles in two ways. Money-related issues limit the options of investing in scientific methods and thus the ideal practice; they also touch upon the sentimental values and vocational element of vets' professional identity ('love of animals'). Meanwhile, vets may be exposed to clients' negative attitudes diminishing their professional identity, by underestimating vets' emotional commitment and overestimating their concern with money. In support of this, social identity theorists argue that identity threats are indeed associated with negative emotions (Burke and Stets 2009; Stets, 2015).

### 6.3.3 The Battle Between Being a Vet and Being a Business Owner

A vet manager highlights the necessity of balancing out cost-related issues:

24M-Partner-18

'Unless you are working in a charity, you're working in a private practice and it is a business. There mustn't be a disconnection between the two. It's important for them to understand without a successful finance there is no practice.'

An interviewee, in his capacity as a regional manager, describes the problem associated with commercial conflicts:

07M-Partner-8

'The consequence is they [vets] will become one or the other. It really can become a battle'.

Respondents with more experience frequently backed up that argument by reflecting upon on their multiple identities, where managerial and veterinary identities might not be synchronised. Some of the examples presented below indicate that vets seem to prioritise their veterinary identity when it conflicts with their managerial identity.

29F-Associate-5

'The commercial side stresses me, I know that I'm here to make money, but I don't see it as part of my job. I would never own my own practice or work on commission or anything, because I would never want to get to the stage in my career where I was looking at a case and thinking, make a bit more money.'

Vets also frequently discussed the ethical dilemmas that may arise because of this, in addition to the commercial dilemmas. They note that every practice has charging protocols such as consultation fees, injections and other preventative medicine or treatment costs. They also mentioned that even though, ideally, they should charge the standard rate for all clients, in reality 'behind the protocols', if a client brings an animal with a life-threatening illness, even though they know the client will not be able to afford the treatment, they will still carry on without objecting to the lack of money, as they say 'just to save a life'. This notion is deeply rooted within the ethical obligation of vets' professional identity, and is also clearly stated in their pledge to always prioritise the animal's welfare. Jointly, market pressure and an emphasis on commercial performativity of professionals, as defined by

Dent and Whitehead (2013), have intensified the difficulties and stress that vets experience.

### **6.3.4 Summary**

This section has focused on issues relating to commercial conflicts. It is highlighted that these issues are particularly important in the UK because of the presence of the NHS, which renders the true costs of healthcare invisible to clients. Many vets stressed that at university, they were never taught how to communicate the cost of services to clients, and they mentioned that the majority of the complaints they deal with are related to finances. Some of them mentioned how finances do not permit them to perform their service. Vets added that sometimes they could have saved an animal but for the cost of the treatment, which can lead to difficult end-of-life decisions. Following this, the next section, deals with the ethical issues that result from reported matters.

## **6.4 Ethical Conflicts**

There are several ethical challenges distinctive to the veterinary practice and identity. Vets often mentioned that ethical issues predominantly stem from animals' welfare. Three major issues are identified that conflict with the vets' ethos of professional identity. This section will address the following themes in all their aspects: overtreatment and integrity, the practice of euthanasia, and clients' belief systems. These issues are commonly further complicated by clients' involvement relating to finance-related restrictions. The following sections will deal with each of these issues separately.

Many interviewees have defined ethics as 'putting the animal's welfare above everything else', an aspect that also relates to the essence of the veterinary professional's pledge. Significantly, the vast majority of respondents used the same phrase to define being ethical: 'being able to sleep at the end of the day', emphasising peace of mind and implying that being truthful to animal welfare is being true to oneself.

### **6.4.1 Vets' Professional Identity and Ethics**

The respondents demonstrated a homogenous understanding of ethics, claiming that regardless of the circumstances, their priority is always animal welfare. Vets often employed a defensive role in animals' welfare, stating with confidence that protecting the animal's welfare is their most important commitment. To most, this applies not only to their working practice but also to their personal life, showing an intense internalisation of ethical values, which correspond with their own morality. Respondents consistently expressed that these values are ingrained in their professional and personal identity.

23M-Associate-6

'The prominent fundamental ideological and philosophical thing where my top priority, regardless of anything else, is the welfare of the animal that I'm treating. That's there almost like breathing, it is there at a base, almost subconscious, level. I would never take precedence over the welfare of an animal. That's just second nature for a vet.'

#### **6.4.1.1 Anxieties of Vets about Abusing Client Trust**

Vets showed an awareness of clients' concerns about conflicts of interests that arise due to charging for their services. This often resulted in a hesitation in professional investigation into diseases, leading in turn to a feeling of frustration, as vets often took complaints personally and felt insulted to be associated with the attitudes of clients who berate the ethical chords of their professionalism.

25M-Partner-16

'Working within an ethical framework these days is important. I'm a practice owner, I have to run a business and make money, but I think doing it in a way that you feel is ethical, and everyone's boundaries are different on that, I think is important. You've got to be able to sleep at night.'

20M-Partner-30

'Ethically, there are potential [issues] and they're well recognised and one is the overtreatment one. Overtreatment can be the accusation that a vet is doing extra tests just to get money. Applying our scientific knowledge in appropriate fashion is very important. Obviously as a practice that's not what we expect anyone to do, but that's sometimes just a matter of opinion, perspective.'

Another respondent reported his view on integrity and the potential abuse of the client's trust as follows:

25M-Partner-16

'Integrity comes down to having a conviction in what you feel is right and not bending that too much to accommodate the clients. It's quite a hard line to tread between accommodating client wishes and maintaining your duty of care to the patient because they're not always in alignment by a long way and I think it can be, you know, following the path of least resistance can be tempting sometimes, particularly when you're tired. But I've seen people perhaps make a real stand against client wishes on welfare grounds and, you know, in a way that's admirable.'

#### **6.4.1.2 Saving an Animal's Life in Financially Strained Situations**

The balance between clients' lack of financial means and the animal's welfare is described by one respondent as 'the hardest part of the job', especially when the animal's life is on the line.

06M-Partner-12

'I think this is the hardest part of this job, when you cannot cure a dog or cat because client cannot pay for it. Then you offer a pain relief or euthanasia, and this is quite sad. This is one of the biggest ethical dilemmas a vet can face every day.'

During the interviews, vets sometimes compared themselves to other professionals, such as lawyers and medicals. They explained why certain things are more stressful and difficult for vets:

36F-Associate-13

'If you are a lawyer, you say, "You've got no money, I won't follow your case." But when you are a vet and you have an emergency – things need to be done immediately. Then you end up doing them even if you don't get any money for it.'

A respondent in a managerial position shared his observation of one of the conflicts he faces with his vets in their hospital. He explained that young vets in particular tend to get confused about their ethical obligations, especially in emergency cases where they need to charge for their services, without letting the client abuse vets' emotionality.

He added that vets working for him find it very difficult to interpret their ethical obligations, stating that at some levels this issue 'trumps everything else' (referring to rational and financial decisions of vets). This comment is

important in showing the distinction made by the vet, building a managerial professional identity as a tool for being objective about his veterinary professional identity.

However, he argued, a problem arises when vets cannot differentiate between an emergency and continuous suffering, such as in the case of chronic diseases, and may keep treating animals for free, believing this to be their ethical obligation. As a consequence, they may risk their own financial welfare and that of their practice, by foregoing income. He emphasised that this problem is particularly faced by vets who are new to the profession; as mentioned earlier, vets are not trained at university on how to charge for their services appropriately, and their compassion and the profession's vocational element can take precedence over the reality of needing to earn money for their business.

The same vet argued that vets quite often fail to realise where their ethical obligation stops and the client's ethical responsibility starts. He reinforced this with a recent example, recalling a vet giving three weeks' worth of medication to a client. He said the case was a chronic skin disease, which is not at the same level of pain as, say, a car accident emergency. The reported conversation between the manager and a vet colleague describes the case from the manager's perspective:

07M-Partner-8

'Your ethical obligation is only to relieve suffering at the point that the patient is presented to you, but then the charging for that is a perfectly appropriate step, and if the client does not wish to pay, then the client is terminating by not agreeing. So that is not your ethical consideration: that is the client's ethical consideration.'

One of the other ethical issues relating to clients' ethos concerns animal welfare, in cases where vets believe that the client does not appropriately care for or take care of their pet. Some respondents explain that when clients are not as clued up about their animals as they should be, or are not treating them as early as they should or with enough urgency, it is an emotional frustration for the vet, knowing that the animal is 'silently suffering'.

03F-Associate-19

'When there are issues with animal welfare and that breaks my heart knowing the pet was in these conditions for a while.'

It can be argued that, just as clients expect vets to love animals as much as they do, vets also expect their clients to acknowledge and prioritise their animal's welfare.

#### **6.4.1.3 Euthanasia**

A big and commonplace ethical challenge is the issue of 'end of life'. Euthanasia is known as 'killing for mercy', and is often performed by vets as a last resort, when health conditions are severe and have reached an irreversible stage. Vets are trained to take the initiative to do the 'kindest thing' under these conditions, by injecting a lethal liquid into a dying animal, in order to avoid further suffering from painful conditions. It is noted that an average vet in UK practice performs euthanasia at least on a weekly basis. As with previous sections, all ethical dilemmas originate from the welfare of the animal. Respondents mentioned that when they disagree with clients, they choose to refer them to other vets to confirm or to contradict their advice, but they stated that they would not commit to any action that the client disagreed with. It is important to note that vets do not seem to compromise their professional identity; instead, they avoid getting involved with the case, rather than giving up their professionalism in favour of clients' needs and/or wishes.

20M-Partner-30

'Something that I would never compromise for client satisfaction is the patient's welfare. It is something that we run into. We would involve multiple vets in this decision-making. Perspectives of quality of life or opinions on quality of life they can vary. Sometimes that's where it becomes a little bit arbitrary.'

Several respondents also mention that there is a grey area in which the distinction between 'professional ethics' and 'a vet's individual morality' is unclear, and that they occasionally felt unsure as to the best course of action. Furthermore, they stressed the importance of having the opinions of other colleagues in these life-or-death decisions.

12F-Associate-10



'Sometimes it is an ethical battle in yourself, how much to put an animal through? Is it worth to treat its condition? Or is it more important to have a definitive diagnosis? How many tests are you going to put the animal through? Is it worth doing surgery, in particular for neoplastic or cancer? When enough is enough? I don't always have the right answer, so it's difficult to transmit to the client when I don't even know what's going to be the best thing for the animal.'

Vets mentioned that particularly in cases where euthanasia is clearly needed, they do not generally experience an internal conflict or feel that they are doing something wrong. On the contrary, respondents state that when medical conditions reach a final stage, euthanasia is 'putting the animal out of its misery'.

Most vets mentioned that dealing with emotions is not easy for them, particularly in the case of euthanasia. Many vets mentioned how financial issues can interfere with ethical issues, and when this happens, they feel 'down'. Most of the vets expressed their frustration regarding cases where the condition of the animal can be treated but the owner cannot afford it, and thus they are forced to the conclusion that euthanasia the kindest thing for the animal.

#### 36F-Associate-13

'What I really resent, and it makes me really unwell, is when you have to kill an animal because the owner cannot afford the treatment when you could heal that animal. Or, aggressive dogs which are otherwise okay, and it makes me very sad.'

Many of the respondents revealed the intensity of ethical concerns arising when euthanasia is undertaken for reasons other than its intended purpose. They referred to this as killing the animal for the client's convenience, or because of the client's inability to afford treatment. It is important to note that these cases are different from 'euthanasia of an already dying animal'. This is a disturbing ethical dilemma for the vet, and many referred to these cases as among the most emotionally consuming dilemmas.

#### 28F-Associate-4

'Ethical conflicts, one time we had to put a dog down for being aggressive because it had bitten a child. That was quite a big ethical dilemma. The dog was really aggressive and it had bitten the child a couple of times but it could be rehomed, you couldn't pass that. It was kind of do you end the dog's life or

do you try and rehome it but knowing that it might do it again? You know, can you miss that?’

A sensitive case such as this can cause disturbing moral conflicts, both for vets and clients. If the animal is not suffering from an irreversible and painful condition, and is thus medically intact/competent, then performing the injection would simply mean ‘killing’ a healthy animal. This ethical dilemma causes emotional stress for vets by conflicting with the maintenance of their professional identity, as it contradicts with the essential value of protecting and saving animals’ lives. Another vet explains that in some situations the client had already made their decision, but asks the vet to confirm that it would be the ‘best solution.’

06M-Partner-12

‘People ask you to put healthy animal down; they want you to say, “Okay, we need to do a new termination” just for the relief of their guilt and it’s very difficult. Being exposed to this conflict can be suicidal.’

Vets describe real-life scenarios in which clients obtained a pet without realising their own responsibility and asked the vet to put it to sleep for their own convenience. Vets expressed that this kind of request left them ‘filled with misery’, knowing that even when euthanasia is not performed, the animal is still in the hands of that client. Another moral dilemma is thereby created: though not put down, the animal will likely still be treated badly by the owner. As a respondent illustrates:

34F-Associate-7

‘Vets are suicidal, because you see a lot of animals that are mistreated. If the owner cannot afford to treat the animal, or they are bored, they ask you to euthanize them. These things are heavy for a person.’

A respondent describes a similar dilemma of a sick animal brought in by a client who could not afford the treatment. This again poses the question of how to act as a vet versus how to act as owner of a practice. He explains his experiences with role conflicts, due to a clash of managerial and veterinary identities. Comparing different clinical positions, he explains why the resolution might not be the same in all cases and how that intensifies the pressure on professional identity:

04M-Principal-20

'I would never commit to unnecessary euthanasia for money. It is never gets to the roots of business to me. But I believe, or I want to believe, vets in UK are remaining ethical whilst putting animal's welfare at first place. Now going back to corporate practices I wonder if the "business mind" can be profit-free to make the same judgement.'

Another vet picked up on a similar issue, saying:

10M-Principal-45

'The corporates have a figure 2–3% of your income comes from euthanasia. Well I don't feel comfortable charging people to kill their pets in my practice. Most of these people are individuals whose pets I've looked after for their entire lives. How can I say here's a fee because I've killed a member of your family? This is not good for business, whatever it is, last 25 years, we haven't charged.'

This respondent expresses that the practice of euthanasia is so emotionally charged that it interferes with the standard practice of charging for veterinary services. In this case, he dissociates from this service as a business transaction by not charging for it. While he, in his capacity as clinic owner, is able to use this as a strategy to reconcile his emotional conflict, he adds that many other vets, though they share the same principles, are unlikely to resolve this conflict in the same way. This is because other vets may work as associates and not have the autonomy to take an initiative on charging decisions.

#### **6.4.1.4 Euthanasia and Different Belief Systems**

Another aspect of the ethics around euthanasia relates to the client's consent. Respondents describe scenarios in which the pet is suffering and in a terminal condition, but the client will not consent to end its life; this is due either to their emotional attachment that 'blurs their rationality', or to their personal moral/religious belief systems. Some respondents counted this as 'the hardest conflict', when trying to reconcile the interests of the animal with the interests of the owner. The most common dilemma vets referred to, with respect to euthanasia, is having a case where the patient cannot be cured and is possibly suffering, but the owner is very dependent on their relationship with the animal and is not willing to let go.

30F-Associate-16

'My biggest ethical dilemma is about different belief systems in euthanasia. When I see an animal is truly suffering but I cannot get those people to euthanize the animal then I can't cope seeing an animal suffering and not being able to do anything about it. Putting it out of its misery is not a dilemma; this is my moral obligation as a vet to make sure that I'm not allowing that animal to suffer under my care. But some people are intractable; that is my dilemma, sometimes I would, say, "Right, OK, if you won't take my advice then seek treatment elsewhere." Because for me to sleep at night, I've got to know I've done my best for that animal, not for those people.'

Vets referred to this as a 'conflict with the owner', when clients do not take their advice. Another aspect complicating the moral dilemma around euthanasia on patients is clients' personal belief systems. One of the experienced vets explained that this is, to some extent, a 'cultural thing':

16M-Principal-27

'I find that difficult. Some Southern Europeans, for instance, will refuse to euthanasia. They want the cat to die naturally and will take it home and watch it fitting and dying horribly but will not bring it round to euthanize, and I get very annoyed with that. So there's a clash there. When we can prevent the terminal suffering, it seems wrong not to.'

The same vet explained that the 'moral values' of the client are another important factor that can interfere with vets' ethical commitments. Giving other examples from non-euthanasia related cases, he demonstrated the impact of different cultures and different attitudes as obstacles against vets acting according to their ideals. It is also noted that vets strongly relate to their 'scientist' identity, and thus tend to distance themselves from 'religious beliefs' in cases, as presented below.

16M-Principal-27

'I have religious male-clients with strange attitudes, who won't get their male dogs neutered because they feel a dog's testicles are an extension of their own, and will happily rip the innards out of their female dogs but won't touch those little dangly things. "It's not the way God intended it." So it is not the client I need to convince: it is the imam up the road.'

These demonstrations are important in illustrating the level of issues that affect a vet's professional identity and intensify the mental and emotional labour undertaken during this process. It can be noted that most of the time, issues became tensions due to the involvement of the client. Part of this can be attributed to gaps in the understanding of professional service quality, and

it can be partly attributed to the changing nature of the veterinary profession. Both affect the vet's practice by intensifying stress and emotional labour.

## **6.5 Conclusion**

The findings in this chapter indicate that, as previously reported by Clarke et al. (2009), structural changes in organisations inevitably influence those working in them. Emphasis on client centrality in professionals with a monetary motive (rather than 'service ethic'), has become one of the major concerns, not only for service users but also for the service providers. The evidence suggests that changes in professions exhibit a drift away from previously established 'professional service ideals'. This was also observed by Anderson-Gough et al. (2000). It can be concluded that commercial and professional tensions add extra stress because of the commercial orientation, which challenges the dominant service ethic.

The commercialisation of the veterinary profession has resulted in vets being interrogated more thoroughly at all stages by their clients. As found by Anderson-Gough et al. (1998), this has important implications for vets' professional identity.

Professional identities involve assessment of service quality, which requires client approval. That is, the client automatically becomes part of the socialisation process, which has a big impact on the conflicts vets are experiencing. The impact of privileging client satisfaction is not being perceived positively by veterinary surgeons, in terms of their service ideals and professional identity (Anderson-Gough et al., 2000). The crucial role played by the client in professional socialisation, and the impact it has on maintenance or defence of professionals' identity, is recognised as one of the strongest interferences with veterinary professional identity, generating stress and duality of commercial and ethical conflicts. Similar findings were also reported in Leidner's (1999) study, in which it was observed that psychiatrists experience ethical conflicts in their professional identities due to the direct involvement of clients in service encounters.

As stated by Brockman et al. (2008), in the UK human medical services are not directly paid for by patients, and this seems to have an impact on clients' perceptions of the costs of veterinary services. Unlike in the NHS, consumers must directly pay for veterinary services; hence, they tend to be more conscious of the costs, and more prone to arguing about them. Consumers' stress reflects on vets' decisions regarding the cost of treatment and consideration of the clients' hardship in paying for it. Furthermore, these issues add extra stress to vets in the form of commercial conflicts, along with ethical conflicts; both of which are emotionally draining.

The opinion held by some members of the public, of vets' being money-grabbers, was reflected negatively in vets' responses. Consequently vets feel extra pressure not to charge appropriately for their services; and along with financial worries, such as the costs of personal living and sustaining a clinic, vets go through the psychological stress of maintaining their ideal of being perceived as animal lovers. According to respondents, clients are known to use this as 'emotional blackmail'. These findings may be informative as to why the independent veterinary practice sector in the UK suffers from a low and declining profit rate (Vet Futures, 2015).

The results indicate that vets occasionally hesitate to charge for their professional services. This might also explain why many vets rely heavily on the sale of medicine to sustain the survival profit for their practice (Vet Futures, 2015). Taking money for medication or other materials seems more correct to them than for treatment of the animal, which seems to hold sentimental value for vets, thus creating a feeling of guilt in charging for it. These findings indicate the need for protecting the 'vocational' element of the vets' professional identity. Being an animal lover and having an interest in science seem to constitute the main fundamental values of vets' professional identity. Consequently, they are more exposed to suppressing their needs with the intention of not giving up on these values.

It was also noted that veterinary surgeons are struggling due to lack of training in business- and management-related aspects of their practices. Their emotional involvement plays an important role in the rationalisation of these survival business aspects. This study confirms the absence of a

commercial skill set, diagnosed as a 'skills gap' by Henry (2013). The consequences of this are extra worry and uncertainty for validating the professional identity, thus intensifying the emotional labour undertaken in vets' daily practices. Issues concerning professionals and their understanding of professional service quality therefore demand a better understanding and acknowledgement of the effects of these changes on vets' welfare.

Doorewaard and Brouns (2003) highlighted the danger of when professionals are liable to confer their identities for an organisations profit drive. In this study it is found that vets are strongly committed to their ethical principles, and do not give up on their essential values of professional identity, even when this is being experienced as an internal struggle. The fact that vets are not taking these issues light-heartedly and do not change their values causes higher levels of suppression of their ideals.

Vets' possession of professional identity comes from their love of animals, and therefore their ethical commitment toward their profession (Page-Jones and Abbey, 2015). This has been described as 'devotion to animals emotionally and professionally' (Lammers and Garcia 2009). The findings from this study confirm this; but it is added that the very same aspects can work against vets in the form of emotional labour, as changing their practice is not always a feasible or sustainable solution.

## **Chapter 7**

# **Professional Emotional Labour**



## 7.1 Introduction

After presenting professional, commercial, and ethical conflicting elements of vets' professional identity, this section focuses on emotional dilemmas as the fourth and last element that is identified as problematising vets' professional identity. This chapter deals with three sets of issues. First, it focuses on the role of the emotions of clients and reveals their interference with vets' service ideals. This relates to the increased emotional bond between pets and clients. Second, it introduces vets' own emotional involvement, in conjunction with their professional identity. That aspect relates to the debate surrounding the understanding of professionalism that is often characterised by 'emotional neutrality' (Lammers and Garcia, 2009; Hickson and Thomas, 1969). Third, it discusses complications that arise as a result of vets' emotional commitment to animals.

## 7.2 Emotional Conflicts

One complicated issue for veterinary professionals arises as a result of them being expected to respond to both the medical needs of patients and the emotional needs of clients, who often have a huge emotional investment in their pets. One of the respondents highlights that clients often hope, and in fact expect, that vets will be emotionally expressive and respond to their emotional needs. He underlines how the more successful vets, in the clients' view of quality, are the ones who are perceived as 'emotional'. He argues that from the clients' perspective, the expression of emotions has a positive influence on service quality.

07M-Partner-8

'Actually, the vets that are most successful, from a business perspective, and ignore their clinical competence for a moment, are the most emotional vets. Because what clients want to have, is the perception of quality, which is dominated by sharing their emotions.'

Similarly, another respondent observes that in many cases, he needs to deal with the emotional needs of clients more than the medical needs of the patient, to the extent that he often feels he is more a psychologist than a vet. These points confirm the prediction of Holcombe et al. (2016), who theorised

that an increase in the emotional value of pets in people's lives would lead to the expansion and overlap of medical and psychological interactions in veterinary social work.

#### 01M-Associate-10

'You would assume an ideal vet consists of professional knowledge, deliver results – solving pet's problem, but in reality, to clients is the vet who deals with their emotional problems. I feel more psychologist than a vet these times! But probably it was a secret part of the job that everyone avoided to tell us about it at university.'

Other respondents also picked up on the same issue, claiming that they had not been aware of the consequences that might arise due to clients' emotions in the consultancy room, and were not trained for this. Consequently, they did not know how to cope with it effectively.

#### 03F-Associate-19

'Some clients are lot more emotional than others. Challenge is learning how to read people and how to respond under these emotional circumstances which I was never taught at college!'

Some respondents said that clients are often predisposed to being emotional due to the health issues of their pets. As a result, vets often need to avoid confrontation with clients' emotions. This makes them feel obliged to remain outwardly empathetic and understanding at all times, a pose which requires intensive and consuming effort to keep up.

#### 34F-Associate-7

'It's never just about the animal it's about where they fit in their life. So that plays an awful lot. It increases the stress on a vet's job, trying to manage the emotional content of it. It's not just a get in and do the job, it's managing the emotions and that adds to the exhaustion of it, trying to keep everyone happy, definitely.'

These findings lead to the discovery of additional emotional work undertaken by professionals, which was not previously recognised as part of professional identity. Several other respondents expressed their disappointment by indicating that clients' emotional interference forms one of the reasons why their service ideals are disturbed.

#### 21F-Associate-2

'A lot of emotions are involved. People want an answer, but they don't want to hurt the animal to get the answer. That's their emotions blurring rational decisions.'

While the intensified emotions between the client and the pet have been recognised in literature (Brady and Palmeri, 2007), the emotional work associated with this element, and its impacts on vets' professional identity, is not yet well understood. In this study, findings indicate that most of vets' decision-making mechanisms are being disturbed as a result of increased emotionality.

Veterinary surgeons are influenced by their client's opinion of them. A respondent explains why this can often be a negative thing:

30F-Associate-16

'Effectively it all boils down to the same thing. Vets tend to be perfectionists. Vets judge themselves severely. Some seem to be a little bit more emotionally distant but that's an impression for the outsider. Vets are really affected by what the client thinks and says.'

Another respondent adds that vets need to realise that their perfectionism is not realistic, and that they need to be 'thick-skinned' not to get too distressed by negative criticism.

32F-Associate-3

'I think you've got to be quite thick-skinned. Because we're all going to make mistakes and when you make mistakes, it's horrible. And if you're not thick-skinned it's going to wreck your confidence.'

Another respondent stresses the importance of vets' emotional needs, and underlines the irony of wanting to be appreciated by the client for a service that they cannot understand or assess; therefore, they are more dependent on having a likable, often affectionate image.

20M-Partner-30

'The vets have emotional needs. You are dealing face-to-face with the public. Vet wants to be liked by their client. They want to be appreciated for what they do. Unfortunately, if the client doesn't like you and doesn't appreciate you then you don't have a client.'

Respondents often accorded importance to unpleasant experiences with 'bad clients', emphasising how they always tend to remember the worst clients, despite the vast majority being good ones.

11F-Associate-9

'Vets always remember the client who complained or annoyed you that day. You forget about the 25 other people you saw same day who were really happy with what you did.'

Similarly, another respondent points out the one-sidedness of the service sector, which privileges the clients' desires over the cost to a vet's emotions.

31M-Partner-5

'All we do is just try to accommodate clients, whereas they see us only as money grabbers. That affects me more than any other client's appreciation. Sometimes ten positives are not enough to forget that one negative.'

He adds that vets will treat the patient regardless of the client's attitude, as they believe it is unfair to punish the animal. This can be related back to vets' professional identity role conflicts: vets associate themselves with being there to serve the animal, not the client. According to some respondents, dealing with their clients' opinions, which rarely relate to the vets' understanding of service ideals, adds additional stress and complications to their job. Being dependent on their clients' consent to achieve their ideal professional self-caused several vets to refer to the clients as a barrier to achieving their service ideals. Vets experiencing an internal negotiation between their ideals and realities to obtain an appropriate public and professional identity are in alignment with what Mueller et al. (2011) called 'moral distress.' These findings support Mueller et al. (2011), who stated that when the client's expectations do not match with those of professionals, this causes professional self-doubts and 'role conflicts' that result in moral distress.

## **7.3 Managing Emotions**

This section reveals the psychological processes regarding vets' strategies of dealing with emotion in the workplace.

### **7.3.1 Surface Acting**

Hochschild (1983) defines 'surface acting' as an on-stage self that acts out the role of who one thinks one should be. The debate concerning the

management of emotions, with the intention of creating a 'desired image' in the eyes of clients in order to appeal to their perception of service quality, was often referred to by respondents as 'acting'.

#### 07M-Partner-8

'It's interesting that some vets do fake it, to a certain extent. I don't know if as a deliberate conscious act but it certainly helps them to be successful in the clients' eyes.'

In emphasising the differences between clients' assessment of quality, relating to 'care', as opposed to vets' understanding of quality as 'cure', another respondent argues that because of the mismatch in the perceptions of quality, some vets have to 'fake' emotions in order to affirm the client's perception of quality.

#### 14M-Principal-31

'It's difficult I think, for the population's perception of you has nothing to do with your ability as a vet. Clients bring to me what they want me to be and I change shade according to what they need: chameleon. It's acting, sort of. I won't get an Oscar but it is sort of acting.'

The display of 'fake' emotions is called 'surface acting' (Hochschild, 1983) and is triggered by the need to be approved by clients. Findings confirm that vets believe that displaying feelings has a strong impact on the quality of service transactions and the experience of emotion itself (Ashforth and Humphrey, 1993). That need of being client-friendly appears to initially present a professional image. This is acknowledged by Anderson-Gough et al. as 'impression management' (2000).

#### 22F-Principal-18

'I've got a vet friend who's a partner, he says he puts his hand in his pocket and plucks a hair so that he can go ooh, and get a tear in his eye, sort of thing. We said it as a joke but it was not a joke. Because he needed to show that he cared but he probably didn't.'

Hochschild (2012) adds an attribution of financial value to emotion, leading the debate to be considered under emotional labour. Surface acting is described partly as 'maintaining professional image' by suppressing negative emotions such as anger or frustration. A respondent exemplifies:

#### 25M-Partner-16

'You've got a busy day, things aren't going right but this is our job when you're dealing with clients, you should not make it obvious that you're having a bad day, being short-tempered or grumpy. Maintaining a professional image is what makes a good vet. It is the ability to not appear flustered. Even though you might feel flustered, that's part of being a professional, regards to what's going on. When you're self-charging it's critical to keep your own stress levels under control.'

This point is supported by another respondent, who details the importance of the emotional appearance of the vet in relation to the perceptions of clients:

31M-Partner-5

'Now, you obviously feel very bad putting an animal into sleep, but you will leave the room to see next client, you must wear a smiley face, even though that will be a fake smile. Because deep down you might be very sad but you'll still act like this because the next client will want you to seem as though they're only people that I've been waiting the whole day; whereas in a pub, I wouldn't care.'

This vet demonstrates how he feels obliged to sustain a desired image in the eyes of his clients. This sort of emotional control entails subordinating 'to emotion labour forms' (Clarke et al., 2009); in other words, the maintenance of a split identity by differentiating between authentic and displayed identity. This is differentiated in the above quote by contrasting being in a pub – where authentic identity can be displayed – with being in a professional setting. Negotiating between authentic and displayed identity demands efforts dedicated to 'appropriate displays of emotion' and is considered emotional labour. The acceptance of the division between the 'real' and the 'ideal' is also considered as a stress-coping strategy and defence mechanism (Ibarra and Petriglieri, 2016).

### **7.3.2 Deep Acting**

In contrast to surface acting, the concept of deep acting is another form of emotional labour (Hochschild, 2012). It concerns vets showing genuine emotional involvement in the process, without the intention of appeasing the client's perception of care. This aspect correlates with the 'animal lover' traits of vets' professional identity (Allister, 2016). Many respondents mentioned themselves transforming into the clients' emotional state, inferring a genuine

empathy, potentially due to the strong associations with their own pain, for example from experiencing the loss of their 'beloved pet'.

21F-Associate-2

'The one that got me the most is the single old man that brings in his pet that's really ill and you have to put it to sleep, and you know that ... I don't feel sad that I'm ending the dog's life, because it's scientific solution, he needs it, but what gets me so much is seeing the person leave without ... it's just heart-breaking to see that.'

In deep acting, the vet's empathy *for* and sympathy *with* the clients' pain are not intended to be perceived as 'caring'. In particular, several of the female respondents did not feel it necessary to hide their crying in front of their clients. A respondent added that 'tears' somehow speak louder than their actions of caring.

22F-Principal-18

'Sometimes clients understand we care when we cry. Strangely tears is the only time when clients realise we entered profession because we love animals. We all associate at different level with ourselves, because we all know what it feels, all vets lost their own animals at some point.'

However, it should be noted that different feelings might be treated differently. Some vets felt the necessity of suppressing negative feelings, such as anger or frustration, when these emotions clashed with their view of professionalism. In contrast, they would not hold back other emotions, such as sadness, when they did not clash with their clients' expectations of them. In fact, most of the respondents did not feel it necessary to hide their sadness or deny their emotional involvement in this aspect. This selective expression of feelings proves the existence of 'feeling rules' at all times (Goffman, 2002).

## **7.4 Psychological Costs**

Psychological costs occur as consequences of this emotional destruction. Brotheridge and Grandey (2002) argue that genuine involvement can count against professionals as it can lead to emotional burnout, due to deeper exhaustion of the emotions. In fact, the fundamental link between vets' professional identity and emotions mainly comes from 'love of animals' being

an elemental characteristic of these professionals. This often leads to emotional battles, as was expressed by interviewees. A respondent commented on this:

20M-Partner-30

'Obviously everyone has emotions and you can get quite caught up in the emotions of a situation. Obviously the emotive ones involve the loss of a pet and the euthanasia of a pet, and I think, well, one can attempt to divorce yourself from the emotions that you see in front of you. You sometimes are the grim reaper in terms of administering euthanasia and that can be quite an emotional burden.'

Another respondent explains that dealing with the death of loved animals on a daily basis affects them more than is often accepted or realised:

30F-Associate-16

'A lot of times I have to give bad news, say to people "your cat is dying", knowing to them it is like their child. I have to say things are going really badly. Probably we underestimate how much that does have an impact though, because we deal with death and disappointment.'

Findings from this research indicate that vets' professional identity is confronted by deep emotional involvement, and this escalates the difficulties of dealing with its consequences. Particularly, the dilemma of 'killing what you love' is found to challenge the main purpose and value of a vet's professional identity. The findings indicate that being an animal lover inevitably requires veterinary professionals to be emotionally involved. This dimension, found to play a big role in vets' emotional labour, was not previously acknowledged in definitions of the ideal type of veterinary professional. Moreover, the client's emotional attachment to their animal not only challenges the vet's service ideals, but also problematises their professional identity, especially if a patient cannot be saved. These findings indicate that emotions are an unavoidable part of a vet's job.

#### **7.4.1 Emotional Detachment and Professionalism**

Emotionality does not generally combine well with the idea of 'objective science', as it is often believed to interfere with rational goals. This perception causes suppression and denial of feelings and emotions among professionals (Bryant and Cox, 2006). In the current study, findings suggest



contradictory views regarding vets' professional emotionalism. A respondent with 20 years of experience shared his perspective, stressing the need for vets to be consciously aware of their own emotional bias:

04M-Principal-20

'Emotional professionalism, is a difference between putting animal's welfare at first place and "loving every animal as yours"; probably that is a break-even point for most of the vets who tempted to be emotional. It becomes heavy; you need to have professional detachment from your emotions.

If you cannot employ such professional identity to detach from "how you feel" when you enter to your consultant room then you might be biased in your diagnosis, but also you are not here to stay long years in this kind of practice; eventually you will be consumed. Emotionalism is not a desired competence in our practice.'

This quotation has two aspects. Firstly, it expresses concern about emotions interfering with decision-making mechanisms. Secondly, it addresses the long-term psychological costs of being emotionally consumed. Scholars refer to this concept of professional emotional labour as a 'moral compass' (Tang, 2012), by which professionals attempt to 'detach' from their emotions.

Another respondent put an emphasis on what he referred to as 'professional emotionalism', defining it as an 'emotional ability' that demands finding a balance between not getting too detached, but also not letting their emotions lead them into rash decisions or actions.

14M-Principal-31

'An ability to empathise but not to become over-emotional, and also an ability not to hide behind your professional coldness, sometimes it is to be slightly crazy like clients are, we talk to dogs and cats.'

Emotions and professionalism were often related to objective decision-making and remaining rational.

26M-Partner-17

'I wouldn't say I'm unemotional, but it's hard to describe. I can't show too many of my emotions because that's putting my heart on my sleeve and then I think then actually you start to lose the triangle. It becomes an emotional battle. You've got to watch emotions and that you don't also get sucked into their emotions, get drawn into clients' emotions too much, otherwise you then lose the reason for the visit.'

Another respondent explains what, in his opinion, causes some other vets to become too emotionally involved, and expands on how the elimination of emotions aids the rationalisation of actions:

31M-Partner-5

'I agree, all animals can be saved, it doesn't matter which one. But do we have the luxury of doing that? We have so many in the shelters, if you have an animal that has been unfortunately, by some idiots, raised into very aggressive, can you retrain that animal and will you be able to? If it goes to a shelter, will they be able to rehome it? If rehomed, will that animal kill somebody? Has it been rehomed? So all those things, so I always try to rationally analyse. That's logical thinking rather than just emotionally say no. So I have put some healthy animals down because of aggression.'

This example illustrates the need for 'dissociating from emotions' and going into the 'rationalisation' of actions, even if these actions are not emotionally justified; using the case of euthanizing some 'healthy animals' in order to minimise future risks. This kind of suppression of emotions relates to Tang's (2012) conception of a 'moral compass' contributing to vets' emotional labour. The acknowledgement of emotions in rational decision-making is seemingly in conflict with the ideal image of veterinary science.

Another respondent showed an awareness of the kind of bias where vets may become motivated to try harder not to euthanize, due to what she called an 'emotional buy-in'.

34F-Associate-7

'A lot of your decisions change based on the emotions, what you do, definitely. We had a patient here, we had owners who they had one cat that had a urinary, it was an obstructive bladder and it was just really, really bad. It kept getting blocked, and in the end they put that cat to sleep. Then two weeks later their next cat had an aortic embolism and that second cat got amazing treatment because we were like "this cat cannot die" because we were so emotionally ... whereas if we'd never seen them before and it was the first time, we probably would have been like "it's going to do really badly". But because we had that emotional buy-in, we pushed a little bit harder to try and save that cat.'

O'Connor (2008) suggested that professionals' rational reasoning is dependent on emotional choices, and in fact this respondent acknowledges the inseparability of emotions from a professional's actions and professional identity.

## 7.4.2 Emotional Labour and Gender

This section aims to present the opinions of respondents regarding possible gender differences in responsiveness to emotional labour. Interestingly, respondents themselves naturally kept mentioning this topic, without any prompting from the researcher. Comparing gender among respondents, it became evident throughout this section's analyses that female respondents in particular did not deny emotional involvement, and in fact often showed awareness and acknowledgement of their emotions being existent at all times. This difference of voices between male and female vets often led them to make gender comparisons, without interference from the researcher. This section gives details on this aspect, considering the comparative opinions of both males and females regarding the ways in which they respond to emotional labour.

Two main classifications are detected in the way interviewees connect to possible gender-related differences. The first category encompasses sociological reasons; suggesting that society deems it more acceptable for females to express their emotions than males. The second category relates to biological reasons, referring to the hormonal differences between men and women. It is noted that these potential biological differences are occasionally addressed explicitly by the respondents, demonstrating the maintenance of scientific reasoning based on their medical background.

Some of the female vets demonstrated their views about societal factors that affected male vets. A majority of female vets acknowledged that there could be an element of male vets being easily misunderstood.

30F-Associate-16

'It is a sociologically rooted phenomenon, that traditionally men were emasculated, and thus, sociologically punished for expressing their feelings.'

Another female respondent exemplified the case of a lost patient, in which, according to traditional societal gender roles, it would be appropriate, and indeed appreciated, for a 'caring female' to give a hug to their client. She expressed doubt, however, over whether the same physical interaction would

be interpreted the same way or considered appropriate behaviour coming from a male vet.

11F-Associate-9

'I can hug a client when it's been a sad time, maybe it's slightly harder for men to do that, whether that can be misconstrued as something else.'

One of the sociological issues that was repeatedly raised by both males and females was the difference in response to criticism, and confidence in general. Some respondents thought that most male vets are more confident and more closed to criticism; whereas female vets appear to be more open to criticism, not only from others, but also from themselves. A female respondent explains her experience, which applies to male vets in general, but uses an example from her husband to demonstrate that difference.

30F-Associate-16

'There's a lot of bravado for male vets. No surprise, they are overconfident and are not really up for discussion. My husband [a vet] thinks he must be right unless someone really pushes him otherwise. Whereas I am thinking I'm probably wrong until I've proved exhaustively that I'm right. Men and women do come at it very differently.'

From a similar view, another female respondent showed awareness of being exposed to more criticism and self-blame. She argues that this could be the result of social expectations for females to conform to gender roles, but also that biologically, the level of hormones – often associated with emotion – may contribute to these differences:

30F-Associate-16

'Because we're all so exposed to those gender roles, but also, I do think we have different hormones and different physiological makeup. Whether that be an innate thing or a society-led thing, we blame ourselves more, got more emotionally engaged, take things more personally. Is it **oestrogen** that we don't believe in ourselves in the same way? For the most part, my male colleagues are much more confident in the fact that their way is the right way.'

These insights may enlighten as to why particularly women tend to 'overdevelop the false self' (Hochschild, 2012). Findings of this section signal the existence of similar issues to those mentioned by Mastenbroek et al. (2014), who found in their survey of young veterinary professionals that females scored significantly higher on emotional exhaustion and cynicism.

From another point of view, some of the female respondents showed a reliance on biological deterministic readings of gender, which links strongly with their scientific profession, and represents an element of their professional identity.

22F-Principal-18

'Females are slightly better equipped to deal with the emotional rollercoaster. Males are colder. I think it is the **testosterone**, making men better at shaking it off.'

An application of a very biological discourse to describe gender difference can be interpreted as the dominant belief system of the vet profession, which is very much a biological-scientific one, impacting upon some of the vets' description of themselves and their own professional identities.

Though all respondents often acknowledged the existence of emotion, more male than female vets stressed their own 'emotional detachment' in their logical thinking within their practice.

Despite the fact that none of the male vets mentioned any experience of being limited in demonstrating affection or being misunderstood in doing so, they were often clearer on their emotional distance:

31M-Partner-5

'I have learnt to detach myself from the majority of cases but every so often there will be a case where you just cannot. I try to be as logical about it as possible but sometimes of course you can't. You do add emotions but not in thinking, at least not with me.'

Similarly, female vets made this comparison and mentioned that their male partners are often less emotionally attached and more business-minded, and that they find it easier to recover from their emotions. In one of the cases, the two interviewed veterinary surgeons were a married couple. Their apparent differences in levels of emotional involvement are exemplified below:

06M-Partner-12

'The way I am interacting with people, I'm more lacking emotions than my wife, because she's really more ... she's very empathic, and I tend to be a little bit more closed. I don't share so much, my feelings. I try not to be so emotionally involved, even if sometimes it's impossible. So, I can cope, maybe, a little bit better with some situations.'

Obviously, I suffer when an animal is suffering, when the owner is suffering, but at a certain point I say, "Okay, well my job is to try to find a solution and not just to be desperate and so afraid of the dilemma." Like, it's my way of doing things. I can stand a little bit apart, but I know that for her is not possible to detach from her emotions. I told her, "You don't have to be so involved with the patients, every time that a dog or cat die, it's going to be a terrible loss for you. In the long term, it's going to destroy you from an emotional point of view."

#### 05F-Partner-12

'It becomes an emotionally painful job, I cannot detach from my emotions. No, it's impossible. Otherwise, I don't do this job. My husband sounds very confident as if he is not involving his emotions at all, it's probably his pathway to say like that but I think he is exactly the same, he doesn't mean that he doesn't love something. He cannot name the feelings in his stomach as emotions. He does not want to recognise this because that is bad to be perceived emotional. It is a man thing, right? Yes, that's the truth. Honestly, he doesn't want to be bad, but he has feelings – and he can't share it easily, and sometimes it's just, you know, untreatable, or maybe I am just sad for him.'

As seen from the previous cases, male respondents often expressed their worries about female vets being at risk of emotional burden in the long run, implying that emotional detachment is the only possible way to survive. In contrast, female vets mentioned the necessity of being emotionally involved in order to be able to do the job. Despite the fact that males claimed to be more detached from emotions, ironically they often showed sympathy towards their female colleagues. Similarly, a female vet shares her observation below:

#### 11F-Associate-9

'I've never seen a male vet cry over something. But male vets always said to me, "Never be afraid of crying in front of your clients, it just shows that you're human. If you try and bottle it all up you'll be two steps away from having a nervous breakdown." Which I thought was very good advice.'

There were diversified views among respondents regarding the display of feelings. Male veterinary surgeons in particular demonstrated their view of emotional involvement as a negative or undesired element. Often these respondents implied, in a traditional scientific view, that emotionality would interfere with rational decision-making. Some of the male vets put further emphasis on mostly female vets being emotionally involved, expressing a

concern that this might consume them in the long term. They also mentioned being 'detached or less emotionally involved' with their patients.

In this study, mainly male respondents acknowledged the existence of 'feeling rules' similar to Goffman (2002): the theory that society and professions hold the expectations of distinct 'feeling rules' that dictate how people should manage and express their emotions (Harris, 2002). On the contrary, in the veterinary case, mostly female respondents mentioned displaying emotions as necessary, which improved their clients' perception of them. A number of examples have demonstrated how the expression of emotions can work favourably for the vet. Previously unacknowledged, this research highlights this additional element of emotion and its relation to the psychological costs of emotional labour.

## **7.5 Coping with Professional Emotional Labour**

This part discusses the consequences of emotional dilemmas in the process of reconciliation of the professional identity, and concludes with the distinctive kind of professional emotional labour experienced in the veterinary profession. Following this, it discusses gender differences in strategies to cope with emotional labour, and the psychological costs of not being able to cope.

Other studies have also reported how the mismatch between ideal and relative selves can result in discontent, professional dissatisfaction, and detachment from emotions (Ibarra, 2004). These emotionally complex experiences, in vets' understanding of service ideals, problematise their professional identity. This section discusses the consequences of professional emotional labour, which results in high risk of mental, physical and emotional fatigue. The following section expands on each of these issues and discusses the anxieties that are generated by professionals' attempts to reconcile their identity, and the emotional labour that goes with this.

Respondents often referred to their struggles by using terms such as 'emotionally exhausted', 'emotionally distant', and 'emotionally draining'. A

respondent below underlines the difficulties of working under these conditions, and admits seeking help from a counsellor.

26M-Partner-17

'Coping with it? Personally, with difficulty, I do find it very stressful. I do find it very emotionally draining. Most times when I'm at home I'm quite exhausted emotionally. And if I'm very honest, I've had to seek counselling help because it has become very emotional these days – well any days. I do find it very tiring. We all do. And coping with it at the moment, it's quite a struggle.'

This point found support from other respondents, who agree that vets in general find it difficult to cope with the emotional stress of their job. As a consequence, several respondents connected its implications to their private life, claiming that they often had little energy left to express and invest emotionally in their private lives and/or affectionate relationships.

29F-Associate-5

'I don't think there's any vet that can deal with that. It is emotionally burdening job – forget about private life or happy-ever-after stories. I think it can be very difficult because you are, for ten hours a day you're often dealing with people offloading their emotions onto you. So it's not just about their pet, it'll be, "My dad died two months ago and it was his dog." They're really kind of offloading their emotions and problems and you have to be very empathetic, and then sometimes when you go home, maybe you don't have the capacity or the space to be able to do that with people at home. Which can be difficult – exactly, I don't think there's any vets have healthy romantic relationships.'

Another respondent with the same length of tenure underlined the same side effect by saying that vets do not have a love life.

31M-Partner-5

'Luckily I don't need a counsellor, yet. But I think if there was a lot of it going on and I think you have to have a good balance with your personal life as well. So if you have a difficult personal life and then problems at work, then everything collapses. That's probably why we don't have love life; we can't risk professional one.'

Similar to Hochschild's (2012) observations of the human costs of emotional labour, which result in emotional numbness and psychological detachment, a respondent below explains how her emotions are dedicated to her job, and as a consequence she feels 'emotionally closed down' in her private life at the end of the day. In her opinion, emotional investment in the clinic affects



many other aspects of vets' lives and leads to a stressful and unhealthy lifestyle.

#### 22F-Principal-18

'My husband might see I'll be a bit monosyllabic in the evening, because I've talked all day. I'm not very good at dealing with family emotion, I'm like a robot, I'm emotionally closed down, bit disinterested at home. And yet I can give it to a complete stranger and be really empathetic and caring at the clinic. It's the result of my job: emotionally it has taken its toll and actually your health as well because of stress. When I leave here I'm so tired; I'll go and buy chocolate on the way home just to get me home, when I should have a banana. So yes, I think it impacts on you.'

The consequences of suppressing emotions or attempting to have control over them can pose serious problems (Hochschild, 1979). According to Freud (1925), the role of the emotion is to communicate the feeling, thus serving as a 'signal function'. When these emotions are suppressed, their communication function is disabled. Thus, they do not inform the feeling anymore. The use of the word 'robot' by the above respondent seems to signal a similar issue. The findings signal similar symptoms of transmutation of an emotional system associated with lending private emotions, to the extent of losing the sense of self. Hochschild (2012) argued that this is a consequence of the advanced engineering of emotional labour that is subordinated to commercial logic.

Another interviewee confirms that emotional investment in professional life drains investment from affectionate relationships in private life. The respondent adds that, especially for female vets, there may be the added societal pressure of being compassionate outside the profession, setting a higher standard for women by putting pressure on them to be emotionally available all the time.

#### 36F-Associate-13

'Private life of vet is much more difficult. Yes, I split a marriage with this – one of the reasons, not the only reason. But, I was late, and of course we had to go out when the emergency came in and that sort of stuff. Let's put it that way. Definitely, it didn't help. I think, maybe especially for a woman, it's even more difficult because we are used to seeing men dedicate a lot of time to their job. Whereas, men think that women should be more dedicated to them rather than their job. Your family, following a child, splitting the time between a child

or more children and the profession – juggling everything is very difficult. I think you can think of female as being more compassionate.’

Two main common factors are observed among responses on emotional labour: seeking professional counselling services, and the diminishment of emotional investment in the private life, particularly romantic relationships. This can be related to the theory of transmutation of the emotions (Hochschild, 2012), in which emotions’ communicative role is disabled due to continual suppression. This manifests itself in the emotional numbness described by the respondents, which in the long run may lead to emotional dissociation and loneliness in the vets’ private lives.

A respondent below expresses this as: ‘it plays on your mind, you take it home with you’, referring to the fact that the effects may be permanent, and are not limited to professional life, but extend to a vet’s private life.

34F-Associate-7

‘Coping with emotions is really tough. It’s really, really tough and a lot of vets don’t cope very well. It’s something that plays on your mind and you take it home with you. I think it’s a big reason for burnout in vets, which I think a lot of people don’t understand how stressful it is as a job.’

In addition, the two main themes were identified in how some respondents said they were thinking of withdrawing from the profession, despite the fact that there was no other job they would have liked to do more than being a vet.

33F-Associate-2

‘Probably I do not cope very well. I try not to bottle it up. But now, I am really burnt out and realised I am not looking forward to going to work. I never thought I’d have a career change because there’s nothing else I’d rather do. I don’t know if I will be still a vet after 10 years.’

Another respondent underlines the ‘vocational’ element of being a vet, and considers that this aspect sometimes works against them in this respect, due to their deep emotional involvement with the veterinary profession. A respondent below illustrates how her profession is integrated into her identity by calling it ‘part of who I am’ and ‘an extension of me’. This immersion of personal identity into professional identity helps to explain why stress factors generated in professional settings affect vets’ private lives to such an extent.

This is an important argument in the debates concerning vets' welfare and maintenance of professional identity. The findings in this research are in correspondence with previous work (e.g. Page-Jones and Abbey, 2015; Allister, 2016), which reported that vets' professional satisfaction is fundamental to their wellbeing and maintenance of a healthy sense of self.

30F-Associate-16

'It's a vocational career for me and it is an extension of me. I've always wanted to be a vet. I was faced with having to theoretically give it up. But it's a part of who I am; it's massively part of the fabric of who I am. If you feel like that, it can be a double-edged sword, it can be very easy to become depressed or damaged through it.'

The future concern of vets on these questions signalled the same issues as identified in current research, often relating to the consequences of the professional emotional labour that threatens the maintenance of their professional identity. Respondents often expressed questions that they wished they could ask other vets.

26M-Partner-17

'I would ask, about the emotions and the stress. How do they cope with the stress? Personally, I can't. Good consultancy out there? Expectations are too high, from abilities on the table almost straight away you should know what's wrong with it. And £2,000 later, you still don't know what's wrong with it.'

23M-Associate-6

"Do you feel as inadequate as I do?" Anything, any question I could ask that would confirm that every other vet is going through the same anxieties and stresses that I'm going through when making life-death decisions.'

These are clear indications of vets' concerns about themselves and the emotional labour they experience, signalling an urgent need for greater attention to be paid to these topics.

## **7.6 Psychological Costs of Professional Emotional Labour**

Changes in the veterinary profession and in clients' demands have intensified the pressure on professionals, and consequently challenged their ideals with the relativity of changing conditions. The implications of these dilemmas can be serious, severe and far-reaching.

### 23M-Associate-6

'How far are you willing to compromise maybe what you would want to be yourself in order to project that professional identity that you think others want?' How much would you compromise?'

However, it can be argued that many of the accounted major changes, and the pressure on professionals, may apply to other professions as well.

The respondents named various reasons for why vets are known as 'suicidal' and are considered one of the highest risk groups for suicide (Armitage-Chan et al., 2016). Towards the end of the interviews, without direction from the researcher, a large number of interviewees brought up the topic of suicide when reflecting on the challenges and emotional complications of their duties. In the following few quotes, respondents often refer to 'death' as a rational solution from their perspective. This is distinctively different from other medical professions, in which euthanasia is far less common practice and is less commonly seen as a solution to a medical condition. This difference could be meaningful in explaining some vets' attitude towards suicide.

### 36F-Associate-13

'Vets commit suicide because we're the only people who, on a day-to-day basis, see death as a solution. Every single day, if an animal is having a poor quality of life you say: "Right, put it to sleep." If you're having a poor quality of life, as vets are often isolated, overworked, stressed and have a cupboard full of drugs to kill you, you euthanize yourself. We are OK with death; we are used to it as an entity. So we coded the death – not as a problem but as a solution for us. It's not rocket science.'

A striking comment was the perspective of vets who see suicide as euthanasia for themselves. Euthanasia in the medical sciences is referred to as 'killing for mercy', and applies to cases where there is no alternative solution, and to euthanize seems the 'kindest thing' to do in order to end suffering. While it may seem to be overreaching to apply this concept to the emotional labour of vets, it is worth noting that vets' views on this topic may be different from those of other professionals, as the practice of euthanasia is relatively commonplace for them, thus normalising the concept. The following quotes illustrate this idea. Vets express that suicide would probably not occur, as a solution in coping with stress, to any other medical

professionals, as they do not have vets' differentiated perspective about the concept of euthanasia. Even when comparing themselves to other medical professionals, vets argue that dentists, for instance, do not deal with death on a daily basis as vets do.

34F-Associate-7

'If a dentist has a really bad case they're not going to "just put the client to sleep", it's not something they deal with. But if a vet is having a really difficult time, death is a solution that they know very well.'

Doctors, dentists and other medical professionals do not actively perform euthanasia, and therefore do not see it as an available solution in the way vets do. Another factor mentioned in interviews is that vets have easy access to drugs, enabling them to perform euthanasia.

23M-Associate-6

'It's a real big issue, the suicide rate within the veterinary profession. Highly emotionally charged workload and vets are used to euthanizing animals so they're kind of comfortable with the idea of ending life. Taking the ending of life into your own hands, and then there's access to the drugs, obviously.'

In attempts to trivialise these dark and serious thoughts, vets explained that they all have a 'dark' sense of humour. They also mentioned that speaking to friends in the profession makes them feel better, because, they say, 'normal friends cannot understand.'

34F-Associate-7

'We are often super-exhausted and very tired and there is this feeling within the industry that this is just what you should be doing if you cannot cope with it.'

Suicide is almost normalised among vets, so they might be exposed to the idea among colleagues, and discussions might not alert anyone to the crucial indicators, or they might not be taken seriously.

30F-Associate-16

'It's an intense emotionally exhausting ... and it's a shame, because some of our best who are such fantastic vets and such fantastic people and they either become disillusioned and come out of the profession, or are utterly miserable within the profession. We lost one of my rotation partners at college, committed suicide two years into being a practice. She'd just done her certificate, she hadn't got her results yet, she had passed. She had everything going for. I have no idea how much she was struggling on the inside, and

think that's endemic, unfortunately. It's hard. It's just also not being afraid of that. I'm really emotional, I cry really easily when I get frustrated or angry.'

Female vets, more than male vets, seem to employ a strategy of 'expressing emotions out loud' instead of 'bottling it up'. They acknowledged that not being able to show frustration to their clients often ends up with them being angry or sounding aggressive at home, which causes them to feel they cannot afford to have relationships; yet all this time they are dealing with huge emotions that they have little power over.

### **7.6.1 The Development of a 'Dark' Sense of Humour**

Having a dark sense of humour was often mentioned as a unique quality of vets which is used as a stress coping strategy among colleagues. Lemmergaard and Muhr (2012) define 'identity work' as developing professional indifference, and hence, emotional detachment in order to cope with emotional strains. This division or mismatch of the ideal and the real self 'relinquishes a healthy sense of wholeness.'

11F-Associate-9

'We do all have a strange sense of humour that normal people cannot understand. I think that's how we cope with stress. I think it's survival, you kind of have to.'

30F-Associate-16

'I think we do have a dark humour that breeds from exposure to profession rather than a characteristic that makes you likely to go into it. You develop it because of the environment you work in rather than what the profession entails. We have to, we do laugh at stuff: at something that would be completely inappropriate and you would never want to see your clients find it amusing, but it's a way of dealing with stuff. You have to.'

33F-Associate-2

'I think vets have a bit of a gross sense of humour, like find disgusting things funny that other people don't find funny. I think, yes, you have to laugh about some of the darker aspects otherwise you'd go crazy.'

Research undertaken in emotional labour in service roles (Brotheridge and Grandey, 2002) reports: 'to survive in their jobs they must mentally detach themselves – from their own feelings and emotions.' Consequently, it is possible that a 'dark sense of humour' sometimes functions as a camouflage

to hide real frustrations and suicidal thoughts. Several vets claimed that they cannot always with certainty differentiate between a sarcastic joke and genuine expressions of negative and potentially suicidal thoughts. They often expressed that they had no knowledge about the mental state and/or depression of a colleague until a suicide attempt became a fact.

31M-Partner-5

'We had a really good animal behaviourist, and she killed herself because she just couldn't cope anymore. She was one of the top people. It's just frustrating how little some people know, and when somebody shouts at you and then 10 minutes later you again have to smile for somebody else. That does not allow detecting when there are suicidal thoughts running at the back of minds when you seem "happy" and joking – what if I just do the kindest thing to me and end this pain forever?!! Ha. Ha. Ha.'

Humour is a relatively new phenomenon being considered as a stress coping strategy in emotional labour among medicals (Westwood and Johnston, 2012). Hochschild (2012) explains humour as a strategy to 'reduce stress by blocking access to the feelings through which stress introduces itself.' She acknowledges the notion as an emotional valve in autopsy rooms, enabling medicals to remain active despite major stress. However, humour would not appear as a 'correct professional attitude' in the operating room, where serious professional behaviour is required to maintain an impersonal attitude towards death.

The continuous experience of stress can have a severe and negative effect on emotional psychological and physical health. This is explored in the next section.

## **7.6.2 Exiting from the Profession**

The career spans of vets have declined significantly in recent years; the average now stands at seven years post-qualification. The findings suggest that the implications of emotional labour for professional identity need to be investigated, as the consequences of emotional labour and intensified stress are signalled as one of the main reasons for the shortage of vets in the UK (Future Vets, 2015). Vets report work overload as an additional problem and cause of stress. While the number of working hours has not changed

significantly over the last few decades, the workload and emotional involvement has, so the effective weight has increased. Consequently, younger vets in particular feel that 'you should just work like this and you can't complain about it because the people before you worked like that and you can't stop.' One vet says:

11F-Associate-9

'If you're ill, if you wake up in the morning and you feel unwell, you've still got all of your clients booked in for the day so you can't take a day off, you can't stop. There's a huge amount of responsibility and it ebbs away and it builds with the stress.'

Another young vet criticises her manager, saying she got to the last stage before suicide before she was able to speak to the manager, an older vet who was accustomed to long working hours. She points out:

34F-Associate-7

'My boss was really uncaring, he was very intelligent but he wasn't emotionally intelligent. When I left the job I was close to suicide, it has been really hard, because I lived on my own and I worked 8 a.m. until 8 p.m. He thought that was completely fine and he said well that's the difference between a vocation and a job. And I thought a vocation should not be a sentence.'

An emerging pattern from the interviews is that loneliness and difficulties in vets' private lives leads to further compassion fatigue in the profession. This prioritisation of the professional identity over private emotional systems could cause mental problems and suffering to some vets. Additionally, while some respondents considered leaving the veterinary profession, the vets themselves often countered these thoughts: 'I always wanted to be a vet since I was five, never considered anything else.' This strong association with the veterinary profession makes vets very reluctant to consider a change of career. It forms a kind of poverty trap, where the efforts and educational investment into a profession make it difficult to psychologically break away from it.

## **7.7 Conclusion**

It is shown that being empathic and emotional can, in certain cases, be acknowledged and in fact be appreciated by clients. England and Farkas



(1986) define empathy as a form of emotional labour: 'efforts made to understand others, to have empathy with their situation, [and] to feel their feelings as a part of one's own.' In a similar study involving doctors, Kerasidou and Horn (2016) reported that empathy towards patients is expected from doctors, yet no attention was given to the labour incurred by the physicians. Pilgram (2010) drew attention to the invisible and unacknowledged emotional work undertaken by veterinary professionals when they are expected to provide social and emotional support to grieving clients who have lost their pets. This element and its emotional costs are not fully understood in the veterinary profession. Its connotations with vets' professional identity would not be otherwise recognised if not linked and invested in the setting of service quality. Therefore, linking professional identity and service quality enables visibility and the identification of the problematising elements of emotional labour. By doing so, this thesis has provided an original contribution to research on emotional labour.

Another distinctive finding in this study is that it contradicts the conclusions of other scholars, who argue that the medical profession is ruled by maintaining the image of a 'technically skilful, rational, and emotionally detached doctor'. Despite the fact Kerasidou and Horn (2016) criticised how doctors suppress their emotions and are not allowed to deal with their emotions due to 'the fear of being criticised or stigmatised as weak,' in the case of vets the expression of emotions is desired and appreciated by clients, and does not count against vets, nor does it result in them being stigmatised as weak.

Winkler (2016) argues that emotions play a pivotal role in informing and defining the development of one's professional identity. In this light, it is alarming to see the negative emotions demonstrated in this chapter and the vets' ready associations with 'death as a solution'. Emotional dilemmas are presented from multiple perspectives, and it is argued that the professional emotional labour as described in this chapter is distinctive to the veterinary profession. Shared beliefs about 'suicide', and connotations particular to the veterinary discourse in the concept of 'self-euthanasia', raise alarming concerns to be put on researchers' agenda. The homogeneity of beliefs

across respondents also imply the strength of the common professional veterinary identity that connects professionals.

Many questions remained unresolved, such as where this phenomenon leaves the profession in terms of the role played by veterinary education, internalisation and normalisation of the concepts across professionals.

Respondents discussed the role of clients' emotional involvement, and its potential to blur their rational decision-making process. Additionally, they discussed their own emotional involvement with certain patients and its impact on their professional decisions. The implications of this emotional involvement were later developed and discussed, using the concept of emotional labour, and the consequences of suppression of professionals' emotions were investigated.

Emotional work undertaken by veterinary surgeons is categorised into two main conflicts. Firstly, efforts dedicated to accommodate clients' emotional needs pose conflicts for vets' understanding of service ideals and cause intense efforts in terms of managing clients' emotions. Two kinds of emotional labour are discussed in Hochschild's (1983) conceptualisation: 'deep acting', involving genuine empathy, and 'surface acting', such as pretending fake emotion. Both forms are employed in order to fit into the clients' expectations of services.

Overall, vets of both genders repeatedly underlined that they did not experience any difference between genders, in terms of professionalism or service quality, nor do they believe that success correlates with gender. However, Hochschild's (2012) asserted that females are particularly at risk of forming a 'false self', as a result of societal standards in which mainly women are expected to take care of others' needs. Therefore, the findings may relate to the societal gender role expectations of womanly art, being made 'more public, more systematised and more standardised.' While the evidence within this research has not been analysed specifically to speculate on indications regarding the subject of gender differences, it is worth noting that gender differences may affect emotional labour.

# **Chapter 8**

## **Discussion and Implications**

## **8.1 Introduction**

This chapter presents thesis' theoretical and empirical contributions to knowledge followed by implications for the veterinary profession and university education. The results are illustrated on conceptual framework and interlink among the findings are explained in relation to the theories. Lastly, the limitations of this research are listed, and recommendations for future research are made.

## **8.2 Theoretical Contributions**

This research investigated professional identity conflicts and the emotional labour results from the attempt of reconciling the ideal and real selves. Therefore, the original contribution of the thesis was to the understanding of the way that emotional labour is employed in order to maintain vets' professional identity in a context of competing and conflicting demands of their profession. On a wider scale, it informed current debates on how recent changes have affected vets' sense of professional identity, and examined the tensions between their ideals and realities. Finally, the conclusions draw attention to the distinctiveness of professional emotional labour in the veterinary profession. Thus, this thesis has provided three key contributions:

- (1) Described in depth the changing nature of the veterinary profession and characteristics of vets' professional identity.
- (2) Advanced the understanding of the causes of professional identity conflicts and the tensions arise due to these recent changes.
- (3) Identified four distinct elements of professional emotional labour that trigger conflict of vet's professional identity.

Findings were conceptualised in professional identity theory that sits under social identity theory, which has enabled this study to take account of environmental influences on vets. Keeping the focus on the notion of service quality has also helped to provide a feasible scope for deepened analyses of the occurrence of actual conflicts in vets' daily experiences. The neglect of professionals' perspectives in marketing literature has been redressed with

the illuminating of the service quality gap model and professional identity leading to the discovery of professional emotional labour. The findings have shown that the neglect of professional identity in the notion of service quality has resulted in intensifying the existing pressures and unrealistic expectations for professionals, which is risking the sustainability of professionals under current conditions.

This study illustrated how service quality models fail to acknowledge professional identity by neglecting the potential gap between professionals' expectations and their experiences. The provision of professional service quality becomes even more complicated in veterinary services due to the triadic nature of the vet-pet-client interactions, as although the technical quality is being delivered to the animal, it needs to be approved, consented to, and assessed by the clients, who often have a large emotional investment into their pets. However, while the intensified emotions between the client and the pet have been recognised, the extra emotional work demanded from veterinary professionals has not been acknowledged in veterinary services. Despite the fact that previous researchers have reported that vets' clients, who are already emotionally charged due to the current health issues of their pets, tend to be unfair when evaluating the service quality of veterinarians (Brush and Artz, 1999); the consequences of the interference of clients' emotionality have not been validated in definitions of veterinary professional identity. The findings have evidenced that most of the decision-making mechanisms are being disturbed as a result of emotional involvement.

The data point to the disillusionment vets feel at not being able to live up to their professional ideals. These ideals are a major component of the self-perceptions of what it means to be a vet. A predisposition towards 'the desired ideals', could be rooted in a setting of unrealistic expectations from media sources, reinforced by the perfectionist nature of medical training; thus playing its role in the creation of 'professional fallibility' among vets (Armitage-Chan, 2016). The 'perfectionist' nature of vets' professional identity has also previously been reported by Armitage-Chan (2016). While Armitage-Chan's (2016) findings are in accordance with the current research,

the cost of being a perfectionist, and the difficulty that arises in coping with failures in everyday practice, was not fully discovered.

Professionals' service ideals, therefore, have a very significant place in vets' professional psyche and continue to inform training and the initial socialisation process. It could be argued that this is the stage at which ideas about professionalism first take root and become the foundation upon which professional identities develop. To some extent, the tension evidenced in interviews was indicative of the gap between the service ideals espoused by the ideology of professionalism and the reality of actual practice. Although the construct of 'the client' governs notions of professional appearance and accomplishment of expertise that does not imply that technical knowledge is not valued. But, somehow, it is not well articulated into professionalism (Anderson-Gough et al., 2000).

The classical literature on professions and professionalism is rather out of date (Hickson and Thomas, 1969), but its core tenets continue to inform more contemporary research on professional occupations and professional identities to be found in the veterinary organisational literature (Lammers and Garcia, 2009). Although, at a fundamental level, most characteristics of a vet's identity are similar to those identified by Lammers and Garcia (2009); their implications often show conflict between the ideal professional, opposed to the professional in everyday practice. These are being experienced in the form of suppressed emotions. While respondents acknowledged that this ideal is not realistically achievable in day-to-day practice, it is fundamental to this research to highlight the causes of frustration and emotional labour as a result of striving and not being able to achieve that. Results indicate, the emotions of professionals are simply ignored, rather than being explicitly devalued or criticised.

Evidence indicates that some emotions get selectively re-appropriated and conflicts of professional identity render invisible internal emotional labour. It also downgrades the autonomy of the professionals, and their service ideals.

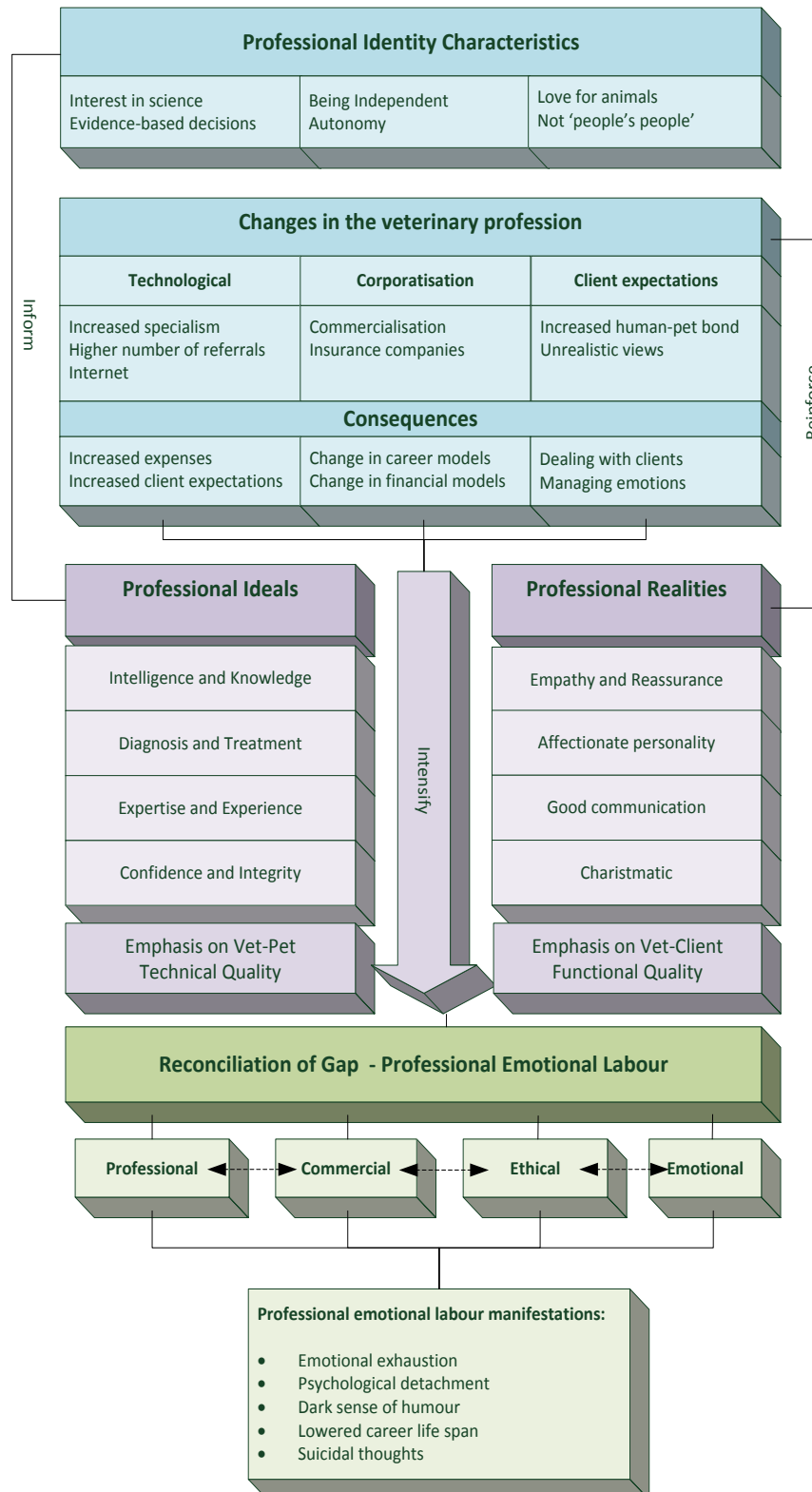
This was also elaborated in relation to broader and more structural shifts. The impact of changes in technology, clients' expectations, and

commercialisation are 'extraneous', strictly speaking, to the 'service-exchange' moment, but have changed the landscape of veterinary practice. One of the key findings of this study is that recent changes in the profession have caused certain tensions, to the extent that vets believe their professional identities are being compromised in order to accommodate for commercial purposes; what the clients want, instead of what the animals need. This suggests a conflict between client expectations and professional ideals of what makes a good vet and what good service is. Vets' perceptions of a gap between how they see their role and what they would like to achieve, and what the customers demand from them, is a source of stress, disappointment and emotional labour. Conveying the assessment of professionals' emotions, ethical and professional qualities to clients is identified as one of the most troubling issues in the veterinary profession. Results and indications are evidenced in the case of the veterinary profession, and categorised around four main themes of conflict: professional, commercial, ethical and emotional.

## Conceptual Framework

The following diagram is a visual representation of the concepts and findings of this thesis.

**Figure 16: Findings Representation Extended Conceptual Framework**





### 8.3 Empirical Contributions

Marrying the concepts of professional identity and professional service quality led to the discovery of professional emotional labour that resulted from the neglect of professional identity in professional service quality.

This study has found that veterinary surgeons share common characteristics that form their professional identity. These identity traits play a pivotal role in their choice to become a veterinary surgeon. Three of these traits are particularly significant: a keen interest in science, a love of animals, and a need to be independent. Vets are also known for their ambition, intelligence, and perfectionist natures. To expand on these characteristics: the scientific element means that vets are driven to make evidence-based decisions, being an animal lover often involves having an ethical devotion towards animals, and independence is often associated with being one's own boss. Moreover, a love for animals is often paired with a lack of social skills, and this together with their need for autonomy results in less interest in human relations and a dislike of working for others. It is important to take into account these observed characteristics in order to understand why vets were attracted to the veterinary profession in the first place, what shaped their ideals and their understanding of professionalism, and finally how these elements of their professional identities might be threatened or count against them in the light of recent changes.

Of the broader structural changes that are relatively recent, three proved to be significant in the thematic analyses of vets' responses: technological advances, increasing corporatisation, and the increase in clients' expectations. The reason for calling attention to these dynamics is rooted in social identity theory, in which it is acknowledged that the construction of professionals' identity is an ongoing process and that changes in their surroundings are inevitably embedded in this development.

First, technology was often associated with improvements in medical quality. Advanced technologies have had a positive impact on the accuracy and detail of diagnoses, the reliability of tests, and the sharing of knowledge. They have also reinforced specialisation. These changes appealed to vets'

scientific characteristics, since they now have more evidence for their decisions and thus an improved success rate. However, employing these technologies comes at a price. This relates to the scientific elements of vets' professional identity: evidenced-based decisions, and thus the need for rigorous medical investigation. Because these advanced technologies are often expensive, there has been an increase in referrals, where small practices send their patients to other places for more complicated and specific cases. Rise of the Internet, enabling clients' easier access to both knowledge and pharmaceutical products. Both are often referred to by respondents as threats, as it often generates unrealistic or erroneous ideas and expectations to clients. It is believed that insurance companies are the main driving force behind the increase in referrals, by enabling these expensive procedures to take place and also driving the market to become more specialised. While acknowledging the benefits of technological advances, vets also pointed to a drawback: the unreliable sources of data that are distributed through the internet, which confuse clients with irrelevant information whilst increasing their expectations. As a consequence, vets now spend more time convincing clients and correcting false information, and often they felt that this has led to clients becoming suspicious and lacking trust in vets' autonomy.

Second, corporatisation was mentioned parallel to these advances in technology. It should be noted that sometimes this term was associated it with commercialisation. On the one hand, some vets, particularly those in favour of corporatisation, believed that since cases have become more complex and specialisation has increased, many practices have felt the necessity of combining their sources in order to optimise their medical capabilities. They tended to consider this as an obligatory way forward due to structural changes forced by improved technologies. On the other hand, some of the vets believed that this is not often the case and that this development might have disadvantages in the long run. Those who are against of the corporatisation underlined their concerns that it might harm career prospects for vets, forcing them to work as employees instead of becoming their own boss. They also mentioned their worries about the

financial drive behind these business models and being initiated only on profit motives rather than clinical excellence. Some acknowledged that these changes could also bring standardisation for certain treatments and enable the sharing of knowledge, yet they tended to remain hesitant, as that would also come with limitations of protocols and therefore threaten the autonomy of professionals' decisions.

These two changes together have also contributed to the dramatic increase in clients' service expectations. Vets argued that this is the inevitable outcome of a shift in the attitudes of clients toward their pets; treating animals as part of their family whereas in the past they were not emotionally placed in society.

The increased emotional bond and importance of pets in human lives seem to dominate the clients' demand from their vets. In conjunction, it is also believed that advanced technologies enabling longer lifespans for pets mean that owners as a result spend more time with them and develop an increased emotional attachment to them. Some vets argued that with today's society becoming lonelier, animals serve a sentimental purpose of being true friends and providing unconditional love. Acknowledging these dynamics is important for grasping the psyche of vets' clientele, as the animal-human companionship keeps influencing and shaping the landscape of the veterinary profession.

From these analyses it became evident that vets' understanding of professionalism and its integration into their services differed more and more from their clients' expectations of them. That gap between their ideals and realities was found to be getting bigger under the influence of these changes and being experienced as a significant source of stress. Vets often mentioned difficulties in dealing with clients' needs and wants that are often not synchronised with their own. That factor seemed to disturb vets service ideals and also touched upon their preference for animals over people. Increased emphasis given to clients' satisfaction and the need to have more and affectionate communication with clients was found to create role-conflicts for vets that disturbed their professional identity.

Investigating these discrepancies, it became evident that vets think of the ideal veterinary surgeon to be predominantly a scientist who is intelligent and knowledgeable; who provides successful diagnoses and treatment; who has integrity; and who is also a researcher, constantly increasing their expertise and experience, thus becoming confident. Vets' expectations of themselves dominate the understanding of professionalism in the veterinary profession. In contrast, when vets were asked about what qualities their clients like to see in a vet, they often laughed and gave a totally different list of skills such as being empathetic, reassuring, affectionate, understanding, explaining and overall being charismatic. In vets' opinion, although their focus is on their patient, only rarely do their clients assess them in these technical terms. They find that clients take their knowledge and medical capabilities for granted, and the way that they assess the quality of the service is on these functional quality elements.

Given how these factors are widening the gap between their ideals and realities, today's professional vets are facing many paradoxical issues and are left continuously worrying and hurrying to keep up with all the expectations of their clients and their companies. Attempts to resolve these paradoxes and reconcile these discrepancies come at psychological costs to the professionals. The findings indicate that the aspiration of professionalism does not seem to be realistic in today's modern veterinary profession. Client-oriented strategies have become the dominating concept in this research as the major factor behind the intensification of existing conflicts.

In the investigation of vets' experiences through phenomenological interviews, among many other factors four main issues were identified as repeating patterns among all the participants. This is important as their individual subjective accounts were verified by other veterinary surgeons, regardless of their tenure, gender, or clinical position. These professional, commercial, ethical, and emotional conflicts are also interlinked and are found to have a discursive effect on each other.

**Professional** issues occur when vets, who have loved animals since childhood, find themselves dealing in everyday practice with sick animals that they are not able to save or have to put down. Vet's own anxieties

include fear of failure, the high stakes of animal lives, and other unresolvable factors beyond their power. In addition to their own medical worries, vets also expressed frustration when they are prevented from helping to animals by the client either not giving consent or acting emotional.

**Commercial** aspects affecting animals' welfare is a big conflicting issue for vets. Vets owning their own practice sometimes referred to their colleagues working for bigger organisations as being under certain profit targets, and concerned with potential conflicts of interests that may arise focusing on client at the cost of animal's welfare as a result of commercial pressures. Another type of commercial dilemma occurs when vets are not allowed to further investigate cases and come up with accurate diagnoses due to limitations on clients' financial constraints to afford their services. This causes a professional dilemma for vets, knowing they could have saved the animal but were prevented from doing so. As a consequence, vets are pressurised to compromise their professionalism and ethics in order to accommodate clients' finances at the cost of animals' welfare.

**Ethically**, although both vets and their clients are animal lovers, vets develop a differentiated eye through their training, and thus their beliefs of what is in the best interest of the animal are shaped differently and dissociated from religious beliefs of life and death. That difference is prominent in the case of euthanasia. Vets are scientifically trained to end the suffering when a medical condition is irreversible and the animal is going to die, but clients may not perceive this practice as the kindest thing to be done. Therefore this topic seems to hold much potential for ethical dilemmas for all parties involved. This is one of the reasons why vets are facing their own unique issues, different to those faced by professionals in other areas of medicine, and why professional emotional labour takes even more severe forms in the case of vets in small animal practices.

**Emotions** interplay at different levels; from the client's side this shows itself in an extreme form under the circumstances of euthanasia. When clients reject euthanasia, this can be even more painful to the vet, who consciously registers what the animal is going through in its biological processes, and knows that they could have prevented that pain if their rationality had not

been overrun by the client's emotionality. The pain of the animal might not be so apparent to the client who is more preoccupied with their own conscience, thinking they will wait until the end, to avoid taking responsibility for the end-of-life decision. The ethical dimension comes with vets' understanding of the rational decision being the one that is best for the animal, but which does not always meet with their clients' approval.

The psychological interactions of these elements, and their interference with vets' services and ideals, have resulted in professional emotional labour. More and more vets are being exposed to emotionally draining cases, and experience becoming emotionally numb due to devoting too much of their emotional sources to others. This often ends in depression and psychological detachment for professionals. Moreover, psychological costs of the conflicts reflect on a vet's professional and private life. Many respondents expressed emotional exhaustion, psychological detachment, along with a withdrawal from affectionate relationships in their private life. Several respondents claim that many vets develop a dark sense of humour because of the emotional conflicts they continuously experience.

Therefore it can be argued although market pressures are leading service quality to be assessed only from the client's perspective while neglecting professionals' identity is not the best way forward. The unbalanced empowerment of clients and the neglect of professionals as human-agents leave professionals facing serious dilemmas, constantly being exposed to professional emotional labour. These inhibitions on professional identity seem to be the main factor leading vets to consider leaving the profession. However, for veterinary surgeons, making an escape plan is very difficult, since the vets in this study had committed to their profession from childhood, and had an emotional attachment, ethical devotion and compassion for their profession. The same aspect also proved to be strongly merged into their personal identity; therefore vets, unlike other medical professionals, do not seem to go through identity customisation to fit in with the norms of their practices. Instead they prefer to change their work place to one where they can fulfil their ideals. However, changes in the profession and in the clientele might limit their options of finding a better place to re-appropriate their

professional identity. As a result, since many aspects of their identity are being suppressed, they will face more professional emotional labour.

By giving conscious attention to the limitations of service quality models, and professional commercial, ethical and emotional elements, it is shown how professional identity is being threatened by these influences. These are major issues that are problematising the ideal type of professional and contributing to professional emotional labour, leaving professionals at the risk of experiencing mental welfare issues in the long run. Therefore this study has found that too much emphasis is being given to clients' satisfaction in professional services. In the case of vets this is a particularly inappropriate strategy, due to triad nature of this services and clients' lack of capability of assessing the medical quality of the services. This leads medical quality to be replaced by functionality, which is a threat to the profession and professional characteristics. Subsequently, this undermines professionalism of the services and its providers to non-professionals. The meaning of being professional in today's society is fading, and professional autonomy is being reallocated to clients and employers, undermining the authority of scientific knowledge in the search for momentary financial gains.

These factors are crucial in understanding why vets have a high rate of suicide, psychological detachment, and emotional exhaustion. It is possible that this is an underlying factor in vets being one of the highest risk groups for suicide (Armitage-Chan et al., 2016). Because vets are also in a unique profession where euthanasia is seen as a solution to pain, applying this to one's own suffering may be therefore a logical extension facilitated by access to the lethal liquids and the knowledge how to apply it. The implications are alarming considering vets' association of euthanasia with suicide, as a coping strategy.

## **8.4 Implications for Practice and Education**

This study brought attention to the unacknowledged professional emotional labour undertaken by the veterinary surgeons, by deepening the understanding of the professionalism, and by investigating the notion of

quality in professional services from the perspective of the service provider, whereas most previous studies of service quality have paid attention to the client perspective (Dhillon and Prasher, 2014). Furthermore, by focusing (somewhat unusually) on the perspective of the professional service provider, this study further contributes to the understanding of professionalism in the context of veterinary services.

The veterinary professional identity was explored, with an intention of finding out the main constructs it is made of. It is found that veterinary surgeons share common characteristics that form their professional identity and they make meaningful connections to their profession, often sparked at a young age.

The limitation of the published literature on the veterinary profession is that the studies have mainly focused on veterinary students instead of vets in practice (e.g. Armitage-Chan, 2016; Collins and Foote, 2005). Veterinary students do not meet any clients in real-life circumstances, and so do not experience factors relating to clients' interference, which often cause the most stress to veterinary surgeons in clinics. Veterinary students are also still at the early stages of developing their professional identity. Thus, this study originates its knowledge from professionals in the field, investigating real-time experiences. It is vital to acknowledge that this kind of information – how to deal with the client, or what the client is expecting from them – is not covered in veterinary education, and is criticised as a missing element of it (e.g. Mossop, 2012). Therefore, veterinary surgeons learn this aspect of their business by experience. Acknowledging the emotional involvements and pressures generated through the notion of quality, and their negative impact on veterinary professional identity, led to the discovery of distinctive professional emotional labour in the veterinary profession.

Vets are also being heavily criticised for not making enough profit (Gabay et al., 2014). Looking at this side of the 'service quality problem' in the classical sociological literature on professions, the provision of a 'public' service is one of the distinguishing characteristics of professions, and traditionally this was contrasted with being interested in financial gain (Anderson-Gough et al., 2000). This also could be due to lack of training (particularly business-related



training), and also the need for adopting and integrating efficient communication strategies to get clients onto their side. Being aware of existing perceptual differences and equipped to deal with these paradoxes may aid in synchronising ideals with realities, to construct fulfilled, confident professional identities. Thus the future's veterinary surgeons will not need to compromise on their professionalism, but will rather reinforce it for the prestigious and sustainable ethical leadership of the veterinary profession.

Hochschild's (2012) concepts of emotional labour and its concepts of surface acting and deep acting apply to the veterinary context. In the former, vets, aware of clients' expectations of some emotional display, pretend and act out feelings and emotional attachment. In the latter, genuine emotions are displayed, not necessarily with the intention of appeasing the client. While not a focus of this study, implicit and explicit gender differences surfaced. Female vets more comfortably display emotions to their clients, and often express less confidence in their actions than male vets. Both societal and biological factors may lie at the source of this. Mastenbroek et al. (2014) confirm that there is a gender difference in emotional labour, and report that, among young veterinary surgeons, females score higher on emotional exhaustion.

The findings imply that the importance of emotional labour should be recognised and valued in healthcare settings, and furthermore that professionals must be equipped to deal with the severe emotional demands of veterinary medical work. Identified issues must be acknowledged and addressed for the whole profession, with the collaboration of the Royal College of Veterinary Surgeons, which has already taken action with its 'mind matters initiative' (Mind Matters Initiative, 2017). Yet this study reveals the role played mainly by marketing strategies and client interference from the business perspective; thus efforts should be expanded to focus on how to improve the public view of vets and to educate clients about what vets go through, rather than univocally focusing on how the veterinary industry shows itself to clients or to the public; especially, issues surrounding clients forcing guilt upon vets by saying 'if vets really loved animals they would not charge'. Consequently, professionals become tempted to refrain from doing

all necessary medical tests in order to accommodate clients' wishes, in order to avoid a financial hit for the client. As a result, the welfare of the animal may be compromised. Subsequently, vets feel their vocations being used against them, and they tend to get demotivated.

It is noted that the dominating vision is the notion of the 'ideal professional' with proficient medical skills (emphasis on technical quality). But contrary to what vets assumed or trained for, this is not sufficient on its own as a method of satisfying clients. In fact, many interviewees recalled cases where even the diagnoses were wrong, or where there were cases of irreversible professional errors: these reasons did not cause clients dissatisfied with the service to switch their veterinary surgeons. Conversely, it was often mentioned that clients to be did switch vets because 'they were not friendly' (emphasis on functional quality). It can be argued the integration of functional elements of quality, even after such chaos, permitted the clients to accept the situation and remain loyal to their vet. This proposition also brought some concerns about what vets might prioritise in order to accommodate their clients.

This may be attributed to the fact that vets' professional university education and training predominantly deals with technical quality, and they believe that, most of the time, their services are being assessed on that basis. It can be argued that, due to the dominance of the technicality of 'professionalism', vets are failing to understand that clients lack the ability to assess their success in that manner (unless clients are medically trained themselves). As a consequence, vets do not seem to realise the importance of 'affective' behaviour in the service quality assessment of their clients.

Conscious attention is given to the reasons why there are perceptual inconsistencies. It is identified that the meanings and importance of functional quality elements remain virtually unknown to vets. To them, the idea of clients being satisfied by anything other than vets' medical success is an unknown myth, and those who achieve that are unethical; using non-medical skills in a 'manipulative' way. This kind of act contradicts with the vets' understanding of 'professionalism' in service quality. Yet these analyses should not be interpreted to undermine the importance of scientific elements

of professionalism, but rather acknowledging the following crucial deficiencies in vets' training:

- Not trained in communicating the financial aspect of their service and making accurate estimations
- Not trained in dealing with limitations on tests due to financial constraints of clients
- Not trained to manage emotions and deal with clients being part of the decision-making process giving consent
- Not trained to cope with failures and lacking capabilities of resilience

Based on these findings, following recommendations are proposed for the future prospects of the veterinary profession.

The selection and recruitment process, as much as the science element, should also consider social skills, realising that these professionals will be dealing with people as much as animals. Careful design of selection and recruitment process in universities would eliminate potential future issues relating to blame culture in the workplace.

Training and Education should be about setting correct expectations and improving capabilities of resilience. Careful assessment of talents and capabilities would help the selection criteria of attracting the right candidates to the profession, who would later be supported by continuous training on resilience. Making allowances for mistakes would ease coping with professional fallibility, and reinforce shared responsibility and leadership.

The effectiveness and impact of the initiatives should be monitored, and for that purpose, statistics need to be gathered in order to develop a pro-active global plan. Preventative actions should take place in at least two places: veterinary students (future candidates), and practising vets, who are at risk of getting these issues. Investigating the correlation between exposure to euthanasia and suicide rate among professionals may increase understanding and facilitate preventative actions in this matter.

## 8.5 Limitations and Recommendations for Future Research

Strengths of the qualitative approach aimed deep insights that are not intended to result in testable hypotheses. Therefore findings are context-specific and time limited. These are addressed in details as below.

The findings are limited to the veterinary profession. However, commercialisation may also apply to other professions, and their professionals might also experience emotional labour distinctive to their context; especially those at the risk of experiencing compassion fatigue. Therefore focusing on other professions, would add a pragmatic value, since Gill (2015a) reported that 'one person in six experiences a mental health problem and this costs £105 billion each year in England alone'.

This research dealt only with veterinary surgeons practising in the UK. Although most of them came from other places, such as Canada, Australia and continental Europe, the focus of their experience was on the UK. Therefore its findings cannot be generalised to veterinary professionals in other countries. Comparative studies in Europe, Australia and the USA could enable knowledge sharing, improving the global support network of the veterinary profession.

This research involved vets in small animal practices. Most of them have had experience with large animals too, but their experience was scoped within the small animal practice and may not represent the experiences and challenges of the vets who are working in non-clinical settings.

Due to time and geographical constraints, the vast majority of interviews were conducted in London, which might cause an emphasis on a clientele that is culturally diversified and may share different belief systems that might not apply to small practices in suburban areas of the UK.

In addition to the limitations of the research, this could all be subject to further study, several other topics rose to the surface that are worthy of further investigation. The main ones are listed below.

Despite the fact that gender did not appear to be a determinant of quality, or have any sort of influence in terms of professional identity, gender

differences indirectly came up in the analysis of data. While quantitative conclusions cannot be drawn from this research, there are clear indications that societal and biological gender differences may play a role in this subject. Since the qualitative discovery of this issue became noteworthy in this research, it is recommended as a topic of further investigation. This study has aimed to enlighten this aspect with a limited contribution on gender issues surrounding emotional labour. However, it should be noted that this topic is beyond the scope of this study. The argument of this study stays within the range of professional identity, and indications from this study are not sufficient to support claims with respect to gender-related issues. It does however reveal opportunities for potential future research.

Respondents repeatedly brought up the 'dark humour' as characterises vets. Humour is a relatively new phenomenon being considered as a stress coping strategy in emotional labour among medicals (Westwood and Johnston, 2012). An in-depth analysis of humour as a coping mechanism is beyond the scope of this research, but this topic may be relevant for further research.

Since many educational issues are mentioned, future research could look into vets in practice graduating from different universities, in order to seek out any differences among them, and to identify if education is influential. It is recommended for future research to investigate whether the issues regarding emotional labour could be prevented or alleviated earlier, with the aid of new modules, such as business perspectives or communication strategies, in vet faculties.

### **8.5.1 Validity and Reliability**

As justified earlier in the methodology chapter, this research intentionally focused on 'Heidegger's Interpretive Phenomenology'. As suggested by Yakhlef and Essen's (2012) research in the medical context, the final number of the phenomenological interviews was not decided 'until new informants reveal no new findings'. Although that sort of saturation was reached in this thesis after 35 participants had been interviewed, to ensure the reliability and rigour of the qualitative data, an additional 15 interviews were undertaken.

That enabled rechecking on validity and enriched the quality of data. Therefore, 50 surgeons represented a suitable number for qualitative research aimed at understanding rather than quantifying (Woodruffe-Burton and Wakenshaw, 2011). All participants were registered members of RCVS, and were licensed for small animal practice in the UK. In order to maximise different perspectives, an equal gender ratio was intentionally obtained; this also represents the current practising vet ratio in the UK. The experience level of the interviewed vets varied between 2 and 45 years. Vets practising in small animal clinics were interviewed at every level; including practice managers, head surgeons, regional managers, vets working in small clinics where they were the sole vet in charge, and vets working in large hospitals with 200 employees.

Forty-seven different clinics were visited during this research, including both corporate and non-corporate clinics. Within corporates, four major organisations in the UK were included. Associates, sole principals and partners interviewed included vets who worked in charities, hospitals, university research hospitals, reference hospitals and second-opinion clinics. The majority of them were UK graduates, including graduates from the top seven veterinary schools in the UK (the universities of Cambridge, Edinburgh, Glasgow, Liverpool, Nottingham, and Bristol, and the Royal Veterinary College). Many of those interviewed held speciality degrees (doctorates) in gynaecology, neurology, internal medicine, surgery and anaesthetics. More than half of them had experience of working abroad, for example in continental Europe, America, Canada, or Australia. All the vets interviewed for this research still owned their own pets and had previous experience as clients of other vets. All interviews were recorded for full transcription, with the consent of interviewees. Samples of the transcripts were revised by native speakers to ensure consistency.

One of the most powerful strengths of interpretative phenomenology is to enable a deeper understanding of the complexity of identity and emotions (Murtagh et al., 2011). Most of the studies in similar subject adopting 'Husserlian Descriptive Phenomenology' used 3–6 participants, for example Kram and Isabella (1985), McClure and Brown (2008) and Gibson (2004) in

the contexts of Organisational Studies, Psychology, and Pedagogy. In conclusion, it became evident that conflicts of professional identity cannot possibly lead to the discovery of emotional labour without using interpretive approach, where the primary motivation was not aspiring to quantification of the data but to deepening the understanding of its complexity.

Traditionally, validity is judged by the 'compellingness' of the argument (Johnson et al., 2006; Bell et al., 2017). In order to ensure validity, this research employed a systematic analysis and transparent representation of the acquired data. The next section further elaborates on reflexivity, which has been considered necessary element 'to increase the integrity and trustworthiness of qualitative research' (Finlay, 2002, p.531).

### **8.5.2 Researcher's Reflection**

Reflexivity defined as the process of researcher's own evaluation of their role concerning the intersubjective elements influence data collection and analysis. It demands researcher's active involvement in 'explicit, self-aware analysis of their own role' (Finlay, 2002). Therefore, the issue of 'reflexivity' considered; that is, the possible effects that my presence as another veterinary surgeon, may have on the respondents, and thus on my interpretation of the data.

Ultimately, this thesis is about the emotional labour that results from conflicts of professional identity. It provides important insights, 'behind the scenes', into vets' prestigious identities. In this section I intend to reflect upon my own take on conflicts of my professional identity and their detrimental effect of emotional labour, as I witnessed and experienced in my pre-PhD life as a veterinary surgeon. It is essential to inform the reader of my personal transformation, as along with the advantages of understanding medical settings inside out, this sort of involvement may also create the potential for bias.

Despite the fact that in my role as a researcher my thesis ended up focusing on vets' psychology, years ago as a vet I was more interested in animal psychology. For that reason I wanted to obtain a PhD in internal medicine;

the reason that did not happen can be found in one of the critical incidents that also contributed to my main motivation for undertaking this research.

Before starting my PhD in business school, I approached a professor known for specialising in animal psychology, with the intention of becoming his PhD student. Prior to my application, we planned to undertake a patient visit together. I studied all his books and learned about all the psychiatric medication, hoping to impress my future PhD supervisor. The case was about a cat's misbehaviour. In these kinds of cases, it is a common practice to visit the animal in their living habitat, as often clinical settings are not stress-free places for diagnosing such problems adequately.

During our visit at the house, I waited patiently to see the cat and create an opportunity to shine with my knowledge, yet that never happened. At last the owner mentioned that they had decided to abandon the cat on island and the professor agreed, 'good, traffic is not very busy there'. The consultancy fee was kindly handed to him as we were making our way back to the university hospital.

I could not understand what had just happened. Professor asked me, 'don't you think we saved the cat?' I trembled in terror, thinking that this must be a psychological test for my PhD application, to assess my commitment. I just exclaimed that we did not even see the cat; we weren't even sure if it ever had a behavioural problem. He said, frankly and directly, "You are wrong; we had saved the cat from the misbehaviour of the owners". All the Latin books in my head, all the cases from exam papers, my excellence awards throughout my degree, and my pride in being a student of the most prestigious veterinary faculty were now floating in the air all together. I could not make sense of what he had said.

The professor kindly and sincerely explained that 90 per cent of animals' behaviour is normal but owners with psychological disorders consider it abnormal. However, although that could possibly hold an element of truth, it still did not explain why they would pay a professional when they had already made the decision to abandon the cat. The professor continued: 'the owner just wanted to reduce their guilt, just to put their own conscience at ease. Our



role was to provide that emotional reassurance. If they paid someone, then it is no longer their neglect, it is a rationalised solution.’ I realised that we had sacrificed the cat for the benefit of the owner. What could I do? The choice was between the domesticated cat being sent back to wild life and having to fight for its own survival, or being trapped with potentially abusive owners who were no longer interested in having a furry friend.

That was just one of many unresolvable problems. Vets were limited in their ability to take action on behalf of someone else’s cat: although they could have helped, it was still in the hands of the owners.

Throughout my interviews, every time vets were mentioning how many times they had to put down healthy animals because of behaviour issues, that incident replayed in my head. Other vets also could not sleep at nights. The paradox of needing to love animals to become a vet, and that same aspect counting against you in these kinds of ethical conflicts, was making it an emotionally painful job. One of the respondents said: ‘Each time that happens, you ask to yourself “can I live with that? And sometimes you cannot!’”

In cases like these, I was able to be more sensitive to the emotional labour and conflicts that vets were going through because I had encountered these conflicts myself. This allowed me to detect the nuances that the vets were expressing, often unconsciously. For instance, ‘You cannot live with that’ in the above sentence emphasises, in a way that a non-vet could not possibly understand, why often the topic of euthanasia would lead to suicidal thoughts.

We would pledge to put an animal’s welfare above everything, then convince ourselves that killing them for mercy was the best thing, calling it a science of euthanasia. Indeed it was too much to take on, especially in these kinds of ethically and morally consuming cases where our hands were tied and none of our Latin books could have helped us to save these lives.

Collectively, many other cases convinced me to reconsider being a vet. I feared if the way to become a successful vet was to learn the skills of suppressing emotions; or was it only me that ended up accidentally in a

veterinary faculty? It turned out that many other vets were going through even severer dilemmas, and these feelings never disappear; in fact they get rendered into the form of emotional labour and cause the detrimental effect of consuming vets' inner motivations.

These aspects may have had an influence on my approach, since these circumstances inevitably and exceptionally contributed to my understanding of emotional labour and the conflicts of my own professional identity. Eventually, I ended up expending five years of hard work to become a vet and another five years of harder work dedicated to my PhD; providing extensive evidence that becoming a vet was not the best idea I have ever had. Above all, I want to believe these years of efforts were not wasted and this research by contributing to the understanding of professional identity conflicts and emotional labour will also inspire other researchers to further investigate in these crucial subjects.

## **8.6 Conclusion**

The conflicts of the vet's professional identity in service context were investigated, which increased the understanding of how professional emotional labour in veterinary practices has evolved in response to commercialisation and changing relationships with clients. It revealed the tensions that arise for individual practitioners, and the strategies that vets employ in repositioning themselves in relation to the ideal professional type, whilst still maintaining professional service quality and defending their professional identity. In response to the missing link pointed out by Winkler (2016), this study has pioneered research focusing on the mutual constitution of professional identity and professional emotional labour, contributing with the identified distinctive elements of emotional labour that triggers the conflicts of vets' professional identity.

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# Appendices

**Full title of Project:** Vets' perceptions of service quality and how that links to their professional identity.

**Short explanation of the project:**

The objective of this study is to understand the integration of quality elements during the delivery of professional services in veterinarian, small animal practices that operate in the United Kingdom.

**Name, position and contact address of Researcher:**

Gizem MORRIS, BVSc, MA,

Westminster Business School,  
University of Westminster,  
35 Marylebone Road,  
London, NW1 5LS

Direct Tel: (07974)-006.951

E-mail: G.Morris1@westminster.ac.uk

1. I confirm that I have read and understand the information above for the study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.
3. I agree to take part in the above study.
4. I agree to the interview/consultation being audio recorded

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Researcher	Date	Signature

## Invitation E-mail

Dear **Dr xxx**,

My name is **Gizem Morris** and I am a qualified veterinary surgeon with private vet clinic experience. Currently, I am not practising but am a doctoral researcher at **Westminster Business School** at the University of Westminster.

The research involves considering the recent changes in veterinary profession and its effects on veterinary surgeons' professional identity in Greater London veterinary practices.

The **Royal College of Veterinary Surgeons** (RCVS) has kindly granted me access to contact details of London vets who might cooperate in the research by giving me the opportunity to interview them for about 20/30 minutes, ideally face-to-face.

Hence this e-mail, and my request that you may be able to participate in this research.

If I may, I will take the opportunity of contacting you within the next ten days to see if a convenient time could be arranged for an interview to be held, either at your clinic, the Westminster Business School, or even your local coffee shop. Thank you in advance for any help you may be able to offer.

Sincerely,  
Gizem MORRIS

Gizem MORRIS, BVSc, MA,  
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<b>Researcher</b>	<b>Identified Quality Determinants</b>	<b>Methodology</b>	<b>Sample</b>
<b>Parasuraman <i>et al.</i> (1988) - service quality general</b>	Reliability, tangibles, empathy, responsiveness, accessibility	SERVQUAL - Quantitative	
<b>Abdellah and Levine (1965) – professional service quality – medical nursing</b>	Adequacy of the facilities, effectiveness of the organisational structure, professional qualifications and competency of personnel, effect of care on personnel	Quantitative	Patients
<b>Risser (1975)- professional healthcare Primary care -nurses</b>	Cost, convenience, the provider's personal qualities and nature of interpersonal educational –trusting relationship, provider's professional competence	Quantitative Two sequential trials	60 and 78 patients
<b>Ware <i>et al.</i>, (1983) professional healthcare – hospital</b>	Interpersonal manner, technical quality of care, accessibility/convenience, finances, efficacy/outcomes of care, continuity of care, physical environment, availability	SERVQUAL – Quantitative Patient satisfaction questionnaire (PSQ)	Patients
<b>Rubin (1990) hospital- professional health service</b>	Nursing care, medical care, communication, ward management, ward environment and discharge procedure	SERVQUAL – Quantitative Patient Survey	Patients
<b>Baker (1991) UK- primary care General practice</b>	Continuity of care, accessibility of the surgery, quality of medical care, premises, availability of doctor	SERVQUAL – Quantitative Patient Satisfaction Survey	Patients
<b>McIver (1991) - NHS</b>	Accessibility, waiting times, waiting environment, attitude of staff patient information	SERVQUAL – Quantitative Patient Survey	285 patients
<b>Babakus and Mangold (1992) – hospital services</b>	Reliability, tangibles, responsiveness, assurance, empathy	SERVQUAL – Quantitative Questionnaires	2,036 patients
<b>Sitiza and Wood (1997) – healthcare</b>	Accessibility, interpersonal aspects of case, technical aspects of case, patient education/information	Content Analysis	100 published papers
<b>Brown and Swatz (1989) – primary healthcare, family and internal medicine</b>		SERVQUAL – Quantitative Survey	1128 patients and 13 physicians

Author/s and Journal	Title	Context	Type of Paper	Department
Shaw, Adams and Bonnett - 2004	What can veterinarians learn from studies of physician-patient communication about veterinarian-client-patient communication?	Implications of physician-patient interactions to vet-client-patient interactions.	Reference Point, JAVMA	Population Medicine, Ontario – Educational
Osborne - 2002	Client confidence in veterinarians: how can it be sustained?	Concerns about public opinion moving from being most respected, intelligence, level of education, compassion, honesty, trustworthiness and technical proficiency (1997) to veterinarians' need of earn more income (2002). Fallen from public trust due to the commercialization, conflicts of interest.	Commentary JAVMA	Small Animal Clinical Sciences
Coe, Adams and Bonnett – 2008	A focus group study of veterinarians' and pet owners' perceptions of veterinarian-client communication in companion animal practice	Compare perceptions of vets and owners of client expectations from vet-client communication. Several factors identified in providing effective communication and breakdowns adverse effect on vet-client relationship.	Special Report Vet Med Today - JAVMA	Population Medicine, Ontario - Educational
Grand, Lloyd, Ilgen, Abood and Sonea - 2013	A measure of and predictors for veterinarian trust developed with veterinary students in a simulated companion animal practice	Role of interpersonal trust in vet-client interactions during routine health-care visits. Professionalism and technical candour perceived more competent and trustworthy.	Special Report Vet Med Today - JAVMA	Psychology/Large and Small Animal Clinical Sciences - Educational
Babcock, Doehne and Carlin - 2014	Trends in veterinary medical board state disciplinary actions, 2005-2011	Emphasis of the proficiency in communicating the medical and surgical aspects of patient care to clients and keeping medical records.	Special Report Vet Med Today - JAVMA	Animal and Veterinary Legal Services - Educational
Kanji, Coe, Adams and Shaw - 2012	Effect of veterinarian-client-patient interactions on client adherence to dentistry and surgery recommendations in companion- animal practice	Relationship-centred care approach provision of clear recommendations and effective communication of the rationale has positive implications for clients adherence	Scientific Reports, JAVMA	Population Medicine
Dysart, Coe and Adams - 2011	Analysis of solicitation of client concerns in companion animal practice	To examine veterinarian solicitation of client concerns in companion animal practice.	Scientific Reports, JAVMA	Population Medicine - Educational

<b>Mayer - 2008</b>	A librarian's guide to providing resources for pet owners	Pet owners have health information seeking behaviour – vets are the best source instead of information provided both printed and digital platforms.	Commentary - JAVMA	Veterinary Medical Library
<b>Coe, Adams, and Bonnett – 2007</b>	A focus group study of veterinarians' and pet owners' perceptions of the monetary aspects of veterinary care	To identify challenges of vets whilst dealing with pet owner's expectations.	Special Report VetMed Today - JAVMA	Population of Medicine - Educational
<b>Greenfield, Johnson and Schaeffer - 2004</b>	Frequency of use of various procedures, skills, and areas of knowledge among veterinarians in private small animal exclusive or predominant practice and proficiency expected of new veterinary school graduates	About skills of new graduates and lack of education at university	VetMed Today: Perspectives in Professional Education - JAVMA	Veterinary Clinical Medicine
<b>Hollier, Fatke and Brown - 2014</b>	The Veterinary profession and precarious values	Professionalism, Autonomy, and Precarious Values, professional/organizational structure and relationship to precarious values	Commentary, JAVMA	Veterinary Medicine
<b>Lue, Pantenburg and Crawford - 2008</b>	Impact of the owner-pet and client-veterinarian bond on the care that pets receive	Impact of pet-owner relationship to vet-owner relationship	Special Report VetMed Today - JAVMA	BN Research
<b>Helms and Bain - 2009</b>	Evaluation of owner attachment to dogs on the basis of whether owners are legally considered guardians of their pets	Was associated with city of residence not the bond.	Scientific Reports, JAVMA	Medicine and Epidemiology
<b>Borden, Adams, Bonnett, Shaw and Ribble - 2010</b>	Use of the measure of patient-centred communication to analyse euthanasia discussions in companion animal practice	To characterize veterinarian-client communication with undisclosed standardized clients during discussions of euthanasia.	Scientific Reports, JAVMA	Population Medicine
<b>Martin and Taunton - 2006</b>	Perceived importance and integration of the human-animal bond in private veterinary practice	To determine the perceptions of the human-animal bond among veterinarians through survey to ask how veterinarians incorporate the Human Animal bond in their practices.	VetMed Today: Exploring the Bond, JAVMA	People-Pet partnership program, Veterinary Medicine



<b>Felsted - 2002</b>	How is my practice doing? How can I improve it?	To improve the economic base of the veterinary profession, ensuring that the delivery of veterinary care and service meets the needs of society.	National Commission on Veterinary Economic Issues (NCVEI), Vet Med Today, JAVMA	Update news from NCVEI
<b>Shaw, Adams and Bonnett - 2012</b>	Veterinarian satisfaction with companion animal visits	Satisfaction is enhanced through the use of communication that builds relationship with clients associated with degrees of veterinarians' empathetic concern and self-esteem.	Scientific Reports, JAVMA	Population Medicine
<b>Shaw, Adams, Bonnett, Larson and Roter - 2008</b>	Veterinarian-client-patient communication during wellness appointments versus appointments related to a health problem in companion animal practice	The nature of the relationships are different when animals is sick.	Scientific Reports, JAVMA	Population Medicine
<b>Shaw, Adams, Bonnett, Larson and Roter - 2004</b>	Use of the Roter interaction analysis system to analyse veterinarian-client-patient communication in companion animal practice	Suggests Roter interaction system analysis is a reliable method to assess the communication	Special Report, Vet Med Today - JAVMA	Population Medicine
<b>Coe, Adams, Eva, Desmarais and Bonnett - 2010</b>	Development and validation of an instrument for measuring appointment-specific client satisfaction in companion animal practice	Developing tools to measure patient satisfaction	Preventive Veterinary Medicine - ELSEVIER	Population Medicine
<b>Shaw, Adams, Bonnett, Larson and Roter - 2006</b>	VCP communication patterns used during clinical appointments in companion animal care	To identify communication patterns used by veterinarians during clinical appointments in companion animal practice	Scientific Report: Original Study	Population Medicine