



Stress, Compassion Fatigue and Burnout Handling

in Veterinary Practice

**Patricia Smith
Inmaculada Pérez Madrigal**



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www.grupoasis.com
info@grupoasis.com

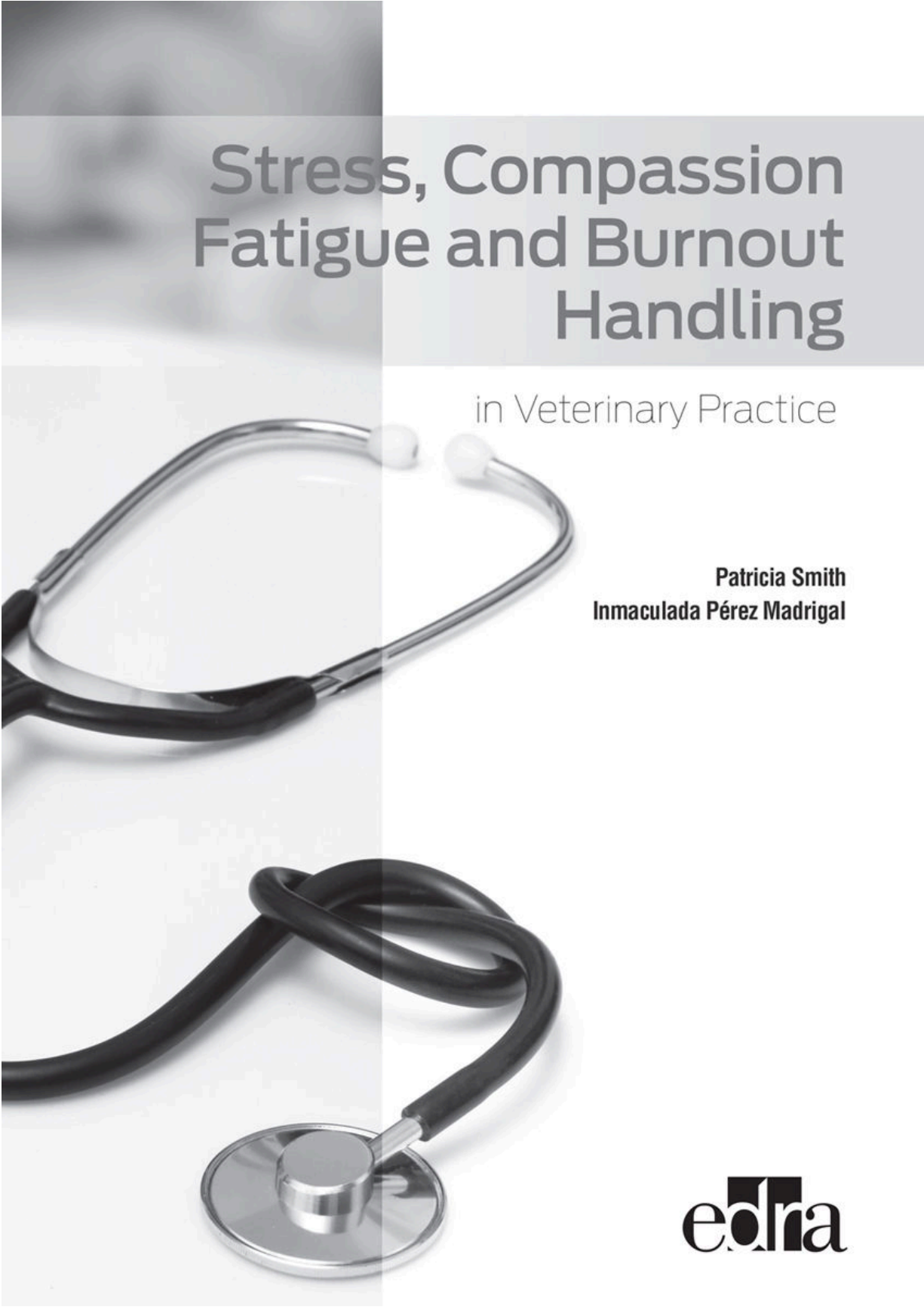


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To our dear animal companions who grace and enrich our lives with their unconditional love and loyalty.

Patricia Smith

To my profession which has given me so much and to my family from whom I have stolen so much time.

Inma Pérez

ACKNOWLEDGEMENTS

To all those colleagues with whom I have had so many conversations over the years, in which they explained their personal situations, I wish to thank you for your unwavering trust. Without your stories and experiences, I would not have been able to address the different impacts of emotional stress on our lives as veterinary surgeons. My aim throughout this project was to return at least a part of everything I have received from this marvelous profession.

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And finally, to all the healthcare professionals who dedicate their lives to the art of listening and caring for others; your contributions, articles, and

books have helped me organize my life and enabled me to complete this project.

Inma Pérez

THE AUTHORS

PATRICIA SMITH

Patricia Smith is the founder of the Compassion Fatigue Awareness Project[®]. As a certified Compassion Fatigue Specialist, she has been writing, speaking and facilitating workshops on the subject throughout the USA for the past 20 years. As the training and development manager for Humane Society Silicon Valley, she created a shelter-wide compassion fatigue training that led to consulting and training nationwide for American Humane.

With a background in journalism, she was a correspondent for the San Jose Mercury News for 20 years, and has written a number of training manuals and books on the subject of compassion fatigue. Her book *To Weep for a Stranger: Compassion Fatigue in Caregiving* received the 2010 Pinnacle Book Achievement Award presented by the North America Bookseller's Exchange. Patricia is also the recipient of the "Excellence in Writing Award," presented by the National League of American Pen Women. As program director at Ronald McDonald House at Stanford, she received the 2005 "Best Bets" award for its "Healing Arts" program.

Additionally, in 2012 and 2013, she was named a Whiteley Scholar, which provides a writing/study grant funded through the Helen R. Whiteley Foundation at the University of Washington in Seattle, Washington. As a consultant for the American Society for the Prevention of Cruelty to Animals (ASPCA) in New York City, she assisted in creating and rolling out a nationwide compassion fatigue program for their 800-plus employees.

In September 2016, Patricia presented a TEDx talk entitled: "Navigating the Path to Wellness: Compassion Fatigue in Caregiving".

INMACULADA PÉREZ MADRIGAL

Inmaculada Pérez Madrigal obtained her degree in veterinary medicine from the University of Córdoba (Spain) in 1992 and a Master's Degree in Management of Manufacturing and Service Companies from the Spanish

National Distance Learning University (UNED) in 2002. She also earned a diploma in veterinary acupuncture in 2009. She is currently studying for a degree in psychology at the Open University of Catalonia (UOC).

Inmaculada works as a manager of a veterinary hospital and a veterinary clinic in Cádiz, which she combines with her work as a small animal clinician.

She is a member of numerous veterinary business associations such as the Spanish Association of Veterinary Management (Agesvet), the Cádiz Veterinary Business Association (AEVECCA), the Spanish Veterinary Business Corporation (CEVE), and the Spanish Small Animal Veterinary Association (AVEPA).

Her interests have led her into the world of veterinary clinic management and neuromarketing for veterinary companies, a subject about which she has coauthored the book *Charm Your Clients. Neuromarketing for Vets*. Her interest in sociology and psychology have driven her to write this new book in collaboration with Patricia Smith.

FOREWORD

Once upon a time

Imagine being a bright, young college student who loves animals so much you decide to spend another four years in veterinary school or a technician program learning to save their lives. It's going to put you deeply in debt, but it's worth it. You can't wait to start your first job, and maybe one day own your own practice or pet service.

Then reality hits. Three weeks into that job, your boss announces that, owing to a cut-rate vaccine clinic that opened two blocks away, you'll now be working twenty hours more a week and taking any case that makes it through the doors before you have actually have them locked. The whole team is overworked and exhausted, but you try to give great care to people and their pets or other animals. Then a client you tried to help threatens to ruin you on social media. Three jobs later, you realize you'll never be able to afford your own business and have probably made a horrible mistake in your choice of profession.

Sound familiar?

Back in 1982, when I started as a social worker in a veterinary teaching hospital, stress was all around. Veterinary interns were uncommon, residents rare. They came from all parts of the country, often rural places, to train in the foreign environment of New York City. They learned to work fast, to analyze complex cases, and to apply treatments that most people didn't know were possible. Technicians also learned the latest techniques and developed skills that allowed them to bring animal health into the 21st century.

It was such an honor to work there. Everyone took that level of stress for granted; it was the ordeal that turned you into the best medical professional you could be. When I arrived, I saw that much of this sense of overwhelm and anxiety was unnecessary and could be prevented. All of us working together began to tackle it through communication skills, relaxation

training, and handing off part of the situational emotion to someone trained to deal with it.

On the surface, it might seem little has changed. Veterinary teams still face intellectual demands, financial pressures, and challenging conversations. But something is different. Many in veterinary medicine feel this is not the job they signed up for. New practitioners lack confidence. Regular employees complain that they are disrespected. Experienced practice owners who used to love caring for animals and their human guardians feel burned out by paperwork, economic pressure, staff turnover, social media, and a host of other issues. Some are ending their lives by suicide.

Help is on the way

Luckily, the authors of this book bring expertise in compassion fatigue and veterinary practice to your situation. Patricia Smith has extensive training and has helped thousands of people recognize the stress of helping others and learn how to live a healthier life. Dr. Inmaculada Pérez Madrigal has served in several roles and understands the needs of the whole team.

Their book begins with science that explains why veterinary practice is particularly challenging. Shift work, lack of control, and toxic interactions can suck the heart out of the caring people who chose these professions. The problem is bigger than any one person. Judging from what DVMs, LVTs, office managers, and the rest of the team say in support groups and online chats, unhealthy work environments are widespread. You'll learn that you are in good company, and that there are ways to protect yourself from the stress that pervades a field you worked hard to enter and used to love.

One last thought

Smile. Things are about to get better thanks to what you're about to learn.

Susan P. Cohen, DSW

www.facebook.com/petdecisions

susanpcohen@msn.com

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PREFACE

Stress, Compassion Fatigue and Burnout Handling in Veterinary Practice presents a comprehensive look at the challenges facing the veterinary field today. It is now recognized that caring for animals can create mental, physical, and spiritual trauma for those working in veterinary practice. Worldwide, veterinarians are experiencing high levels of distressing symptoms that are causing them to leave the profession, and even more alarming, to consider suicide as a means to end the intense suffering they feel for the work they once regarded as their “calling.”

As authors with almost 50 years of combined experiential and practical knowledge working with animals and their caregivers, our goal in writing *Stress, Compassion Fatigue and Burnout Handling in Veterinary Practice* was to guide veterinarians on a step-by-step journey to wellness. It is our hope that implementing the strategies we have documented on these pages will aid veterinary professionals to identify and manage the symptoms associated with high levels of stress, compassion fatigue, and burnout.

Along with presenting an historical perspective of the pathologies causing harm, we provide thirteen chapters with in-depth descriptions of burnout, compassion fatigue, stress, and vicarious trauma. Along with strategies to manage the symptoms, we’ve included self-care exercises and self-tests to help measure stress levels.

We are fortunate to have myriad studies educating us about workplace trauma. This research opened the doors to a better understanding and an increased awareness of how veterinarians and their personnel are traumatized in their daily work. When constantly faced with moral and ethical dilemmas, unreasonably high expectations, and the heart-wrenching care of animals who are ill, or have been abused or mistreated, these dedicated caregivers often suffer silently. Fortunately, we now have a roadmap to help veterinarians navigate caring for the animals, while caring for themselves, their personnel, and their businesses. In doing so, they lead others on a path to wellness that will create a highly functional workplace

environment with the added bonus of both healthier professional and personal lives.

As you read through *Stress, Compassion Fatigue and Burnout Handling in Veterinary Practice*, remember that change does not come easily. It takes time, dedication, and energy. Doing the work to lower stress, burnout, and compassion fatigue isn't easy, but it is well worth the time and effort. As with anything of value in life, you will be called to become more self-aware, adapt to some new ways of thinking, and stay firm in your commitment to the goals you set out for yourself.

One last thought: you are not alone. While it often appears that others are handling the stress of veterinary work well, they aren't. Stress, compassion fatigue, and burnout in veterinary practice are difficult to quantify, although we know they exist in very high levels. Veterinarians are now speaking out about the pain and suffering they experience every day treating animals, managing their businesses, directing their personnel, and dealing with a critical public. If you can, speak out and become an advocate for your profession. Do not give up hope. It is possible to provide compassionate care to the animals, while veterinarians and their staff remain healthy, happy, and fulfilled in the work they have chosen to do.

The authors

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01 INTRODUCTION TO WORK-RELATED STRESS SYNDROMES AND HOW THEY ARISE IN THE VETERINARY SECTOR

Inmaculada Pérez Madrigal

In recent years, job dissatisfaction among veterinarians has increased alarmingly, to such an extent that some consider abandoning their profession. Vets refer to a variety of reasons, from problems regarding the working environment, to the intense commitment required to manage a veterinary practice. Long working days, on-call shifts, pressure, and so on, eventually cause vets to overlook their own wellbeing. This stress can give rise to illnesses that worsen over time until they eventually culminate in more serious health problems.

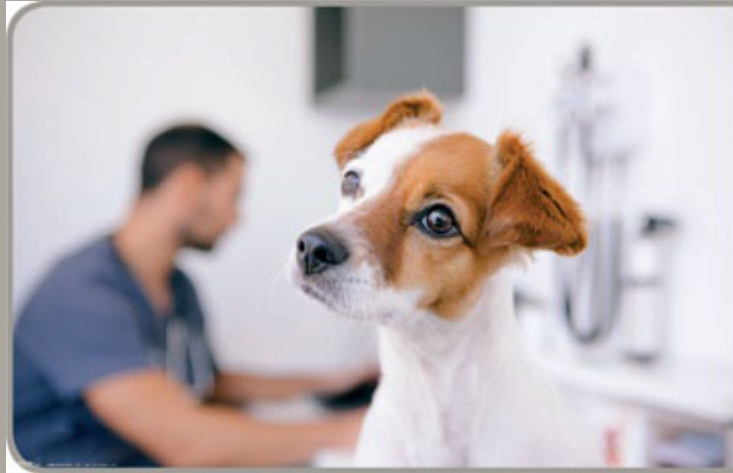
Stress and occupational illnesses affect every profession in every corner of the planet. However, for some years now, in the case of health workers, psychologists, veterinarians, and so on, these problems have developed some specific characteristics that have affected medical practice and performance as well as the healthcare professional–patient relationship.

The illnesses we are referring to are called burnout syndrome (which is connected to work-related stress), compassion fatigue, and vicarious trauma. These conditions affect professions with a high degree of contact with other people.

They have been reported in the context of healthcare since 1974, but they have only been recognized in the veterinary sector during the last decade.

There are differences between human and veterinary medicine as the latter involves a dual patient–client aspect, while in human medicine these

two figures are one and the same.



The direct consequences of these syndromes are feelings of disaffection with patients and disappointment with the profession.

BURNOUT SYNDROME

Burnout syndrome was first described in 1974 by the psychiatrist Herbert Freudenberger. While working at a detoxification clinic, he noticed how doctors who had been working there for a year or more started to develop an aversion towards patients and no longer treated them professionally. He coined the term *burnout* to define this situation and discussed the frustration health workers suffered when they dedicated their lives to something and did not feel as if their effort was reciprocated.

In 1976, the psychologist Christina Maslach studied the responses of nonhealthcare professionals whose occupations involved helping other people. Specifically, she focused on a group of lawyers and concluded that over time they often developed a lack of interest in their clients, which eventually contributed to genuine disaffection. In collaboration with her colleague Susan Jackson, in 1986 Maslach redefined burnout syndrome as a three-component syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can affect individuals who work with other people. This new definition also included nonhealthcare workers. They created the MBI (Maslach Burnout Inventory) measurement scale, which has a high reliability and is still used to today.

VICARIOUS TRAUMA

Vicarious trauma was first defined in 1985 in an article published in a psychology journal that described children's sensitivity to other people's trauma. In 1990, Lisa McCann and Laurie Anne Pearlman used the term to refer to how therapists may be affected by their patients' accounts of traumatic experiences, and related it to the concept of "countertransference," which can be defined as the therapists' degree of emotional involvement in their relationship with their patient.

COMPASSION FATIGUE SYNDROME

This term was first applied to the veterinary sciences by the Doctor of Social Work Susan P. Cohen in an article published in *Veterinary Clinics: Small Animal Practice*. She explained that veterinarians and those working in animal care and welfare presented a high risk of developing compassion fatigue because they have vocational profiles that are deeply concerned and involved with their patients.



Health workers suffer from these syndromes given that they devote themselves to healing their patients.

What causes these syndromes?



- Factors related to shift scheduling, intensive shifts, insufficient rest, and relationships with colleagues can induce burnout syndrome or work-related stress.
- Factors related to patient illness and pain, medical care, and cruelty to animals can cause compassion fatigue.
- Factors related to client suffering and the transfer of their symptoms to the therapist can trigger vicarious trauma.

EMPATHY

Empathy is the ability to see things from someone else's perspective. It is a quintessentially human characteristic and necessary, to a varying extent, in every facet of the communication process. However, too much empathy can also be problematic as individuals adopt other people's issues or internalize events experienced by others.

Empathy causes us to imitate other people's facial expressions and postures while listening to them talk, that is, we copy their body language. Someone smiling will make others smile; similarly, stressed people will increase the adrenaline levels of those around them.

Empathy is not only based on facial mechanisms; audible stimuli such as listening to experiences can cause us to visualize a mental narrative of the

event.

Mirror neurons are located in the frontal cortex of the brain and were discovered by Giacomo Rizzolatti in 1996. His team were studying neuronal stimulation in primates and accidentally discovered that when the monkeys observed a researcher eating some grapes, the same motor and sensory areas activated in their brains as those which would activate if they were doing the same action. The same happens, for instance, when watching a musical or dance performance; the same motor areas of the brain are stimulated in the members of the audience as those activated in the musicians or dancers.



The neurons involved in the empathy process are known as mirror neurons.

Mirror neurons are believed to be involved in pre-language. Universal gestures permit understanding without the need for words, for example, moving one's hands towards the mouth to express hunger or wrapping one's arms around oneself when cold.

The ability to place oneself in someone's shoes establishes quick, effective means of communication. Reading facial and body language and deciding whether or not to trust someone are essential human survival skills.

Empathy gives rise to behaviors such as imitation and mimicry. For instance, children learn through imitation, or a more medical example could be that of junior surgeons; the best way for them to learn how to perform a procedure is to watch it being done by an experienced surgeon.

As mentioned earlier, too much empathy is not a good thing as it causes us to assume other people's problems as our own. This happens in human medicine and therapists have to develop methods to manage these

situations. Similarly, in veterinary medicine, professionals can take on their clients' emotional, financial, or family problems, for example, as if they were their own. This situation can trigger vicarious trauma, as introduced already. If the veterinary professional empathizes with the patients, the situation may lead to compassion fatigue syndrome.

STRESS

Stress is regulated by the autonomic nervous system (ANS), which is comprised of the sympathetic, parasympathetic, and enteric systems. The sympathetic system regulates the stress process and prepares the body for fight or flight in the event of danger. The parasympathetic system stimulates the mechanisms controlling calm and sleep, but also those related to anxiety and sadness. The two systems activate and relax alternately; when one is active, the other is passive.

Various interconnected stress factors are present in the field of veterinary medicine. Veterinarians often have to change tasks suddenly, for example, they may quickly switch between treating a dog struck by a car, dealing with an emergency, and addressing a client's complaint. Their sympathetic system is stimulated, but they neither fight nor take to flight, so their parasympathetic system remains dormant which means the hormones recirculate several times and produce spikes. This results in constant stress. Veterinarians are often unaware of the level of commotion they have suffered throughout the day until they finally go home and have trouble falling asleep.

How does stress work?



When faced with a stressful situation the sympathetic system activates the fight-or-flight response and the body secretes a cascade of hormones including adrenaline and catecholamines. These substances induce tachycardia, pupil dilation, and increased blood flow to the limbs. Once the stressful situation has abated, the parasympathetic system is activated and reverts the body back to its normal baseline level of alertness.

The chronic accumulation and overload of stress gives rise to health problems such as high blood pressure, headaches, and short-term memory loss. In extremely dangerous situations both systems are triggered simultaneously and the individual is paralyzed or frozen by fear. This causes a dissociative mechanism which seems to make time stand still. Children and adults who experience dissociation in response to trauma are more likely to develop posttraumatic stress disorder.

These mechanisms are involuntary; nobody can choose how they will react to different situations, but we should learn to recognize the activation signs for our own sympathetic system or aspects such as paralysis due to fear.

FACTORS INHERENT TO THE VETERINARY PROFESSION

The veterinary sector will face a lot of changes throughout this century, and not only in terms of digitalization, medical advances, and market changes. These transformations, combined with factors inherent to the sector, are producing fatigue among veterinary professionals that manifests in the form of work-related illnesses (burnout syndrome and compassion fatigue syndrome).

In turn, the strain of these illnesses is having a very notable impact on veterinary practices. In the 2016 Vetspanel study, when asked: “How often do you think about leaving the profession to get a better work/life balance?”, only 22 % of Spanish vets, 20 % in the United Kingdom, and 25 % of those in the US responded “never.” In the same study, the perception of stress (vets who reported being either very stressed or somewhat stressed) was as high as 80 % in Spain and 79 % in the US. This leads to the conclusion that, despite investing several years in their training, veterinarians still experience work-related problems that detract from their vocation and may end their careers. As these processes develop into chronic situations they can cause illnesses, such as depression and anxiety disorders, or resignation from the employment.



Stress elicits changes in the body which we must learn to recognize. As we become more aware of these changes, it gets easier to help ourselves.

The factors that increase the vulnerability of veterinarians and veterinary nurses are as follows:

- **The two-sided nature or duality of having to attend both clients and patients.** Veterinarians work with two filters, the patient and the client. They sometimes like animals more than humans. Communication skills are not developed during university degree programs, so when they start their professional lives vets suddenly find themselves unable to communicate with pet owners, which can produce significant tension.
- **Company structure.** Clinics tend to be small, so when the first symptoms appear vets do not have a department or established support group to fall back on while they develop their own coping mechanisms and stop the processes from evolving.
- **Teams.** Vets work in small teams and problems derived from burnout sometimes become personalized and confused with workplace issues.
- **A sense of isolation.** Those veterinarians who work alone may suffer a deep sense of isolation. This makes it harder for them to share their experiences and ask for help.
- **A lack of support groups in most countries.** Hospitals and large companies have on-site psychologists to help as soon as problems appear; however, this option is not generally available to veterinary professionals because of the size of most practices.
- **A lack of training so they may cope with the loss of patients or the act of euthanasia.** Veterinarians receive technical training but no psychology preparation, so they typically have to confront these losses alone.
- **The loss of purchasing power affecting the sector due to falling salaries.** This places more pressure on vets who are often unable to pay off debts they acquired as students. Therefore, they cannot achieve a standard of living consistent with the effort invested, thus provoking stress and frustration.
- **Long working hours and on-call shifts.** This leads to a poor work–life balance.
- **The lack of statistical studies into these issues.** This means veterinary professionals feel down and unwell, but they do not associate their condition with work-related syndromes because they are unaware of them.

02 HOW THESE SYNDROMES AFFECT THE COMPANY AND PERSONNEL

Inmaculada Pérez Madrigal

Of the syndromes presented in the first chapter, institutions have spent more effort researching and measuring burnout and compassion fatigue than vicarious trauma. Since these conditions were originally detected in health workers, they were the first subjects to be studied. Firstly, people with these conditions develop a disaffection for the suffering of others. Later, the affected professionals describe intense fatigue or some type of affliction such as chronic pain. Negative feelings begin to emerge with respect to going to work. They have a poor perception of work and talk unfavorably about their colleagues, clients, and the work environment. In more advanced stages, individuals have a negative view of themselves, their abilities, and their incentives to work, while their health shows further signs of deterioration. More severe, psychological damage may appear such as anxiety or depression.

We now use the expression “toxic company culture,” which is a very bad working environment in companies where employees take a lot of sick leave or there is an above-average suicide rate. A well-known example is that of France Telecom and the wave of suicides the company endured from 2007 to 2010. The real economic impact of sick leave due to work-related syndromes is unknown, but for example, data for 2017 revealed that workplace absenteeism in Spain had increased and that the associated economic losses for both the social security system and companies had reached a total of €77 million.

Company structure, workstation design, timetables, shifts, and employee expectations are known to have a direct impact on this problem. We need to

be aware of these factors to develop appropriate means of prevention and early detection.

In this chapter we shall describe the factors associated with wellbeing at work, professional stress, and boredom, and explain how they influence people and businesses.

PSYCHOSOCIAL FACTORS

Psychosocial factors in the workplace refer to the conditions in an employment situation related to the organization, content, and completion of the task at hand.



These syndromes affect the worker's wellbeing, health, and performance.

Occupational health is a broad concept that encompasses physical, mental, and social health, as it affects individuals and their surroundings. With this in mind, we can assert that some unfavorable psychosocial conditions are partly responsible for the appearance of certain inappropriate behaviors and attitudes while performing job functions and, consequently, the onset of adverse effects on the worker's health and wellbeing.

In 2004, the International Labour Organization (ILO) identified the psychosocial factors that bear an influence on work performance:

- Job satisfaction and workers' health.
- Workers' expectations.
- Workers' personal situation and the working environment.
- Characteristics of the organization that employs them.

COMPANY-SPECIFIC CHARACTERISTICS THAT AFFECT WORKER STRESS

To a large degree, stress affecting the worker is associated with hard-to-change factors such as the company's design and its internal processes; however, each individual is known to respond differently to pressure.

The influential company characteristics are:

- Size of the company.
- Job description.
- Freedom to make decisions.
- Worker qualifications.
- Shift work.



Size of the company

This is an important factor in terms of promotions and professional development, and influences the chances of changing jobs or obtaining a transfer. Working for a large corporation increases access to these opportunities. However, the workplace environment is usually friendlier in smaller or family-owned companies.

In the veterinary sector, although larger agglomerations are becoming more common, small companies still predominate, so limited chances of promotion and repetitive routines do not work in their favor. The main difference in company structure lies in the ratio of vets to veterinary nurses. In the United States this proportion is 1:3.9, while in Spain it is closer to 1:1.5.



Job description

As companies provide a methodical description of job positions it means that employees have, or should have, a clear outline of their duties and work protocols. These protocols restrict the possibility for decision-making and improvisation in the event of problems. On the other hand, they provide reassurance in terms of how to proceed when facing anticipated difficulties. Thus, workers react according to a uniform response.

However, in the case of highly rigid protocols or new obstacles, decision-making is paralyzed, which sometimes undermines efficiency.



Freedom to make decisions

Even though each worker should have a well-defined work protocol, employees need a certain degree of freedom to make decisions in their day-to-day tasks. Not everything can be defined and situations often arise that are not included in the manual. These situations prove less stressful for workers if they have a certain amount of freedom to act and discover problem-solving strategies.

Furthermore, workers must know that the company will support them in their decisions, since if they doubt whether they will receive this support, they will not try to resolve the problem.

In stressful situations, more experienced workers simplify strategies and become more functional; whereas less experienced employees opt for more precise, yet time-consuming, strategies. For example, let us imagine a busy waiting area where some clients have a scheduled appointment, while others waiting for an emergency consultation do not. An experienced receptionist

would know how to manage the schedule, the availability of veterinary staff, and who should receive each case after a preliminary assessment of the emergency patient has been performed by a vet nurse. Contrarily, an inexperienced worker might freeze up and prioritize cases according to the level of urgency perceived by the clients.



Worker qualifications

Veterinary clinic employees tend to have a wide variety of qualifications. There are junior and senior veterinarians who are supported by a nursing team, assistants, receptionists, administrative employees, and managers, all with different levels of experience, not to mention cleaning staff and organizational support.

Each position has different qualifications, and work-related stress manifests in different forms depending on the nature of each job.

The company's working system can be organized differently according to employee qualifications. For example, more routine jobs such as cleaning and organizational support could include an area manager and pyramidal structure.

Work-related stress affects all job positions, regardless of the worker's qualifications.

However, more technical positions may respond better to a more horizontal structure where issues are discussed in groups and duties can be carried out with greater freedom.



Shift work

The human body is designed to work during the day and rest at night. Shift work alters the circadian rhythm and results in an inverted sleep–wake cycle. This condition is associated with insomnia, hypersomnolence, vascular and cardiac alterations, and mood disorders.

Shift work also affects the workers' personal life because their family and friends are active while they are asleep, and vice versa, creating situations that are hard to manage.

PSYCHOSOCIAL CONSEQUENCES OF MONOTONOUS WORK

Monotonous and tedious tasks lead to mental exhaustion. This is not caused by the activity itself, but rather by the individual's need to escape and disconnect from the task. This disconnection requires such an effort that it actually leads to exhaustion and general apathy.

This feeling of apathy is neither voluntary nor is it easily reverted, but rather it normally lasts for hours after finishing work. In chronic cases it can last for weeks before individuals rediscover an interest in aspects of their personal life. The older the workers, the more time they require to return to normal. This causes a loss of self-esteem that can lead to depression.

In other occasions the same circumstances can induce the opposite effect: frenetic activity and chronic nervousness. Workers are aware of how absurd their life has become and this can lead to what is known as essential depression, which involves significant suffering. Apparently, it is a somatic, nonmental condition.

In theory, workers in highly skilled jobs are subject to less supervision, which gives them greater independence in decision-making. However, specialization means that jobs become “pigeonholed” and specialist employees eventually feel like they perform less activities than they used to. Specialization actually converts complicated jobs into a more straightforward, monotonous vocation for the worker. For instance, a highly specialized surgeon who only operates on knees or cruciate ligaments may feel trapped by the monotony of the work.

When workers believe they are overqualified for the job allocated to them, they may feel frustrated or confined. Unfulfilled ambitions may prompt workers to try and change their situation or, failing this, they may consider

coping strategies such as denial, intellectualization, or cognitive repression. If these mechanisms fail, low self-esteem and depression can develop.

Both overly simple and highly demanding tasks can have negative impacts on both the worker, in the form of work-related illnesses, and on the company, in the form of low performance and unfulfilled tasks.

INDICATORS OF WORK-RELATED STRESS IN THE COMPANY

Occupational stress influences company results as it provokes a decline in employee performance, and this actually has a more pronounced effect on smaller companies.

Stressed workers tend to manifest the following signs:

- **Arriving late to work.** One of the first indicators of work-related stress and job dissatisfaction is when workers start to turn up late for work.
- **Absenteeism.** Workplace absenteeism has increased in all developed countries. Short absences are more common than longer ones. Many of these absences are blamed on fatigue, migraines, or minor illnesses, so it is hard to discriminate between genuine and fictitious cases.
- **Sick leave.** Statistically, younger employees take sick leave more often but for short periods, whereas older workers tend to take sick leave less frequently but for longer periods.
- **Resigning from the position.**



The initial indicators for the worker are health problems such as nonspecific pain, mild forms of depression, anxiety, and sleep disorders. The medium-to-long-term consequences in the workplace are absenteeism, drug abuse, an increase in violent behaviors, eating disorders, and a deterioration

in the quality of service. Certain authors, for example Álvarez Gallego and Fernández Ríos, even propose that in some cases workers fall into emotional denial and try to avoid problems.



Work-related syndromes affect the economy and operation of businesses because they increase tardiness, workplace absenteeism, and sick leave. Resigning from a job is the final stage of worker dissatisfaction.

This is a problem for the veterinary sector, especially when it comes to creating employee loyalty and minimizing the economic impact of these behaviors. The creation of jobs and companies where employees feel affiliated, where they wish to remain and fulfill a development plan, poses a real challenge for the future.

WELLBEING AT WORK AND SELF-EFFICACY

Wellbeing

It is not an entirely negative picture; work is also healthy for people:

- It favors the sense of belonging to a group, collaborative qualities, and teamwork.
- Individuals gain the opportunity to improve their skills and knowledge, thereby fostering an urge to excel. Many people develop passions and personality traits through their work.

- Workers achieve a sense of satisfaction after completing a job well done.
- In healthcare jobs where there is a high level of personal motivation and vocation, the wellbeing factor also impacts on the health of the patients receiving care.

Personal satisfaction, health, dedication to work, and productivity always go hand in hand (Kalimo et al., 1987). However, in contrast to people motivated in a certain working environment, there are the unmotivated. Dissatisfaction, coupled with stress, makes people less productive.

Self-efficacy

Self-efficacy refers to individuals' belief in their ability to succeed in a given situation. The Ukrainian–Canadian psychologist, and 1973 president of the American Psychological Association, Albert Bandura introduced the concept in 1997.

It is a modulator of stress; as such, when subject to the same stimuli, people with high self-efficacy will cope with pressure better than those with low self-efficacy. According to Ralf Schwarzer, a German psychologist, a low sense of self-efficacy is associated with depression, anxiety, and helplessness.

On the other hand, workers with high self-efficacy will want to take on more responsibility, greater autonomy, and new challenges. It is an important factor when selecting personnel if looking for people with initiative and affiliation to the company.

03 UNDERSTANDING STRESS, BURNOUT, AND COMPASSION FATIGUE IN THE VETERINARY PROFESSION

Patricia Ann Smith

It has long since been recognized that in certain professions caring too much can hurt. Physicians and nurses were among the first to be placed in this category due to the intense, emotional nature of their day-to-day duties. In fact, those who are just learning about stress, burnout, and compassion fatigue often believe it is only healthcare professionals who are at risk of suffering from these trauma-inducing models. What has only been recognized recently is how bearing witness to pain and suffering produces high levels of trauma in a wide range of helping professions. This list is extensive and includes helpers in social work, chaplaincy, law enforcement, emergency services, and eldercare, as well as educators, counselors, psychologists and many, many others.

It has become increasingly clear that high levels of trauma can be found in those who provide care to animals, many of whom work in the veterinary field. We now know veterinarians, veterinary technicians, veterinary nurses, and even receptionists are at risk for high levels of stress, burnout, and compassion fatigue. This is due to myriad reasons, which will be explored throughout this book.

The stress associated with animal care can have a significant impact on the quality of life of animal welfare workers by depleting their physical, mental, and spiritual resources. If symptoms are severe enough, veterinarians or staff members can slip into a dysfunctional mode that

negatively affects both their personal and professional life. When this happens, their quality of life plummets. If we are unable to find solutions that lower high levels of stress, burnout, and compassion fatigue in the veterinary profession, or ways to eliminate the syndromes in the first place, the entire animal welfare sector could be devastated in the years to come.

One of the future challenges facing the field is that while we are learning more about the effects of trauma in the daily work of veterinarians and their teams, we still lack extensive knowledge and expertise in how this is playing out in the lives of those experiencing the syndromes. Fortunately, experts in traumatology are creating tried-and-true behavior models and self-care standards that promote wellness and resilience, allowing these professionals to continue exercising their chosen occupations. The data help highlight where improvements are necessary; however, veterinarians and staff members are still responsible for drawing their own conclusions from this material and internalizing it, and for remaining diligent when it comes to incorporating positive changes in their personal and professional life.

The public's perception of the difficulties associated with practicing veterinary medicine also adds to the complexity of the situation. When most people think of the veterinary sector, they imagine a veterinary practice; an office filled with animal lovers who have dedicated their lives to caring for and healing animals. What they fail to see is how far their veterinary skills and knowledge extend into the entire animal welfare world. Consider the "ripple" affecting animal welfare advocates who rely on the talents of vets and their teams:

- Animal welfare and protection organizations
- Animal shelters
- Animal rescue groups
- Farm animal sanctuaries
- Wildlife rehabilitators
- Marine mammal rehabilitators
- Animal control
- Law enforcement
- Service animal organizations
- Fish and game departments
- Pet stores
- Biomedical field

- Disaster relief first responders
- ...and many others.

Veterinarians and their skills and services are in great demand. Nonprofit animal organizations often believe their local highly trained veterinarians and staff have a duty to be “on call” whenever they are needed. They firmly believe that these special skills and services should be available throughout the regular workday, as well as evenings and weekends. Yet it is not due to a lack of wanting to be of service that creates stress for veterinarians and their teams. It is purely a matter of time, resources, and financial impact on the veterinary businesses, as most believe the services should be offered pro bono. When these beliefs abound, higher levels of stress, burnout, and compassion fatigue surface.

At this point we should define stress, burnout, and compassion fatigue. In her book *When Helping Hurts: Compassion Fatigue in the Veterinary Profession* (2013), researcher and psychologist Kathleen Ayl explains that trauma-related terms are hard to define because they are somewhat indistinguishable. Professionals often use terms such as compassion fatigue, vicarious trauma, and secondary traumatic stress (STS) interchangeably. Sometimes grief, loss, stress, and burnout are thrown into the mix. Charles Figley and Robert Roop corroborate Ayl’s opinion in their book *Compassion Fatigue in the Animal-Care Community* (2006). When specifically attempting to define compassion fatigue, they wrote: “Conceptually, researchers have attempted to differentiate compassion fatigue from burnout, vicarious trauma, and general psychological distress, but the terms have remained imprecise.”



It is not enough to just see the path to wellness: one must travel the path and do the work.

Studies unraveling the mysteries of trauma in humans have accelerated over the last 30 years to such a degree that we now have a new understanding of how primary and secondary trauma create stress on the human mind and body. Due to extraordinary data centered on neuroscience and the effects of trauma, it has become clear that people working in the veterinary field can be gravely affected by bearing witness to the trauma experienced by their patients (the animals) and clients (the human companions). Why some working in the veterinary profession suffer from these syndromes to a greater extent than others will be explored in the following pages.

In this book, we offer generalized distinctions, mainly in terms of how these syndromes take hold in veterinary professionals and staff. This chapter explains the symptoms, causes, and ways in which trauma-related work can have a negative impact on the human mind, body, and spirit. We shall start with stress.

WHAT IS STRESS?

While the American Institute of Stress (AIS) states that there is no universally accepted definition of stress, they do believe workplace stress is

the most harmful to the human mind, body, and spirit. Obviously, this does not bode well for the veterinary sector where stress is, arguably, rampant in all roles, from the veterinarian/business owner to the receptionist at the front desk.

We know people experience stressors in different ways that may negatively affect their wellbeing. For the sake of this chapter, we shall use the following basic definition of stress to help define it for reference purposes. According to the Merriam-Webster Dictionary, stress is “a state of bodily or mental tension resulting from factors that tend to alter an existent equilibrium” (e.g., something new, unpleasant, or threatening). Sources of stress (stressors) can be big, small, positive, or negative.

Endocrinologist Dr. Hans Selye (1907–1982) is known as the father of modern stress theory. His early comprehensive and critical research on what he later defined as “stress” is still the benchmark on the subject today.

In 1936, Dr. Hans Selye originally defined stress as “the nonspecific response of the body to any demand for change.”

The more he delved into the research, the more he appreciated the complexities of the stress response and how it can affect humans. For example, his first monograph (1950), titled *The Physiology and Pathology of Exposure to Stress. A Treatise Based on the Concepts of the General Adaptation Syndrome and the Diseases of Adaptation*, offered several stages of stress response (i.e., alarm reaction, resistance stage, and exhaustion stage).

These three stages create a pattern that, once labeled, can help us recognize stress in our own lives. By doing so, we take the first step in changing destructive behaviors that lead to further stress, burnout, and ultimately, high levels of compassion fatigue. The three components are as follows:

- **Alarm stage.** Our body mobilizes in preparation for the fight-or-flight response. Hormones and chemicals are excreted at high levels leading to an increased heart rate, increased blood pressure, and usually perspiration.
- **Resistance stage.** As the body accepts the stressor, it begins to resist. Fear is a factor. The longer the body resists, the more it wears down and becomes a victim of high levels of stress.

- **Exhaustion stage.** When resources to fight the fear diminish, the person succumbs to exhaustion. When this happens on a regular basis, as it does when dealing with the ups and downs of veterinary work, high levels of fatigue become the norm for mind, body, and spirit. Hence, compassion fatigue.

Selye's later findings proved that not all stress reactions are equal. He introduced two new terms: distress (negative stress) and eustress (positive stress). This research led him to believe that "stress is not what happens to you, but how you react to it" (1974, 1977).

Selye's work is important to our comprehension of stress, burnout, and compassion fatigue, because it opened the door to understanding how our perceptions and behaviors can create high levels of compassion fatigue. His definition of an alternate positive stress helps us understand compassion satisfaction. Compassion satisfaction is the pleasure derived from carrying out caregiving work. Compassion fatigue will be explained in the present chapter, while compassion satisfaction will be addressed in Chapters 7 and 11 .

Ultimately, how individuals perceive stress can determine whether they can successfully adapt to change. People suffering high levels of stress must undergo some degree of change. A self-care plan created for the purpose of alleviating stress can prove the difference between continuing to work in the veterinary field or leaving the profession for a position with fewer expectations, a shorter workweek, more successful outcomes, less stressed colleagues, and less trauma related to caring for animals. Selye hypothesized that a general stress syndrome affects the whole body. He surmised stress always manifests in a syndrome, that is, a sum of changes, and not simply in one change. This concept helped in understanding that compassion fatigue is a secondary traumatic stress syndrome, which can be recognized by a specific set of symptoms.

Compassion stress



Charles Figley and Robert Roop took it a step further by diagnosing a type of stress particular to those who work in animal care. They defined compassion stress in their book *Compassion Fatigue in the Animal-Care Community* (2006):

“Stress is a sense of demand for action. When we feel stress, we sense that action is demanded of us—in this case, helping clients. Animal-care professionals experience compassion stress when they feel the demand to help—no matter whether it is real or imagined, possible or impossible. Compassion stress is the demand to be compassionate and effective in helping. Animal-care professionals experience compassion fatigue when they are traumatized by trying to help.”

How do we know we are stressed? There are physical signs such as racing heartbeat, rapid breathing, muscle tension, headache, and fatigue. Emotional signs include anxiety, anger, irritability, and depression. Behavioral signs may also surface, including a quick temper, concentration problems, and feeling the need to isolate oneself from others.

Sadly, long-term stress can lead to chronic and debilitating health issues. These can include high blood pressure, fatigue, chronic pain, diabetes, anxiety, and depression. Here is a 2017 stress statistics chart published by the AIS and the American Psychological Association (APA). Note that work is rated at #3.

Most common sources of stress		
	Percentage	Source
1	63 %	Future of our nation
2	62 %	Money
3	61 %	Work
4	57 %	Political climate
5	51 %	Violence/crime

Reproduced with permission from the American Psychological Association.

The issues associated with stress in the workplace have been recognized worldwide for decades. As far back as 1992, a United Nations report labeled job stress “The 20th Century Disease.” A 1998 study reported that rapid changes in the workforce had resulted in a staggering unemployment rate of 10 % in the European Union and higher rates of stress-related complaints at work. Japan suffered a similar problem as a result of a prolonged recession. A subsequent European Commission survey found that more than half of the 147 million workers in the European Union complained of having job stress.

This overarching trend of workplace distress has provided a sturdy platform from which the current high levels of compassion stress in the veterinary profession have taken hold. The good news is that high stress levels can be lowered. When vets or staff members adapt to a new set of skills that grants them improved perceptions and interpretations of their

abilities to manage stress, we will see a dramatic positive and productive improvement in the work environment.

WHAT IS BURNOUT?

In her book, *When Helping Hurts: Compassion Fatigue in the Veterinary Profession* (2013), Dr. Kathleen Ayl defines burnout as:

“ Burnout: a condition that occurs when responding to excessive stresses and demands; an individual demands too much of him or herself, eventually becoming overwhelmed, exhausted, apathetic, and negative. ”

According to Michigan state veterinarian and writer Julie Scheidegger in her 2015 article *The Burden of Care: Know the Risks to your Mental Health* , published in *DVM360* magazine, the three primary characteristics of burnout are emotional exhaustion, alienation from job-related activities, and reduced performance. Affected professionals feel drained, develop negative feelings about their work and colleagues, lose interest in their activities, find it harder to concentrate, and lack creativity.

The outcomes associated with burnout can be more devastating and debilitating than stress. The Wholistic Stress Control Institute (2010), a nonprofit organization that provides stress education services, defines burnout as:

“ A condition that evolves slowly over time due to prolonged stress; a wearing down and wearing out of energy; exhaustion born of excessive demands which may be self-imposed or externally imposed by families, jobs, friends, value systems, or society, which deplete one’s energy, coping mechanisms, and internal resources; and a state which is accompanied by an overload of stress, which eventually affects one’s motivation, attitudes, and behaviors. ”

It is interesting to note that research does not confine burnout only to those who work with the traumatized. Workplace burnout can be equally debilitating in other professions. In these instances, it can be caused by conflicts between the individual’s values and the organization’s goals and objectives; responsibility overload; a lack of control over workload and decision-making; a lack of emotional and financial rewards; and disrespect among leadership and colleagues, to name a few. Studies have also revealed

that an individual's idealistic nature can produce higher burnout rates (Malakh-Pines and Aronson, 1988).

The stressors that eventually lead to burnout do not necessarily create elevated levels of compassion fatigue or vicarious trauma in those working in the veterinary profession. On the other hand, it will become easier to understand how these syndromes—stress, burnout, compassion fatigue, and vicarious trauma—correlate and dovetail in the animal care worker. It is possible to suffer a combination of stress, burnout, and high levels of compassion fatigue all at the same time. If this occurs, individuals will have low levels of compassion satisfaction leading to negative feelings and even anger regarding their situation.

While taking time off work or changing jobs can go a long way towards reducing the emotional and physical symptoms of burnout, whole-hearted healing can be time-consuming and challenging. The process demands a new set of skills, motivation, and a hardy dose of faith that a successful outcome is possible and that there are, indeed, happier times ahead.

WHAT IS COMPASSION FATIGUE?

Compassion fatigue is defined below by Professor Charles Figley (1995), the Paul Henry Kurzweg Distinguished Chair and Director of the Tulane Traumatology Institute, Tulane University, New Orleans:

“ Compassion fatigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper. ”

Compassion fatigue is a secondary traumatic stress syndrome that can affect those who care for others.

According to an article published in the *Journal of the American Veterinary Medical Association* (Larkin, 2015), veterinarians who experience high levels of compassion fatigue are susceptible to depression and suicidal ideation. This is due to many factors such as excessive expectations placed on their time, talents, and resources. In general, the public does not appreciate the strain caring for animals puts on the caregivers. This detachment is almost entirely due to the public's lack of

understanding of the high levels of training, empathy, and compassion the work entails. This issue will be covered more extensively in Chapter 9 .



It comes as no surprise that animal caregivers are among the hardest hit by compassion fatigue due to the intense, emotional work they do with animals that they cherish, whether domestic or wild.

Compassion fatigue is a syndrome rather than a disease. The associated symptoms, although debilitating in some cases, are normal manifestations of the chronic stress resulting from the repetitive work veterinarians and their staff perform day in, day out. The specific set of symptoms include the following:

- Isolation
- Chronic physical ailments
- Sadness, apathy
- Emotional outbursts
- Urge to rescue anyone in need
- “Them versus us” mentality
- Substance abuse
- Hyperarousal, hypervigilance
- Excessive complaints about colleagues, management, or those being helped
- Denial
- Nightmares, flashbacks

Why are some caregivers prone to compassion fatigue and others are not? Why do those in the veterinary profession appear to have higher levels of secondary traumatic stress syndrome? Fortunately, there are some answers to these questions. In the United States, most of the studies that have provided information to those working with the traumatized surfaced due to the posttraumatic stress disorder (PTSD), which has plagued the “wounded warriors” returning from the Iraq and Afghanistan battlefields. Therefore, it has been possible to translate the knowledge learned from PTSD and apply it in other trauma-inducing environments.

Compassion fatigue, a secondary traumatic stress syndrome, does not play favorites. Helpers in all caring professions, including family caregivers, can be at risk of developing a set of symptoms known as compassion fatigue. Compassion fatigue manifests in people with the following traits:

- **Other-directedness.** When people who have learned in their formative years that caring for others is more important than caring for ourselves, try to care for themselves, they are plagued by feelings of shame, self-centeredness, and selfishness.
- **A heightened sense of responsibility.** Due to dysfunction in their families in their early years, some people became child caregivers. They became the parent and carried their vision of over-extended responsibility into adulthood.
- **A lack of personal and professional coping skills.** Some people never had healthy behaviors and actions modeled for them, so they lack knowledge of the standards of self-care (e.g., healthy eating habits, need for daily exercise, restful sleep, highly functional relationships, time management, decision-making skills). This is not to say that these skills cannot be learned at any age, because they can.
- **A lack of personal boundaries.** Those who were not taught self-preservation and self-care lack the ability to express their needs and allow everything and anything into our lives. The journey from being other-directed to self-directed is very difficult but it can improve a caregiver’s life.
- **Unresolved traumas from the past.** What does not move through us, defines us. Those who carry their past traumas within and do not take the time to process them have increased chances of suffering from compassion fatigue. We need to put our own pain and suffering to rest in

order to provide healthy caregiving to others. If we do not, we will take their pain and suffering and attach it to our own. This is at the core of compassion fatigue: taking on the pain and suffering of others as our own.



Caregivers can learn new techniques for lowering their levels of stress, burnout, and compassion fatigue and, most importantly, for managing their symptoms.

People at risk for compassion fatigue often developed many unhealthy habits and inadequate self-care patterns at an early age. Unresolved past pain and trauma is, arguably, the strongest indicator of acquiring compassion fatigue. Dysfunction within the family unit can create trauma and suffering for developing children. We now know that adverse childhood experiences (ACEs) can create lifelong dysfunctional behaviors and actions including early death. It is not easy to change these patterns; however, it is both possible and necessary to become a healthy caregiver. This includes the ability to create strong personal boundaries, follow daily self-care practices, and learn how to adapt stress responses into relaxation responses so we can continue performing our chosen caregiving work.

As we develop and grow, if we do not come to terms with the trauma we experienced during our formative years, we learn to deal with the inner pain by “stuffing” the difficult emotions within or attempt to “deaden” the pain

with drugs, alcohol, food, tobacco, or other unhealthy addictions. As a result, the trauma and pain remain unresolved and compassion fatigue may take hold within this unresolved pain and suffering.

The good news is that in recent years, by bringing this unparalleled information on stress, burnout, and compassion fatigue to light, we have also been able to create some new means by which to combat the hopelessness, apathy, and poor health veterinarians and their associates suffer through these syndromes. Veterinarians and their affected staff members must diligently learn new skills to cope with the chronic emotional and physical pain they experience, and constantly educate themselves about the recently developed strategies to promote wellness.

When performed daily and with intent, these strategies and best practices allow plagued caregivers to embrace a self-care regimen, enjoy a better quality of life, and continue to serve in the veterinary field, which is in need of their time, talent, and knowledge. Another outcome of caregivers practicing authentic, sustainable self-care on a regular basis is that the animals they cherish and attend receive more compassionate and better-quality care.

Professionals in the field of traumatology and psychology are gathering data in order to give us a concise understanding of how many workers in the veterinary world currently suffer from high levels of stress, burnout, and compassion fatigue. Our one constant measurable has been the Professional Quality of Life (ProQOL) self-test, created by Beth Hudnall Stamm. This scale identifies levels of compassion fatigue and compassion satisfaction, with the former having two subsets: burnout and secondary trauma. The universal self-test and scoring information is included in Chapter 11 and is also available at www.proqol.org.

While data are still generally quite sparse, particularly worldwide figures, we have no doubt that those who work in the veterinary field suffer high levels of stress, burnout, and compassion fatigue. We know because of two factors within the last 10 years that have affected the need for change.

First, veterinary professionals have spoken up about the negative effects they are experiencing after bearing witness to the pain and suffering of both their patients and clients, as well as other stressors in their work. In 2003–04, for example, the Humane Society of the United States (HSUS) sent out the Compassion Satisfaction and Fatigue survey to more than 200 veterinary practices. The vets and staff members were asked to rate their top

three on-the-job stressors and top three “satisfiers” (naming “satisfiers” is a way to deduce their level of compassion satisfaction, which is the pleasure they derive from their jobs). While the answers were mostly based on feelings rather than scientific data, the HSUS recorded their results and surmised that 82.7 %, of veterinarians surveyed had a high risk for compassion fatigue.

Interestingly, two of the top three stressors were related to negative interactions with their clients (humans), and their top “satisfiers” involved directly caring for their patients (animals). Since that survey was conducted, other studies have corroborated these early findings with rather shocking results. Researchers in both the United States and the UK have placed a spotlight on the frequency of veterinarian suicidal ideation.

Interest in veterinarian mental health peaked following the suicides of veterinarians Shirley Koshi, in 2014, and Sophia Yin, in 2015. The unexpected death of the beloved Dr. Yin, a well-respected pet behavior expert, aroused particular concern. According to Jennifer Brandt, a veterinary social worker at the Ohio State University College of Veterinary Medicine, the loss of their highly esteemed colleague resonated with veterinarians and raised awareness of this problem (Viviano, 2017).

Since many veterinarians are also business owners, we must also take into account the effect these stressors have on the financial and strategic success of their livelihood. A study titled *The Relationship between Compassion Fatigue and Organizational Culture* (Condrey, 2015) notes that while a body of work has been developed that ties caregivers to high levels of compassion fatigue, little is known about the effect the sufferers have on the organization or business environment. Additionally, she states that compassion fatigue “might lead to problems that professionals have not been trained to detect in themselves, and that organizational and professional standards have not been developed to avoid.”

Why has this issue morphed into a matter of deep concern? Mostly because we are starting to lose highly skilled, highly intelligent veterinarians and staff members to other less exhausting occupations or early retirement. Their years of education and expertise are being lost, while the resulting loss of income may place a great financial strain on these workers. It will be the animal care world that suffers from a lack of qualified professionals to fill that void. It is interesting to note that while the word is spreading rapidly about the “underbelly” of veterinary work, the

04 VICARIOUS TRAUMA

Inmaculada Pérez Madrigal

This chapter has three goals: to explain vicarious trauma (or vicarious traumatization) in more detail, to establish some self-care standards, and to describe appropriate professional separation from clients to avoid situations that could negatively impact on the health of a clinic's staff. Veterinary professionals must show empathy towards the clients and help them, but they must not assume responsibilities and problems that do not apply to them.

Vicar

Person authorized to perform functions, either partly or entirely, for and on the behalf of someone else; they substitute them for a defined or undefined period.

Upon returning from the Vietnam War (1955–1975), many soldiers were irritable, anxious, suffered nightmares and flashbacks, and did not want to talk about the traumas they had experienced. Several developed alcoholism, multiple drug addiction, and/or mental health issues. Nowadays this condition is known as posttraumatic stress disorder (PTSD).

However, the damage went beyond the soldiers who had lived through these experiences and also affected the people close to them. When health workers, relatives, counselors, confessors, and the like listened to the soldiers' accounts, they lived a postponed version of the events and presented very similar symptoms. This came to be known as secondary PTSD.

The term vicarious traumatization first appeared in 1985 in an article by Lenore C. Terr that recounted children's sensitivity to other people's trauma. Later, in 1990, Lisa McCann and Laurie Anne Pearlman described cases in which therapists, without ever having lived through certain situations, manifested the same symptoms as their patients, as a result of

empathic engagement with their patients and their accounts of trauma. This was given the name vicarious traumatization.

In 1995 Laurie Anne Pearlman and Karen W. Saakvitne published *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*, thus becoming the first professionals to focus attention on the actual therapists.

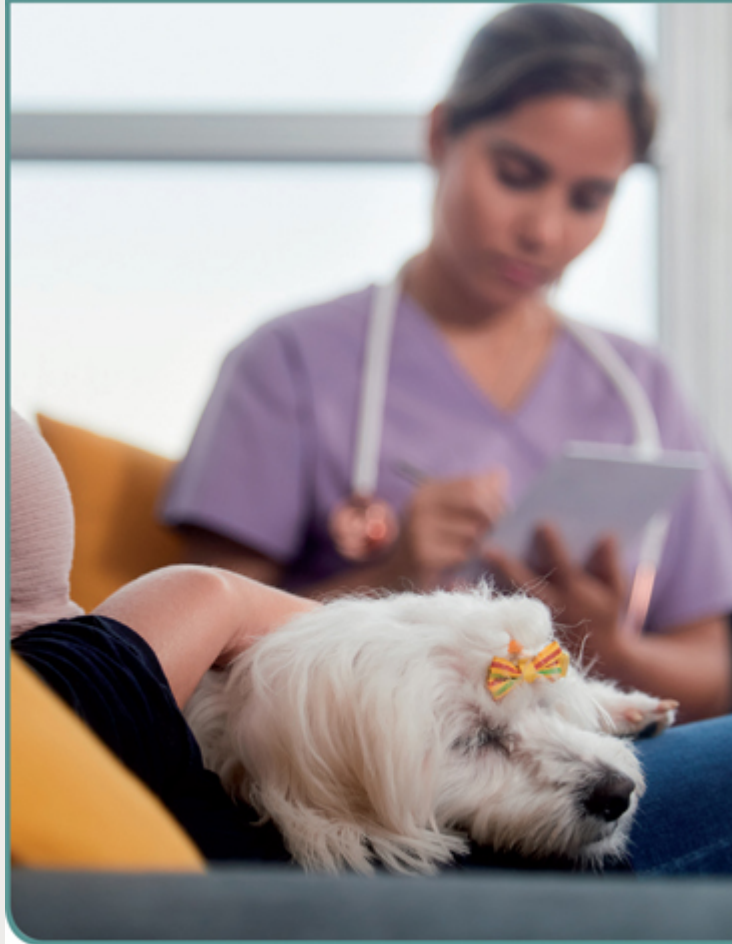
These kinds of process can develop if professionals do not look after their own needs in terms of space, sleep, rest, disconnection, personal life, working hours, and overinvolvement with clients.

Learning how to distinguish which problems are the professional's responsibility and which affect the client is a fundamental point when it comes to maintaining mental health and preventing the onset of vicarious trauma.

According to Babette Rothschild, in her book *Help for the Helper* (2006), there is a series of systems that must be balanced within each professional.

1. Interpersonal empathy. Empathy developed through communication with others. It can lead to mood imitation and transfer.
2. A balanced level of activation and de-activation of the autonomic nervous system (ANS).
3. Clarity of thought and common sense. Common sense helps people identify where the limit is and recognize whether or not they have a problem.

Vicarious traumatization or trauma



Vicarious traumatization, a type of tertiary traumatization due to a cumulative impact of microtrauma, derives from everyday professional practice and affects clinicians, therapists, and all staff who become aware of traumatic events when they are narrated or written down by the primary victim. Examples include health professionals dealing with emergencies, mental health workers, as well as legal workers and police officers.

In fact, the problem can develop in many different situations whenever emotions are transferred from one person to another. Vicarious traumatization is now recognized to affect all healthcare workers.

Situations that can cause vicarious trauma

There are a lot of daily situations in which veterinary professionals can make decisions that do not correspond to them, taking on someone

else's problems as if they were their own. This can initially lead to distress and subsequently develop into transfer issues (vicarious trauma).

Some examples include:

- Problems commonly discussed in the clinic, such as health issues, debts, the death of relatives, anxiety, separation, or domestic abuse. Professionals can live these accounts as their own, recreating the events in images and becoming emotionally involved.
- Sick people who accumulate animals that are sometimes attended by veterinarians or assistants, even outside normal working hours. This can gradually develop into an obligation and generate frustration after observing the animals' living conditions. A lot of vets and assistants provide help altruistically, even in their own family or free time.
- Helping and listening to people who rescue animals but can only keep them in poor conditions as they lack sufficient economic resources. Auxiliary staff and veterinarians who may find themselves involved and try to help could eventually suffer as a result.
- Imposing individuals who blame the veterinarian for the death or illness of their pet. The insistence and level of stress can cause emotional harm to the professional.
- Relationships with employees where appropriate distances have not been established and they describe details of their personal life.

These situations do not always result in the aforementioned problems. It will depend heavily on the professionals' personal background. For example, if they have witnessed abuse or suffered serious financial problems, it could make them more vulnerable to these circumstances. On other occasions, vicarious trauma does not have to be triggered by an initial situation.

SIGNS AND SYMPTOMS ASSOCIATED WITH VICARIOUS TRAUMA

Some occupations require a greater degree of empathy than others. In healthcare professions, such as veterinary medicine, human medicine,

nursing or psychology, and in education, dealing with other people is an essential part of the job. People who opt for these sectors tend to be impelled by a strong calling and high levels of involvement. Consequently, they sometimes place their schedule or work on a pedestal above their other needs.

Other factors besides personalities and individual backgrounds should also be considered such as generational traits:

- A characteristic value of the baby boomer generation is caring for the family. In fact, they are also known as the sandwich generation because they look after both their children and parents. They have a greater propensity to diseases associated with caregiving.
- Members of generation X are typically hardworking and determined. They are now 45–55 years old and have a high frequency of diseases associated with work-related stress.
- Individuals belonging to generation Y or millennials are associated with hyperconnectivity and immediacy. This means they are easily frustrated in noncooperative workplace environments.
- Characteristic values of generation Z or centennials are collaboration and social conscience. They are highly sensitive to injustice and very aware of ecological and environmental issues. They communicate effectively through social networks, but struggle with face-to-face communication.

Symptoms in the working environment

In jobs that involve dealing directly with people, it is fairly common to empathize with clients and colleagues.

When you connect with the other person, emotions emerge and you imitate each other's physiological and postural changes. In fact, facial expressions and postures are copied as the conversation progresses. For instance, anxious people will cause tachycardia and nervousness in their conversation partners. Depressed people, on the other hand, will produce postural changes such as a closed and shrinking position.

Postures help us interpret how the other person feels. This interpretation generates sensations and feelings in the other person. Therefore, some people cause us to feel anxious, sad, or frightened. There are even people who provoke such a bad experience that it can prove hard to get on with the next appointment.

Veterinarians may even want to avoid consultations with specific clients, because they anticipate an uncomfortable situation. Even just thinking about certain people or past situations can sometimes trigger anxiety.



It is vital that you recognize your own feelings when confronted by people who may prove toxic.

Symptoms outside the working environment

People suffering from vicarious trauma are often unaware of the problem during working hours; however, due to their inability to disconnect, when they finish work various symptoms may appear. For example:

- Inability to fall asleep, nervousness, tachycardia with no apparent cause, inability to disconnect, they cannot stop working, they take their work problems home with them. Continuously brooding over conversations and situations.
- Loss of personal space: hobbies, leisure time, and enjoying time with friends and family.
- Eating disorders, headache, back pain, chronic contractions, sadness, fear, sleep disorders, depression.

- Signs of exhaustion: people suffering from vicarious trauma struggle to go to work every morning and feel anxious before arriving at their workplace.
- Health workers with these syndromes often turn to self-medication or alcohol.

Veterinary professionals are also affected by on-call and long shifts, which can lead to the misconception that it is not a problem but simply their vocation. There is a belief that intense dedication to work makes you a better professional, so these patterns are not perceived as problems until they have already triggered illnesses.

Once the symptoms have been recognized, you must learn to establish helpful mechanisms such as working on empathy, ANS balance, and clarity of thought.

Self-care measures are often insufficient. In such cases, sufferers should resort to professional help. It is frequently an initial health problem or addiction that eventually prompts the individual to seek psychological help.

A future challenge is to develop techniques that will ensure early detection of these problems in veterinary organizations.

WORKING ON EMPATHY

Nevertheless, you should not try to avoid developing a connection with your clients or patients. Establishing relationships of trust will promote the clients' confidence in the veterinary team as the people responsible for their pets' health. Nevertheless, you must learn to set limits, so a series of specific exercises are important for such purposes. For example, very emphatic veterinary workers should remain physically separated from clients. This distance can be established with a table or a chair, in other words, by not allowing the client to invade the vet or nurse's personal space.

Several therapies are available that work on reflection and empathy such as dance/movement therapy. Normally, one person stands opposite a partner and they perform reflection and mirroring exercises.



Postural awareness

You must develop your postural awareness and identify the point at which you initiate mechanisms that imitate others.

When communicating, we tend to imitate the movements and postures of our conversation partner. This mimicry leads to mood transfer or duplication. You must learn to recognize when you are copying a posture and therefore a feeling. This skill will prevent you from becoming too emotionally engaged and reaching an unwanted emotional level.

Control over your posture will help keep you within your own mood level. For instance, when people feel sad they tend to make their body smaller. It is very difficult to feel sad when you raise your shoulders, lift your head, and smile.



Facial expression

We also tend to copy the facial expressions of our conversation partner. You must learn to control your facial expressions and use them to transmit moods to others. This skill will help you handle stressful or conflict situations, such that you can influence the other person rather than the other way around.



Respiratory control

Learning to work without reflecting the other person not only involves conscious control over posture and gestures, but you must also control your

breathing. Breathing quickens in a stressful situation. Learning to breathe slowly and steadily is a basic skill for maintaining control over your own feelings instead of being overcome by other people's feelings. Regular, unhurried breathing will prevent the client from perceiving your emotional state and detecting whether you are vulnerable.

As a health professional it is important that you learn to identify when you or auxiliary staff are allowing yourselves to be overcome by emotional transfer.

BALANCING SYSTEMS

Doctors, therapists, and healthcare professionals often decide to close their clinics after 20–30 years of activity. This situation arises because they sometimes feel it is their only means of escape after developing one of the syndromes discussed in this book.

These professionals do not complain about their work, instead they bemoan that their everyday work with people is hard.

Normally, the parasympathetic system is not activated in situations of chronic stress, but rather the sympathetic system is permanently active, so stress hormones such as adrenaline and cortisol constantly recirculate around the body.

You must learn to identify these changes when at work and recover your serenity using mechanisms such as controlled breathing. The help of a therapist is often required to achieve this.

There are currently techniques that work on total consciousness and self-awareness. Meditation and concentration, or mindfulness, techniques can help by controlling the visual image of the problems clients describe while at the clinic. It is often better if you can avoid visualizing a narrative of the account and just learn to listen. It is not easy to develop this type of control, but achieving mindfulness is the first step.

CLARITY OF THOUGHT AND COMMON SENSE

In cases of vicarious trauma, some areas of personal life lose out to professional life. Two of the most important aspects affected in this respect are time management and the individual's schedule.

When you find it hard to disconnect from work, the first things to do are:

- Turn off your cell phone when outside the clinic and establish a timetable; for example, turn off or redirect calls after a certain time. Therefore, you will not receive unwanted calls.
- Do not open text or WhatsApp messages or emails outside work hours.
- Disconnect at weekends.
- Carry out activities that are completely unrelated to your work.
- Make the most of your family life.
- Plan trips and leisure activities.

You should make a list of the pros and cons of your situation and get to know yourself better. Work-related aspects such as salary and free time must be weighed up against health and personal needs.



You cannot make decisions without clarity of thought. Veterinary staff need clarity to perform their duties to the best of their abilities.

05 RELATIONSHIP BETWEEN FATIGUE SYNDROMES IN HUMAN AND VETERINARY MEDICINE

Inmaculada Pérez Madrigal

IS THERE A PARALLEL BETWEEN HUMAN MEDICINE AND VETERINARY MEDICINE WITH RESPECT TO FATIGUE SYNDROMES?

Traditionally, the roles fulfilled by physicians and veterinarians have been highly differentiated, although they have been converging over the last 50 years.

The work of veterinarians has undergone a significant evolution which, in turn, has led to changes in their business models. Vets traditionally worked in the countryside looking after farm and production animals. They were known as rural veterinarians. However, the socioeconomic changes that occurred throughout the 20th century induced a shift away from the classic business model towards the small animal clinics we are familiar with today, although there are still mixed practices which combine rural work with small animal care.

Notwithstanding, the sector continues to evolve. In the past decades, a new veterinary hospital model has sprung up, which replicates that of human hospitals. Companies are aggregating and specializations and large veterinary clinics are appearing. These provide a high standard of treatment with many similarities to the human medicine exercised by physicians.

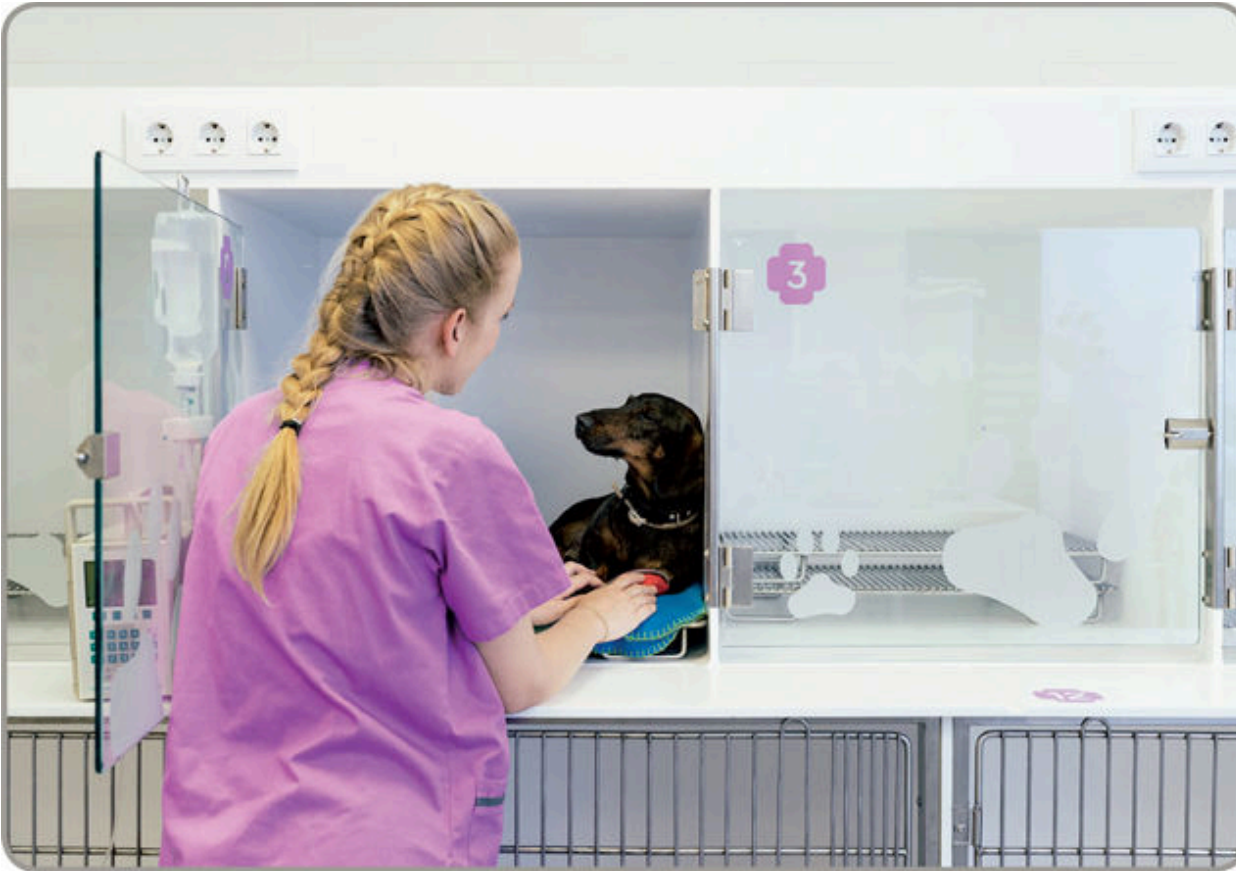
They share several points in common:

- Macrostructures where information and data flow, the organization of work, and staff management are completely different from the processes that exist in small companies.
- The emergence of specialities that rely on increasingly sophisticated technology, demand more of personnel in terms of professional improvement, and require plenty of clinical cases for professionals to keep acquiring specialist knowledge.
- Continuous measurement of parameters; not just medical factors, but also data regarding the company's profitability. These include parameters such as growth, turnover per employee, or measures of client service and perceived quality of service, to name just a few examples.
- Mature competitive environments and markets that place ever greater demands on professionals.
- Occasionally, toxic work environments emerge. In the veterinary sector, reports of such environments started to appear at the end of the 20th century, but the tendency is on the increase.

Generally speaking, these changes should not, in principle, be detrimental to healthcare professionals, but there are instances when the demands or requirements of the position generate fatigue-related syndromes. As discussed in Chapter 1 , stress-related occupational illnesses were first described in human medicine by Herbert Freudenberger in 1974. The first studies to observe these syndromes in veterinary medicine appeared years later.

AUXILIARY VETERINARY PERSONNEL

Auxiliary personnel are worthy of a special mention. They are often the team members who spend most time in contact with and caring directly for patients. Therefore, caregiver syndromes such as compassion fatigue or the potential emotional consequences of losing patients in intensive care units (ICUs) merit particular attention.



Points to consider:

- Auxiliary staff feel a strong calling to their work and are highly committed to caring for animals. In fact, they often dedicate some of their free time to voluntary work in animal shelters. This lack of disconnection and continuous contact with ill health can make them particularly sensitive to fatigue-related syndromes.
- Nurses look after animals for days on end, but they do not take part in any decisions regarding treatments or euthanasia. Such decisions are made by the veterinarians in conjunction with the owners, so nurses can often feel powerless or experience a sense of injustice. The emotional bond they develop with young animals and those staying at the clinic can provoke suffering when they lose them or they return home with their owners.
- The emotional impact that losses can inflict on nursing staff must be taken into account.

- As in the case of human medicine, long working hours, night shifts, on-call shifts, the type of contract, and factors such as the need to supplement their salary with other sources of income can all play a part in the onset of burnout syndrome.

It is important to remember that these psychological factors can aggravate somatic problems and contribute to other conditions such as depression. They have a direct influence on workplace absenteeism and sick leave.

WHAT ARE TOXIC WORK ENVIRONMENTS AND TOXIC COMPANIES?

A good working environment is crucial when it comes to ensuring employee loyalty and sustained business productivity. It depends on details such as company culture. In a lot of companies this culture is related to the personality and management style of the business owner.

Some of the characteristics that typically develop in toxic companies and work environments are:

- A lack of teamwork.
- An absence of educated communication between professionals.
- Job roles are poorly defined and therefore some staff members become overloaded.
- Company rules are not followed or they are applied inconsistently.
- There is constant rumors and gossip, staff split into opinion groups. Conflicts arise between team members.
- Promotions are based on personal relationships rather than job skills, thus underqualified staff make progress in these companies.



Hospitals need environments with well-defined roles. There is a strong need for teamwork and toxic environments can emerge very easily. For example, rivalries can develop between teams of specialists or nursing teams. Most problems faced by human resource managers and executives are often associated with these sorts of issues. Hospitals with a toxic working environment suffer significant labor problems and high levels of absenteeism among their employees.

Stress-related problems are known to induce other kinds of physical and psychological diseases. Stansfeld and Candy (2006) published a meta-analysis about how work affects mental health. They found that a combination of high levels of stress and scarce compensation was a possible risk factor for common mental disorders and suggested that the psychosocial work environment bears an important influence on mental health.

The study of these environments means their advent can be prevented and their related problems can be minimized by implementing appropriate measures, such as those that touch on psychological care, company size, chance of promotion, company structure (pyramidal corporation, family business), relationship models, and team management.

In veterinary medicine, clinics do not usually feature in-house psychological help or support staff, although these services are quite common in human medicine and are often related to preventive and occupational medicine.

In 1983, Zigmond and Snaith developed a self-assessment tool to measure the degree of such problems, known as the Hospital Anxiety and Depression Scale (HADS). There is no literature to confirm whether the scale is also effective in veterinary environments, but the similarity of the structures, professions, circumstances, and roles leads us to believe that it may prove helpful in the veterinary sector.

The HADS scale does not provide a diagnosis, it is for guidance purposes only and used in the initial screening of mentally healthy people who may be developing stress and/or anxiety.

SOME EMPIRICAL STUDIES AND DATA

Suicide

Mingote et al. (2013) confirmed that the number of suicides in the medical population is the same among men and women, while men are four times more likely to die by suicide than women in the general population. Although no data are available, the suicide rates in both male and female veterinarians may also be similar.

In recent years, various organizations have highlighted that the number of veterinarians dying by suicide is on the increase; this trend also seems to affect physicians.

We hope that more data become available in the future and measures can be taken to prevent such tragedies. The early detection of suicidal behavior and ideation or personnel trained in suicide prevention are essential if we are to achieve this goal. Support associations have been created to help veterinary and medical workers in this area and in the prevention of alcoholism and drug consumption.

Stress

According to various studies, the main stress factors affecting the veterinary sector are:

- Long working hours.
- Time constraints.
- Ethical problems such as euthanasia.
- Occupational risks and work environment.
- Diseases related to working with animals.
- Debt recovery.
- Difficulty living a full family life—long working hours mean vets always find themselves anticipating a phone call.
- Onus to maintain up-to-date knowledge and technical expertise.
- Personal relationships, finances, and self-expectations.

Gardner et al. (2006) reached the following conclusions in their study into veterinarians of different gender and ages:

- Women experience more work-related stress and depression than men.
- Veterinarians working in small animal and mixed (small and large animal) practices report more stress and depression than vets working in other positions.
- Younger veterinarians suffer from higher levels of stress than older vets.
- Veterinarians tend to rely on good relationships with their colleagues, a good professional atmosphere in their workplace, and, most importantly of all, a strong network of relatives and friends to help them overcome any stress.

06 ETHICS, MORALS, AND VALUES IN ANIMAL CARE

Inmaculada Pérez Madrigal

Dilemma

A difficult or compromising situation where different options are available and one is unsure which to select because they are equally advantageous or undesirable.



ETHICS

Ethics (from Late Latin *ethica*, which came from Greek *ἠθική* [*ēthikē*]) is the branch of philosophy that deals with the right and wrong of human

behavior, morals, virtue, obligation, happiness, and correct living. It focuses around human actions and how they are related to goodness, virtue, obligation, happiness, and the way we live.

Medical ethics studies the set of principles that should be used to guide doctors in clinical practice. Therefore, health workers around the world swear the Hippocratic oath through which they take a covenant with patients.

Hippocratic oath



I swear by Apollo the physician, by Asclepius, by Hygieia, by Panacea, and by all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive

remedy. In purity and holiness I will guard my life and my art. I will not use the knife, nor even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever house I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

Whatever I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

THE ETHICAL DILEMMA

An ethical dilemma emerges when there is a conflict between considerations such as responsibility and obligation, or justice and potential for human harm (Ruíz-Cano et al., 2015). For example, a dilemma could arise when someone with mental health problems enters the veterinary clinic and during the examination the veterinarian notes that the animal is poorly cared for. The owner may insist the pet is well looked after, affirming the affection for the animal and that it is the only companion he or she has. A conundrum presents itself: should the vet inform social welfare who would assume custody of the animal, which would end up in a shelter and probably be sacrificed, or say nothing.

Ethical dilemmas are a cause of stress in healthcare personnel. When poorly managed, they can lead to problems of conscience, as well as issues with clients and personnel.

Veterinary medicine has its own sector-specific moral dilemmas, besides sharing some with other health professions. Some examples of moral dilemmas that can arise in the veterinary sector are:

- Right to life and death.
- When to bring chronic illnesses to an end.
- Deception and complaints in veterinary practice.

- Malpractice claims.
- Economic issues.
- Inadequate care.

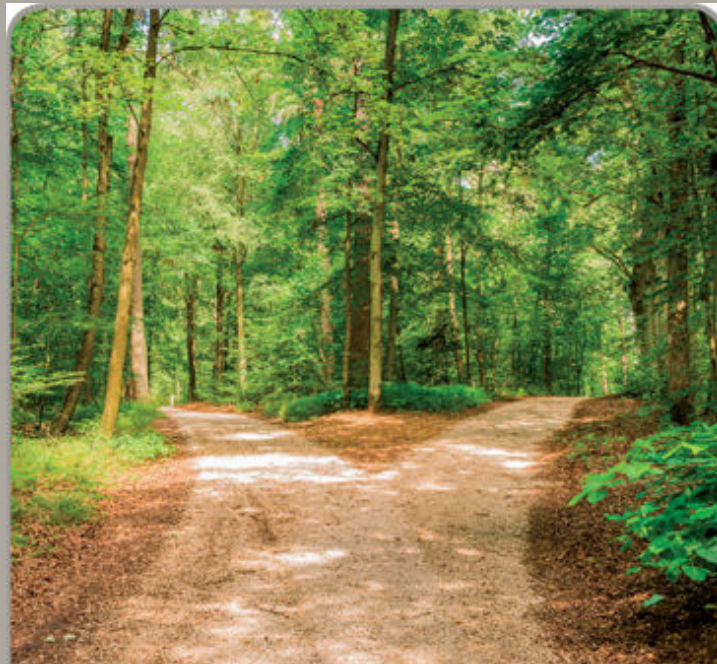
Types of ethical dilemma

There are different degrees of ethical dilemma, depending on the context in which they originate:

1. Personal context
2. Social context
3. Veterinary context
 - With patients
 - With clients

Personal dilemmas

These are influenced by each individual's way of thinking. For example, convictions with regard to euthanasia, abortion, terminal care, and so on, may differ between veterinary professionals.



In an ethical dilemma the agent (the veterinarian, in this case) has grounds for performing two or more actions, each of which is supported

by a different principle and whose realization will violate the other actions. Consequently, the agent, who is doomed to transgress, is in a predicament: whatever he or she does, an error will be committed or an obligation broken.

Social ethical dilemmas

These differ from culture to culture. Attitudes, ideas, or actions may be acceptable in some cultures or subcultures, but inappropriate in others. To illustrate this point, we can consider the different positions with respect to medication or drug consumption (antivaccine movements), or the refusal to accept transfusions or transplants by followers of certain religions.

Veterinary dilemmas related to animals

There are different views regarding the concept of ethics and the definition of animal rights.

From an anthropocentric perspective, animals are considered in terms of their usefulness for human beings. One example would be the treatment of farm animals.

At the other end of the spectrum is biocentrism, which attributes moral value to all living things. Examples include the rise of animal welfare movements or the call to abolish animal euthanasia by those who consider these actions tantamount to murder. Hence, along this line of thinking, there are often comments on social media such as “I don’t understand how a veterinarian can eat meat or work in a slaughterhouse.”

The two points of view disagree on basic matters such as the definition of animal welfare:

- An anthropocentric point of view is concerned with hygienic/sanitary living spaces and conditions.
- A biocentric perspective defines animal welfare not only in terms of health, but also considers animal psychology and their needs with respect to their environment and congenators.
- Perceptions of animal requirements in terms of diet and living spaces can differ significantly between cultures.

Veterinary dilemmas concerning patients

Veterinary professionals can experience dilemmas with their patients, for example:

- The needs of pets compared with those of farm animals (which are even governed by different laws). The concept of animals as living beings as opposed to the situation where they represent a food source can sometimes make it very hard for vets to set limits. As a case in point, what is the difference between a sheep adopted as a pet by a farmer's child and its twin sister that is sacrificed when just 2 months old for human consumption?
- Veterinarians may make distinctions between how they treat different animals. For example, suggesting an expensive course of treatment involving chemotherapy, radiotherapy, and surgery may well depend on whether the patient is a dog or a hamster.

Veterinary dilemmas concerning clients

Vets deal with patients who cannot make their own decisions (as occurs in pediatric medicine). That is, their owners decide for them. Veterinarians therefore have the obligation and responsibility to reach an opinion in the best interests of the patient.

The points below address the most common dilemmas related to clients encountered while practicing small animal veterinary medicine:

- Euthanasia. People in the process of a terminal disease who make a request to euthanize their pet. Similarly, owners may also ask veterinarians to euthanize an animal when moving house, changing jobs, or going through a separation. In both cases the result and the owner's petition are the same. Another example is the converse situation when owners do not agree with euthanasia based on their own beliefs, thus creating a dilemma for the veterinary personnel who must cope with the animal's suffering. Our personal views on life and death could lead each of us to perceive the same situation differently.
- Refusal of intensive care treatment and admission to hospital. Some ethical dilemmas arise between the client and the clinic's staff. For instance, clients who refuse to accept a certain treatment and veterinarians or staff members may disagree with them. The professional caring for the animal may feel impelled to administer medication without the due authorization.

- The client's beliefs may contrast with those of veterinary workers in matters relating to treatments and vaccinations. Antivaccine movements affect both human and veterinary medicine. The decision not to vaccinate can result in animal disease and death. Can cases of animals with preventable canine distemper or parvovirus be reported to the authorities? Clients believe they are saving money or reducing the perceived risks. As clients will foot the bill, they may believe they should decide the treatment protocol, potentially leading to arguments.
- Veterinary professionals often feel uncomfortable handing the client an invoice that corresponds to the services rendered in cases that did not conclude with the desired clinical outcome. The quandary is whether to bill less because they did not achieve the expected result.
- The emergence of new social media channels gives rise to new dilemmas related to the public and private image of individuals and companies. Angry clients can voice their grievances in multiple forums, even insulting personnel and companies. Of course the recipients of the abuse cannot respond in kind, leaving them in a defenseless position. What is more, they cannot publish clinical or personal data for professional reasons, so they are left with a dilemma about how best to proceed and what would make an appropriate response. In order to maintain control over social media profiles, it is important to include a statement of purpose and to establish an acceptable usage policy. People acting as regulators should sometimes consider deleting certain comments or blocking abusive followers.

STRATEGIES FOR REDUCING ETHICAL TENSIONS

You must know how to recognize an ethical dilemma just as you would diagnose a patient's disease.

Veterinarians often believe their own ethical concepts are the only correct ideals and that both the clinic's staff and clients share the same opinions. However, this is not the case. Everyone has their own moral framework that can change over time depending on life experiences.

This issue must be addressed at staff meetings, and treatments and procedures must be discussed. You can always consider turning to colleagues

for advice in the case of significant dilemmas.

Clients must receive appropriate information and you must be sure that they understand it. The veterinarian–client relationship must be founded on medical knowledge of procedures and mutual responsibilities through the definition of clear limits. It is essential to establish self-limits and understand those of others.

Ethical dilemmas arise on a constant basis during everyday veterinary practice. They affect all personnel involved in animal health, from receptionists, managers, and team leaders to veterinarians and their assistants. Clinics must be patently aware of the boundaries that they must not overstep and establish clear channels for communicating with clients.

TABOOS IN THE VETERINARY PROFESSION

Cultural heritage makes it very difficult to talk about sex, death, and money. Possibly the most awkward issue to discuss in everyday veterinary practice is money.

Clinics usually try to dissociate the veterinary figure from the person who deals with money matters. First the veterinarian explains the clinical work and then there is a specialist who goes over the financing and payment. Consequently this position has evolved from receptionists to assistants who specialize in preparing estimates.

Vets have their own idealization in terms of caring for animals, so their image as a healer (an exalted, spiritual image) contrasts with that of the person who charges for such services (an unscrupulous, materialistic image).

Health workers may not be trained to give price estimates or discuss them with clients. However, while clients' main concern is for their pet, they may often feel the financial aspect is also important and should be discussed in the consultation. Even though a clinic includes staff who specialize in giving estimates, veterinarians must be able to justify them to clients at any given moment.

When faced with a claim or the fear of receiving one, or in the event of clinical cases with a negative outcome, veterinarians or auxiliary staff may feel that charging less or offering discount policies will reduce the blame.

The high level of stress clients can experience during a consultation may sometimes mean they do not think clearly and feel obliged to make decisions

because they believe they are correct from the clinic's point of view. If clients are highly pressurized when making a decision and the clinical case eventually results in failure or the bill is very high, owners may feel they were pushed towards the given option and the vet is responsible.

The number of claims will depend on such considerations, who makes the final decision, and how much empathy the veterinary staff develop. The workplace environment and level of engagement with patients and clients are the factors that will allow clinics to provide good veterinary care.

In this regard, staff must be made to appreciate that good medicine is associated with more profitable companies and better salaries, so it is important to seek a fair and beneficial balance for everyone involved.



Clients judge veterinarians based on their empathy, honesty, and medical knowledge of the case at hand.

DOCUMENTS THAT MINIMIZE THE NUMBER OF ETHICAL DILEMMAS

Informed consent

The legal basis for the informed consent form arose in the 1947 Nuremberg Code which defined a set of principles for human experimentation. In the wake of events that occurred in Nazi concentration camps, the Nuremberg trials tried a group of doctors for carrying out experiments on prisoners. Surgical interventions, sterilizations, and further atrocities were carried out by these physicians in the name of science or while obeying orders from a superior. The experiments, considered crimes against humanity, were conducted without providing information about the risks involved or obtaining consent from the subjects.

Informed consent was conceived as a document to inform patients about the purpose, benefits, and potential risks of a medical or surgical procedure. However, international studies show there is a strong tendency to believe that informed consent is used as a tool to protect health workers from legal problems and claims rather than a process involving joint decision-making and collective responsibility between the patient and professional.

Given the recent increase in lawsuits against health professionals, nowadays they often protect themselves with a practice known as “defensive medicine.” This new custom requires patients to undergo unnecessary lab tests, diagnostic tests, or consultations, so doctors are covered against any future legal claims. One point to consider is that in light of a bad outcome a judge will request previous diagnostic tests and, if they have not been performed, the responsibility could lie with the professional. On the other hand, the justice system could regard too many tests as abusive; therefore, it is often difficult to maintain a correct balance.

In veterinary medicine, although there is also a tendency to use informed consent as a defense tool, veterinarians should not forget that it is an opportunity to clearly explain the procedure to the pet’s owner.

Requirements for completing an informed consent form

- **Capacity.** The individual must have the capacity to make decisions.
- **Voluntariness.** The subject must be free to decide whether to undergo a treatment or, in the case of veterinary procedures, to subject the animal to a treatment or procedure. The voluntary nature of consent is breached when it is requested by someone in a position of authority or the patient/owner is not given enough time to think it over, seek advice, or reach a decision.

- **Information.** The options available must be easily understood and include the aim of the treatment or procedure, the potential benefits and risks, and state that the patient/owner can always opt to refuse treatment at any time, without prejudice to any other treatments the patient may receive.
- **Comprehension.** This refers to the signer's capacity to understand the information.

Estimate

In the case of a veterinary clinic, the price estimate is a document or statement that details how much a service will cost if it is eventually carried out. When clinics prepare an estimate they must adhere to it and cannot change it once the client accepts the service.

It must be detailed and, in the case of medical services, if any modifications are required the client must agree to them and sign a new estimate. This is the best way of dealing with the economic issue and avoiding future claims or facing the dilemma of whether or not the client should be charged less in the event of a poor clinical outcome.

Right of refusal

This document is less typical in the veterinary sector, but in human medicine it comprises each patient's right to refuse any given treatment, even in cases where refusing treatment could lead to death or severe disability.

In order to document the fact that the patient has been given the option of receiving a recommended treatment but has decided to turn it down, the patient is usually asked to sign an "against medical advice" form, which is the physicians' means of protecting themselves from legal liability if the procedure in question is not administered.

The refusal to undergo a specific test, treatment, or procedure does not necessarily mean the patient is refusing all care. Healthcare professionals are still expected to offer the patient the best options available after having rejected the initial treatment.

In some cases the patient lacks decision-making capacity (intoxication, injury, illness, emotional distress, amongst others) and doctors or judges have to decide what to do.

A sworn declaration or advance directive can be used to provide a written statement of the desires of individuals before an emergency occurs. These

documents establish in writing the patients' preferences as to which specific treatments they would accept or refuse in the event they cannot decide or express their opinion due to disease or injury.

07 TEN BEST PRACTICES TO SUPPORT STAFF AND COLLEAGUES IN VETERINARY PRACTICE

Patricia Ann Smith

“ No one cares how much you know until they know how much you care. ”
Anonymous

This quotation is appropriate for veterinarians/business owners who are responsible for the success of their staff members. This is no mean feat, as most staff members are subject to high levels of stress, burnout, and compassion fatigue.

Showing interest in your employees, assuming leadership, and building successful and effective teams, all while overseeing the day-to-day running of the clinic, equates to a full plate of responsibilities for any veterinarian and business owner. Balancing both your personal and professional life can be exhausting and is prone to failure, but this does not have to be the case as a healthy work environment can be created through careful planning and commitment. The 10 best practices outlined later in this chapter can be implemented year after year, even as employees come and go.

Firstly, it is imperative for leadership to show concern and interest in the staff. This extends to colleagues as well. Without becoming too personal and intrusive, understanding who your workers are and their life experiences is the key to achieving a healthy workplace. There is a strong chance that all staff members have a story about how an animal played an important healing role in their life.

While shadowing and interviewing animal caregivers in a multitude of facilities, I have repeatedly heard the same thread running through their

stories: when I was in emotional pain and suffering, my dog (or other animal) provided unconditional love and loyalty. Working in animal welfare is my way of giving back. I believe the issues surrounding shelter work are also present in the veterinary field.

In her book, *Bridging the Bond: The Cultural Construction of the Shelter Pet*, author and scholar Tami L. Harbolt makes a strong case as to why shelter workers experience high levels of stress, burnout, and compassion fatigue. She writes the following:

“ My personal experiences working in an animal shelter for the past several years have led me to believe people are drawn to sheltering work out of more than simply a desire to help animals. Many of the people I met in this community had experienced various forms of oppression, either in a familial, societal, or biological way. This experience of oppression led many of these workers and volunteers to develop a heightened empathy for animals, based on the perceived experience of shared oppression and suffering. ”

She continues:

“ I will suggest in this book that people are drawn to animal shelter and welfare work because it is highly dramatic, intense, and characterized by joyful highs and overwhelming setbacks. And it satisfies some need in people, not only to control their social environments, but also to rearrange their legacies of disenfranchisement... I am suggesting that the qualities associated with service work that include self-sacrifice, rescuing, and intense emotional commitment are more than satisfied in this line of work and may even be exacerbated by virtue of the fact that the victims are considered voiceless and powerless members of our communities. ”

J. Eric Gentry, a leader in the field of traumatology, suggests that animal caregivers already present high levels of compassion fatigue when they enter their chosen fields. Given that the seeds of compassion fatigue take hold in our formative years, mostly due to dysfunction within the family unit, many people have been experiencing symptoms of stress, burnout, and compassion fatigue for a long time when they reach adulthood. This is particularly true if the negative effects of adverse childhood experiences (ACEs) have not been drawn to the sufferers' attention and, therefore, they have not practiced authentic, sustainable self-care behaviors to counteract the chronic symptoms.

The US Center for Disease Control and Prevention (2016) says the following about adverse childhood experiences:

“ Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. (...) Adverse childhood experiences have been linked to risky health behaviors; chronic health conditions; low life potential; and early death. As the number of ACEs increases, so does the risk for these outcomes. ”

To fully understand the cycle of caregiving and how it relates to compassion fatigue, we must first comprehend why some of us are driven to care for others, whether animals or humans. Not everyone is motivated to make caregiving their life's work. The impulse to provide care is rooted in our own neediness.

Paradoxically, we place our own desire for love, security, and empathy outside of ourselves. We take our unmet psychological needs that most likely developed in early childhood and place them “out there.” Remember, people with high levels of compassion fatigue are “other-directed.” We place the needs of others before our own. Our chronic caregiving is really an attempt to care for ourselves. We are acting out and showing the world what we need and desire. When we move from being other-directed to self-directed, we journey through the quagmire of sustaining and even nurturing a childhood trauma and come out the other side. The other side consists of not looking outward to find the love, security, and empathy we missed, but instead discovering it where it actually resides, within ourselves. This can assuage the trigger-induced traumas we experience on a daily basis that eventually lead to stress, burnout, and compassion fatigue.



Simply put, the unmitigated need to help others is often really an unfulfilled need to help ourselves.

This explains why authentic, sustainable daily self-care is our passage to wellness. Once we fulfill our former unmet needs with self-care, the impulse (perhaps even the addiction) to help others subsides to a manageable level.

We know compassionate, empathetic people are attracted to the intense work of animal caregiving. Unfortunately, when this passion combines with high levels of stress, burnout, and compassion fatigue, it is coworker relationships, customer service, and the workplace environment that suffer. Symptoms of a highly dysfunctional workplace include: high rates of workers' compensation claims, high absenteeism, inability of staff members to successfully adapt to change, a "them versus us" mentality, contentious customer service outcomes, and employees who lack trust in each other and their leadership. When new hires walk into an animal caregiving job, they also bring all their past experiences, positive and negative, into the workplace with them. When they realize processes and programs are not what they think or feel they "should" be, they will begin a campaign to "fix" things. This is arguably the most disruptive and time-consuming situation the animal welfare world has to put up with. The same problem is true of

volunteers, who also introduce their own high levels of compassion fatigue and “shoulds” into the organization or business.

Righting these wrongs is undoubtedly a direct responsibility of the veterinarian and business owner. It pays dividends for the organization’s leader to spend the time, effort, resources, and attention required to create a plan that will transport the organization along the path from unhealthy to healthy. These benefits include staff retention; higher levels of compassion satisfaction among staff, patients, and clients; a peaceful work environment; and a more robust bottom line, among others. Most vets will cringe at the thought of having to add more to their workloads. Schedules and budgets are tight and the working day is already very long—not to mention the tightrope they walk trying to balance their personal lives, marriages or partnerships, social obligations, and the quest to find time to take part in activities that promote their own wellness. Business owners often assign a staff member to oversee training and team-building activities and take on the role of “all-around workplace motivator.” However, ultimately that agenda just does not work out. Staff will always look to leaders to see what they are doing to support any changes, plans, or activities.

Assuming the burden of motivating and leading staff and colleagues can be overwhelming and frustrating. The good news is that it does not have to be. There are best practices that can be used to guide and aid veterinarians in reaching the lofty goal of overseeing and managing a healthy organization. It will initially take some hard work to implement these new processes, but in time ushering in healthy, positive attitudes, establishing new and effective modes of communication, allowing everyone to engage in the power of vulnerability, and practicing top-down transparency will replace dysfunction.

TEN BEST PRACTICES TO HELP JUMP-START THE PROJECT



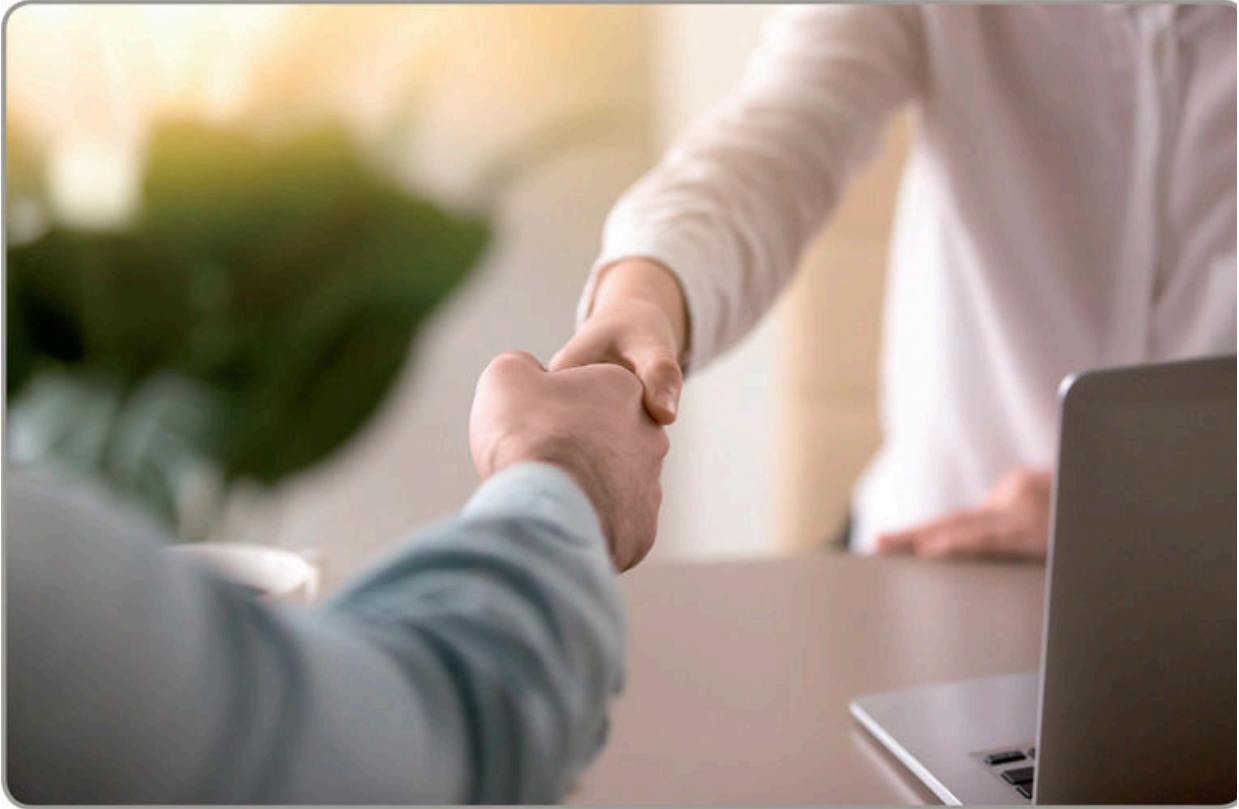
Review your organization’s mission statement

Do the words of your mission statement truly reflect who you are as an organization or business? Is it too long and wordy to be understood and used by your staff? Your mission statement is your brand. It is your promise to the public explaining in no uncertain terms who you are, your goals and objectives, and reflects your philosophy. As with most things in life, the shorter and simpler, the better. A mission statement that is shared and understood by everyone onboard keeps the group focused and goal-oriented.



Hire well

Veterinarians must hire employees who truly embrace the organization's mission. The first question human resources should ask when interviewing a prospective employee is: "Do your personal values align with the values and mission of our organization?" Imagine the consequences of hiring a new employee who does not believe in euthanasia when your organization performs humane euthanasia on a regular basis. Euthanasia is stressful at the best of times, but it can be devastating to a staff member who is morally opposed to the procedure. The second question should be: "What do you do to take care of yourself? What is your self-care plan?" A simple: "I go to the gym twice a week" will not suffice. Caregivers must provide self-care every single day. The rhythm of a healthy caregiver is to fill up (doing something that provides enjoyment and pleasure) and empty out (what most of our daily caregiving work does to our body, mind, and spirit). Ensure the potential hire truly understands the need for this beneficial rhythm and fulfills it on a regular basis in order to remain healthy. Setting high expectations for self-care from the outset never fails.



3

Create a mandatory compassion fatigue training module in your new hire orientation plan

Some caregivers who enter a helping profession are completely unaware of compassion fatigue. I have been training on the subject for over 20 years and I believe animal welfare workers are among the least informed. Knowledge of compassion fatigue, its definition, symptoms, causes, and strategies for successful self-care, can go a long way in helping to keep it under control. This, in turn, will ensure the organization remains healthy and promote job retention. Once you have mastered the new training module and feel it has been well-received by new hires, it might be time to create a voluntary course that includes information on stress, burnout, and compassion fatigue. When presenting training courses at animal welfare organizations, I have always applied the policy of separating staff training from volunteer training. Each group brings its own challenges to the organization or business and

ideally those distinct challenges and issues should be addressed independently.



Model healthy behaviors

During training sessions, I often ask: “Who eats lunch?” In a group of 150 participants, maybe 10 raise their hands. When asked why they do not take time to eat and refresh, the answer is invariable: no one else does either. If I do, I feel guilty and colleagues buzz to each other how I must not have enough work to do since I find time to eat. This is totally unacceptable on so many levels. We need a break to eat lunch and feel energized. A healthy lunch holds the ability to carry and energize us through the rest of the day. If the leader of the organization champions eating a nutritious lunch, finding time to exercise, enjoying regular vacations, and managing the balance between work and home, it will start a chain reaction. By doing so, you give your staff and colleagues permission to do the same. By modeling these healthy habits and behaviors, you are truly taking on the role of leader. Also, consider the latest research into the brain. Scientists who study the brain have unearthed what they call “mirror neurons.” Mirror neurons are brain cells in the cortex that fire both when a person completes an action and when the person sees someone doing the same action. This mirroring could be a way of experiencing the actions or emotions of another without having to think about them. Mirror neurons could enable us to become positively engaged and benefit when the other person is displaying compassion or empathy, or even eating lunch. We tend to think that if it is good for others, it is good for us.



Practice open and transparent communication

This is especially true when going through change. If humans are not told the whole story, they will gladly fill in the blanks. Unfortunately, this practice of being less than truthful or displaying a lack of transparency brings rumors, untruths, and misinterpretations into the mix. These questionable behaviors and actions can cause discord and negativity within departments and among colleagues. It is even more detrimental if rumors spread outside the organization or business and reach the public domain. When this occurs, the media will probably get involved and it results in a PR nightmare. There are times in the life of every organization or business when secrecy is imperative such as prior to a forthcoming sale. Sometimes information is time-sensitive and must not be shared. However, I have found this is the exception, not the rule. All too often, people in leadership roles use their knowledge as power. Knowledge is not power if the information can provide workers with a better understanding of the situation. Share knowledge, facts, data, and materials whenever possible. Doing so leads to trust, and trust is what carries organizations through difficult periods and into successful times.



Apply the practice of management by walking around (MBWA)

This management style was developed by two of the world's most successful entrepreneurs, David Packard and William Hewlett. The Stanford University-educated engineers started the technology company Hewlett-Packard in the San Francisco Bay Area in 1939. They both believed that keeping in touch with their employees by asking questions and listening to their ideas was the key to building productive, highly-successful teams. This practice of walking among workstations and visiting employees was expected of everyone in a leadership position. It was so successful that other companies followed suit and MBWA became the global business mantra of its time. After Tom Peters and Robert Waterman wrote about it in their 1982 bestseller *In Search of Excellence*, MBWA became a buzzword for the up-close-and-personal management style. In healthcare, it is known as "rounding." Regardless of its name, the management style revolves around leaders talking to staff on a regular and informal basis. If an employee makes

a reasonable request, something as simple as a fully functioning coffee maker in the kitchen, be sure to follow through. It is not enough to give lip service; leaders must deliver on their promises on a regular basis. Otherwise, the entire process will collapse and trust will be lost.



Increase flexibility in work schedules

Life today is complex. Workers not only balance their own needs with those of their family and home life, but they must also attempt to balance their heavy workloads. Clearly not all staff members can be allowed to work from home, but it would reduce stress if those who can were given this option. A later start to their working day can be a massive help for employees who need to take children to school or look after elderly parents or an ill child. Closing the clinic from 12–1 pm each day would allow staff to run errands, exercise or enjoy lunch without any interruptions. Finding ways to help staff balance their lives builds trust and respect. Requesting input from staff is one way of bringing in new ideas. While it might seem unreasonable to offer a 4-day working week with 5 days pay, especially in the United States where most workers put in a 50- to 60-hour week and do not take vacations, an eye-opening study in New Zealand has revealed that it is a highly plausible idea, as Charlotte Graham-McLay reported in an article titled *A 4-Day Workweek? A Test Run Shows a Surprising Result* (2018). Perpetual Guardian, a firm that manages trusts, wills, and estates, found that changing to a 4-day working week increased productivity among its 240 employees. Participants reported they spent more time with their families, exercising, cooking, and working in their gardens. Employees reported a 24 % improvement in work–life balance and returned to work energized and rested. Jarrod Haar, Professor of Human Resource Management at Auckland University of Technology, was called in to study the effects of dropping down from a 40-hour week to 32 hours and reported that managers found their staff were more creative, had better attendance, did not leave early, and took shorter breaks throughout the day. The city of Gothenburg in Sweden experimented with switching from an 8- to a 6-hour day and observed the same positive results. In Perpetual Guardian’s case, another change with a high success

rate among staffers was reducing the duration of meetings from 2 hours to 30 minutes.

8

Empower others

This best practice is easily explained: hire the best and brightest people and let them do the job you hired them to do. As business owners, veterinarians often feel the need to maintain full control over the entire workplace and lean towards micromanaging. It is true that most of the responsibility lies on their shoulders, but it should not be crippling. Allowing others to burden some responsibility helps them to grow more resilient and self-reliant. Effective communication plays a big part in helping staff understand what is expected from them when overseeing a project. All expectations must be clear and concise to ensure a successful outcome. Micromanaging creates disgruntled and unhappy team members.





Invest in your people

Learning new skills on a regular basis should be on every veterinarian's list. Similarly, new skills training should also be mandatory for staff members. Skills can include professional training in new processes and procedures in the animal care world as well as life skills such as decision-making, time-management, mindfulness, and financial basics. Caregivers with elevated levels of compassion fatigue often lacked healthy modeling during their formative years, leaving huge holes in their life-coping skills. Providing training will not only help them in their professional lives, but also in their personal lives. Finding time to bring staff together can be a challenge. One way is to close the clinic from 12–1 pm and hold a 1-hour brown bag lunch training session. Another way is to close the office early, bring in a simple, catered meal, and have staff stay on to attend the session. Be sure to hand out a questionnaire so you can measure the success of your endeavor. Open the idea up to staff members and ask what skills interest them and then plan accordingly.



Embrace vulnerability

This technique may be the most challenging for veterinarians, and the most difficult to master. Psychologist Brené Brown is a strong proponent of practicing vulnerability. Dr. Brown works with business leaders worldwide, sharing the ideals of vulnerability, courage, and worthiness in the workplace. Her bestseller *Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead* was named one of the top ten business books of 2012. She explains her own journey learning to embrace vulnerability:

“Vulnerability is basically uncertainty, risk, and emotional exposure. I was raised in a “get ‘er done” and “suck it up” family and culture (very

Texan, German-American). The tenacity and grit part of that upbringing has served me, but I wasn't taught how to deal with uncertainty or how to manage emotional risk. I spent a lot of years trying to outrun or outsmart vulnerability by making things certain and definite, black and white, good and bad. My inability to lean into the discomfort of vulnerability limited the fullness of those important experiences that are wrought with uncertainty: Love, belonging, trust, joy, and creativity to name a few. Learning how to be vulnerable has been a street fight for me, but it's been worth it. ”

Allowing vulnerability in the workplace has its rewards for veterinarians and their colleagues. We know one of the greatest sources of stress on veterinarians is the expectations of others. Veterinarians experience pressures such as managing their businesses while working full-time, putting in long hours without complaint, and supporting others without asking for help on a daily basis. Constant requests for pro bono work from animal rescue and other caregiving groups only adds to the dilemmas they face. American humorist Will Rogers summed the situation up eloquently when he wrote: “The best doctor in the world is the veterinarian. He can't ask his patient what's the matter—he's just got to know.”



COMPASSION SATISFACTION IS A BEST PRACTICE

The job of the veterinarian requires a high level of aptitude, sacrifice, and education. There is no room for mistakes. High client demand, constant emotional trauma, and unsuccessful outcomes that lead to poor public opinion can all devastate a veterinary practice. These expectations put a veterinarian at-risk for high levels of stress, burnout, and compassion fatigue. Worse yet, the chronic focus on perfectionism can lead to burnout and depression.

Dr. Brown shares her thoughts on this matter:

“Perfectionism is also very different than self-improvement. Perfectionism is, at its core, about trying to earn approval. Most perfectionists grew up being praised for achievement and performance (grades, manners, rule following, people pleasing, appearance, sports). Somewhere along the way, they adopted this dangerous and debilitating belief system: “I am what I accomplish and how well I accomplish it. Please. Perform.”

Perfect.” Healthy striving is self-focused: How can I improve? Perfectionism is other-focused: What will they think? Perfectionism is a hustle. ”

According to American evolutionary and social psychologist Paul Ekman, a pioneer in the study of emotions, the five basic human emotions are: sadness, happiness, anger, disgust, and surprise. He goes on to suggest that these emotions combine to form further emotions such as boredom, compassion, embarrassment, rage, and hunger, among others. Vulnerability is the practice of opening ourselves up to this full range of human emotions. We allow ourselves to be authentic with others, but more importantly, we allow ourselves to be authentic with ourselves. Vulnerability can be displayed through our honest words or physical actions such as crying. We let our guard down and by doing so allow others to do the same (remember those mirror neurons). When working in an intense and emotional environment such as animal caregiving, pushing down the frequently felt painful emotions only serves to increase levels of stress and compassion fatigue. Donning the invisible armor of strength and toughness only serves to distance others; by adopting this attitude, we, as leaders, will be neither approachable nor nurturing nor helpful during difficult times.

And above all, we will have missed the opportunity to show our staff and colleagues how much we care.

Employing staff with high levels of occupational compassion satisfaction is at the heart of successful engagement. Compassion satisfaction is the pleasure and fulfillment we derive from doing the work we choose to do. High levels of compassion satisfaction can relieve some of the stress caused by compassion fatigue. When asked what creates compassion satisfaction in their work life, participants in my training sessions have given a range of responses including “dress-down Fridays,” “spending quality time with the animals,” and “working with dedicated colleagues.” It might even be working in a recently restored shelter or having a boss who works alongside the staff. Compassion satisfaction comes in many shapes and sizes, all very personal to the individual.

Creating a healthy environment takes time, diligence, and patience. It also requires a very high level of effective communication. If veterinarians plan to incorporate any of these best practices into their organization or business, they must first retain “buy in” from staff and colleagues. Bringing everyone

together to review the plan for implementing these changes must be part of the dialogue.



Always being brave, courageous, and right in the face of trauma negates any chance of displaying leadership, showing respect for other people's feelings, and allowing them the space to be authentic.

When planning, do not forget to include support staff such as receptionists, administrative assistants, and janitorial workers, all of whom can be at-risk for high levels of compassion fatigue. Employees do not necessarily have to work directly one-on-one with the animals to develop stress, burnout, and compassion fatigue. These workers can be the first point of contact for angry or frightened people or animals, bearing the brunt of negative remarks and comments; they might be charged with writing up reports and communications filled with disturbing details; and they surely witness the negative effects the work has on the animal welfare professionals.

As you prepare to roll out your best practices program, underline your expectations from each participant. Do your best to create a reasonable timeframe. Change takes time. Lay out the entire plan simply and with conviction that these changes will make a difference in the lives of those involved, and, ultimately, add bottom-line benefits to the business.

Why? Because in the end, they will.

The five main principles that help guide staff when establishing yourself as a leader



1. Lead change. Help others to change by practicing transparency.
2. Help let go of control by defining jobs and expectations.
3. Assist staff in grasping reality. As hard as they try, situations may never improve or improve very slowly.
4. Offer new skills training and motivate staff to be excited about mastering new skills.
5. Stress the importance of following-through.

The work you will accomplish in reorganizing your practice is more about team building than anything else. As difficult as it is, this includes providing the best possible experience for your clients as well as your patients. These lofty goals are not met with the skills and knowledge of one person. A successful outcome is due to an effective and efficient team—all doing their best to support each other and constantly put forth their best efforts.

Five key dynamics for a successful team

Several years ago, Google LLC, the American multinational technology company, oversaw a study to help define an interactive, productive, and cohesive team. The study showed how the team members interacted, structured their work, and viewed their contributions to the process were more important than who was on the team. The five key dynamics comprising a successful team were:

1. **Psychological safety.** Can we take risks without feeling insecure or embarrassed?
2. **Dependability.** Can we count on each other to do high quality work on time?
3. **Structure and clarity.** Are goals, roles, and execution plans on our team clear?
4. **Meaning of work.** Are we working on something that is personally important for each of us?
5. **Impact of work.** Do we fundamentally believe that the work we are doing matters?

These findings can apply to any organization or business, but they can be particularly useful in animal welfare work where teamwork is often undermined by high levels of compassion fatigue. A symptom of organizational compassion fatigue is a “them versus us” mentality, where members of staff stand alone instead of together. Implementing the 10 best practices, while also applying these key teambuilding dynamics, will promote not only a healthy environment for the staff, but also for the patients and their human owners.

08 HOW TO DEAL WITH EUTHANASIA AND ITS EMOTIONAL IMPACT

Inmaculada Pérez Madrigal

WHAT IS EUTHANASIA?

Euthanasia comes from a Greek word that translates as “good death.” Small animal veterinarians use the term to refer to putting an end to an animal’s suffering, whether because it is in a dire situation and will not recover from it or it is in the throes of an end-stage disease. In addition, veterinarians working in large animal practice sometimes have the legal obligation to sacrifice healthy animals as part of disease control programs.

However, health professionals are not trained to deal with death, but rather their objective is to prevent it. They study illnesses, diseases, and their treatments, but they are not taught how to cope emotionally with death, discuss it with personnel, or inform clients about a loss.

Modern-day Western societies tend to ignore death, in fact we prefer not to talk about it and often deny its existence. In addition, sought-after attributes such as energy and youthfulness sometimes cause people to refuse to accept a disease process and the fact it could lead to death.

HOW DOES EUTHANASIA AFFECT VETERINARY STAFF?

Accounts from staff working in intensive care units (ICUs) in a human hospital reveal that they neither suffer less nor necessarily become accustomed to death: “Nurses reported that their proximity to the death of a patient, to whom they had dedicated hours of work, could trigger feelings of impotence, sadness, fear, and suffering” (Souza e Souza et al., 2013).

Support staff have been available for professionals at human hospitals for several years now, where group therapy meetings in which employees can share their experiences have become quite common, as has the presence of psychology and psychiatry teams.

It is reasonable to conclude that veterinary professionals also suffer from very similar experiences. The difference lies in the fact that veterinarians do not have the necessary resources or services to deal with certain situations. Veterinary staff often have to cope with death in isolation, because of the small size of veterinary clinics or due to the demands of the job, and they can develop conditions associated with the subject of death.



Veterinary workers encounter death five times more often than other healthcare professionals.

Veterinarians are actively involved in the death process, both in the act itself and in deciding the most appropriate moment to perform euthanasia. The manner in which professionals confront this situation will depend on their religious and cultural background, personal experiences, and conscience choices. Those in charge of other staff or a team must bear in mind where the ethical boundary lies even though it may be difficult to set, especially in chronic diseases. Despite understanding that keeping suffering animals alive is unethical, owners may hesitate to euthanize their pets when they realize the fact that they will never be able to see them again. Therefore, it is a good idea for vets to learn how to talk to owners or the team about euthanasia, and how to make decisions in line with their own conscience and ideology.

HOW DO ADULTS GO THROUGH THE GRIEVING PROCESS?

Throughout this book we have underlined the pet humanization process. That is why we can no longer deal with euthanasia, loss, and bad news in the same way as they were handled a century ago.

Nowadays pets occupy a very significant position in family life—they are usually walked on a daily basis, they receive (and return) affection, they are bathed, well fed, looked after, and even taken on vacations—which results in very important social contact for the owner, in fact many people frequently relate to others via their cats or dogs. Owners devote a lot of time and commitment to their pets, so their sudden absence creates a very evident hole in their lives.

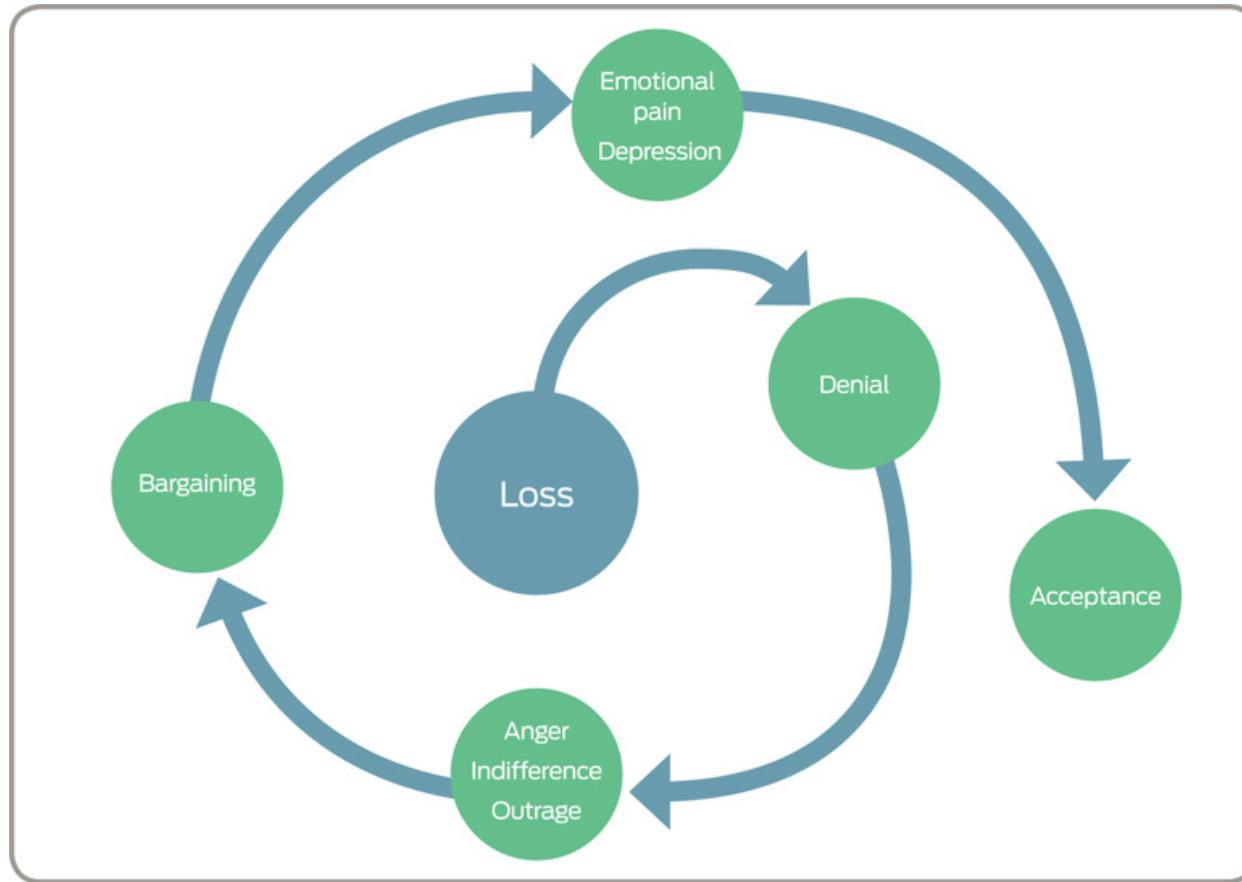
Some owners mourn the loss of a pet and feel just as much pain as when they lose a close relative. Vets sometimes find themselves in the consultation room with clients who describe how their pet helped them overcome depression or an illness and that they are afraid they will suffer a relapse.

It is part of a veterinarian's responsibility as a professional to take such factors into consideration, because there are always people and specific circumstances behind each grieving process.

According to the model put forward by Dr. Elisabeth Kübler-Ross in her book *On Death and Dying* (1969), grieving parties go through 5 stages:

1. **Denial** . Denying to oneself or those around you that the loss has occurred.
2. **Anger, indifference, or outrage** . A period of anger because you were unable to prevent the loss. The grieving party looks for causes and someone to blame.
3. **Bargaining** . Bargaining with oneself or those around you, making sense of the advantages and disadvantages of the loss. The grieving party seeks to recover the loss despite the known fact that it is impossible.
4. **Emotional pain (or depression)** . The person starts to feel deep sadness for the loss. Periods of depression may be experienced, but they should diminish with time.
5. **Acceptance** . The person grieving accepts that the loss is inescapable. It implies a change of perspective of the situation in the absence of the

loved one, while always remembering that accepting is not the same as forgetting.



Not all grieving people go through the 5 stages and they do not always occur in the order mentioned previously.

Grief tends to last for 6 to 12 months when it corresponds to the loss of a very close loved one (parent, child, partner, etc.). If the symptoms do not subside after this period and they make it hard for the grieving parties to go about their everyday life, it is essential that they visit a psychiatrist or psychologist as they may be suffering from chronic depression, which would imply a condition of pathological grief.

It is sometimes said that the loss of a pet should not provoke pain for more than 3 to 4 weeks; however, there is an ever-increasing number of psychologists who equate the death of a family pet to that of a close relative.

Grief is an emotional response to loss.

GRIEF IN CHILDREN

Society tends to protect children and distance them from the dying process. However, loss occurs at every stage of our lives: the loss of a relative or a friend, separations, failures, and so on.

The 2017 *Guía sobre el duelo en la infancia y la adolescencia* (Guide to Grieving in Childhood and Adolescence) edited by the Bizkaia College of Physicians, Spain, affirms there is a series of false myths; for example, children are unaware of what is happening or do not experience grief, or that adults should protect them or conceal the death. Yet the professionals in the area advise against lying to children, excluding them, or pretending that everything is normal, especially from the age of 6 years since they are already fully aware. Adults should instead treat them with compassion. The information in this section has been extracted from the aforementioned guide.

Up to the age of 6 years children do not understand the concept of loss because they think people live eternally, nor do they understand that actions can be irreversible. They follow a magical thought process where the lost loved one will reappear if they wish it to be so.

From the age of 6 onwards children start to question their own death and that of their loved ones. Later on, adolescents appear to react to death in a similar manner as adults, although they may feel pressured to behave in such a way and hide their feelings, which could mean that they do not complete the grieving process.



Professionals advise against lying to children about the subject of death.

As healthcare professionals, veterinarians must be aware of these implications and stages of grieving as the parents often ask how to inform their children about the death of a pet. We must know how to advise and explain the different stages children may go through. The act of losing a pet is extremely painful for a lot of adolescents as it is often the first time they have to cope with such a situation or because all of their memories are connected to the pet as it has accompanied them throughout their life.

The grieving process is shorter at these ages than for adults, but if they show signs of anger, anxiety, insomnia, nightmares, an unwillingness to be away from their parents, or guilt, then they should be taken to see a professional.

When carrying out euthanasia, vets must consider several factors such as giving the family the opportunity to say goodbye to their pet. If the family wants to be present, special care must be taken to avoid performing the act in front of children, adolescents, and particularly sensitive people. If a minor's legal guardians insist on the minor witnessing the process, they must sign a disclaimer releasing the veterinarian from any responsibility.

The presence of children and sensitive individuals during the euthanasia process is not recommended.

HOW TO DELIVER BAD NEWS TO THE OWNER: BUCKMAN'S 6-STEP PROTOCOL

Buckman's book *How to Break Bad News* (1992) is used as a study guide at several medical schools to address how to communicate bad news to patients. It has also been adapted to the needs of veterinary medicine in an article titled *End-of-Life Communication in Veterinary Medicine: Delivering Bad News and Euthanasia Decision Making* (Shaw and Lagoni, 2007) published in the journal *Veterinary Clinics: Small Animal Practice*.



Find and prepare the most appropriate setting

Talk with the owners in a calm environment. Establish a connection and ask how they feel and whether it is a good moment to discuss their pet's condition.

If the animal is very ill, introduce a phrase such as “The last few hours have been very difficult.” This helps with the next step.



Discover how much the clients know about their animal's condition

At this point it is essential to exercise active and empathic listening while paying close attention to the clients' nonverbal language.

Ask open questions such as “What is your impression of Jasper's illness?” (always use the pet's name), “What is your biggest concern?”, or “What doubts do you have?” This is because some people want to receive a lot of information, but others freeze up and are unable to understand what is going

on when in stressful situations. You can ask openly about this matter: “What are your plans regarding Jasper’s future?”



Explain the details and information

Sharing details and information about the animal’s disease is very important for the owners. Veterinarians must take their time and speak slowly so clients may absorb the information.



Treatment and prognosis

Proceed with caution and observe the owners’ nonverbal language. This step should also include open questions to assess their level of understanding of the circumstances and how they will deal with the situation.



Empathize with the owners’ feelings

Respond to and empathize with the clients’ emotions, use a soft tone, and do not make value judgements. Offer support with phrases like “We are here to help,” “Take your time,” “I understand what you must be going through,” and “This situation is often overwhelming.”



Planning and monitoring the process

All parties must be involved in the decision-making process, whether it concerns treatments and admissions or the act of euthanasia.

Recommendations for proceeding to euthanasia

- Once the decision has been made, the procedure should be carried out in a separate room to ensure the owners and their pet are in a calm environment.
- Obtain the owners' signature on all the documents required for the procedure.
- Agree upon all the details such as the type of incineration or burial. These points must be clarified before the intervention.
- Veterinarians must explain the protocol to be employed, how the animal will be sedated, what the normal procedure is like, how long the drug takes to work, and what the animal will experience. For example: they will feel like they are falling asleep and will be relaxed, the procedure is very short.
- Give the family space and privacy to say goodbye to their pet.
- They often want to be with the animal for a few minutes and check that they really have passed away; the clinic's staff should understand this behavior. But after this period vets must invite them to leave the room and say their final goodbye.
- At all times, veterinarians must portray a sympathetic and sensitive attitude, offer comforting words, and state that they understand it must be a hard situation for the owners.



The moment of death is particularly painful for the owner and vets must know how to handle these difficult situations so the client can initiate the grieving process without any feelings of guilt.

WHEN TO OPT FOR EUTHANASIA

The veterinarian and client must reach a consensual decision before proceeding with the act of euthanasia. In the case of long-term illnesses it is a good idea to set up a series of prior agreements with the owners, so they can choose to visit the veterinary clinic when their pet stops eating, becomes unsociable, loses weight, or appears to be suffering a lot of pain, and maybe this is the moment to make a decision.

Discussing euthanasia can be a major challenge for both the veterinarian and owner alike. Because of their emotional relationship with their pet, owners may refuse to see euthanasia as an option. The use of more specific criteria (e.g., pain, overall health status, prognosis, patient's response to treatment, or disease progress) will help the veterinarian assess the situation from a more objective point of view and advise the owner accordingly. The owner's character and way of thinking can also represent a challenge for the vet.

The professional must always seek to defend the animal's rights and wellbeing, ensuring that it enjoys a dignified, pain-free standard of living.

COMMUNICATION WITH THE TEAM

The decision to perform euthanasia on an animal is frequently taken after a long illness or period of hospitalization. In such cases the clinic's veterinary staff often develop a relationship with the animal and feel genuine pain if it has to be put down. Therefore, it is very important to establish communication with the team members. The aim is to make sure staff feel they are within a safe environment and supported by a team; so they can express how they feel.

Any conflicts that may have arisen must be analyzed and attempts made to improve certain aspects of client communication. Discussing the case and any feelings it may have triggered also helps staff members learn how their colleagues activate coping mechanisms.

Regular meetings with the team could prevent the onset of compassion fatigue and burnout.

FUTURE NEEDS

Euthanasia is a hugely important moment for pet owners. The procedure can mark a point of inflection in the clients' relationship with their veterinary clinic, to such an extent that if they feel it did not fulfill their expectations they may never return to the practice, possibly because of the pain or a bad experience.

On the other hand, nothing builds loyalty more than when clients feel that their suffering was shared and the veterinarian sympathized with their loss and consoled their family.

It is also a hard process for veterinary professionals, as they may feel guilty or responsible for making decisions which they feel were not theirs to be made. The need for education about these processes and how to set boundaries regarding responsibilities remains an outstanding issue for the veterinary sector to address.

09 LOSS, GRIEF, AND SUICIDE IN VETERINARY MEDICINE

Patricia Ann Smith

LOSS

Loss is at the core of stress, burnout, and compassion fatigue. Veterinarians and staff provide emotionally intense caregiving work every day, and they experience loss on a regular basis. The loss can be all-encompassing due to performing euthanasia on a terminally ill patient, losing a client due to a misunderstanding, the realization that humans can be intrinsically evil, especially when it comes to animals, or even the loss of our own innocence concerning the realities of the veterinary profession. Doug Fakkema, a trainer and consultant with extensive experience conducting humane euthanasia workshops throughout the world, recognized the four phases animal welfare workers experience as their idealism shifts to realism. His words have become the benchmark for understanding the profound loss of innocence endured by many new animal caregivers. Here I have summarized the four phases as follows:

■ Phase one

Red hot and raring to go. We are out to change the world. We know that we can make a difference, that our efforts on behalf of animals will ease their plight. We work what seems like 25-hour days, yet we are energized. Our enthusiasm overflows; we have a limitless capacity for challenges. We eat, sleep, and live in the cause for animals. Our friends do not understand our obsession and turn away or just fade away, and we let them, for we meet new ones. Some, though, do not make new friends; we are too busy working for animals. Some of us become loners with only our canine or feline companions to keep us from total isolation, but we are content because we have a cause. In our zeal, we tend to affix simple solutions to complex problems—every animal should be sterilized, or no

animal should be euthanized. We are often late because we try to rescue animals from highways and streets. We think we understand the problem, and we know we can fix it if only people would get out of our way.

■ **Phase two**

Our phase one enthusiasm has turned sour; the bubble bursts and we crash and burn. We see the same people coming into the shelter with yet another litter—they have not heard our message. We continue to euthanize; there seems no end to it. Even our friends do not understand us. We cannot seem to reach anyone. Animals are still abused and neglected; their plight seems unchanged despite our efforts. We have lost the boundless energy that characterizes phase one. We no longer wish to talk about work; maybe we do not even want to admit where we work. We are tired all the time. We go home from work, lock the door, turn out the lights, and close the blinds. We are too exhausted to cook so we scarf fast food and snacks. Some of us turn to alcohol because it takes away our feelings of hopelessness. We seem powerless to affect any of the changes that drove us to dedication. We have become horrified by the work we do. Even our dreams are filled with horror. Our shield gets thicker and thicker. It blocks the pain and sadness and makes our life somehow tolerable.

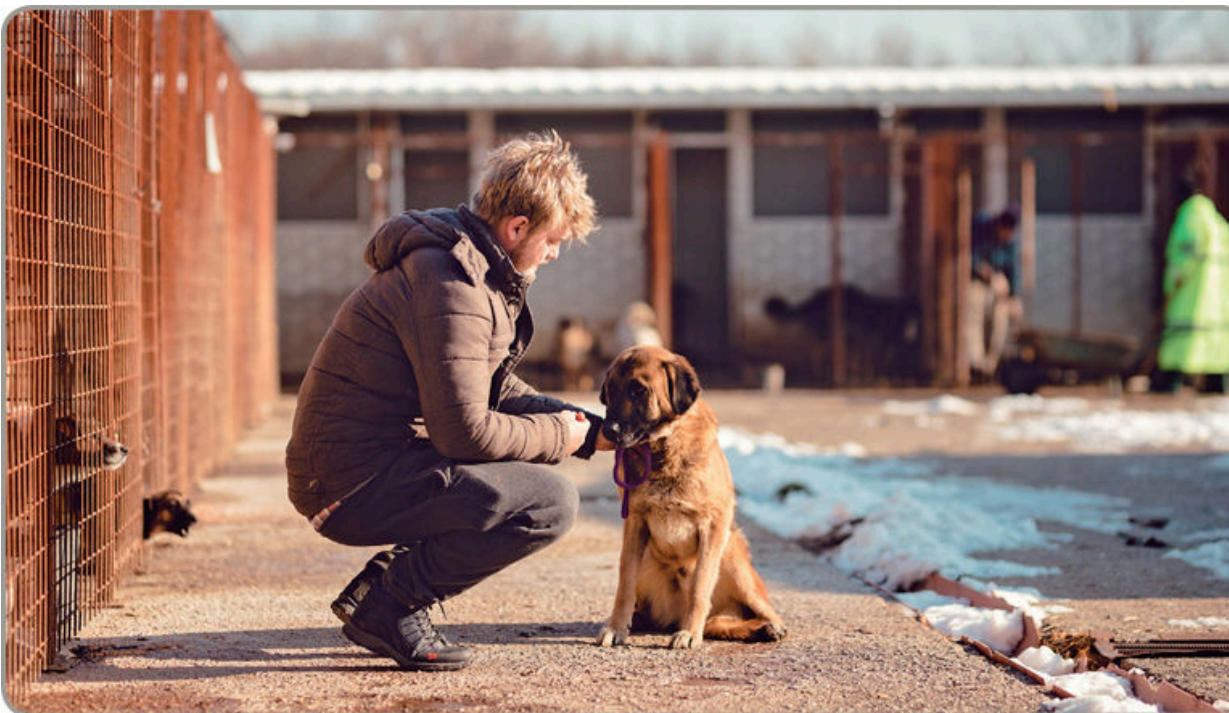
■ **Phase three**

Our phase two depression has turned inward and we are going mad. Hopelessness turns to rage. We begin to hate people. Our rage expands to our personal life. We rage at politicians, television, newspapers, our families. We have lost our perspective and effectiveness. We are unable to connect with life. Even the animals seem somehow distant and unreal.

■ **Phase four**

Many leave animal work during phase two or three, while for others it takes years and years. Some never reach a sense of peace and remain perpetually depressed and angry. Over time, the depression can be replaced by a new determination and understanding of what our mission really is. We have not solved the problem, but we have made a difference to dozens or even hundreds and sometimes thousands of animals. We begin to see our proper place in our community and see that we are most effective when we balance our professional and personal lives. We understand that ignorance is natural and, in most cases, curable. We

recognize that the solutions are just as complex as the problems, and we bring a multitude of tools to solve these problems. We begin to see results—one step at a time. We reconnect with the animals and our shield comes down. We understand that sadness and pain are a part of our job. We stop stuffing our feelings with drugs, food, or isolation. We understand that our feelings of anger, depression, and sadness are best dealt with if we recognize them and allow them to wash over and past us. We recognize our incredible potential to help animals. We are changing the world.



I saw these phases played out repeatedly during the years I spent as a training and development manager in a large county animal shelter. Unfortunately, many of the new hires left animal welfare work unable to make peace with what they experienced working in the shelter. Most of them left discouraged, disillusioned, and depressed. The cumulative effect of loss had taken its toll.

Loss takes center stage in the veterinary profession. The downhill emotional slide into stress and burnout is due to the daily barrage of a steady stream of difficult ethical and often controversial situations.

We know that these difficulties that create imbalance in the lives of veterinarians worldwide also cross over to those working in the field. Staff take on the stress of the veterinarian(s) in charge, as well as the pain and suffering of the animals. In addition to those two highly problematic

scenarios, we can combine the ever-present need for compassionate customer service. The idiom “the customer is always right” has now been replaced with “the customer is not always right, but the customer feels what the customer feels.” Due to this new mode of thinking, veterinarians and staff are constantly adjusting their own emotions to meet the client’s emotional and mental level. There is a pervasive feeling among staff that they have lost their voice while placating disgruntled clients.

The association between elevated levels of compassion fatigue and loss cannot be ignored. The symptoms of compassion fatigue can develop not only due to the realization of day-to-day professional duties, but also due to a loss in their personal lives. Personal loss takes many forms: loss of a loved one, loss of a dream, loss of innocence, loss of good health, loss of childhood, loss of place, and sometimes most painful of all, the loss of a wide range of emotions.

Veterinarians often revert to stoicism and denial to cope with their occupation. They don a coat of armor and wear it like a badge of courage. Veterinarians can stumble into trouble when suppressing loss and grief behind the label of being “professional.” According to the Oxford English dictionary, professional is defined as: 1) competent or skillful, 2) paid rather than amateur, and 3) belonging to a profession. It does not state that a professional needs to be stoic, unfeeling, or projects strength by hijacking vulnerability. The outdated model of remaining staid, controlled, and in charge during chaos or crisis simply does not work any longer. The trauma we are all experiencing in our modern world cannot sustain stoicism or a life void of emotion. The kinds of violence and cruelty we witness in our everyday lives force us to face new levels of trauma. This does not mean that as professionals we should share every single pain and sorrow, or lose our cool during a calamity rather than managing the situation calmly. We must be able to sharpen our awareness of when and where our input would be helpful and useful to others. It means we need to redefine our understanding of “professional.”

With veterinarian suicide rates climbing dangerously high, a belief is growing that high levels of compassion fatigue can lead to suicide ideation and, ultimately, successful suicide attempts.

Emotions relating to animals run high. Throughout my years of shelter work, I witnessed clients yelling and screaming at our veterinarians and staff. As this chaos generally occurred at the intake area, I soon realized customers were reacting out of their own fear, shame, and inadequacies. Most of the anger aimed at our staff was due to the public's lack of education and knowledge about animal care, our shelter's mission, and state and federal laws governing shelters, as well as a lack of respect for the staff and the difficult work they perform each day. The public's lack of understanding translates into fear and anger. These two powerful emotions can ignite a battle resulting in name-calling, unacceptable language, and even violence.

Today, we often see position statements concerning violence in the front lobby of shelters and other environments related to animal care. This statement from the US Department of Labor defines workplace violence as: any physical assault, threatening behavior, or verbal abuse occurring in the work setting. This definition is universal and can be applied to any animal-related workplace worldwide. Displaying a statement to declare that workplace violence will not be tolerated in any form comes with additional obligations. Staff must be educated about violence in the workplace. They need to understand that workplace violence is not just about staff versus clients. It entails violence between strangers; between clients; between coworkers; and personal relationships that take place within the grounds of the workplace, both inside and out. An example of a workplace violence statement is available in the Resources section at the back of this book.

There are ways to counteract these episodes of loss. One means is to carry staff schooled in psychological first aid (PFA). This is an evidence-based practice which mental health experts advocate as the most effective intervention following a traumatic event. It was developed by the US Department of Veteran Affairs in collaboration with the National Child Traumatic Stress Network and designed to reduce the initial distress the incident creates and foster both long- and short-term coping and resiliency. PFA was intended to be effective in myriad environments and is easily adapted to the world of animal welfare.

GRIEF

If loss is difficult, dealing with grief is even more complex and all-consuming. Loss is palpable. We see it, taste it, and feel it. Grief is that

constant nagging feeling in our hearts that a part of us is missing. Grief, in all its complexities, is more expansive and deeply rooted than a sense of loss. It takes over our entire being at a moment's notice and levels us.

There is much to be learned about the onslaught of grief in situations where we can no longer sustain our iron-clad armor or our inauthentic selves. We must lean on others for support and, eventually, apply our life-coping skills to translate our grief into healing actions. We do this to preserve our energy and resources, which enables us to move forward and embrace wholeness once again.

Education can help by providing training that includes explanations of how loss and grief affect us, and how self-care helps mitigate the uncomfortable feelings. We can implement strategies such as regular debriefing following traumatic incidents, developing peer support systems, and encouraging transparency to promote vulnerability from the top down.

In his landmark book *The Wild Edge of Sorrow: Rituals of Renewal and the Sacred Work of Grief*, Francis Weller writes: "Grief is not a problem to be solved, but a deep encounter with an essential experience of being human." If we take this explanation as truth, we can then begin to understand that we cannot run from our loss and grief. We must go through a process to regain control. Otherwise, our grief controls us to the point where we become paralyzed and unable to provide the compassionate and empathetic care that is so characteristic of the veterinary profession. Telling anyone in grief to just "get over it" serves as a great injustice to that person. This is especially true for those who work in animal welfare since their loss and grief is ongoing. In order for veterinarians and staff to remain healthy and continue exercising the work they choose to do, there must be a process of grieving and memorializing for the animals they have served.



As animal caregivers are involved in highly emotional work, they need coping strategies to combat their perpetual state of grief.

The end of this chapter features some best practices to help veterinarians, staff, and other animal welfare workers grieve and memorialize their losses.

One of the most efficient ways veterinarians can help to bolster staff and colleagues following a traumatic event is by practicing effective communication. Being a good listener helps when assessing threats to safety and wellbeing, but also when a crisis occurs. Withholding support and issuing rigid instructions will not help a colleague who is in the throes of panic. Taking time to ask questions, listening intently to the answers to assess further needs, and providing a safe environment as a basis to calm others down is the most effective means of reducing the effects of the trauma and building trust. Experts refer to this time as rendering psychological first aid (PFA), which was discussed earlier in this chapter.

Interpersonal support is the best single predictor of human resilience.



American writer Annie Dillard addresses grief in her novel, *The Maytrees*. She shares the cultural practice of the prehistoric Aleuts (the indigenous people of the Aleutian Islands) wherein if your wife or husband died, the community would brace your joints for grief. They lashed hide bindings around your knees, ankles, elbows, shoulders, and hips. You could still move, barely, as if swaddled. Otherwise, the Aleuts said, in your grief you would go to pieces just as the skeleton would go to pieces. You would fall apart.

If we take a long backward view of grief, we find cultures and religions from every corner of the globe have been wrestling with the challenge of helping mourners assimilate their loss. Shiva is a Jewish tradition that covers the first 7 days following the funeral, where family members sit focused solely on their grief and welcome mourners to their homes. Among the Chinese, a cooked chicken may be placed by the casket as a last meal for the deceased. The chicken is then buried with the deceased for nourishment on their journey. This allows family members and mourners to feel they have assisted the dead in moving into the next realm. African-Americans often express grief at death with physical manifestations of great outpourings of emotion. In Islamic tradition, it is acceptable to cry, but unacceptable to wail, shriek, or tear at one's hair. Roman Catholics place emphasis on prayer and blessing. The rosary is recited for 9 days following the burial and blessings with holy water occur throughout the funeral mass.

Grieving traditions throughout the world are varied and effective. Rituals created to help veterinarians and staff assimilate workplace grief can bring

positive results and lower the incidence of posttraumatic stress disorder (PTSD).



Organized rituals bring grieving staff members together, allow mourners to authentically feel and express emotions, and help build a more cohesive team through a shared experience.

When veterinarians take a leadership position by implementing loss and grief rituals, it creates the opportunity to console others and give meaning to the shared grieving experience. This, in turn, allows healing of the mind, body, and spirit.

The one important point to remember about grief is that we cannot think or talk ourselves out of it. We must own it and sit with it. We must accept that it is painful and wrestle our way through it with life-affirming self-care practices. The tentacles of grief will always be ready to extend their painful memories. Creating a toolkit of practices to help us cope when different triggers resurface is the key to wellness. We must learn to honor our wounds and, hopefully, we will receive the strength and fortitude we need to continue serving our cherished animals and those who care for them.

SUICIDE

It is a myth that those performing euthanasia on a daily basis suffer the highest levels of compassion fatigue. In the US, all veterinarians are now in crisis. Along with physicians and dentists, they suffer high levels of suicide. This is due to many reasons that are now being uncovered and a direct correlation with compassion fatigue and suicide. This intense interest in veterinarian suicide occurred after the suicide of revered veterinarian and animal behaviorist Dr. Sophia Yin. Her unexpected death threw the profession into confusion. How could someone so talented, intelligent, and successful want to end her life? It made no sense to those who grieved for the loss of a well-loved and respected member of their veterinary community. The truth is anyone who works in the animal caregiving environment is at-risk for compassion fatigue. It could just as easily be an administrative assistant to the executive director who sits at a desk all day or a receptionist in a veterinary office who has little prolonged contact with the animals. Compassion fatigue lives within certain human beings due to several causes. As we know, people working in the intense, emotional, trauma-related environment associated with animal welfare are prone to high levels of compassion fatigue.

It is becoming increasingly evident that if the symptoms of compassion fatigue are left unchecked, they can indeed lead to suicide.

An article published in the *Journal of the American Veterinary Medical Association* (Kogan et al., 2018) reported the results from the first mental health survey of 10,000 veterinarians in the US. The findings revealed the following conclusion: veterinarians are more likely to suffer from psychiatric disorders, suffer from depression, and entertain suicidal thoughts than the rest of the adult population. Data indicated that nearly 1 in 10 may experience psychological distress, and more than 1 in 6 might have contemplated suicide since leaving veterinary school. Other results included:

- 6.8 % of males and 10.9 % of females in the profession have serious psychological distress compared with 3.5 % and 4.4 % of US male and female adults.
- 24.5 % of males and 36.7 % of females in veterinary medicine have experienced depressive episodes since veterinary school, which is about 1.5 times the overall prevalence in US adults throughout their lifetime.

- 14.4 % of male and 19.1 % of female veterinarians have considered suicide since graduation. This is 3 times greater than the US national mean.
- 1.1 % of males and 1.4 % of females in the veterinary profession have attempted suicide since veterinary school.

More recent studies have reported high levels of suicide among veterinarians worldwide. We now know that this pattern is not a new phenomenon. New data from the US Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health shows high suicide rates among 11,620 veterinarians who died between 1979–2014. The study concluded male veterinarians were 2.1 times and female veterinarians 3.5 times more likely to die by suicide than the general population.

In her book *When Helping Hurts: Compassion Fatigue in the Veterinary Profession* psychologist Kathleen Ayl indicates these surprising findings are not limited to the US. A study conducted in the United Kingdom by Bartram and Baldwin in 2008 found that the suicide rate of veterinarians is proportionally four times that of the general population and twice that of other health professionals. A study into suicide in Australian veterinarians by Jones-Fairnie et al. (2008) acknowledged that veterinarians in Australia suffer undeniably high levels of compassion fatigue and suicide. However, due to a lack of pertinent statistics and data, the study is still ongoing. High intelligence, unreasonable expectations, perfectionism, and easy access to lethal drugs were cited as the top reasons why veterinarians are experiencing high rates of suicide. It was also suggested that, due to regular administration of humane euthanasia in their work, they develop a new ethic which admits the option of death in light of pain and suffering.

Given what we know about suicide in the veterinary profession, it is safe to say that the problem is worldwide considering that people who enter the field share many of the same values and personality traits. A passion for caring for animals, a belief their work is a “calling,” a need to be of service to others, qualities such as task-oriented and perfectionism, among others, all add up to the perfect storm in relation to stress, burnout, and compassion fatigue. When these factors reach a certain level, suicide may be perceived as the only way to alleviate the pain, suffering, and devastation they are experiencing.

Despite this heart-wrenching information regarding loss, grief, and suicide in the veterinary profession, there is cause for hope. The “underbelly” of animal care work has come to light. We now know caring too much can hurt. Psychologists, traumatologists, psychiatrists, and other mental and behavior health professionals are working hard to determine the extent of the situation and, more importantly, what can be done to help those in need of support. On the positive side we are creating successful strategies to promote wellness and good health. If veterinarians and staff members open their minds and hearts to these directives and are willing to put in the effort to achieve self-healing, we can predict a drastic improvement for the better in the veterinary field.

BEST PRACTICES FOR ORGANIZATIONAL GRIEVING

We know there are practices that can help alleviate the suffering grief brings. As mentioned before, we must actively “own” our grief and work to move beyond it in order to experience our full human potential once again and enjoy a better quality of life. Memorial practices can be as simple as those of the Nauset tribes who inhabited Cape Cod, Massachusetts, and memorialized their loved ones in a unique way. Since they did not have materials to build monuments to their dead, they dug ceremonial holes. These sand holes were well-dug out every year. Everyone in the tribe passed the holes and remembered their losses and grieved.

Here are some best practices to aid in the process of grieving and memorializing the animals that were loved and lost.

1. **Plant an onsite memorial garden.** This can be as simple as placing a bench outside where veterinarians and staff can meditate or sit quietly. The area can include trees or plants dedicated to special memories, or seasonal flowers to remind us that death and grieving are all part of a natural cycle.
2. **Hold an annual remembrance ceremony.** This brief but meaningful ritual can include poems, quotes, or readings that pertain to animals and the beauty they add to our lives. All the losses of the past year can be shared and remembered.



3. **Create peer support groups.** Everyone follows a different timetable in terms of grief. Some can move through the process smoothly and quietly. Others may take longer and need emotional support for longer periods of time. Having a special partner within the organization who can be there for listening and encouragement can make a world of difference. Note that if someone does not seem able to let go and move forward, they may require professional help.
4. **Plan a walk or run for the community.** Name it after a well-loved dog, cat, or other animal whom you lost; Maggie's 5K or Scooter's Mini-Triathlon will bring animal lovers together to help mend broken hearts. If participants pay to take part, use the funds to purchase a special item that benefits animals currently in your care.
5. **Hold a community writing contest.** Participants can compose a story, poem, or letter of remembrance about an animal that made a difference in their life. Team up with your local newspaper to publish the winning entries. Divide the contest into age groups and be sure to include young children; they often carry the deepest feelings for beloved pets.

The important factor in creating processes and projects that promote healing is authenticity. What feels right for your organization? What idea captures everyone's attention? What ceremony or memorial will bring

everyone together comfortably as a group? Be sure to include everyone in planning. While healing is a very personal process, bringing everyone together can serve as an umbrella to promote help and healing among colleagues.

BEST PRACTICES FOR INDIVIDUAL GRIEVING

In his book *Mindfulness for Prolonged Grief: A Guide to Healing after Loss When Depression, Anxiety, and Anger Won't Go Away*, Sameet Kumar tells us that it is possible to move through grief, but we must do the work. His writings are based on Buddhist traditions and offer a compassionate and empathetic path to wellness. We know that if something does not move through us, it defines us. If we are unable to move through the grieving process, we are left with unfinished business that will control our mind, body, and spirit.

1. **Apply the self-care standards daily.** We must start by accepting our pain and suffering and recognize that we must care for ourselves in order to be well. This may be very difficult if we are “other-directed” and care for others before ourselves. At this crucial time, it is necessary to become self-directed in order to let go of our grief. This best practice is covered more extensively in Chapter 10 .
2. **Create a self-care plan.** Success in this area requires an understanding of how loss, grief, and compassion fatigue have manifested in our lives. Having completed this first step, we can decide how to begin the journey of change. Balance is the key to a healthy life. How will we implement our self-care plan to incorporate positive changes in our lives? The two rules of creating a successful plan are defining how we will measure our growth and hold ourselves accountable. This best practice is also covered in more detail in Chapter 10 .
3. **Practice mindfulness meditation.** Set aside time in your daily schedule to be still and sit with yourself. Simply put, mindful meditation is the process by which we empty our minds of all the clutter that drags us down. Humans crave control or at least the perception that we are in control of our lives. When stressed, we sense a loss of control and our minds work overtime trying to make sense of it all. We want to regain control and strive to find the answers we need. By practicing mindful meditation, we allow a break in the barrage of thoughts, ideas, and

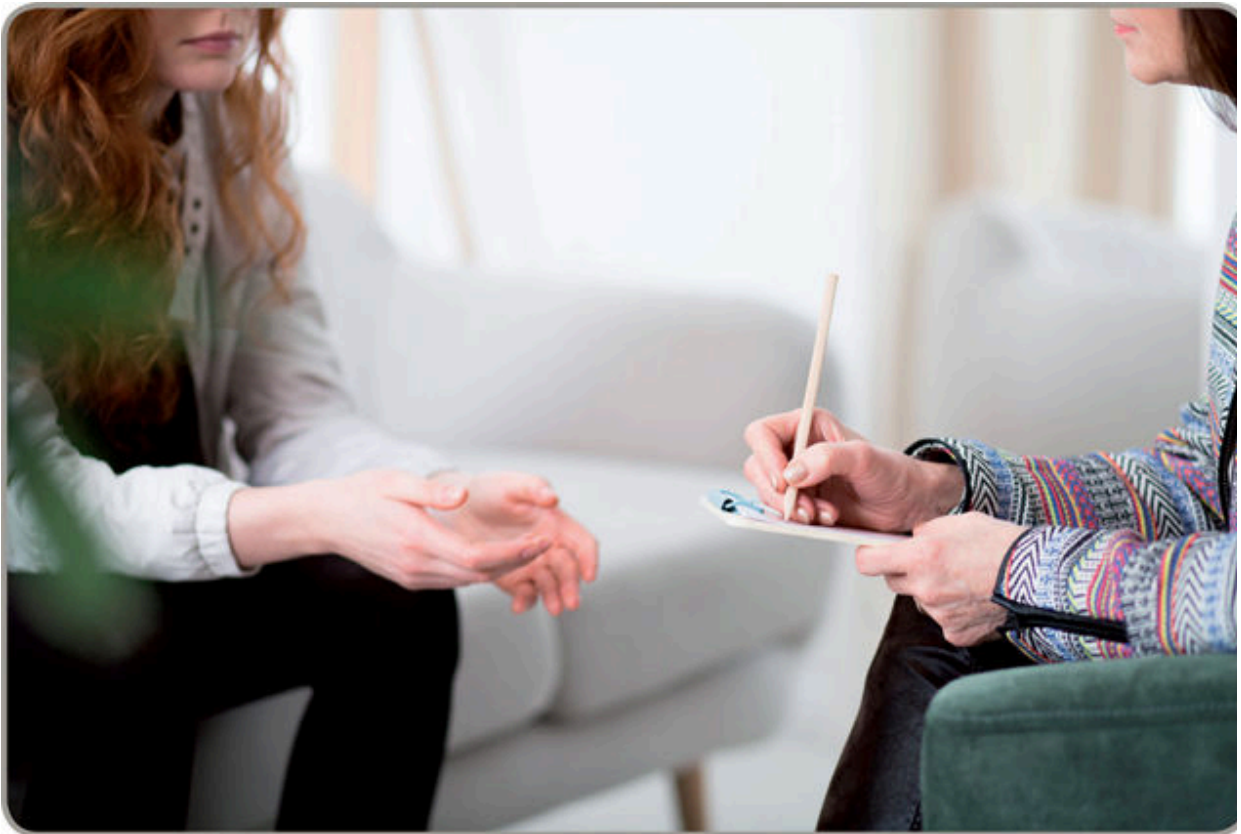
feelings and allow our mind, body, and spirit the time to rest. Indeed, many of the answers to our challenges will surface within this restful period.



4. **Daily journal.** Make time each day to record your thoughts, feelings, and actions. Keeping a journal is a method that allows us to “let go.” We take what is inside and transfer it to the outside through writing. In her book *The Artist’s Way: A Spiritual Guide to Creativity* , author Julia Cameron suggests writing “morning pages.” Take three blank sheets of paper and, first thing each morning, sit and unload everything you are thinking and feeling onto the three sheets of paper. Write anything that comes to mind. This brain-drop empties out any clutter we are carrying and provides us with a new leaf from which to begin our day.
5. **Build a highly functional support system.** No one should have to grieve alone. When experiencing prolonged feelings of loss and grief, a shoulder to lean on is known to be the best indicator of future wellness and

wholeness. It is important to select the right person to walk the path with you; they must understand the tenets of active listening and compassionate feedback. If this is not possible, consider seeing a mental health professional to help you through the maze.

These five best practices can serve to jump-start our healing journey. Focusing on ourselves and our own needs, which is often very difficult for other-directed veterinarians and animal caregivers, is arguably the best and only way to abate the feelings of depression, anxiety, anger, and sadness that loss, grief, and compassion fatigue bring into our lives.



10 INCORPORATING INTEGRATED WELLNESS AND STANDARDS OF SELF- CARE IN VETERINARIANS AND STAFF

Patricia Ann Smith

We cannot think ourselves well, and yet we continue to believe we can. In order to travel the path from unhealthy to healthy, veterinarians need to arm themselves with as much information as possible concerning wellness and how to achieve it through daily self-care. This is the only way they will be able to set an example for their colleagues and staff. Once veterinarians understand the underpinnings of authentic, sustainable self-care, they can put their knowledge into action and, hopefully, affect change in their workplace and community.

Firstly, we must grasp a firm understanding of the term “wellness.” When veterinarians truly accept the premise of wellness and complement it by implementing standards of self-care, they have a recipe for achieving a better quality of life and subsequently happiness. Showing up each day, maintaining a solvent business, obtaining a high level of staff retention, and achieving successful veterinary outcomes can be mistakenly interpreted as a sign of good health and wellness. It can certainly be interpreted as a sign of good financial health, but that alone is not enough. Being a good business manager is only a piece of a very complex, and grossly misunderstood, puzzle.

One of the symptoms of compassion fatigue is denial. Plugging along and getting by are often seen as success. When a crisis occurs and a veterinarian or staff member can no longer keep the unwieldy losses and grief at bay, high levels of stress, burnout, and compassion fatigue boil to the surface and must

be dealt with. The “underbelly” of the work can no longer be ignored. If and when everything they have worked for comes crashing down, many veterinarians/business owners decide to walk away and sell up or retire from their practice. Unfortunately, this decision will not reduce their symptoms of stress, burnout, and compassion fatigue; they will carry them internally and the high levels they experience will continue to affect their lives in negative ways until they are exposed and managed.

This is at the heart of the problem that has led to the fear, anxiety, and poor mental and physical health currently being witnessed in veterinary professionals. In the fourth century, Marcus Valerius Martial, a prolific Roman poet, wrote the following: “Life is not merely to be alive, but to be well.” It is quite amazing that the concept of wellness has such a long history. What I believe Martial recognized, even though the syndromes were not named, is that struggling through life with stress and burnout is not complimentary to the human experience.

While we know stress and burnout can be alleviated by changing habits, behaviors, and sometimes even jobs, compassion fatigue is always with us. We can learn to lower the levels of this secondary traumatic stress syndrome by applying new skills and awareness to our lives. Most importantly, we heal by managing the symptoms and ushering comprehensive wellness into both our personal and professional lives.

Achieving wellness is a multilevel experience.

Many people believe wellness means feeling good with the added bonus of looking good. This definition might also include being free of disease or chronic pain. These are all desirable outcomes, of course, but the real work of achieving wellness, particularly in relation to the stress, burnout, and compassion fatigue that burden veterinarians, involves embracing all aspects of the human experience. This means all facets of our humanity come into play.

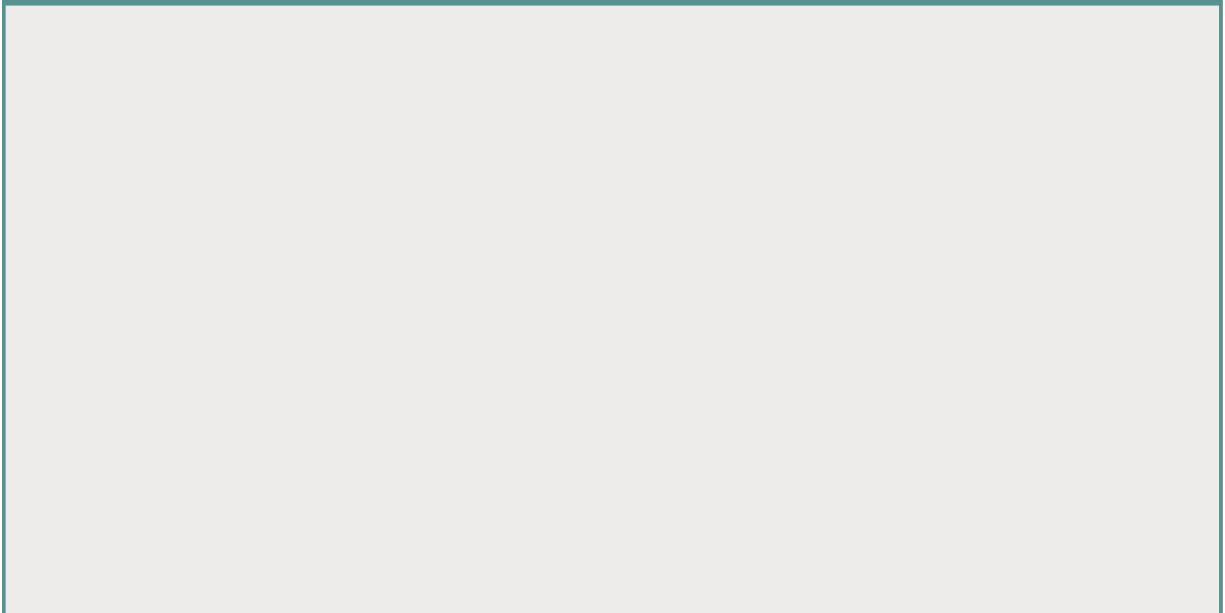
The Healthy Campus Initiative, a successful program at the University of California, Riverside, categorize the extensive aspects of true wellness into seven dimensions (see next page).

When veterinarians introduce improvement into their lives in each of the seven areas, they move towards integration. Mind, body, and spirit join in unison to create wholehearted thoughts and actions; feelings of empowerment; and a confident knowledge that their resilience will see them

through tough periods. Additionally, they will benefit from clarity of goals and objectives, build functional relationships, and experience happiness as they become surrounded by a greater sense of peace in their lives.

I once held a 6-week roundtable program on compassion fatigue. All caregiving members of my community were invited to attend. The most memorable participant was one of our two veterinarians on the island where I live. She was late for the first meeting, flying through the door offering her apologies. What followed was a recitation of her hectic day. She recognized she was experiencing high levels of stress, burnout, and compassion fatigue in the profession she once loved. What I remember most about this vet was that she took the suggestions offered each week and applied them to her life. She knew she needed to take time for herself, but did not believe it was possible given her work, home, and family responsibilities. When asked what activity would fill her up, she quickly responded: "Time to ride my horse." With the suggestion that she woke up 1 hour earlier each morning to fulfill her goal, she took the bull by the horns. Every morning for a week she set her alarm an hour earlier than usual. The simple solution worked, on many levels. When she returned to the roundtable the following week she was all smiles and obviously more relaxed. She shared how much this small tweak changed her attitude and perspective. What happened in subsequent weeks was even more amazing; she showed up with photos to share, raving about the beautiful sunrises she experienced atop her horse.

The seven dimensions of human wellness





- **Social wellness** is the ability to relate to and connect with other people in our world. Our ability to establish and maintain positive relationships with family, friends, and coworkers contributes to our social wellness.
- **Emotional wellness** is the ability to understand ourselves and cope with the challenges life can bring. The ability to acknowledge and share feelings of anger, fear, sadness, or stress; hope, love, joy, and happiness in a productive manner contributes to our emotional wellness.
- **Spiritual wellness** is the ability to establish peace and harmony in our lives. The ability to develop congruency between values and actions and to realize a common purpose that binds creation together contributes to our spiritual wellness.
- **Environmental wellness** is the ability to recognize our own responsibility for the quality of the air, the water, and the land that surrounds us. The ability to make a positive impact on the quality of our environment, be it our homes, our communities, or our planet contributes to our environmental wellness.
- **Occupational wellness** is the ability to get personal fulfillment from our jobs or our chosen career fields while still maintaining balance in our lives. Our desire to contribute in our careers to make a positive impact on the organizations we work in and to society leads to occupational wellness.

- **Intellectual wellness** is the ability to open our minds to new ideas and experiences that can be applied to personal decisions, group interaction, and community betterment. The desire to learn new concepts, improve skills and seek challenges in pursuit of lifelong learning contributes to our intellectual wellness.
- **Physical wellness** is the ability to maintain a healthy quality of life that allows us to get through our daily activities without undue fatigue or physical stress. The ability to recognize that our behaviors have a significant impact on our wellness and adopting healthy habits (routine checkups, a balanced diet, exercise, etc.) while avoiding destructive habits (tobacco, drugs, alcohol, etc.) will lead to optimal physical wellness.

While this story may sound simplistic, it is not so straightforward. Our veterinarian did everything right. She recognized she needed help; she found help. She sought advice to improve her situation; she took the advice and turned her wellness goal into action. In the end, she succeeded. This positive ending can be attained by any veterinarian or staff member who wants to alter the course of their life, and then follow up by translating goals into action and *doing the work*.

For veterinarians and staff members achieving this goal of wellness integration can make the difference between striving and thriving each day in their work with animals. Unfortunately, it is often the highly sensitive animals that are harmed by caregivers who display high levels of stress, burnout, and compassion fatigue.

The trident of stress-related conditions undermine wellness. Veterinarians are expected to do their work successfully and run their businesses efficiently. They are expected to diagnose all cases correctly, keep their costs to a minimum, and even offer pro bono services to other animal welfare organizations in their communities. Veterinarians know they cannot achieve all of this; there just are not enough hours in a day. Even so, when these expectations go unfulfilled, they push the uncomfortable feelings down and tune out the pain of their weary bodies and overworked minds. Eventually, their bodies begin to break down, emotions become suppressed, and their once passionate spirit is stifled. Caring, compassionate veterinarians become calloused and apathetic about the profession they once cherished. Feelings of inadequacy, helplessness, and even shame come to the surface.



The most common question I receive when working with veterinary professionals is: how can I achieve a healthy work–life balance while caring for myself, my patients, and their human companions? Is it really possible? The answer, of course, is yes, but first some gut-wrenching work must be undertaken. We know that most veterinarians have not acquired the tools needed to be able to “hold” all the emotions they face daily. This means being able to process the good, the bad, and the painful emotions that arise in the course of their work. Instead of recognizing what they are feeling and naming it (e.g., anger, sadness, apathy, happiness), they automatically push the emotions down, refusing to deal with the discomfort they bring. Veterinary schools put too much emphasis on medical knowledge and not enough on teaching future vets about self-compassion and self-preservation. Due to the turmoil now being experienced in the veterinary field, schools are beginning to assess the need to educate their students about the trauma that accompanies their work. If first-year students were introduced to stress, burnout, and compassion fatigue in a comprehensive course, it could turn the tide on the high levels of discomfort currently being experienced by those who were not made aware of these syndromes during their formation.

Returning to the theory of integrated wellness. We now recognize there are seven areas of wellness and, fortunately, we have been handed standards of self-care that spell out expectations in no uncertain terms. The particular set of standards we will use as a point of reference in this book was developed by the Green Cross Academy of Traumatology. The principles put forth were created for use by all members of the Green Cross organization. The Academy of Traumatology describes itself as: “An international, humanitarian assistance, non-profit corporation, established in 1997 to bring together world leaders in the study of traumatology for the purpose of establishing and maintaining professionalism and high standards in the care of trauma victims and responders throughout the world.”

The website states the following guidelines have two main aims:

1. To ensure we do no harm to ourselves when helping/treating others
2. To attend to our physical, social, emotional, and spiritual needs as a way of ensuring high quality services to those we serve

While these self-care principles are easily understood and can be applied to caregivers in all the helping professions, we also know that applying them to people working in the veterinary sector can be exceptionally difficult and challenging. Veterinarians live stressful, pressure-cooker lives. Working with animals and their human companions generates daily dilemmas and challenges that are not found in other professions. At the end of a presentation, one highly compassion-fatigued veterinarian once said to me: “I didn’t know that being a vet was a lifestyle. I thought it was a profession.”

If veterinary work is viewed as a lifestyle, then it is up to those working in the field to determine the most authentic and personal way to live that lifestyle in a healthy manner. The journey to wellness is not easy. It takes all our resources: time, energy, determination, and resilience. Achieving integrated wellness in response to counteracting stress, burnout, and compassion fatigue requires learning new skills and adapting to new ways of thinking, communicating, and being. There is no shortcut, no easy path. As author Carol Pearson wrote in her book *The Hero Within: Six Archetypes We Live By*, the only way out is through.

Standards of self-care according to the Green Cross Academy of
Traumatology

The standards of self-care provided by the Green Cross Academy of Traumatology are comprehensive and can be found in their entirety at www.greencross.org . Here they are summarized in order to save space.

1. Ethical Principles of Self-Care in Practice

- Respect for the dignity and worth of self.
- Responsibility of self-care: ultimately, it is your responsibility to take care of yourself and no situation or person can justify neglecting it.

2. Standards of Humane Practice of Self-Care

- Universal right to wellness.
- Physical rest and nourishment.
- Emotional rest and nourishment.
- Sustenance modulation: every helper must utilize self-restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation), since it can compromise their competence as a helper.

3. Standards for Expecting Appreciation and Compensation

- Seek, find, and remember appreciation from supervisors and clients.
- Make it known that you wish to be recognized for your service: recognition also increases worker satisfaction, which sustains helpers.
- Select one or more advocates: colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self-care.

4. Standards for Establishing and Maintaining Wellness

Section A: Commitment to Self-Care

- Make a formal, tangible commitment: written, public, specific, and measurable promises to self-care.
- Set deadlines and goals.
- Generate strategies that work and follow them.

Section B: Strategies for Letting Go of Work

- Make a formal, tangible commitment: written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring, and generate joy in life.
- Set deadlines and goals.

- Generate strategies that work and follow them: such a plan must be attainable, followed with great commitment, and monitored by advocates of your self-care.

Section C: Strategies for Gaining a Sense of Self-Care Achievement

- Strategies for acquiring adequate rest and relaxation: strategies are tailored to your own interest and abilities.
- Strategies for practicing effective daily stress reduction methods: strategies are tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours with the recognition they will probably be different strategies.

5. Inventory of Self-Care Practices: Personal

Section A: Physical

- Body work: effectively monitoring all parts of your body for tension and utilizing techniques that reduce or eliminate tensions.
- Effective sleep induction and maintenance.
- Effective methods for assuring proper nutrition.

Section B: Psychological

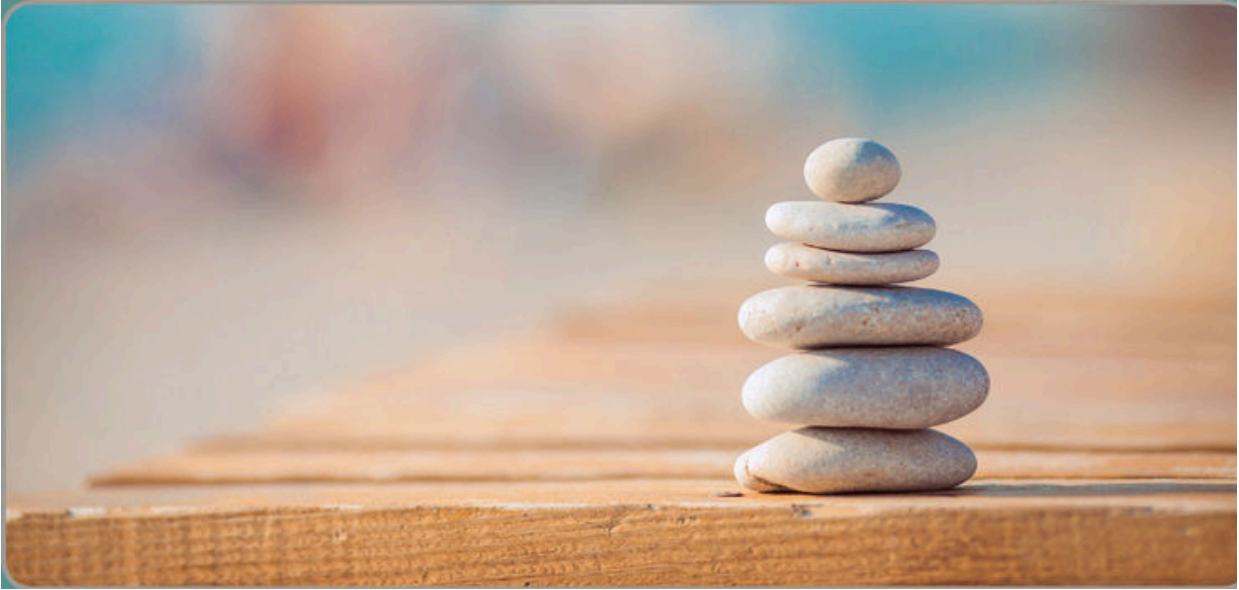
- Effective behaviors and practices for balance between work and play.
- Effective relaxation time and methods.
- Frequent contact with nature or other calming stimuli.
- Effective methods of creative expression.
- Effective skills for ongoing self-care.
- Effective methods of self-assessment and self-awareness.

Section C: Social/Interpersonal

- Social supports: At least five people who will be highly supportive.
- Getting help: knowing when and how to secure help, when needed.
- Social activism: being involved in addressing or preventing social injustice.

6. Inventory of Self-Care Practice: Professional

- Balance between work and home.
- Boundaries/limit setting.



Veterinarians and staff members can achieve integrated wellness by successfully creating a lifestyle that follows a set of standards through the implementation of a self-care plan. A well thought-out and precise self-care plan is highly personal, reasonable in its perimeters, and most of all, it is a way to hold ourselves accountable for our own goals. Veterinarians often tend to overreach and make unrealistic demands of themselves. They multitask to the point where psychologists now tell them that they are harming themselves by going overboard on what they can achieve and in what timeframe.

The main consideration when creating a self-care plan is to practice a hearty dose of self-compassion.

Tom Ferguson, a Yale University-trained medical physician, was a pioneer in realizing the importance of a self-care plan to help us make healthy choices for ourselves. His years of research led him to document the following 10 guidelines for designing a highly-personalized self-care plan. Each of the guidelines is followed by my comments with respect to the veterinary field:

1. **Pick a goal that resonates with you.** What peaks your interest in your work? What would you like to add to your skill set that benefits both you and your patients? What positive additions can you bring to your workplace environment that would lift your levels of compassion satisfaction and those of your staff and colleagues?
2. **Start by paying attention.** Building a self-care plan is a process. The first step he recommends is to become highly self-aware. What do you feel you

are doing right? What do you feel needs improvement? Ask yourself why you do what you do, and how it makes you feel.

3. **Check out available resources.** What has been helpful and useful in the past? Do quotes motivate you? What about Excel sheets that document your progress?
4. **Brainstorm some possible goals.** We now have the seven areas of integrated wellness to guide us. Which of those seven stands out as an area you can work on to improve the quality of your life? Start there.
5. **Design freedom into your goal .** Nobody likes goals and objectives that are so stringent there is no room for creativity or fun. Which areas will afford you the most choices to make the changes you view as most important? Which area gives you the most leeway to adapt your original plan?
6. **Support your own self-compassion.** Veterinarians, in general, are hard on themselves. They have learned to incorporate the expectations of others, as well as their own expectations, into every facet of their lives. Upholding this belief has most likely led to elevated levels of stress, burnout, and compassion fatigue. It is time to redefine your boundaries and introduce self-compassion in your life.
7. **Ask others for support.** Veterinarians play the role of physician, diagnostician, business owner, workplace leader, and healer, so asking for help is perceived as impossible. Again, it is the expectations of themselves and others that keep veterinarians from their authentic selves. Vulnerability does not come easy, but it is necessary to achieve integrated wellness. Everyone needs someone to support them. Trusting others and knowing they have your best interests at heart is an important step in both healing and moving towards wellness.
8. **Create a supportive environment.** Starting on the path to wellness by creating and dedicating ourselves to our self-care plan is time-consuming. Very few veterinarians can take weeks or months, some not even a day, to focus on themselves. They must align their professional and personal time within their workday. This can be challenging if they work and spend most of their waking hours in a stressful environment.
9. **Be aware of feedback .** Checking in with ourselves on a regular basis is a new skill that probably needs to be honed. It is the process of assessing what is working correctly and what is not, and since most veterinarians

and their staff members tend to be other-directed (taking care of the needs of others before their own), then this skill must be improved. Veterinarians can develop their own measurables or use measurables developed by others. Chapter 11 offers some different options.

10. **Remember your ultimate goal is to identify practices that work for you.** This journey of creating a useful and successful self-care plan is about defining your authenticity. Sharing your uniqueness—your truth—is the key to success and happiness. Stress, burnout, and compassion fatigue are borne out of attempting to live the expectations of others. The mind, body, and spirit can suffer devastating fractures.

Another exercise that can help define authenticity and promote vulnerability is the creation of a personal mission statement. We all know organizations and businesses have mission statements. Such statements are a promise to their customers. The words convey who they believe they are—their brand, their values, and, in a sense, their standards of behavior.

A personal mission statement conveys the same information, but it is only about you. Michal Stawicki, in his book *A Personal Mission Statement: Your Road Map to Happiness*, explains it as: “A personal mission statement is your philosophy, your creed. It focuses on what you want to be (character), and what you want to do (contributions and achievements), and on the values or principles upon which being and doing are based. A personal mission statement is about your life’s purpose. This purpose defines the quality and quantity of your life.”

For example, here are a few personal mission statements created by participants in my training courses: love is all I need; humor will see me through; wake up daily with a grateful heart; and I will live my life with grace and ease. As you can see, the choices are highly personal and meaningful to each person. Your statement can be as long or as brief as you wish. Displaying it where you can access it at any time will serve as a constant reminder of what you are striving to attain each day.

Taken seriously, a personal mission statement is a compass that can be used to guide caregivers to embrace integrated wellness.

It is important to believe that your personal mission statement carries weight, because it does. It would be difficult for a veterinarian to create a personal mission statement without questioning the motives for entering the

profession in the first place. Do you believe the veterinary profession was a special calling? Was it an expectation? Were other members of your family veterinarians so you were expected to follow suit? Was your choice to become a veterinarian influenced by someone you admire? A teacher? A friend or relative? Or did you just happen to fall into it?

Several years ago, I was asked to address a veterinary medicine roundtable. I was the guest speaker following their monthly dinner. During the Q & A session at the end of my talk an elderly veterinarian raised his hand to speak. His narration went like this: I've been an ophthalmic surgeon for the past 45 years. I recently sold my business and yesterday was my last day, I'm now retired. (The audience applauded wholeheartedly at this point then quieted down as he continued.) I only wish I had heard this talk about compassion fatigue 45 years ago. You see, I suffer from very high levels of traumatic stress syndrome. I have experienced its symptoms for more years than I can remember. It has ruined my life in more ways than I would like to admit.

With that, he quietly sat down.

Later in the evening, he came up to me as I prepared to leave. He thanked me again, and I had the opportunity to ask him some questions. What was he doing to heal from his trauma and help lower his high levels of compassion fatigue? He replied: I am getting to know my wife again. When I told her how I have been suffering for the past 45 years she felt terrible. Why had I not said something to her, she asked. I did not want to burden you, he replied. I saw myself as the head of the family and the wage-earner. I saw no way out. Talking further, I learned that he had no inclination to become a vet. His brother, who was particularly keen on becoming a vet, urged him to take the veterinary school entrance exams, which he did. He passed with high marks and therefore continued along the path. His brother failed the entry exam and went in another direction.

As we said our goodbyes, I thanked him for his vulnerability in telling his authentic story, and suggested that, perhaps in time, he would be willing to volunteer his skills at a shelter or other animal welfare organization. He turned and looked at me with a face filled with sadness and said emphatically: "I will never, ever work with animals again."

Self-reflection is not always easy, but it is always educational. It is always better to engage in self-reflection early on rather than when all the harm has already been done to the mind, body, and spirit, as was the case with this highly skilled, highly intelligent man.

As veterinarians move through this self-reflective process, it is probably true that they will have gathered enough information to see themselves clearly in an authentic light. Clarity can open the doors to better decision-making, better time management, and most importantly, taking a giant step towards creating a healthier workplace environment for their staff, clients, and patients.

According to a Tibetan proverb “the faster we try to go, the slower our progress.” One of my favorite quotes is “start slow and taper off.” Of course, we should still be tenacious in our desire to change. Once we make a commitment to ourselves, we need to know how to continue to motivate ourselves to stay the course even when times are challenging.



11 SELF-EVALUATION TO MEASURE LEVELS OF STRESS, BURNOUT, AND COMPASSION FATIGUE

Patricia Ann Smith

The simplest and most effective way veterinarians can increase awareness of the level of stress, burnout, and compassion fatigue within their organization or business is to offer their staff members self-tests and other measurement tools. This can be accomplished as a one-on-one suggestion, a brown-bag lunch activity, or an exercise in a staff meeting. It is important for veterinarians to serve as leaders by taking the tests along with their staff.

THE PROFESSIONAL QUALITY OF LIFE (PROQOL) SELF-TEST

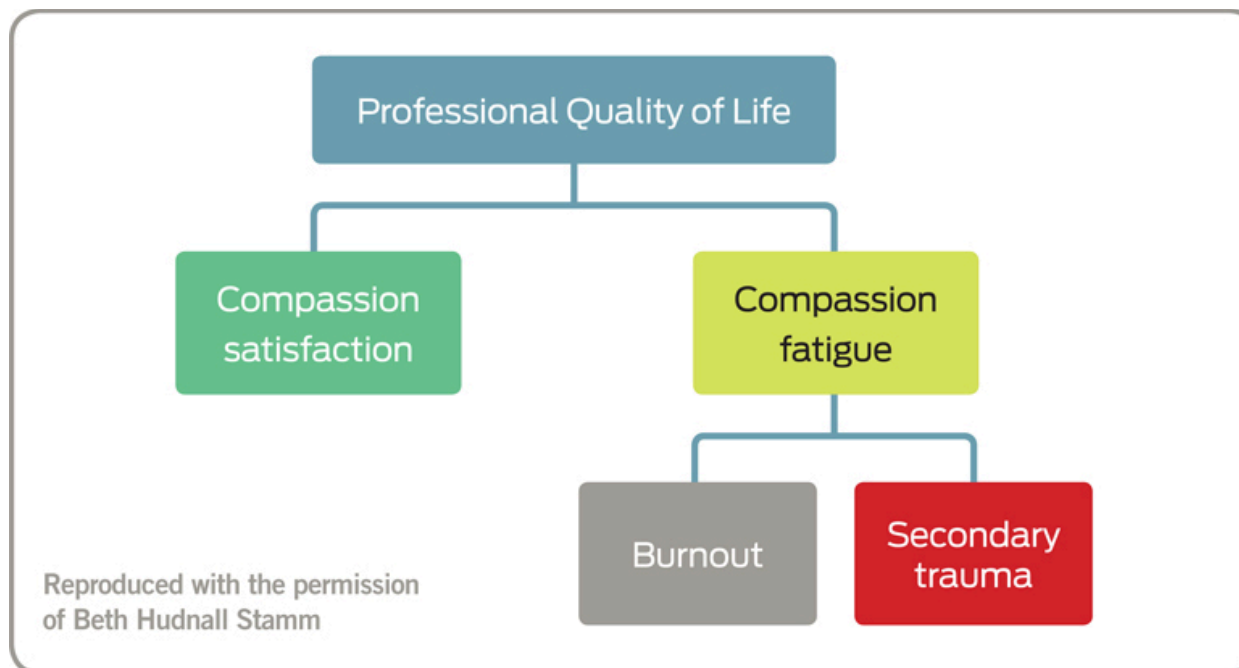
The most widely-used and most effective tool to date is the Professional Quality of Life self-test, which is the life's work of the psychologist Beth Hudnall Stamm. This test is now in its 5th revision and available in 24 languages, all free of charge. The ProQOL measures the negative and positive effects of helping others who are in pain and suffering from trauma. The ProQOL includes subscales that measure compassion satisfaction, burnout, and compassion fatigue. The measure has been in use worldwide since 1995. The website explains the four quadrants of the test as follows:

- Compassion satisfaction is about the pleasure we derive from being able to do our work. For example, we may feel like it is a pleasure to help others through what we do at work. We may feel positively about our colleagues or our ability to contribute to the work setting or even the greater good of society through our work with people (or animals) who need care.

- Compassion fatigue is the negative aspect of our work as helpers. There are two parts. The first part concerns things such as exhaustion, frustration, anger, and depression typical of burnout. Secondary traumatic stress is a negative feeling driven by fear and work-related trauma. It is important to remember that some trauma at work can be direct (primary) trauma. In other cases, work-related trauma can be a combination of both primary and secondary trauma.
- Burnout is one element of the negative effects of caring that is known as compassion fatigue. Most people have an intuitive idea of what burnout is. From a research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing our job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that our efforts make no difference, or they can be associated with a very high workload or a nonsupportive work environment.
- Secondary traumatic stress (STS) is an element of compassion fatigue. It is related to vicarious trauma (VT). STS is about our work-related, secondary exposure to extremely stressful events. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into our mind, or avoiding things that remind us of an event.

The compassion satisfaction (CS)–compassion fatigue (CF) model below can help us better understand the Professional Quality of Life self-test and how it measures our levels of compassion satisfaction, burnout, and compassion fatigue.

Further explanations of these points, along with the ProQOL scoring system, can be found at the website www.proqol.org. I have administered this self-test for the past 20 years to caregivers who work in a wide variety of helping professions. The test itself can be easily completed in 20–30 minutes. I always remind the test takers that there are no right or wrong answers, only honest ones. Being truthful with ourselves produces more accurate test results, which in turn leads to a higher level of self-awareness. When administering the test, be sure to direct participants to follow the instructions in the order they are presented. Scoring can be challenging and jumping ahead in the instructions will only lead to confusion. A step-by-step approach will render the best results.



A copy of the 5th edition of the test is included in the Resources section of this book.

Hopefully, the ProQOL will open the door to greater awareness about compassion fatigue and how it is affecting the lives of veterinarians, their colleagues, and staff members. Once the basics are covered, caregivers can move on to additional self-tests with more details on how to translate new input into action. The following self-tests are also located in the Resources section of this book and can motivate caregivers in the veterinary field to create a self-care plan that fosters wellness, raises compassion satisfaction levels, and promotes a happier, healthier work environment.

THE SECONDARY TRAUMATIC STRESS INFORMED ORGANIZATION ASSESSMENT (STSI-OA)

This organization assessment is made available by the University of Kentucky Center on Trauma and Children located in Lexington, Kentucky. While the test is geared towards an individual filling out the questionnaire, it is definitely a measurement tool that helps define where an organization or business is in relation to secondary traumatic stress resilience building, workplace safety, organizational policies and procedures, and leadership practices. It is easy to use, and scoring is simple. The test can be administered

to both specific staff members as well as leadership (i.e., veterinarians). While the test takers' perceptions will affect the scoring of each test, there will almost certainly be quantifiable trends highlighting important issues that need to be addressed.

It is evident that when several staff members are experiencing high levels of stress, burnout, and compassion fatigue, then the organization itself becomes compassion fatigued. Organizational compassion fatigue exists when a high percentage of staff and volunteers exhibit elevated levels of the syndrome. This translates into a loss of meaning of the organization's mission. Dysfunction seeps into the processes and procedures that keep the organization focused, productive, and flexible. The people in the organization are the organization. This includes every position from veterinarians/business owners to facility workers. Many believe it is the bricks and mortar that make up the organization, when it is actually the people who uphold the organization or business's mission statement and values. Symptoms associated with organizational compassion fatigue include: high absenteeism, elevated rate of worker compensation claims, tendency to break rules, distrust among colleagues and leadership, and undermining the mission of the organization.

A copy of the Secondary Traumatic Stress Informed Organization Assessment can be found in the Resources section of this book.

ONSITE DEBRIEFINGS

Working in the veterinary field results in multiple forms of trauma, some occurring daily. One of the most effective ways to reduce the rate of sliming is to schedule regular debriefings. According to Françoise Mathieu, a trauma therapist and psychotherapist, there are two kinds of debriefings. In her book *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Trauma*, she names both informal and formal debriefings as tools to help create a healthier workplace.

Informal debriefings can occur on-the-spot, and usually follow a traumatic incident. Recounting the event can take place in the lunchroom, an office, or even walking down the hall. Obviously, there are drawbacks to this kind of spontaneous debriefing. For some time after a traumatic incident, emotions run rampant and those involved have not had enough time to employ coping mechanisms such as meditation or deep breathing. There is no supervision and the chance for sliming runs high.

On the other hand, formal debriefings also have drawbacks. The main one being a lack of immediacy. If debriefings are scheduled for Thursday afternoons at 3 pm and a traumatic incident occurs on Monday morning at 10 am, then witnesses to the event must wait for days before they can talk about and process what they have experienced. See the next page for tips on running a formal debriefing session.

CONCLUSION

These measurables will help both veterinarians and staff recognize high levels of burnout and compassion fatigue in themselves and their workplace environment. While they may not be perfect, these tests can certainly raise red flags and help us identify areas of both our personal and professional lives that need attention in order to achieve higher levels of wellness and a better quality of life.

The good news is there are many mental health professionals designing new and more precise measurables in the field of traumatology. These new tools will become increasingly important to those working in animal welfare. If effective measurables are available for testing students entering veterinary schools and new hires in animal welfare environments, we will be able to place wellness and self-care at the top of the training list while educating these people.

Advice on how to run a debriefing session

By Kathleen Ayl:

- Debriefings should be offered at least once a week.
- Facilitators should guide participants to focus on their emotional responses to any losses or traumatic events, on the grief they are experiencing, and what they have shared with others.
- Ask each participant to describe their relationship with the animal or their involvement in the animal's care.
- Discuss the circumstances surrounding the situation with the animal.
- Always ask open-ended questions, allowing participants to share as they feel appropriate.

- Once feelings have been expressed, the facilitator needs to normalize the group in order to achieve closure.
- Facilitators should offer coping strategies and accessible resources to help with healing. Make referrals, if necessary.



ADDITIONAL TESTING

AMERICAN CONTINUING EDUCATION (ACE) SELF-TEST

The American Continuing Education (ACE) self-test offers another look into the behaviors, thoughts, and actions of veterinarians and their staff members. This simple test is easy to use, easy to score, and provides an additional resource to aid in self-awareness with respect to animal welfare work. Again,

the main points to remember with these tests is that there are no right or wrong answers, only truthful ones, and be sure to follow scoring instructions carefully.

A copy of the ACE self-test can be found in the Resources section of this book.

EMPATH SELF-TEST

Many animal caregivers, from veterinarians and vet techs to receptionists at a veterinary office or hospital, identify themselves as “empaths.” Empaths are known for their strong ability to sense the pain and suffering of others, and for attracting “emotional vampires.” For those who are not familiar with this term, the empath self-test created by Tara Meyer-Robson can help identify whether we display this trait. According to the work of psychiatrist Judith Orloff, author of *The Empath’s Survival Guide: Life Strategies for Sensitive People*, “emotional vampires” are people who suck our energy dry. Everyone can benefit from learning skills on how to cope with them. You can especially benefit if you are an intuitive empath that absorbs other people’s pain and negativity into your body and becomes exhausted by it.

“Sliming” is the most common method emotional vampires implement to kidnap time, energy, and resources from animal caregivers who define themselves as empaths. Sliming can be broadcast by clients, colleagues, staff members, and even the veterinarian following a traumatic event. When animal caregivers hear and see difficult things in the course of their work, the most normal reaction is to want to debrief with someone and alleviate or lessen the emotional burden they are carrying. When this outpouring of traumatic stories with gory details is not done properly (i.e., a formal debriefing under supervision), both the listener and the “slimer” can be further traumatized. Slimers have a very simple agenda that brings about their behavior. In order to eject uncomfortable or distressing emotions out of their own consciousness, they inject them into ours. When this process is over, they walk away satisfied and we remain depleted. Preventing emotional vampires from sharing their most distressing stories with all the grisly details takes a bit of nerve and a lot of skill. The best way to stop them is by saying no to this unacceptable behavior. Raising a hand and saying “Stop!” takes a certain amount of skill, but with practice it gets easier. It is healthy to turn to others for support and validation. The problem is that we often do it incorrectly. Colleagues and others do not always ask for permission before

debriefing their stories with us. If we are given the opportunity to accept or refuse the request, we are in a better position to prepare ourselves or hold tight to our personal boundaries by saying no.

Taking the empath test and reviewing the results can help us recognize this ability. While being able to sense the others' feelings and connect with them is viewed as a positive trait, it can also have a downside. Being emotionally available to others has its limitations. We now know that constantly being bombarded with trauma-related stories causes long-term damage to the mind, body, and spirit of caregivers. In their benchmark book *Transforming the Pain: A Workbook on Vicarious Traumatization*, Karen W. Saakvitne and Laurie Anne Pearlman state that: "Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material."

Offloading our unwanted emotions and feelings onto someone else does nothing to alleviate the pain we are experiencing. Healing from trauma is an inside job. We must take the time to connect with the trauma and work through it. In his book *The Art of Communicating*, the Buddhist monk Thich Nhat Hanh tells us that: "The suffering in us demands to be understood." We must take ownership of our suffering, name it, accept it, and then practice rituals and behaviors that help us work through it. Sliding others with our unwanted feelings and emotions only serves to sustain our suffering.

A copy of the empath self-test is available in the Resources section of this book.

GREATER GOOD SELF-TEST

This excellent website located at <https://greatergood.edu> offers a wealth of knowledge that feeds into the self-awareness we need in order to learn which strategies to implement for our healing process. The mission statement at Greater Good: Science-Based Insights for a Meaningful Life, which is housed at the University of California, Berkeley, reads: "The Greater Good Science Center studies the psychology, sociology, and neuroscience of well-being, and teaches skills that foster a thriving, resilient, and compassionate society." They offer quizzes that dovetail with the resources recommended to veterinarians, their colleagues, and staff members to help lower compassion fatigue levels and elevate compassion satisfaction levels. The quizzes are administered directly from their website with immediate electronic scoring. The three quizzes that could offer the most input to animal caregivers are:

1. **Happiness at Work Quiz.** Studies suggest our level of happiness at work affects our productivity, creativity, and ability to work well with others.
2. **Empathy Quiz.** Empathy is the ability to sense the emotions of others, coupled with the ability to imagine what that person might be thinking or feeling. Higher levels of empathy are tied to active listening and effective communication.
3. **Stress and Anxiety Quiz.** High levels of stress and anxiety in the workplace dramatically reduce the chances of having a highly functional organization. Lowering our own stress and anxiety helps others to do the same.

All quizzes are free of charge. Membership to Greater Good Magazine is also free and offers a wide range of articles, studies, and, as mentioned above, quizzes to help us define areas of our lives that might need improvement in order to become more effective and compassionate caregivers.

As we gather measurables to help us discern our levels of compassion fatigue, compassion satisfaction, burnout, anxiety, stress, empathy, compassion, and other variables, it is helpful to remember to take the tests/quizzes on a regular basis. Varying scores, whether higher or lower, are the key to measuring how well we are progressing with our self-awareness. This helps us meet our challenges, increase our basic knowledge of the workplace and how the dynamics affect everyone involved, and bolster our determination to travel the healing path to bring compassionate care and wellbeing into every level of our lives.

If it is true that the suffering in us demands to be understood, these measurables are immensely useful.

12 NEXT STEPS: ACHIEVING AND SUSTAINING WELLNESS IN THE VETERINARY PROFESSION

Patricia Ann Smith

The issues we have identified in this book resonate with workers in the veterinary field worldwide. In addition to being exposed to daily occupational hazards on the job, such as unruly animals, zoonotic diseases, bites, and scratches, veterinarians deal with difficult clients, financial concerns, interstaff issues, and, of course, stress, burnout, and compassion fatigue. It is striking how veterinarians throughout different areas of the world are facing similar challenges. For example, Australian vets cite their stress as being borne from long working hours, client attitudes, a lack of public recognition for their work, and no breaks during their workday (Smith et al., 2009). This report from Australia is consistent with research focusing on veterinarians in the United States, United Kingdom, and Canada.

There is still time to rescue the veterinary profession. An acknowledgement that there are problems to tackle and programs to be implemented will go a long way in ensuring veterinary medicine remains inviting to those who sense the calling to help animals. To do this we need to take the next step.

We need to create a self-care plan to jump-start our healing journey. We need to acknowledge the presence of high levels of compassion fatigue in our businesses and organizations and promote wellness programs to benefit everyone from the front desk receptionist to the CEO. We need to somehow learn to integrate our personal and professional lives so we have time to live a fulfilling and satisfying life.

In other words, we each need to be accountable for our own wellbeing and good health.

We cannot think our way out of stress, burnout, and compassion fatigue.
We need to take action.

There are academics worldwide studying the effects of trauma on the lives of veterinarians and those who care for animals. Studies by neuroscientists are revealing new ways of doing things to help keep us healthy and well. While we may still be in the throes of pain and suffering, we can hold on to the fact that we are not alone. Everything we do in an attempt to improve our own wellbeing makes a difference. Successful outcomes will be enjoyed by those who put in the work. If we work on opening ourselves up to vulnerability and transparency, and continuing to educate ourselves and those around us, we will indeed conquer the challenges the veterinary field now faces.



There is time to uplift the profession and, in its wake, provide compassionate, empathetic care to the animals and humans we serve.

Our strength in lowering our levels of compassion fatigue lies in practicing self-compassion. This is not to say we need to be easy on ourselves; change takes dedication and a certain amount of toughness. We must realize that the causes of compassion fatigue took hold long ago, and we perpetuate some of those patterns today. Most of our thought patterns and habits began very early on in our lives. We carry those customs in our heads,

and, without us realizing, they can often do damage to our mind, body, and spirit. Compassion fatigue can be likened to damaged “tapes” playing repeatedly in our minds and often holding our hearts captive.

If there is unresolved past trauma and pain, everyone involved played a part in the drama. We all survive by playing different roles. Some become peacekeepers; others become caregivers. While still others chose to check out and withdraw from the action. If this is the case within our family of origin, there is a strong chance we have learned to deal with the ill effects by stuffing them inside. As a result, the trauma and pain remains unresolved. Therefore, compassion fatigue takes hold within this unresolved pain and suffering that has never been given a voice.

Intellectually grasping the information presented in this book is not enough. The sum of the knowledge must be translated into actions to benefit everyone concerned, including the animals. This requires work on many levels. There will be one giant step forward and perhaps a couple of steps backward. The main lesson to be learnt is perseverance; never give up. Change, especially the level of change needed to combat stress, burnout, and compassion fatigue, takes education, time, skills, and commitment. Most of all, it takes a high measure of resilience.

The Oxford Dictionary defines resilience as “the capacity to recover quickly from difficulties; toughness.” In an article titled *How to Bounce Back from Anything* by Elaine Chin and William Howatt, the authors state that resilience is a set of coping mechanisms we develop over time. Research continues to demonstrate that this quality is determined in part by three factors:

1. How we care for ourselves.
2. The people we surround ourselves with.
3. What we do to find meaning and purpose in our lives.

Hence, possessing a set of psychological and physical tools to fight stress, burnout, and compassion fatigue prepares our mind, body, and spirit to respond resiliently to the highly stressful events that occur while practicing veterinary medicine.

Unfortunately, without the skill of resilience, veterinarians and their colleagues may be tempted to leave the profession and retreat from the trenches. This would be a waste of talent, knowledge, and education. There

is a lot of work to be accomplished, and the world is in dire need of our highly trained, experienced animal caregivers. A 2018 study led by Brakke Consulting, an animal health management consulting firm, in collaboration with the American Veterinary Medical Association (AVMA) found only 41 % of those interviewed would recommend the veterinary profession to friends and family. That rate drops to 24 % among those aged 34 and younger. It would appear the younger generation does not find the career worthy of the time and effort to get there.

As they have become aware that this negative attitude is now pervasive in the veterinary profession, the AVMA and the American Animal Hospital Association (AAHA) are both positioning themselves as leaders in the area of veterinary medicine wellness. According to psychologist Kathleen Ayl, the two associations recommend: education and early detection of stress, burnout, and compassion fatigue; investigation and intervention when the situation presents itself; referral for evaluation and treatment of those experiencing the stress of veterinary work; monitoring; and consultation, if necessary.

There is also a movement within the profession to promote psychological testing as a criterion for veterinary school admission. Such testing would indicate whether the person applying was well-suited to the vocation. Grief support lines, provided by professional, highly trained staff, are being created and made available. The promotion of supportive working environments, proactive self-care, ongoing clinical training, and grief support systems is a positive means of ensuring veterinarians and their staff members receive the continual support they need.

In education, the University of Washington, Seattle, is leading the fight with their Dare 2 Care (D2C) program for animal researchers—another group of animal caregivers who suffer greatly from compassion fatigue and a very high level of negative public perception. Their website provides tools to help recognize and increase awareness of caregiver stress, and supplies laboratory animal professionals (LAPs) with coping strategies to manage the emotional and physical challenges related to their line of work with animals. It is the founding committee's hope that their Compassion in Science program will lead to more compassionate care of laboratory animals.

There is a light at the end of this very dark compassion fatigue tunnel; it is known as posttraumatic growth (PTG). PTG is a theory developed in the 1990s by psychologists Richard Tedeschi and Lawrence Calhoun. The theory introduces the idea of transformation following trauma and asserts

that people who endure psychological conflict after suffering adversity can subsequently experience positive growth. According to Dr. Tedeschi: “People develop new understandings of themselves, the world they live in, how to relate to other people, the kind of future they might have, and a better understanding of how to live life.” He goes on to explain that people who are already highly resilient when they endure the trauma will not experience this level of growth because the event has not questioned their core beliefs and values. Less resilient people may go through distress and confusion as they try to make sense of why the trauma occurred in their life.

To assess the extent by which a person has grown following trauma, Tedeschi and Calhoun (1996) developed the Posttraumatic Growth Inventory (PTGI). The self-report measures positive responses in five different areas: appreciation of life, relating to others, new possibilities, personal strength, and spiritual change. The scale is continuously revised to include new insights and expand the “spiritual change” subscale as more data are collated.



By sharing the information contained within this book, my coauthor and I hope that you, our readers, seriously consider the effects stress, burnout, and

compassion fatigue may be having on both your personal and professional lives. We hope you will take this information to heart and make the commitment to yourselves and those who work for and with you to find ways to increase your compassion satisfaction and reduce your levels of compassion fatigue.

Becoming more aware and healthier caregivers will not only serve you in your lives, but will also serve the animals that motivated you to become veterinarians and animal welfare workers to begin with.

It is safe to say that suffering and loss occur every day in animal welfare work. Please consider and internalize the words of Rachel Naomi Remen, MD, a professor at the Osher Center of Integrative Medicine, University of California, San Francisco. She wrote the following in her highly acclaimed book *Kitchen Table Wisdom: Stories That Heal* (1996):

“ The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. This sort of denial is no small matter. The way we deal with loss shapes our capacity to be present to life more than anything else. The way we protect ourselves from loss may be the way in which we distance ourselves from life and help. We burnout not because we don’t care but because we don’t grieve. We burn out because we’ve allowed our hearts to become so filled with loss that we have no room left to care. ”

If you recognize stress, burnout, and compassion fatigue in yourself, your colleagues, your staff, or your organization or business, use this book as a starting point. It does not matter which country you practice in. Compassion fatigue plays no favorites. Its symptoms hold the power to devastate the life of caregivers no matter where they are located on the map. If each of us commits to our own wellbeing, that creates positive change and together we can make this world a better place for ourselves, and ultimately, for the animals we love.

13 RESOURCES

WORKPLACE VIOLENCE STATEMENT

The *[name of organization]* enforces a zero-tolerance workplace violence policy. We will not tolerate threats, harassment, intimidation, or other disruptive physical or verbal behaviors that occur in the building or any outside areas on the property. This applies to members of management, coworkers, employees, and volunteers. It also extends to nonemployees such as contractors, customers, and visitors. This policy also includes any violence toward our animals or any other animals on the site.

Workplace aggression or violence includes the following:

- Oral or written statements.
- Obscene gestures.
- Words or expressions communicating a threat of physical harm, damage to our property.
- Aggressive phone calls, emails, or texts.
- Intentional behavior that causes a person or animal to feel threatened.

Your cooperation is requested to implement this policy and to maintain a safe and healthy workplace environment. If you observe or experience any of the behaviors or actions listed above, report it immediately to a manager affiliated with this workplace environment.

Created by the Compassion Fatigue Awareness Project.

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

When you help people you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a veterinary professional. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the **last 30 days**.

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very often

- ___ 1. I am happy.
- ___ 2. I am preoccupied with more than one person I help.
- ___ 3. I get satisfaction from being able to help people.
- ___ 4. I feel connected to others.
- ___ 5. I jump or am startled by unexpected sounds.
- ___ 6. I feel invigorated after working with those I help.
- ___ 7. I find it difficult to separate my personal life from my life as a veterinary professional.
- ___ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.
- ___ 9. I think that I might have been affected by the traumatic stress of those I help.
- ___ 10. I feel trapped by my job as a veterinary professional.
- ___ 11. Because of my helping, I have felt "on edge" about various things.
- ___ 12. I like my work as a veterinary professional.
- ___ 13. I feel depressed because of the traumatic experiences of the people I help.
- ___ 14. I feel as though I am experiencing the trauma of someone I have helped.

- 15. I have beliefs that sustain me.
- 16. I am pleased with how I am able to keep up with helping techniques and protocols.
- 17. I am the person I always wanted to be.
- 18. My work makes me feel satisfied.
- 19. I feel worn out because of my work as a veterinary professional.
- 20. I have happy thoughts and feelings about those I help and how I could help them.
- 21. I feel overwhelmed because my case workload seems endless.
- 22. I believe I can make a difference through my work.
- 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
- 24. I am proud of what I can do to help.
- 25. As a result of my helping, I have intrusive, frightening thoughts.
- 26. I feel “bogged down” by the system.
- 27. I have thoughts that I am a “success” as a veterinary professional.
- 28. I can’t recall important parts of my work with trauma victims.
- 29. I am a very caring person.
- 30. I am happy that I chose to do this work.

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion satisfaction

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability 0.88). About 25 % of people score higher than 57 and about 25 % of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a nonsupportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability 0.75). About 25 % of people score above 57 and about 25 % of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary traumatic stress

The second component of compassion fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely

or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called vicarious traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability 0.81). About 25 % of people score below 43 and about 25 % of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on each section, total the questions listed on the right and then find your score in the table at the bottom of the section.

Compassion satisfaction scale

Copy your rating on each of these questions on to this list and add them up. When you have added them up you can find your score on the table below.

The sum of my compassion satisfaction questions is	So my score equals	And my compassion satisfaction level is
22 or less	43 or less	Low

Between 23 and 41	Around 50	Average
42 or more	57 or more	High

3. ____
 6. ____
 12. ____
 16. ____
 18. ____
 20. ____
 22. ____
 24. ____
 27. ____
 30. ____
 Total: ____

Burnout scale

On the burnout scale you will need to take an extra step. Starred items are “reverse scored.” If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1 “I am happy” tells us more about the effects of helping when you are *not* happy so you reverse the score.

* 1. ____ = ____
 * 4. ____ = ____
 8. ____
 10. ____
 * 15. ____ = ____
 * 17. ____ = ____
 19. ____
 21. ____
 26. ____
 * 29. ____ = ____
 Total: ____

You wrote	Change to
1	5
2	4
3	3
4	2
5	1

The sum of my burnout questions is	So my score equals	And my burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Secondary traumatic stress scale

Just like you did on compassion satisfaction, copy your rating on each of these questions on to this list and add them up. When you have added them up you can find your score on the table below.

2. ____
 5. ____
 7. ____
 9. ____
 11. ____
 13. ____
 14. ____
 23. ____
 25. ____
 28. ____
 Total: ____

The sum of my secondary trauma questions is	So my score equals	And my secondary traumatic stress level is
---	--------------------	--

22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

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SECONDARY TRAUMATIC STRESS INFORMED ORGANIZATION ASSESSMENT (STSI-OA)

Secondary traumatic stress (STS) affects our personnel, organizational structure, policies, and procedures in both subtle and overt ways. Although many organizations working with individuals exposed to trauma acknowledge that STS is present in their workforce, they may need guidance on how to reduce risk and promote staff wellness and resilience. This assessment tool will give organizations an opportunity to engage in self-assessment to determine the impact of STS in their organization and, combined with an overall trauma-informed organizational change framework, support strategic planning in specific areas of need.

Secondary traumatic stress refers to the trauma symptoms caused by indirect exposure to traumatic material, transmitted during the process of helping or wanting to help a traumatized person.

Resilience is an individual's ability to adapt to stress and adversity in a healthy manner.

Organization, as used in this context, refers to the workplace setting that will be the target of this assessment.

Next to each assessment item in these domains are choices based on the degree to which the organization is addressing the specified practice or protocol, including “Not at all,” “Rarely,” “Somewhat,” “Mostly,” and “Completely.”

After reading each item, place a check mark under the appropriate choice as to how the organization performs on that indicator. These indicators can provide you with a map or framework to guide organizational change.

1. The organization promotes resilience-building activities that enhance the following:

	Not at all	Rarely	Somewhat	Mostly	Completely	N/A
a. Basic knowledge about STS						
b. Monitoring the impact of STS on professional wellbeing						
c. Maintaining positive focus on the core mission for which the organization exists						
d. A sense of hope (e.g., a belief in a clients' potential for trauma recovery, healing, and growth)						
e. Specific skills that enhance a worker's sense of professional competency						
f. Strong peer support among staff, supervisors and staff, and/or outside consultants						
g. Healthy coping strategies to deal with the psychological demands of the job						

2. To what degree does the organization promote a sense of safety?

	Not at all	Rarely	Somewhat	Mostly	Completely	N/A
a. The organization protects the physical safety of staff using strategies or techniques to reduce risk (e.g. panic buttons, security alarms, multiple staff, etc.)						
b. Staff in the organization are encouraged to not share graphic details of trauma stories unnecessarily with co-workers						
c. Periodically, the organization conducts a safety survey or forum that assesses worker perceptions of psychological safety						
d. Periodically, the organization conducts a safety survey or forum that assesses worker perceptions of physical safety						
e. Organizational leaders manage risk appropriately and protect workers as much as possible from dangerous clients and/or situations						
f. The organization provides training on how to manage potentially dangerous situations (e.g., angry clients)						
g. The organization has a defined protocol for how to respond to staff when critical incidents occur						

3. How STS-informed are organizational policies?

	Not at all	Rarely	Somewhat	Mostly	Completely	N/A
a. The organization has defined practices addressing the psychological safety of staff						
b. The organization has defined practices addressing the physical safety of staff						
c. The organization has defined procedures to promote resilience building in staff (e.g., self-care workshops)						
d. The organization's strategic plan addresses ways to enhance staff resilience						
e. The organization's strategic plan addresses ways to enhance staff safety						
f. The organization has a risk management policy in place to provide interventions to those who report high levels of STS						

4. How STS-informed are the practices of leaders (executive directors, CEOs, COOs, administration, etc.)?

	Not at all	Rarely	Somewhat	Mostly	Completely	N/A
a. Leadership actively encourages self-care						
b. Leadership models good self-care						
c. Staff provides input to leaders on ways the organization can improve its policies and practices regarding STS						
d. Supervisors promote safety and resilience to STS by routinely attending to the risks and signs of STS						
e. Supervisors address STS by referring those with high levels of disturbance to trained mental health professionals						
f. Supervisors promote safety and resilience to STS by offering consistent supervision that includes discussion of the effect of the work on the worker						
g. Supervisors promote safety and resilience to STS by offering additional supervision during times of high risk for STS						
h. Supervisors promote safety and resilience to STS by intentionally managing caseloads and case assignments with the dose of indirect trauma exposure in mind						
i. Leadership responds to STS as an occupational hazard and not a weakness						

5. How STS-informed are other routine organizational practices?

	Not at all	Rarely	Somewhat	Mostly	Completely	N/A
a. The organization provides formal trainings on ways to enhance psychological safety						
b. The organization provides formal trainings on ways to enhance physical safety						
c. The organization provides formal trainings on enhancing resilience to STS						
d. The organization offers activities (besides trainings) that promote resilience to STS						
e. The organization discusses STS during new employee orientation						
f. The organization has regular opportunities to provide team and peer support to individuals with high levels of exposure						
g. The organization provides release time to allow employees to attend trainings focused on resilience building or STS management						

6. How well does the organization evaluate and monitor STS policies and practices?

	Not at all	Rarely	Somewhat	Mostly	Completely	N/A
a. The organization assesses the level of STS in the workplace						
b. The organization routinely monitors workforce trends (e.g., attrition, absenteeism) that may signify a lack of safety or an increase in STS						
c. The organization responds to what it learns through evaluation, monitoring, and/or feedback in ways that promote safety and resilience						
d. The organization routinely seeks feedback from the workforce regarding psychosocial trends that may signify an increase in STS (e.g., increased conflict, social isolation)						

7. What is your gender?

Female	
Male	

8. What is your age?

18 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65 to 74	

75 or older	
-------------	--

9. Within which of the following service systems do you do the majority of your work with traumatized clients?

Child welfare	
Community mental health	
Juvenile justice	
Educational or school setting	
Healthcare	
First responder groups (e.g., police, fire, paramedics)	
Tribal settings	
Other (please specify)	

10. What is your job role?

Volunteer	
Intern	
Frontline worker	
Clinician	
Supervisor	
Manager	
Senior manager	
C-level CEO, executive director, COO, etc.	
Other	

11. Roughly how many full-time employees currently work for your organization?

1–10	
11–50	
51–200	
201–500	
501–1,000	
1,001–5,000	
5,001–10,000	
10,000+	
I am currently not employed	

12. How many years have you worked as a professional helper?

0–2 years	
3–5 years	
6–10 years	
11–20 years	
21+ years	

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COMPASSION FATIGUE TEST FROM ACE (AMERICAN CONTINUING EDUCATION)

This self-test is not intended to provide medical advice or diagnosis. Consult a physician or mental health professional if you think you might be suffering from compassion fatigue.

Consider each of the following characteristics about you and your current situation. Write in the number for the best response. Use one of the following answers:

1 = Rarely/Never 2 = At times 3 = Not sure 4 = Often 5 = Very often

- ___ 1. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- ___ 2. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- ___ 3. I have gaps in my memory about frightening events.
- ___ 4. I feel estranged from others.
- ___ 5. I have difficulty falling or staying asleep.
- ___ 6. I have outbursts of anger or irritability with little provocation.
- ___ 7. I startle easily.
- ___ 8. While working with a victim I thought about violence against the person or persons who victimized.
- ___ 9. I am a sensitive person.
- ___ 10. I have had flashbacks connected to my clients and families.
- ___ 11. I have had firsthand experience with traumatic events in my adult life.

- ___ 12. I have had firsthand experience with traumatic events in my childhood.
- ___ 13. I have thought that I need to “work through” a traumatic experience in my life.
- ___ 14. I have thought that I need more close friends.
- ___ 15. I have thought that there is no one to talk with about highly stressful experiences.
- ___ 16. I have concluded that I work too hard for my own good.
- ___ 17. I am frightened of things that traumatized people and their families have said or done to me.
- ___ 18. I experience troubling dreams similar to a client of mine and their family.
- ___ 19. I have experienced intrusive thoughts of sessions with especially difficult clients and their families.
- ___ 20. I have suddenly and involuntarily recalled a frightening experience while working with a client or their family.
- ___ 21. I am preoccupied with more than one client and their family.
- ___ 22. I am losing sleep over a client and their family’s traumatic experience.
- ___ 23. I have thought that I might have been “infected” by the traumatic stress of my clients and their families.
- ___ 24. I remind myself to be less concerned about the wellbeing of my clients and their families.
- ___ 25. I have felt trapped by my work as a helper.
- ___ 26. I have felt a sense of hopelessness associated with working with clients and their families.
- ___ 27. I have felt “on edge” about various things and I attribute this to working with certain clients and their families.
- ___ 28. I have wished that I could avoid working with some clients and their families.
- ___ 29. I have been in danger working with some clients and their families.
- ___ 30. I have felt that some of my clients and their families dislike me personally.
- ___ 31. I have felt weak, tired, run down as a result of my work as a helper.
- ___ 32. I have felt depressed as a result of my work as a helper.
- ___ 33. I am unsuccessful at separating work from personal life.

- ___ 34. I feel little compassion toward most of my coworkers.
- ___ 35. I feel I am working more for the money than for personal fulfillment.
- ___ 36. I find it difficult separating my personal life from my work life.
- ___ 37. I have a sense of worthlessness/disillusionment/resentment associated with my work.
- ___ 38. I have thoughts that I am a “failure” as a helper.
- ___ 39. I have thoughts that I am not succeeding at achieving my life goals.
- ___ 40. I have to deal with bureaucratic, unimportant tasks in my work life.

SCORING INSTRUCTIONS

Make sure you have responded to ALL questions.

Next, circle the following 23 items: 1–8, 10–13, 17–26, and number 29.

Now, ADD the numbers you wrote next to the items circled.

This is your risk of compassion fatigue:	
26 or less	Extremely LOW risk
27–30	LOW risk
31–35	Moderate risk
36–40	HIGH risk
41 or more	Extremely HIGH risk

ADD the numbers you wrote next to the items NOT circled.

This is your risk of burnout:	
19 or less	Extremely LOW risk
20–24	LOW risk
25–29	Moderate risk
30–42	HIGH risk

43 or more

Extremely HIGH risk

© 1994, Florida State University Psychosocial Stress Research Program.

EMPATH TEST

Are you an empath? Do you have these 25 traits of empathic people?

If you've ever felt someone else's pain or sensed the shift in energy in a room without knowing what caused it, you might just be an empath. See how many of the following empath traits you resonate with...

Are you an empath? Take the empath test to find out:

For each statement, give yourself a "0" for never, a "2" for sometimes, and a "3" for always.

- 1. You sense others' pain and sadness.
- 2. You pick up quickly if someone means one thing, but says another.
- 3. You feel drained if you are around certain people.
- 4. You get strong first impressions of people—both negative and positive—that end up being spot on.
- 5. You see something sad—for instance, an animal being hit by a car—and it takes you much longer than others to stop feeling sad or sick about it.
- 6. Others don't understand how deeply you feel and why you can't just "let it go."
- 7. You always feel like you view life from a different perspective than everyone around you. It seems like no one is "like you."
- 8. You've experienced the sensation that you are feeling the pain of the whole world.

- 9. There are times when you feel so overwhelmed with the pain of the world that you want to crawl under the blankets and not interact with anyone for a few days.
- 10. You can't watch or read the news or watch sad or violent movies because it's too upsetting or makes you sick.
- 11. You repeatedly feel the same emotions or sensations around the same people (for instance, every time you see a particular friend, you feel anxious or sad for no particular reason).
- 12. You feel sick or in pain when you are around certain people for no physical reason, or you seem to take on other's symptoms, feeling as they feel.
- 13. You feel like your mood or emotions change when certain people enter a room.
- 14. You've walked into a room and felt the energy was different, without knowing why (for example, walking into the office and being hit with the sensation of tension or anger—I used to be able to walk in the front door of the office and know whether my boss was in a good or a bad mood without seeing him).
- 15. You sometimes get overwhelmed when there are a lot of people around, but can't figure out why you feel overwhelmed (there's nothing outwardly unpleasant going on).
- 16. You sometimes feel like your emotions change on dime, but you don't know why.
- 17. People come to you as their "energy source," because you brighten their day or have other impacts on their emotions.
- 18. People seem drawn to you and need their "fix" of you to feel better. Often, animals and children will be very drawn to you as well.
- 19. You prefer to be near water, especially when you are feeling overwhelmed.
- 20. You need to have time in nature to feel balanced.
- 21. You've had people ask you why you are "such a bleeding heart," or make fun of you for feeling so deeply (I cannot tell you how often this has happened to me!).
- 22. You care for others more than you care for yourself and feel like you "have to" take care of people, even when you know you are burning yourself out.

- 23. You have a hard time taking care of yourself because you are too busy taking care of others.
- 24. You feel—or know—that plants and animals have a soul/awareness, and feel their pain and sadness.
- 25. You’ve had times in your life when you went through such a traumatic event that you were totally numb.

DID YOU RECOGNIZE YOURSELF IN MANY STATEMENTS?

Score of 0–25

You have some empath traits, but wouldn’t be considered a true empath. It’s important to make sure that you still take care of yourself and don’t let yourself get overwhelmed, but it’s likely you are pretty balanced between helping others and setting good boundaries.

Score of 25–50

This score on the empath test shows that you are definitely an empath. You sense things in a way that’s different from the average person. You aren’t just relating to someone’s feelings, you are sensing them as your own. You likely get exhausted sometimes and wonder why, without realizing you are giving out too much positive energy and taking in too much negative energy from around you. While you are fairly balanced if you are in this range, there’s no doubt you’d benefit from tools and resources to help you to use your extra-feeling perception (EFP) to be a benefit to yourself and the world.

Score of 50–75

You are an “extreme empath,” as I would call it. You have the ability to soak in others’ emotions without consciously knowing you are doing so. You sense the “vibe” of a room or place without visual clues (such as tears, yelling, or slamming of doors).

More importantly, if you are scoring this high on the empath test, then you are extremely open to the pain and suffering of the world, and you likely get overwhelmed by trying to do too much or help too many people at once. If you don’t get some tools and resources to help you, these extreme empath

traits can cause you to get very sick (chronic fatigue is extremely common among empaths who score like this and don't have the tools to take care of themselves).

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BIBLIOGRAPHY

- ALBALADEJO R et al., Síndrome de *burnout* en el personal de enfermería de un hospital de Madrid, *Revista Española de Salud Pública* , 2004, 78(4):505–516.
- ARTARAZ OCERINJAÚREGUI B et al., *Guía sobre el Duelo en la Infancia y la Adolescencia* , 2017, Colegio de Médicos de Bizkaia.
- AYL K, *When Helping Hurts: Compassion Fatigue in the Veterinary Profession* , 2013, Lakewood, Colorado, American Animal Hospital Association Press.
- BAILE WF et al., SPIKES—A six-step protocol for delivering bad news: application to the patient with cancer, *The Oncologist* , 2000, 5(4):302–311.
- BANDURA A, *Self-Efficacy: The Exercise of Control* , 1997, New York, W.H. Freeman.
- BARTRAM DJ, BALDWIN DS, Veterinary surgeons and suicide: influences, opportunities and research directions, *Veterinary Record* , 2008, 162(2):36–40.
- BARTRAM DJ, YADEGARFAR G, BALDWIN DS, Psychosocial working conditions and work-related stressors among UK veterinary surgeons, *Occupational Medicine* , 2009, 59(5):334–341.
- BROWN B, *Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead* , 2012, New York, Avery.
- BUCKMAN R, KASON Y, *How to Break Bad News: A Guide for Health Care Professionals* , 1992, Baltimore, Johns Hopkins University Press.
- CAMERON J, *The Artist's Way: A Spiritual Guide to Creativity* , 1992, Los Angeles, California, Jeremy P. Tarcher/Perigee.
- CHIN E, HOWATT W, How to bounce back from anything, *Good Housekeeping* , 2018, 267(1):65–68.
- COHEN SP, Compassion fatigue and the veterinary health team, *Veterinary Clinics: Small Animal Practice* , 2007, 37(1):123–134.
- CONDREY KM, *The Relationship between Compassion Fatigue and Organizational Culture* (PsyD dissertation), 2015, George Fox University.
- DILLARD A, *The Maytrees* , 2007, New York, HarperCollins Publishers.
- FIGLEY CR, *Trauma and Its Wake: The Study and Treatment of Post-Traumatic Stress Disorder* , 1985, New York, Brunner/Mazel.
- FIGLEY CR, *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* , 1995, New York, Brunner/Mazel.
- FIGLEY CR, *Compassion Fatigue in the Animal-Care Community* , 2006, Washington, DC, Humane Society Press.
- FREUDENBERGER HJ, Staff Burn-Out, *Journal of Social Issues* , 1974, 30(1):159–165.
- FREUDENBERGER HJ, RICHELSON G, *Burnout: The High Cost of High Achievement* , 1981, Toronto, Bantam Books.
- GARDNER DH, HINI D, Work-related stress in the veterinary profession in New Zealand, *New Zealand Veterinary Journal* , 2006, 54(3):119–124.

- GRAHAM -MC LAY C, A 4-day workweek? A test run shows a surprising result, *The New York Times* , 2018.
- GRAU GUMBAU R, SALANOVA SORIA M, PEIRÓ SILLA JM, Efectos moduladores de la autoeficacia en el estrés laboral, *Apuntes de Psicología* , 2012, 30(1-3):311-321.
- HARBOLT TL, *Bridging the Bond: The Cultural Construction of the Shelter Pet* , 2003, West Lafayette, Indiana, Purdue University Press.
- HART LA, HART BL, Grief and stress from so many animal deaths, 1987, *Companion Animal Practice* , 1:20-21.
- JONES -FAIRNIE H et al., Suicide in Australian veterinarians, *Australian Veterinary Journal* , 2008, 86(4):114-116.
- KALIMO R, EL -BATAWI MA, COOPER CL, *Psychosocial Factors at Work and their Relation to Health* , 1987, Ginebra, World Health Organization.
- KOGAN LR et al., Veterinarians' experiences with near misses and adverse events, *Journal of the American Veterinary Medical Association* , 2018, 252(5):586-595.
- KÜBLER -ROSS E, *On Death and Dying* , 1969, New York, The Macmillan Company.
- KUMAR SM, *Mindfulness for Prolonged Grief: A Guide to Healing after Loss When Depression, Anxiety, and Anger Won't Go Away* , 2013, Oakland, California, New Harbinger Publications.
- LARKIN M, Study: 1 in 6 veterinarians have considered suicide, *Journal of American Veterinary Medicine Association* , 2015, 246(7):707-709.
- MALAKH -PINES A, ARONSON E, *Career Burnout: Causes and Cures* , 1988, New York, Free Press.
- MASLACH C, JACKSON SE, LEITER MP, *Maslach Burnout Inventory Manual* 3rd ed., 1996, Palo Alto, California, Consulting Psychologists Press.
- MATHIEU F, *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Trauma* , 2012, New York, Routledge.
- MC CANN L, PEARLMAN LA, Vicarious traumatization: A framework for understanding the psychological effects of working with victims, *Journal of Traumatic Stress* , 1990, 3(1):131-149.
- MINGOTE ADÁN JC et al., Prevención del suicidio en médicos, *Medicina y Seguridad del Trabajo* , 2013, 59(231):176-204.
- NHAT HANH T, *The Art of Communicating* , 2013, New York, Harper Collins.
- NOLEN RS, Mental health, well-being problem serious, not dire: study, *Journal of the American Veterinary Medical Association* , 2018, 252(4):392-393.
- ORLOFF J, *The Empath's Survival Guide: Life Strategies for Sensitive People* , 2017, Boulder, Colorado, Sounds True.
- PEARLMAN LA, SAAKVITNE KW, Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors, *American Journal of Clinical Hypnosis* , 1995, 38(4):298-299.
- PEARSON C, *The Hero Within: Six Archetypes We Live By* , 1989, San Francisco, HarperCollins Publishers.
- PELLITERO PÉREZ MA, ¿Más parecidos o más diferentes de lo que pensamos?, *Argos* , 2018, 196:38-39.
- PETERS TJ, WATERMAN RH, *In Search of Excellence: Lessons from America's Best-Run Companies* , 1982, New York, Harper and Row.
- PRADOS CASTILLEJO JA, QUESADA JIMÉNEZ F, Guía práctica sobre cómo dar malas noticias, *Formación Médica Continuada en Atención Primaria* , 1998, 5(4):217-276.

- REIJULA K et al., Work environment and occupational health of Finnish veterinarians, *American Journal of Industrial Medicine* , 2003, 44(1):46–57.
- REMEN RN, *Kitchen Table Wisdom: Stories That Heal* , 1996, New York, Riverhead Books.
- ROSENHECK R, NATHAN P, Secondary traumatization in children of Vietnam veterans, *Hospital & Community Psychiatry* , 1985, 36(5):538–539.
- ROTHSCHILD B, RAND ML, *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma* , 2006, New York, W. W. Norton & Company.
- RUIZ -CANO J et al., Revisión de modelos para el análisis de dilemas éticos, *Boletín Médico del Hospital Infantil de México* , 2015, 72(2): 89–98.
- SAAKVITNE KW, PEARLMAN LA, *Transforming the Pain: A Workbook on Vicarious Traumatization* , 1996, New York, W. W. Norton & Company.
- SCHEIDEGGER J, The burden of care: Know the risks to your mental health, *DVM360* , 2015.
- SEYLE H, *The Physiology and Pathology of Exposure to Stress: A Treatise Based on the Concepts of the General Adaptation Syndrome and the Diseases of Adaptation* , 1950, Montreal, Canada, Acta, Inc.
- SHAW JR, LAGONI L, End-of-life communication in veterinary medicine: delivering bad news and euthanasia decision making, *Veterinary Clinics: Small Animal Practice* , 2007, 37(1):95–108.
- SMITH DR et al., Examining the dimensions and correlates of workplace stress among Australian veterinarians, *Journal of Occupational Medicine and Toxicology* , 2009, 4(32).
- SOUZA E SOUZA LP et al., La muerte y el proceso de morir: sentimientos manifestados por los enfermeros, *Enfermería Global* , 2013, 12(32):222–229.
- STANSFELD S, CANDY B, Psychosocial work environment and mental health—a meta-analytic review, *Scandinavian Journal of Work, Environment & Health* , 2006, 32(6):443–462.
- STAWICKI M, *A Personal Mission Statement: Your Road Map to Happiness* , 2014, CreateSpace Independent Publishing Platform.
- TEDESCHI RG, CALHOUN LG, The posttraumatic growth inventory: measuring the positive legacy of trauma, *Journal of Traumatic Stress* , 1996, 9(3):455–471.
- TERR LC, Psychic trauma in children and adolescents, *Psychiatric Clinics of North America* , 1985, 8(4):815–835.
- VIVIANO J, Why do so many veterinarians attempt suicide?, *The Columbus Dispatch* , 2017.
- WELLER F, *The Wild Edge of Sorrow: Rituals of Renewal and the Sacred Work of Grief* , 2015, Berkeley, California, North Atlantic Books.

INTERNET RESOURCES

- About Adverse Childhood Experiences* , Centers for Disease Control and Prevention, 2016 (last reviewed 2019), <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html> .
- Dare 2 Care (D2C)* , Compassion in Science, University of Washington, Seattle, <https://sites.uw.edu/d2c> .
- Greater Good* , Greater Good Science Center, University of California, Berkeley, <https://greatergood.berkeley.edu> .
- Green Cross Academy of Traumatology, <https://greencross.org> .
- Professional Quality of Life, <https://proqol.org> .
- What Is Burnout?* , Wholistic Stress Control Institute, 2010, <http://www.wholistic1.com> .

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