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A Field Consumed by Stress

Working in veterinary medicine comes with an overwhelming abundance of heartbreak and stress. From demanding clients and doctors, to those special patients who touch your heart but whom you can't save, it is a constant battle of the heart. I would know, I have been working in the field for several years, and have held multiple positions from Veterinary Assistant to Licensed Veterinary Technician (LVT). Because of this experience, I feel as if my time working has given me a well rounded point of view on the issues that riddle the profession. Those who do not work in this field may be surprised to find out that it has one of the highest rates of suicides. I have seen such cases, and one would be hard pressed to find people in the profession, even worldwide, who have not. Something clearly needs to be done to combat stress in the field, and while there are no quick and easy fixes, as a profession, we need to come together and address the issue. Our colleagues are fighting crippling battles with their own mental health and we need to do something to help. While I know this is a problem without a simple or straightforward solution, I have proposed what I feel is a step in the right direction, one that would be very useful to many professionals. In a field such as veterinary medicine, which is crippled with stress, burnout, and suicide, positive managerial intervention will be the key in turning these trends for the better.

Veterinary medicine is a field that produces extreme amounts of stress and has abnormally high rates of suicide. A study conducted by psychologist Marie Andela, in which she

collected data from 490 veterinarians about their mental health and various stress factors that they frequently encounter, found that stress factors consisted of workload, emotional demands, issues with clients and/or coworkers, financial worries, struggles with work-life balance and having big responsibilities. Andela hypothesized that the link between these stressors and suicidal ideations is burnout, a phenomenon she defines as having “3 dimensional construct” consisting of “emotional exhaustion, cynicism and lack of professional efficacy” (126).

Emotional exhaustion tends to come from chronic fatigue and the depletion of mental and emotional resources, which researchers often refer to as “compassion fatigue.” Professionals often become cynical, which refers to the disconnect that one can feel from their colleagues or their field, leaving sufferers feeling like they are on the outside looking in, and preventing them from connecting to their environment. Finally, lack of professional efficacy, which stems from one's own sense of self-satisfaction, is a hard factor to appease in a field full of perfectionists. When all some or all of these feelings are experienced we call this “burnout” (Andela).

One stressor in particular, which Dow touches on in “Impact of Dealing with Bereaved Clients of the Psychological Wellbeing of Veterinarians,” makes the veterinary community unlike no other: dealing with bereaved clients after their beloved pet has been put down. Euthanasia is a daily occurrence in the field, and veterinary staff are often the ones to whom the clients seek for emotional support and validation that they did the right thing. This leaves the staff, who have not been properly trained in grief counseling, with the emotional burden of both mourning the loss of the pet (which could potentially lead to feelings of incompetence from the “Did I do enough?” factor) and that of the client. It is no secret that the bond between clients and their pets, especially since the Coronavirus epidemic, has become stronger than ever. Even so, in our society being as distraught over the loss of a pet, as one would be from the loss of a friend or

family member is unacceptable. As a result, it is unlikely that the client will seek professional help that they may have sought had the loss been of a human. When the data was collected it was found that 40% of veterinarians who surveyed admitted that providing grief therapy to their clients had adversely affected their mental and physical health. Nevertheless, this is merely the data from only one of the seven common stressors previously mentioned. (Dow)

Stress is a multifactorial issue because each person has their own set of stressors unique to them. This means we cannot tackle stress as a whole. To address this, we need to acknowledge that each solution will have a unique effect on different populations of individuals. Dr. Lewis gives the key to the solution when she says, “Decide what they (your staff) need to be happy and do it” (Larkin 1438). She emphasizes the importance that change cannot be uniform. The solutions will have to be on a practice by practice or person by person basis to be effective. Dr. Lewis also acknowledges a distinct disconnect between management and staff when she brings up that, “men still own most clinics and may not be as sensitive to the need as women” (Larkin 1438). Here she is referring to the specific need of her practice for a daycare, but the same idea applies: men do not always know what’s in the best interest of women. Not only do clinics tend to be owned and operated by men, they tend to be older men. This can be a problem when it is known that the vast majority of practitioners in the veterinary medicine field are young women. Women are also generally the primary caretakers, and because of this, their male counterparts generally never have to deal with the stress of finding daycare, or worrying about who is taking care of the children in their absence. Having this disconnect between management and staff explains why changes in the right directions are few and far between in the profession. This is not to say that an older man is incapable of properly managing a team of young women, but to merely point out that the interests of management are completely separate from those of their

employees. In order to make a change that is going to be impactful, these priorities need to be acknowledged. This is not something that is going to be quick or easy, or linear, but if we do not start making some progress, the field in its entirety will continue to suffer.

One possible critique of the strategy I have proposed for creating a more positive working environment is that it will be nearly impossible to find a solution that benefits all staff. While this may be true, there is likely to be a ripple effect created. For example, in an article written by Malinda Larkin, “Taking Responsibility for Well-being in the Workplace,” Dr. Lewis discussed how adding a daycare imposed a change on her clinic that she says returned an “immediate good feeling about being at work. That trickled down to the entire staff” (Larkin 1436). Even though adding a practice owned and run daycare was likely going to immediately benefit only those individuals with children, the stress it took off of those individuals created a trickle down effect that changed the atmosphere of work for everyone.

Veterinary medicine is a field that experiences significantly higher numbers of suicide than other field. This is due to the extreme amounts of stress that are placed upon practitioners in the field. The truth is that the stressful aspect of the job is never going to change. If we do not come together and begin to fight for ourselves, and each other, as much as we fight for our patients, we will continue to lose people. The best option is to start small, with minor changes that will help change the environment at work. These changes are likely to have a ripple effect that changes the working environment for everyone, ultimately reducing the stress on everyone. Hopefully by reducing stress, we will be able to change the climate of the profession.

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