

# A qualitative study of the roles, motivations, and challenges of academic veterinary technicians

Melissa Loy, LVMT, LVT<sup>1</sup>; Micha C. Simons, VMD<sup>1</sup>; Malathi Raghavan, DVM, PhD<sup>2</sup>; Heather Bhatka, DVM<sup>3</sup>; Bonnie Price, DVM, MPH<sup>1</sup>; Kelly Foltz, AAT, CVT, LVT, RVT, VTS (ECC)<sup>4</sup>; Katherine Fogelberg, DVM, PhD<sup>1\*</sup>

<sup>1</sup>College of Veterinary Medicine, Lincoln Memorial University, Harrogate, TN

<sup>2</sup>Department of Veterinary Administration, College of Veterinary Medicine, Purdue University, West Lafayette, IN

<sup>3</sup>School of Allied Health Sciences, Lincoln Memorial University, Harrogate, TN

<sup>4</sup>BluePearl Specialty and Pet Hospital, Tampa, FL

\*Corresponding author: Dr. Fogelberg (ksfogelberg@vt.edu)

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## OBJECTIVE

A qualitative study based on one-on-one interviews was conducted to better understand the role of the academic veterinary technician (AVT) and identify the motivations and challenges that AVTs face during their academic careers.

## SAMPLE

34 AVTs from 12 accredited US colleges of veterinary medicine.

## PROCEDURES

Virtual, semi-structured interviews were conducted between July and December 2020. Transcripts were analyzed using discourse analysis within the context of social identity theory.

## RESULTS

Five themes and seven accompanying sub-themes emerged: one title but many roles and responsibilities (professional/work; other obligations); workplace culture (belonging/inclusivity, administrative/policies); unique challenges of being in the ivory tower (impostor syndrome, educator role, technical skills for academia); entry into the profession and career progression; and motivation.

## CLINICAL RELEVANCE

AVTs have great passion for and dedication to their profession. Overwhelmingly, they want their voices to be heard and their skillsets to be both utilized and respected. Recognition of and consideration for the themes uncovered in this study may help to better support and retain technicians in their academic career paths.

Credentialed veterinary technicians (CVTs) have far-reaching skills and knowledge covering a variety of species and veterinary disciplines, which make them an invaluable part of the veterinary health-care team. A CVT may hold a license, registration, or certificate, and the requirement for each credential varies from state to state; while some states do not require a degree for credentialing (eg, California, Wisconsin, Florida), other states (eg, Colorado, Connecticut, Florida) do not require the Veterinary Technician National Exam (VTNE).<sup>1</sup> This variance in credentialing requirements often leads to confusion.<sup>1</sup> According to the National Association for Veterinary Technicians in America, ideally, the title “veterinary technician” would be reserved for those who had graduated from an American Veterinary Medical Association’s Committee on Veterinary Technician Education and Activities- accredited program with either a 2- or 4-year degree, passed the VTNE, completed additional state credentialing requirements, and fulfilled continuing education requirements to maintain their credentials.<sup>1</sup>

Typically, when the role of a CVT is discussed in the literature, it is associated with clinical practice, research, or industry support roles.<sup>2-7</sup> In each case, veterinary technicians work in concert with or as an extension of the veterinarian to deliver medical care. However, one role of the veterinary technician that is often overlooked is that of educator. Veterinary technicians in academia play an essential role in educating future veterinary technicians and future veterinarians. Academic veterinary technicians (AVTs) teach, mentor, manage, and interact with veterinary medical students in clinical learning environments; they pass along invaluable knowledge and clinical skills both formally and informally in their teaching roles; and they incorporate the veterinary technician students present in the teaching hospitals into the veterinary healthcare team. While veterinary technicians are generally not well-represented in literature focused on the veterinary profession, the role of the AVT is unique and even less discussed—we found only one article discussing AVTs, but it focused on retention of lab animal veterinary technicians rather than those in teaching roles.<sup>8</sup>

The goal of this qualitative, exploratory study was to better understand the role of AVTs. We selected this method of research because there was so little found in the literature, what was found focused on those in roles outside of education, and there was little of the technicians' voice incorporated. We were also interested in answering specific questions about a specific subset of credentialed veterinary technicians, including the career paths of AVTs, their motivations to enter and stay in the profession, and the challenges that AVTs face.

Social identity theory (SIT) has been used in organizations and professions since its proposal in the 1970s by Henri Tajfel,<sup>9,10</sup> whose observations of intergroup conflict and how it was resolved gave rise to the idea that people often act in certain ways in certain situations because of the social interactions they experienced. This idea evolved into the concept of social identity being developed based on the norms of a particular group and has been expanded to envelop the idea that we all classify our groups, allowing us to both order our social environment and locate ourselves within the specific group to which we belong.<sup>11</sup> Willetts and Clark<sup>12</sup> discussed the construction of nurses' identity through SIT; because veterinary technicians often face the same challenges that nurses did, and to some extent still do, it seems appropriate to use SIT to situate our research into the roles of veterinary technicians in academia.

## Materials and Methods

### The research team

The initial research team was made up of 5 veterinarians (MS, MR, BP, HB, KaF) and 1 credentialed veterinary technician (ML). The veterinarians are full-time faculty teaching within an accredited veterinary technician program (HB), leading a veterinary technician master's degree program (BP), fulfilling duties primarily related to veterinary medical education (MS, KaF) in a veterinary school, and having college level duties including outcomes assessment in a college of veterinary medicine (MR). An additional credentialed veterinary technician (KeF) joined the team after the interviews and coding had been completed; she contributed significantly to the preparation and revision of the final manuscript. All researchers are female and 3 are women of color.

The primary investigator (KaF) is an experienced qualitative researcher with extensive training in education and was responsible for guiding and mentoring the team in the processes and methods of the study. One credentialed veterinary technician (ML) was a participant and a research team member; this was her first experience with any type of research project. The second credentialed veterinary technician (KeF) was also a participant who later joined the team as she was keenly interested in doing research but had not had the opportunity to do so prior to her participation in the research study.

### Participant recruitment and data collection

This study was approved by Lincoln Memorial University's IRB (approval #917.V.1). Invitations for participation were sent to contacts at 18 accredited veterinary schools in the US, distributed via the Association of Veterinary Technician Educators (AVTE), and posted in various forums on social media. Email recipients were informed of the purpose of the study, eligibility requirements to participate in the study, and the time commitment anticipated. The criteria for participation in the study included being a CVT, 18 years of age or older, currently employed by an accredited veterinary medical education program within the United States with teaching responsibilities, and having English fluency. Individuals not meeting these criteria were excluded. Potential participants were reassured of confidentiality and that all contact information would be stored separately from audio recordings and transcribed interviews; no incentives were provided for participation.

All individuals who returned signed consent forms electronically participated in an interview and their data were included in the study. Interviews were scheduled with a member of the research team after receipt of the signed consent form. A total of 34 audio-only recorded interviews were conducted virtually, varying in length from 13 minutes 37 seconds to 66 minutes 22 seconds, with the majority lasting 20 to 30 minutes. The first was conducted on July 9, 2020, and the last completed on December 15, 2020. Interviews were transcribed manually by the corresponding author (KF), during which any identifying information was redacted to ensure participant confidentiality. In addition, all responses were deidentified and delinked from respondents' contact information.

Four authors conducted the interviews (ML, BP, HB, KF), with the majority being completed by ML, who is an AVT. A single semi-structured interview with each participant was used to allow for the emergence of follow-up and probing questions during the interview as each interviewer saw need. However, a uniform list of initial questions intended to elicit information regarding the participants' paths to becoming AVTs, current employment, associated duties, career progression, teaching roles (both assigned and self-perceived), and challenges encountered was asked of every participant by each interviewer. A full list of interview questions is provided (**Appendix**).

### Data analysis

Analysis of the interview data was accomplished collectively and individually through manual coding using discourse analysis. Discourse Analysis has been around for over 2,000 years, though it has only been recognized in the latter half of the 20th century as an acceptable research methodology. This occurred primarily because linguists used it to perform textual analyses looking to determine how linguistic and sociocultural dimensions created meaning.<sup>13</sup> Other applications included identifying various forms of verbal exchanges to see how they manifest power and authority. French theorists and philosophers shifted

back to written texts but looked at the ways writing affects power structures within society.<sup>13</sup>

However, it was James Gee who first differentiated Discourse Analysis (DA) from discourse analysis (da), with the former including “all parts of the communicative act, including the environment, the language, and the individuals’ internal and external gestures and thoughts” and the latter taking into consideration only written or transcribed words<sup>14</sup>; it is da that is applied methodologically in this study.

The process of analysis began with dividing the research team into 2 teams of 3. From there, each team member individually read the transcripts of the first 2 interviews, made field notes in the margins, and began the process of underlining words and phrases that emerged as important. Each team of 3 then met to discuss their findings and come to a consensus about their emerging codes. The 2 teams then came together to compare field notes and discuss possible nascent themes. This process was repeated for 2 more transcripts to fully identify codes and categorize them under the agreed upon themes. Four members of the team (MS, ML, HB, BP) each took responsibility for coding 3 of the themes in the remaining transcripts, while the other 2 (MR, KF) read transcripts to look for any missed or anomalous themes and other interesting information that emerged.

Coding was initially done manually by each of the team members and frequent meetings of the whole team to discuss findings were conducted. During the analysis, one author (MS) discovered a cloud-based qualitative research tool, Delve (delvetool.com). Delve is an online coding tool that enables manual coding and organization of data online and that also allows multiple researchers to collaborate in a single, cloud-based space. The tool is not automated software, such as Nvivo; instead, it provides a place for researchers to identify, sort, and store data as they would on their own computers or papers, then come together to view the analysis of each researcher to discuss. Thus, when the team transitioned to using this tool to analyze those transcripts that had not been already coded, the transition to this tool did not change the coding process itself, merely provided a mutual cloud space where the chunks of information were stored and accessed. Analysis continued until all data was coded and the research team felt comfortable with coding consistency and thematic saturation.

## Results

### Interview data

From the many initial possible themes found in early analysis, the final 5 themes cover a wide range of topics, with several having sub-themes to further define and categorize the participants’ responses. The 5 themes and their accompanying sub-themes are: one title but many roles and responsibilities (professional/work; other obligations); workplace culture (belonging/inclusivity, administrative/policies); unique challenges of being in the ivory tower (impostor syn-

drome, educator role, technical skills for academia); entry into the profession and career progression; and motivation. Each is explored explicitly below.

### One title, many roles and responsibilities

Every study participant listed multiple responsibilities at work. For example, participant 17, a small animal AVT, stated:

“I wear a lot of hats . . . some days I am a scrub tech, some days I am a circulating nurse . . . I prep all of the patients for the[ir] procedures . . . I set up the rooms for all my cases . . . and I either circulate or I scrub in for those cases, clean up the rooms afterwards, etc. . . . I also instruct, technician students, and/or veterinary students . . . I help them scrub in . . . [and] drape patients; I explain to them how they’re going to be . . . assisting the surgeon that day. I . . . sometimes help with anesthesia...overseeing the student, because the student is the anesthetist . . . When I’m not on the floor . . . I also help with stocking, with ordering supplies for the next day, things like that. And then . . . grading the students as they go through the rotation. When I’m not there, I am always the facility manager for junior surgery, so if the lights go out, if the floors flood, if the drains don’t work, if the sinks drip, if . . . anything happens in the facility, I’m the one that has to talk to the building services and...write up the ticket to . . . get somebody in to fix it.”

Many of our participants had long lists of roles and responsibilities, which could be somewhat overwhelming to all AVTs, but especially the newer ones, who were often asked to take on many of these responsibilities without being fully trained. However, many also reported being able to quickly adapt, demonstrating both their versatility and commitment to their positions. We grouped their tasks and responsibilities into broader categories, including research, education (eg, teaching, grading, and their own pursuit of additional formal education), administrative work (eg, ordering, stocking, paperwork), equipment maintenance, technician skills, and animal care. Participant 4 said, “I have been . . . a research technologist for 2 principal investigators . . . I split my time between research in neurology and neuro-oncology. The other half of my research is in emergency and critical care.” Participant 8, a newer AVT stated, “. . . I help a lot with the models labs, and then . . . handling and restraint for the equine and bovine [labs] and then [students will] move on . . . to the physical exam. And I usually help out with the instruction in those [labs].”

Even before the COVID-19 pandemic, several participants had a number of obligations outside of work, including homeschooling, childcare, and other family-related responsibilities such that being the primary caretaker of the family played a large role in their identity. As the pandemic hit and continued, homeschooling, overseeing remote learning, and childcare were of particular concern, creat-

ing new challenges in participant's roles as primary caregivers. Participant 18, a married mother of 2 young children shared:

“. . . so that's kind of a challenge, especially . . . for my son . . . and so trying to be able to balance . . . being a team player and being on call as much as everybody else but also . . . I can't quite do what everybody else can . . . because I have . . . kids at home and things . . . is a little bit tough, too. Makes me feel like I'm not a team player.”

## Workplace culture

The culture of our participants' workplaces fell into 2 sub-themes, belonging and inclusivity and administrative and policies. Belonging and inclusivity referred to the importance of acknowledging AVTs as part of the culture of both academia and the veterinary profession. For some this was well done, as Participant 17 stated, “. . . to have your faculty actually back you, and know that you're viable and let you GROW in your position . . . I mean that . . . that's indispensable,” while for others, it was not always as apparent or recognized:

“Certain departments that seem t[o] be worse at this than others. Is just not . . . really listening to their technicians um, as much as they should. Especially . . . ICU technicians that may . . . see death more frequently than some of these other ones and – and know the signs and know when it's pending and feel like they're not being taken seriously. That's very frustrating” (Participant 22).

Lack of communication was also a contributor to the perceptions of workplace culture among our participants, with many feeling excluded from the affairs of their programs at even the most basic level. Poor communication eroded AVTs' feeling of being valued and caused frustration, as they were often tasked with executing new policies or procedures without advance notice or prior knowledge that changes had been made.

This absence of inclusive communication was magnified by the observation that there was a general lack of diversity within the veterinary technician community, paralleling the profession as a whole in regard to ethnic and racial diversity, sexual orientation, gender identity, and religion. This played into concerns expressed by several participants about feeling isolated on campus, which were stated by several White, female participants and magnified by those not belonging to this demographic.

One of the best ways to combat these challenges, however, was to have a mentor, preferably an experienced AVT who was willing and able to take a new AVT under their wing, although a veterinarian served as the primary mentor or at least augmented the support of an AVT mentor on occasion. It did not appear to matter whether the mentor was formally or informally assigned; it only mattered that there was someone to whom the new AVT could turn to

for help, support, and questions. For instance, participant 5 said:

The (university) has more retainability from what I've heard than other universities, because people love what they do . . . and there were certain people specifically, my mentor. . . my technician mentor and my faculty mentor have been . . . the biggest reasons that I've made it as far as I did at the university.”

Mentorship was, in fact, mentioned by every participant in some capacity, demonstrating that good mentorship is a huge asset in helping people succeed in their chosen profession. For example, participant 4 unequivocally stated, “mentorship absolutely has helped me the most.”

The sub-theme administrative policies/procedures, under workplace culture referred specifically to pay, training, onboarding, learning about decoding academic structures, and learning how to navigate bureaucracy in academia alongside learning what AVTs were expected to know and do; expectations that were often unclear in job descriptions for the positions into which participants were hired.

## Unique challenges of being in the ivory tower

Participants generally struggled with identifying similarities between working in academia and working in clinical practice outside of academia, whether specialty or general practice. Although a few participants identified patient care and client communication as being similar, the majority of participants went directly to the differences, which were more numerous. The most emphasized and common differences make up our sub-theme of technical skills for academia. AVTs were almost universal in their comments regarding the slower pace of working up and managing cases in academia versus other clinical practices, as noted by one participant who said:

“. . . everything in academia takes longer. Whether you are putting catheters in to induce your patient, the time it takes you to anesthetize them, prep them, and get them on the table, everything is slower; everything . . . moves at a slower pace” (Participant 17).

Participants were also unified in having to work hard to acclimate to the change from being the one performing the skills to being the one teaching and supervising others doing those skills.

“[Y]ou need t[o] let the students do the practicing so you're doing . . . you're doing less of that yourself. You're just there to step in if needed” (Participant 7).

These differences were underlined by the amount of compartmentalization in academic veterinary medicine. For example, many clearly expressed that the slower pace was partially a result of the time they take to teach students the whats, whys, and hows of the skills being taught, while others also described a process of skills-specialization that results in becoming isolated inside specific services. This



isolation of skills and responsibilities necessitates the coming together of different services to resolve a case. “Probably the big difference is, you know, the amount of things you get to do is very specific? . . . [B]ut I would say that’s also a benefit in that you get to be really, really, really good at that thing and learn a lot about that thing” (Participant 21).

One of the other unique challenges we found is reflected in the sub-theme of the role of education. AVTs are usually, although not exclusively, expected to teach technical skills, such as intubation, intravenous catheter placement, and bandaging, often informally. However, none of our participants had received formal training in how to teach, much less how to teach students who would one day graduate and become potential supervisors. While many acknowledged they had taught clients during their clinical practice days, and several of these participants viewed students as clients, the vast majority acknowledged that they were unprepared to provide the kind of high quality teaching their students both wanted and needed. “So like, I always say, I was not taught t[o] teach. And it takes a special person t[o] teach. And if you can’t teach, you’re not gonna make it at the vet school. Like that’s part of your job” (Participant 26).

This feeling of being an untrained educator and the presumed lack of teaching proficiency was concerning to our participants. They wanted to be better prepared for and better at teaching so their students could receive the quality training they deserved. There was an almost universal desire for this preparation to be made available to them prior to beginning an AVT role. This perceived lack of training in education also converged with participants expressing their experiences with impostor syndrome, the feeling that they were not qualified for the position(s) they were in.

“We all have a little bit of that imposter syndrome, right? Where we’re all . . . you know, kind of questioning you know, do I belong here? Am I good enough?” (Participant 4). While this participant explicitly named the phenomenon of impostor syndrome, others who did not were quick to agree once the moniker was mentioned. The stress associated with not knowing how best to teach contributed to this, while other elements included concerns about not having the requisite skills and knowledge to perform in an academic environment, difficulty managing the variety of other assigned duties, the challenges of teaching difficult students, and/or navigating the many different personalities of the various staff and faculty with whom they worked. Participant 22 spoke about this explicitly:

And then in academia I feel like, at least in our department, so much falls on us, on the technician. And sometimes I feel like, you’re kind of darned if you do and darned if you don’t . . . sometimes I feel like there’s expectations for us t[o] almost make doctor-like decisions . . . and some doctors want some things and some want another, so it’s sort of ever-adapting.

This quote dovetails well with another sub-theme under this larger theme: personnel interactions. Not only did our participants often struggle

with learning how to work with a vast number of different personalities, teaching styles, and medical approaches, they were left to navigate the hierarchy within their respective college of veterinary medicine on their own. Many newer AVTs, for example, had no idea what the differences between House Officers and Faculty were, while others had difficulty in discerning how to best divide their time adequately between their many different “bosses.”

## **Entry into the profession and career progression**

We quickly discovered that many of our participants had no idea before becoming CVTs that it was a career option. Many mentioned that while they had initially wanted to be veterinarians, experience or discussion with veterinarians brought them to the realization that this was not actually their preferred path. Almost all our participants, having discovered the veterinary technician career, were fully committed to this path for a variety of reasons, which are more fully elucidated in the thematic section on motivation.

Experience within the veterinary field led the majority of our participants to realize that being a doctor was not what they wanted. Participants cited various reasons for this, ranging from concern about assuming the responsibility to being unwilling to assume the amount of school debt necessary to complete the degree. The most common reason by far was that our participants wanted to be the primary patient care provider—they enjoyed the hands-on nature of the work, particularly tasks and roles that put them in direct contact with patients. Once they discovered this aspect of the profession, they were able to increase their awareness that being a veterinary technician was a profession within veterinary medicine. They learned what was needed to succeed and make career progress and continue their formal education to gain the skills and credentialing necessary to make it a career. A number of our participants discovered this option only during or after completing their baccalaureate degrees, which resulted in them returning to college to earn their associate’s degree in veterinary technology, or equivalent disciplines, so they could qualify to take the VTNE and begin their careers as veterinary technicians.

## **Motivation**

The last of our identified themes fell under the collective inspiration and drive our participants demonstrated and talked about when discussing their careers. There were a number of reasons these AVTs pursued the veterinary technician career path, some of those specific to academia.

All of our participants expressed desire to be lifelong learners, whether about veterinary medical knowledge, clinical/technical skills, teaching, administrative skills, or the many other hats they wore. Many were thrilled by the resources available to them and took full advantage of proximity and access to the highly trained veterinarians and technicians with whom they worked. A number of our participants are veterinary technology specialist (VTS) certified and

actively encouraged others to pursue this additional level of training.

Beyond this strong drive to continually learn and challenge themselves, our participants felt their work was a calling; they wanted to work with animals so they could provide the best nursing care possible. While sharing many of the motivating factors with veterinary technicians in other practice settings, there were specific elements of the academic career path that emerged as more appealing. As several participants expressed, they found joy in “seeing that lightbulb moment in students” whether veterinary medical or veterinary technician students. The majority of our participants found that they loved teaching and wanted to do it well in spite of the lack of formal training in education they had received.

On the practical side, many participants discussed the pay and benefits of working in academia with most feeling they were paid too little. A few participants stated they had taken large to very large pay cuts to work in academia, although it was more common for participants to stay in a similar pay range to jobs outside academia or improve their overall pay. One of the biggest motivations for staying in academia was the benefits. Health insurance, paid time off (PTO), tuition benefits for themselves and/or their children, some scheduling flexibility, and access to an array of resources they did not have in practice outside academia were all mentioned as significant motivators to enter and/or stay in academia.

Lastly, our participants wanted to set good examples for their families and wanted their children to see them successful at a job they loved. Participants saw their children as motivation to pursue the next degree, a VTS certification, or a promotion because they wished to ensure their children understood the value of hard work and could view them as role models. As one participant noted: “It took me . . . 6 years [to complete an associate’s degree] and . . . it shoulda took me 2 years, but I, I was able to just drag it out; it’s how I plan on doing this um, bachelor’s degree. If I can I’m gonna try and do it a little bit faster but, you know . . . mainly is I just wanna keep on goin’ forward and learning and bein’ able to be a good example to my kids” (Participant 1).

## Discussion

Our study discovered the following themes: one title but many roles and responsibilities; workplace culture; unique challenges of academic technicians; entry into the career; motivation. While coding each one of these themes, common responses emerged that led us to develop sub-themes to better capture and hear each technician’s voice. Most AVTs expressed great passion for their career and assured us that they chose to become an AVT for this reason, not because they were unable to become veterinarians. They also loved their work as teachers, but some shared a concern regarding the lack of instruction on how to teach. This suggests the need for some form of pedagogy course being added to their education.

Technicians overwhelmingly wanted their voices to be heard and their skillset to be utilized and re-

spected. However, imposter syndrome was a common finding; there was an overarching fear noted across participants of feeling incapable of instructing veterinary students because of their status as “just a technician.” It seems that much of this stems from a lack of confidence in their teaching abilities rather than deficits in their technical skills. To alleviate this concern, it may be time to explore routes for additional training in pedagogy for AVTs. The framework for this type of training already exists in academia, especially in the STEM-based disciplines.<sup>14-16</sup> Academia is a viable career path for technicians to consider, but our participants felt they were not adequately trained for the academic environment. They expressed a strong desire to have educator training added to the current veterinary technician curricula or be available as professional development to help increase confidence and competence.

Lastly, compensation was a great concern for most participants; while most universities have good benefits, many mentioned they took pay cuts to come to academia from private practice or specialty centers. There is a distinct lack of recognition of the value of CVTs within the profession as a whole. The study indicates that the profession should recognize veterinary technicians as fellow professionals striving toward the same goals and more explicitly value their education and skills. Paying credentialed technicians for their education and training and using technicians to their full potential, particularly those who help instruct our future veterinarians, not only celebrates the bond between veterinarian and technician, it enhances work life balance and inevitably strengthens the veterinary profession as a whole.

As with all qualitative data, we must recognize and accept that inherent biases exist within the interpretations of the coders. With 6 investigators from varying educational, academic, racial, and ethnic backgrounds, however, we are confident that our findings reflect the intentions of our participants as well as possible. We also point out that, although we have over half of the accredited veterinary schools in the US represented and a large participant group—especially for a qualitative study—our findings are not generalizable to all veterinary technicians in academia, or to the veterinary technician community as a whole. However, with this manuscript we strive to provide AVTs a larger voice within the veterinary profession and given some recognition to the vital role veterinary technicians play in academia. We hope that more studies will follow exploring the role and contributions of veterinary technicians.

Our study demonstrates that AVTs strongly desire a voice within the profession of veterinary medicine. Our participants were happy to discuss their motivations to join the profession and were emphatic in their desire to provide a counter-narrative to the idea that AVTs are “less than” veterinarians. The data from our participants suggests that while many AVTs may have once aspired to be veterinarians, they chose to become veterinary technicians for a wide variety of reasons, none of which included being unable to obtain entry to a veterinary medical program.

With only one AVT out of the 34 interviewed pursuing a veterinary medical degree, it would appear that our profession, and perhaps the general public, needs to better understand the motivations of CVTs in general, and AVTs specifically, so their contributions are more appreciated and valued.

We further discovered that AVTs are flexible, adept at managing a variety of different tasks, have a desire to continue learning, appreciate strong mentorship from experienced AVTs and veterinarians, and enjoy teaching but would prefer training in good teaching practices. Many AVTs also demonstrated some level of impostor syndrome; whether due to the identity thrust upon them, the high level of expectations they face daily during their work, a personal characteristic common among those who choose the field, or other unexplored reasons. Perhaps, modeling and teaching our veterinary students during their training that credentialed veterinary technicians are a valuable and often under-used resource within the profession will help reduce the number of AVTs who feel this way. Helping to support our AVTs explicitly and implicitly in our daily work can only encourage more AVTs to continue providing their skills and expertise to our field; it may also help recruit future AVTs and credentialed veterinary technicians into the profession at large.

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## Appendix

Complete list of questions discussed during AVT interviews.

- Tell me about yourself — how/why did you end up becoming a veterinary technician?
- Please tell me a little about your career and how you ended up working at a vet school.
- Where do you currently work, and what is your position?
- Explain your overall duties and include some details about your teaching role(s).
- What were your biggest challenges in making the transition from clinical practice to academia?
- What do you wish you had known prior to making the transition to academia?
- What are the biggest similarities and differences between academic vet med and clinical vet med?
- What has helped you the most in the transition to academic vet med? Why?
- How can faculty/other staff best help and support you during the transition and beyond?
- Tell me about the joys and challenges of your current position.
- What else would you like me to know?