

2022

Making the Case: Adding a Social Work Perspective to a Case Study in a Veterinary Practice

Paula Gerstenblatt

University of Southern Maine, paulagerstenblatt@gmail.com

Diane Rhodes

University of Texas at Austin, diane.rhodes@utexas.edu

Dorothea Ivey

University of Southern Maine, dorothea.ivey@maine.edu

Follow this and additional works at: <https://docs.lib.purdue.edu/pajj>



Part of the [Social Work Commons](#), and the [Veterinary Medicine Commons](#)

Recommended Citation

Gerstenblatt, Paula; Rhodes, Diane; and Ivey, Dorothea (2022) "Making the Case: Adding a Social Work Perspective to a Case Study in a Veterinary Practice," *People and Animals: The International Journal of Research and Practice*: Vol. 5 : Iss. 1, Article 10.

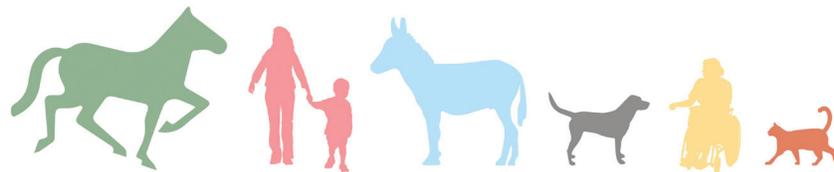
Available at: <https://docs.lib.purdue.edu/pajj/vol5/iss1/10>

This document has been made available through Purdue e-Pubs, a service of the Purdue University Libraries. Please contact epubs@purdue.edu for additional information.

Making the Case: Adding a Social Work Perspective to a Case Study in a Veterinary Practice

Cover Page Footnote

Many thanks to the participants who shared their stories for this study



People and Animals: The International Journal of Research and Practice

Volume 5 | Issue 1 | ISSN: 2575-9078

(2022)

Making the Case: Adding a Social Work Perspective to a Case Study in a Veterinary Practice

Paula Gerstenblatt,¹ Diane Rhodes,² and Dorothea Ivey¹

Keywords: Veterinary social work, human–animal bond, compassion fatigue, veterinary practice, case study

Abstract This article describes a case study exploration of a veterinary practice from the perspective of social work. Recognizing the stressful work of veterinary providers, including compassion fatigue and high suicide rates, the current study identified both a need for and the potential role of social workers in veterinary practice. Professionals were interviewed in an emergency/specialty practice. Using the interview data, the authors built a demonstrative case that underlines the vulnerability of veterinary professionals and the potential of social work to improve the quality of their work experiences and longevity.

Introduction

When Elinor walked into the room to see Miles’s lanky frame crunched up, head on the chest of a gorgeous rottweiler she’d known for three years, she almost turned around. How was she going to euthanize this animal she loved and ease her co-worker through this loss? Why had she even chosen this work, anyway? She sucked in a breath, pulled her professionalism around her tightly, and took another step.

Veterinary providers have stressful jobs, including responsibilities they are not trained or equipped to handle, such as dealing with owners’ behaviors, ethical dilemmas, conflicts about the cost of care, and grief. This can result in high turnover, compassion

fatigue, and suicide. This research acknowledges the value of animal companions and the central role of veterinary providers in their care, while exploring the potential solution of collaboration with veterinary social workers. Using interviews to gain insight into the complexities confronting veterinary providers and the construction of an example case study, this research offers a look at how social workers can fit into veterinary practice and the potential benefits of collaboration for veterinary providers and animal companion owners.

On average 80 million American households, or 34.8%, include one or more companion animals (American Veterinary Medical Association as cited

(1) University of Southern Maine, (2) University of Texas at Austin

in Cordaro, 2012, p. 283). In 2018, Americans spent more than \$72 billion on their animal companions, and more than \$18 billion was for vet care, according to the American Pet Products Association (APPA, 2021), a trade group. The bond between an individual and a companion animal is unique, and often an animal secures the role of a family member (Cordaro, 2012; Kaufman & Kaufman, 2006). Donohue (2005) found that living with a companion animal has been associated with numerous health benefits, including (1) reduced blood pressure; (2) decreased depression within elderly pet owners; (3) higher survival rates among cardiac patients in recovery; (4) a reduced risk of cardiovascular disease; and (5) increased social relationships. Companion animal pets provide a sense of attachment that promotes well-being and security while offering opportunities for caregiving and commitment (Barnard-Nguyen et al., 2016). Evidence also suggests individuals who live with companion animal pets are receiving something extraordinary from them; they report experiencing a deep love and affection (Barnard-Nguyen et al., 2016; Maharaj et al., 2016) and consider animals family members (Risley-Curtiss, 2010). The human–animal bond (HAB) is defined by the American Veterinary Medical Association (AVMA, 2013) as

the mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors that are essential to the health and well-being of both. This includes, but is not limited to, emotional, psychological, and physical interactions of people, animals, and the environment.

In direct contrast, veterinarians have the highest suicide rate of any medical doctors, with female veterinarians up to 3.5 times more likely to kill themselves than members of the general population (CDC, 1019), and they endure a professional and personal toll as a result of euthanizing animals, supporting staff and pet parents in grief, as well as treating chronic and acute illness. Veterinarians often have high student debt and lower salaries than doctors treating humans. While there is a high consequence to this work, there is also a high degree of gratification, resulting

in a paradox referred to as “compassion satisfaction” (Polachek & Wallace, 2018).

Social work recognized the importance of the HAB as early as 1975 with the publication of “The Dog as Significant Other,” documenting the attachment between an elderly woman and her dog (Bikales, 1975). Veterinary social work (VSW) is an emerging specialty based on four areas of practice including companion animal bereavement, compassion fatigue, animal-assisted intervention, and prevention of violence and oppression of animals. Some schools of veterinary medicine located at universities with schools of social work are forming partnerships and cross-training opportunities for students of social work and veterinary medicine (Holcombe et al., 2016).

The integration of HAB into social work practice and collaboration with veterinary medicine has evolved into veterinary social work (VSW) practice, a term developed and defined by Dr. Elizabeth Strand from the University of Tennessee at Knoxville (Jackson, 2013). VSW is a growing specialty along with the recognition of the important role of social workers in a variety of areas related to HAB—both veterinary and general practice settings including mitigating compassion fatigue, supporting the bereavement process, integrating the HAB into child and animal welfare, disaster relief, homelessness, domestic violence, and the use of animal interventions in therapy. Social workers can play an important role in mitigating distress and supporting veterinary providers and those with companion animals.

The current study is a descriptive case study of a veterinary practice from the social work perspective that provides a deeper understanding of the human–animal bond, experiences of loss and grief within that bond, and the experiences of compassion fatigue. The research goals were to (1) support the emerging recognition of the potential relationship between social work and veterinary care; (2) identify roles social workers can play in veterinary settings; and (3) shed light on the significance of companion animal pets to human well-being. The following research questions guided this study: (1) What is the need for reciprocal interactions between social work and veterinary professionals? (2) What is the

relationship between social work and veterinary care? (3) How do people describe the value of specific human–animal bonds? (4) What roles might social workers take in the veterinary care setting?

Background

The clinic in this case study is a busy emergency and specialty care veterinary practice in a medium-sized city in New England. This setting provided a microcosm where the intricacies of the human–animal bond can be illustrated and explored. The clinic offered a rich context for exploration with the co-location of emergency and specialty veterinary care. Patients who present with injury from accidents are in need of immediate critical care; others seek cancer care or treatment for ophthalmologic, endocrinologic, respiratory, or pancreatic problems; some have chronic needs for specialized care such as acupuncture or herbs. The staff regularly see people making critical choices about animal care during a variety of circumstances from rescue from life-threatening harm to maintaining comfort to the expected end of a life.

Started by a veterinarian 30 years ago, this clinic began providing specialist veterinary care primarily to dogs and cats. Recently the practice was sold to another veterinarian, allowing the founder to focus solely on clinical, rather than administrative and business aspects of the clinic. The practice is slowly merging its management. In terms of services to animals and their families, the practice already sees emergency and specialty services supporting one another.

Literature

Human–Animal Bond

Companion animals are a universal cultural reality and science is catching up to a long-held shared belief. More recent empirical evidence has supported the physiological and psychological benefits of the HAB (Kogan & Blazina, 2018). Powell et al. (2018)

reported that successful HABs formed between humans and dogs are becoming more common worldwide. One study looking at the HAB and ethnicity found cat and dog owners viewed animals as part of their family, and research has revealed that like familial relationships, affectionate relationships between people and animals are important and complicated (Risley-Curtiss et al., 2006). From rural and tribal communities to the most densely populated cities, people have animal companions they perceive as members of their families. Characteristics used to describe bonds between people and companion animals include love, comfort, and protection—also associated with human family members (Levitt & Gezinski, 2020).

Companion animals contribute to the mental and emotional well-being of people, and dogs can increase social contact for their owners in positive ways, including reduced loneliness and isolation of people in institutional care. Studies have shown contact with animal companions produced hormonal changes that significantly decrease cortisol levels (Kogan & Blazina, 2018). Although evidence for a causal association between human well-being and companion animals is not exhaustive or conclusive, there is evidence that confirms the folk wisdom that pets are good for people.

The importance of the HAB in social work practice has significance beyond veterinary settings and extends into resilience of current life circumstances (Fine & Macintosh, 2016). The magnitude of this relationship is evident in people refusing to leave their pets during a natural disaster, remaining in an abusive relationship, and sleeping on the street rather than a shelter because they cannot bring their pet companion. See Figure 1 for an overview of the three-component continuum of the HAB.

Compassion Fatigue

Adams (as cited in Thielemann & Cacciatore, 2014) defined compassion fatigue as a reduction in one's ability to empathize with one's clients. Burnout, for health care and veterinary professionals, means taking on a negative affect (Ortega-Campos et al.,

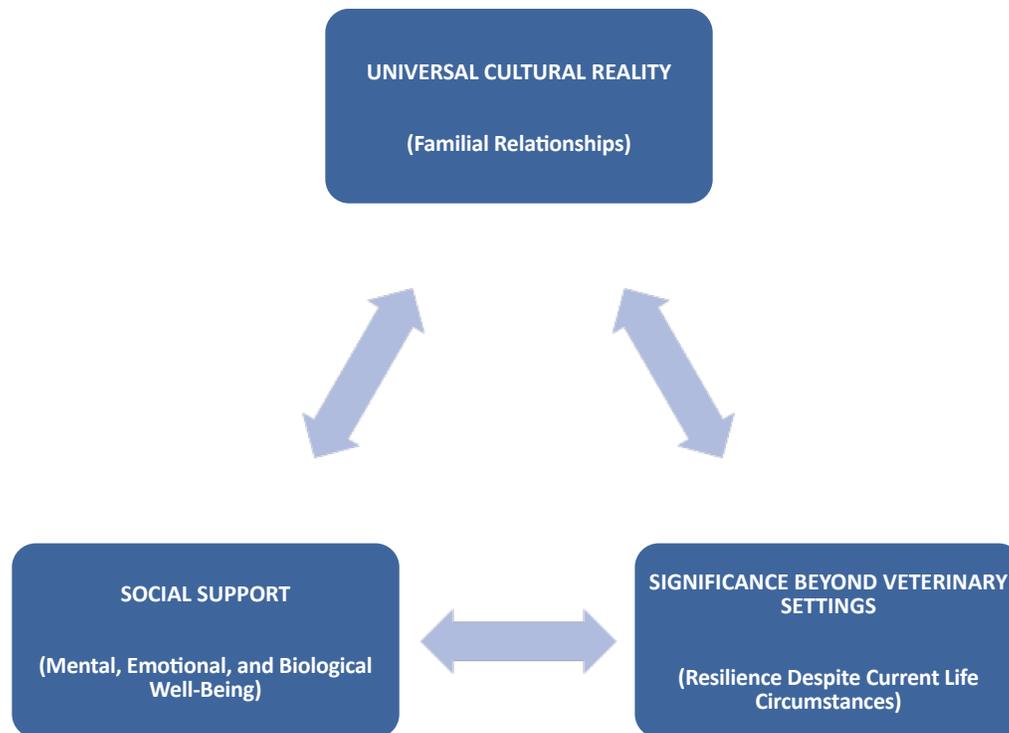


Figure 1. Three-component continuum of HAB at a glance.

2020), and therefore, compassion fatigue is the result of secondary trauma and burnout (Thieleman & Cacciatore, 2014). Burnout can have serious negative impacts on one's physical, emotional, and psychological health (Hanrahan et al., 2018). It is important to differentiate between compassion fatigue and burnout. Compassion fatigue is a sense of depersonalization and emotional exhaustion (Adams as cited in Thieleman & Cacciatore, 2014), whereas burnout is defined as "chronic physical and emotional fatigue" (Diaconescu, 2015, p. 57).

Compassion fatigue has also been described as "the cost of caring," with those experiencing compassion fatigue simultaneously forecasting negative changes in their personal and professional lives (Bride et al., 2007; Mathieu, 2012; Rothschild, 2013 as cited in Diaconescu, 2015; Stamm, 2012). Thomas (2013) states, "Though many social workers and other helping professionals do not develop problems with compassion fatigue or burnout, the numbers of professionals who do experience these work-related problems are concerning" (p. 371).

Reasons for the high suicide rate among veterinarians include exposure to "high levels of occupational stress related to long working hours, client expectations, unexpected outcomes, communicating bad news, poor work-life balance, high workloads, rising veterinary care costs, professional isolation, student debt, and lack of senior support" (Tomasi et al., 2019, p. 109). Compassion fatigue is also the flip side of "compassion satisfaction," which refers to the sense of joy, pleasure, or fulfillment that care providers receive from helping others, such that they are satisfied, gratified, or invigorated by their work (Figley & Roop, 2006; Radey & Figley, 2007; Stamm, 2005, 2010). Fatigue and satisfaction are not mutually exclusive responses in service work.

Literature documents distress among veterinarians and companion animal parents (Lloyd & Campion, 2017; Rohlf, 2018). Due to the lack of support for those mourning the death of a pet, it may be argued that veterinarians are one of the only support systems for some individuals and that they, too, experience significant compassion fatigue. Veterinarians

provide ongoing care for pets, sometimes for the entirety of a pet's life, giving them the opportunity to form attachments and bonds with the pets they care for (Dunn et al., 2005; Hanrahan et al., 2018). However, veterinarians are unaware and undertrained on the grief process associated with pet bereavement, with many reporting extreme stress when assisting families through the euthanasia process (Hewson, 2014; Hanrahan et al., 2018), and they are often the only individuals that acknowledge and recognize depression and suicidal intent in pet owners during and after the death of their pet (Donohue, 2005).

Fogle (as cited in Hanrahan et al., 2018) notes that veterinary providers receive minimal training on the relational and situational dynamics that result from repeated trauma exposure and the human-animal bond. In their study, Hafen, Reisbig, White, and Rush (2008; as cited in Hanrahan et al., 2018) found that across three American universities, after their first year of study, 32–68% of veterinary students self-reported symptoms of clinical depression. Hanrahan, Sabo, and Robb (2018) state that “veterinarians and veterinary technicians have been largely overlooked in terms of consequences of preferred coping style” (p. 73). It is apparent that veterinary providers need increased educational training opportunities (i.e., compassion fatigue, burnout, and grief training), as well as an increase in support/resources for staff and clients.

The potential for veterinary staff to become caught in situations where there are ethical considerations involving a clash of concerns between what is medically possible, what may be in an animal's best interest, the cost of veterinary care not covered by insurance, and the legal standing of pets as property about which an owner can make decisions is a daily and complex risk. The outcomes of those situations may cause staff to sustain a moral injury (MI). There is widespread interest in the concept of moral injury, yet the concept remains under construction. A well-cited and evidenced definition of MI can be described as lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and

expectations (Griffin et al., 2019; Hansen, 2019). For staff and veterinarians devoted to the welfare and care of companion animals, owners euthanizing a pet that the professional knows could be helped by medical intervention is such an event. The high suicide rate of veterinarians (CDC, 2019) speaks to the possibility of deeper wounds than those sustained by fatigue or stress.

Social Work and the Human-Animal Bond

Social workers have “played a key role in the development of information on the human-animal bond” (Netting et al., 1987, p. 60). Social workers have been in veterinary work environments since the early 1980s (Brackenridge & McPherson, 2016) and have given their support in pet bereavement; however, their exploration of this bond is underacknowledged and under-researched in the social work literature (Chalmers et al., 2020; Dunn et al., 2005). Without access to social work support, veterinary hospitals are not equipped to sufficiently support their clients, as well as their staff. Dunn, Mehler, and Greenberg (2005) argue that more veterinary hospitals have social workers on staff, noting that social workers can “make a meaningful contribution” in supporting individuals through their grieving process.

In a 2014 Romanian study conducted by Rujoiu & Rujoiu, the majority of participants reported that pet bereavement counseling services are “extremely useful and necessary” (p. 144), further noting that pet bereavement counseling is scarce, and is therefore assigned to the veterinary physicians. Veterinary social workers relieve staff of moral distress and are trained to mediate through crisis or problematic situations, which better supports the clients and staff. Support for collaboration between veterinary providers and social workers is increasing, as evidenced by literature from the veterinary profession, including medical textbooks (Goldberg, 2018):

Veterinary social work is an emerging field with innumerable benefits for patients, clients, and veterinary professionals. . . . The human needs that

arise in relationships with animals, particularly in end-of-life situations, are tremendous. Veterinary hospitals are encouraged to partner with social workers who are experienced in grief and bereavement, and who embrace a strengths-based approach to human–animal interactions. Emergency practices in particular stand to benefit from social work support, given their highly stressful and emotionally charged environments. (p. 31)

The research on the human–animal bond, veterinary compassion fatigue, and the importance of social work’s role in supporting veterinary providers and pet parents combined with an increasing demand for social work support in veterinary settings has informed social work education in developing certificate programs and course work in the area of veterinary social work and the human–animal bond. In recent years, innovative collaborations between social workers and veterinary providers have become more common, including cross-training as seen at the University of Tennessee Knoxville (VSW), University of Pennsylvania (MSW/DMV), and Michigan State (VSW). In another example of innovation, a collaboration between the Schools of Social Work and Veterinary Medicine at the University of Wisconsin–Madison, known as WisCARES, addresses the needs of pet owners who are homeless or precariously housed (Arthur, 2021).

Attachment Theory

In addition to measuring the effects of the HAB on individual well-being, researchers examining the HAB have worked to understand the nature of that bond (Meehan et al., 2017; Walsh, 2009). Originally constructed to describe relationships between children and their parents, attachment theory purports that attachment is present and measurable in a relationship where there is proximity seeking, safe haven, secure base, and separation distress (Noppe, 2000). Attachment bonds have been found in a wide variety of person-to-person relationships, as well as in relationships between people and institutions,

and people and symbols (i.e., gods, nation/states). While in human relationships attachment bonds are established in childhood and are often observed to occur with someone stronger and wiser, attachment bonding continues through the lifespan and is most often reciprocal. Attachment theory offers a valuable framework for describing and understanding the HAB and is frequently used in the field. A companion animal is a natural object of attachment that is reliably present, interactive, and caring (Bures et al., 2019; Meehan et al., 2017; Zilcha-Mano et al., 2011). A relationship with a living creature other than another person uniquely allows for responsive interactions free of judgment. Our study includes the assumption that attachment bonds can also be formed with companion animals.

Methodology

Case studies have a long history in the study of law, medicine, business, social work, nursing, and agriculture. Researchers and educators have long recognized the critical need for access to realistic situations, allowing for the practical balance and contrast with history, theory, and principles. While case studies do not provide answers, they crucially put the researcher and reader in a context more revealing than description or measurement. This is especially true for the understanding of affective circumstances where answers may lie in relationships rather than with individuals (Byrne & Callaghan, 2014).

The development of a case study was chosen as the primary methodology for examining the interviews conducted for this study as a systemic, detailed, and reflective process for understanding of the subject matter. The development of a case additionally provided for the identification of major themes, providing new descriptions and concepts to the research topic, and increased recognition of the essence of the experiences faced by and between the subjects. As a consolidated narrative, the study revealed aspects of veterinary practice not often highlighted in the social work field (Grbich, 2013). Case studies uniquely

consider the social context and have proven useful when studying real-life circumstances (Gierka, 2015; Yin, 2018), an aspect of significant concern to social work. If we seek to have any understanding of concerns in complicated social interactions, we have to develop ways to describe them (Byrne & Callaghan, 2014). A case study provides thick data in a dynamic form that can serve as an excellent introduction to subject matter.

The goals of this study were to (1) shed light on the significance of pets to human well-being; (2) support the emerging recognition of the potential relationship between social work and veterinary care; and (3) identify roles social workers can play in veterinary settings. Researchers in this descriptive case study conducted interviews, observed the setting, and reviewed documents. The sorted data was used to build the case narrative and determine themes. The collocation of emergency and specialty services, and representation of all staff positions and clients, provided a rich context and setting for this exploration. This study was approved by the university Institutional Review Board.

Positionality

The three authors have a life history of living with and losing companion dogs and cats. The first author is a long-time client of the clinic and has utilized specialty and emergency care for her four dogs, three with cancer and one with a brain tumor. The second author has not utilized services there; however, the third author has used emergency services. As close observers and including a reciprocal relationship, the researchers' views on the data were bracketed in the initial draft of the case. The primary case analysis and case writing was performed by the member of the team who had no pet patient at the clinic and did not have a relationship with the staff. Where familiarity was desirable, observations were enhanced by the first-person experiences of the first author. As such, this case was written with a preexisting positive perspective on the clinic, which is echoed in descriptions of both people and places.

Participants

Criterion and snowball sampling methods were used in this study. The criteria included being a staff member at the clinic or patient who has used specialty and/or emergency services. An email was sent to all staff from the office manager giving the goals of the study, time commitment, assurances of confidentiality, a statement that the study was not connected to or obligated by the employer, and the willingness of the researcher to meet participants where they were comfortable. The email was sent several times. Most interviews took place at the researcher's office on campus; however, some participants requested the clinic for convenience. The sample ($N = 14$) included staff and clients in each role from the reception desk to the veterinarians to the pet parents. Researchers observed the setting and reviewed documentation. The breakdown by gender was 11 females and 3 males.

Procedure

A semistructured interview guide was developed to gather the participants' experiences of providing or receiving veterinary services. The researchers designed the interview guide based on the literature and their experience having pets and the human–animal bond, utilizing veterinary care, and research and teaching on this topic. Interviews were conducted by the first author over a four-month period and lasted between 30 and 60 minutes. Sample concepts included pet bereavement, veterinary bereavement, veterinary social work and social work education, and compassion fatigue.

Data Analysis

Interviews were transcribed professionally and delivered digitally. First-cycle data analysis began when the second author read the transcripts and coded by hand for patterns that highlighted commonalities and differences in answers to questions, grouping and framing a narrative through line as a reflection

of a day in the practice. The second cycle of coding used holistic coding to begin identifying macro-level chunks of data to drive the third-cycle coding of quotations into categories (Saldana, 2016). The third-cycle coding was performed using NVivo. The data was sorted into nodes based on categories:

Nodes:

- A regular day
- Beginnings
- Difficult situations
- Feelings about animals
- Feelings about people
- Own the profession
- Positive situations
- Referring to the bonded animal
- Team co-worker cooperation
- Workplace description

The authors then used the sorted data to structure a narrative, building a “sample” day through the experiences of the respondents using their direct quotes. Elements of the day were chosen to show the variety of interactions and the differing levels of intensity of the work, as described by respondents. Ongoing discussion between the researchers was a method of triangulation and assisted with bracketing.

Limitations

Case study methodology was chosen as a strategy to participate in the burgeoning field of HAB/social work research, specifically using the revelation of social context that can be provided by real-life experiences and examples (Yin, 2018). A case study is descriptive and experiential by nature. This study relied on data from interviews, photographs, and direct observation. While a single case study does not provide the data required for generalization across phenomena (Byrne & Callaghan, 2014), case studies often serve as examples that invite interest and new understanding. The value of case examples can be determined by data thickness, theoretical integrity, external validity, and trustworthiness. A strong case example will show “objectivity/confirmability of

qualitative work; reliability/dependability/auditability; external validity/transferability/fittingness; and utilization/application/action orientation” (Miles & Huberman, 1994, p. 686). Utility for a case study beyond its findings can be in partnership with empirical studies, as illustration, and in teaching.

In qualitative research, limitations are addressed through the trustworthiness of the results, which is achieved by adherence to the methodological criteria (Armour et al., 2009). Rigor in this study was ensured through the structured collection of the data, cycles of analysis, ongoing discussion and triangulation, and participant validation.

Thorough and repeated review of field notes, memos, and bracketing were used to ensure confirmability and dependability. The researchers engaged in lengthy discussion based on a thorough review of data, which provided triangulation for soundness of interpretation. The data was rich and layered, allowing the researchers to embed in the data to write the case story with detailed descriptions; however, there are still imitations that can affect rigor. Additional member checking postanalysis, interviews of more staff, and further observation would have increased the rigor of the research; however, these were beyond the scope and feasibility of this study.

Findings

The primary result of the study was the construction of a narrative case that allows the reader to share some of the experiences of the professionals, clients, and animals within a veterinary practice from the lens of social work’s commitment to supporting those working with animals and those who include animals as part of their family (see Appendix A). The case provides a seamless example of moments where a social worker’s expertise and presence would be useful. There were seven instances in the depiction of the day in the practice that would have benefited from the presence of a social worker (footnoted in the case). Beginning in the waiting room and during various appointments, a social worker would be helpful in gauging clients’ level of feeling upset,

supporting the disclosure of difficult diagnoses, and replacing the veterinarian comforting a client who could then go on to the next appointment. In addition, a social worker's presence in debriefing challenging interactions with clients and providing a variety of ongoing support groups for grieving staff and clients was also highlighted in the case footnotes.

An analysis of the interview data also revealed important examples of the work veterinary practitioners engage in with people. The bond between humans and animals is a fascinating aspect of social lives. For the people affiliated with this clinic, caring about and for animals was something that began in childhood. The data aligned to reveal the history of loving animals, as well as a close view of the relationships between animals and humans. Those data support both the folk wisdom and empirical measures of the quality in human–animal bonds (Kogan & Blazina, 2018; Risley-Curtiss et al., 2006). This draw to animals and veterinary medicine in many cases was traced to their youth: “I had thought about veterinary medicine way back in elementary school, junior high,” “Ever since I was a child, I always had an affinity for animals,” and “I worked in animal shelters in high school.” As one veterinarian stated, “I’ve never wanted to do anything else.”

This data also elucidated the rapid pace of the workday in a vet practice, the importance to the staff of working as a team, and the creative use of sometimes challenging spaces.

On an average day, we hit the ground running at 8:30 and hopefully, you get 20, 30 minutes for lunch or somewhere between 1:00 or 12:00 and 1:30 or whatever. . . . It can go really from, this is going great to holy shit, this is horrible very quickly. (Elinor, vet)

This research also highlights the ethical/moral implications for people in relationships with animals, specifically but not limited to the impact of cost on treatment decisions and the difficulties related to euthanizing a pet. This is not an arena in which veterinary professionals have training, and instead of expecting them to add to the burden of their

practices, a social worker can fill those roles with hands-on intervention and support.

I try not to tell them what to do. I tell them, “You really got to soul-search a little bit,” but it’s beyond just, “Okay, do I do this?” It’s, “Can I do this? How long can I do this for?” You can’t just say, “I’m going to get treatment for lymphoma but I can only afford to do it for three months.” You can’t do that. (Ava, CSR)

In addition to those important points of insight, the study showed evidence of compassion fatigue, unattended grief, and the potential for moral injury. Compassion fatigue was caused by euthanizing animals, unrealistic pet parent expectations of successful outcomes, and dealing with the lack of financial resources pet parents often face to support treatment. Unattended grief was described by participants when pet parents lost animals, or veterinarians were the sole resources for support, and the potential for moral injury arose in the conflicts between animal care and human financial resources.

Participants spoke of the enormous pressure on providers: “I’m not exactly surprised about all the new press on the high suicide rate of veterinarians,” as well as the emotional involvement and difficulty in euthanizing animals: “Going from perfectly happy to doing my job and then having to walk from that to euthanasia of a coworker’s dog; that happened to me recently and it was horrifying.” Another issue raised was having the medical means to address the pet’s issue but the family not having the finances: “When you combine the bad news and the lack of funds to do anything about it, that’s a pretty terrible place to watch someone be in when this is their beloved family member.”

Finally, this research pointed out that while many in the profession are there because of their love of animals, many of them did not love humans, and they discovered that both are required in veterinary work, an area for consideration in the education and training of veterinary practitioners: “I have to laugh when I think about going into veterinary medicine because I didn’t like people.” Participants also

expressed satisfaction in the most difficult aspects of their work and being there for the animals and their families: “We spend the animal’s last moments with them. You can rest assured, if you’re not there before your animal is euthanized, someone has kissed them. Someone has told them that it’s all right, and someone has made them feel loved right before they die. That’s it.”

The interviews revealed staff in the practice spent a considerable amount of time working with people, often when those individuals were highly stressed and emotional: “It’s this beautiful energy where [it’s] the caretaker, animal, and me. It’s this beautiful—I don’t know how else to say it.”

As much as we’re helping animals, I think you have to come into this with the realization that a big part of this is helping people and dealing with people and that—I’ve seen some residents and people that I’ve trained in the past, who have to get over that hurdle and understanding that a big part of this is spending a lot of time talking to people. Talking to people about options and literally hand-holding people and dealing with the grief and that part of it. You can also embrace that and say, “You’re doing something that’s really important in that aspect.” (Oncology veterinarian)

Participants in this study described a high degree of care for humans in distress and a need for support to meet this aspect of their job. While they were drawn to the veterinary field because of a long-standing love of animals, they recognized the importance of developing relationships with the human family members, and as one veterinary technician said, “I hate that word *owner*.” The veterinary providers in this study expressed an attachment to both animals and their pet parents and family members.

Discussion

One of the goals of this project was to illustrate the utility of social workers to veterinary practice. The

veterinary providers in this study spoke about the expectations of clients to be perfect, lack of financial resources for treatment, being ethically caught between human versus animal needs, attachment to clients and their companion animals, heavy and high-paced workload, and the realization that while they entered the profession because of their love of animals, a significant amount of the work involves interaction with people. For some of the veterinary providers who preferred animals over people, learning to interact with people for substantial amounts of time required them to build interaction skills that stretched their responsibility beyond their comfort. These issues are regularly addressed by social workers, whose ability to comfort and skills in problem solving with people can alleviate the distress caused both by the problems themselves as well as the feelings of not knowing how to address them (Brackenridge & McPherson, 2016).

The experiences of providers in this study mirror research on compassion fatigue and the need for ongoing support in other people-centered fields (Hill et al., 2020). As one provider shared, she felt compassion fatigue was not an issue because of segmenting her home and work life; however, when recounting the honor and responsibility of being the one to support people when they lose a loved animal, to her surprise, she teared up. Participants spoke about the emotional toll of their work and they also expressed great satisfaction in caring for animals and the relationships with people. Despite the difficulty of euthanizing animals and helping people cope with their loss, they expressed satisfaction and a sense of purpose in their work (Polachek & Wallace, 2018). Recognition of this paradox is important to gain a holistic understanding of the experience and the best ways to support them. Social work knowledge and experience with compassion fatigue and its remedies can offer solutions and solace to veterinary professionals, including self-care strategies and practices. This is also supported in the literature by veterinarians (Brackenridge & McPherson, 2016).

While veterinary providers may enter the field focused on caring for animals, the relationship with

people is central to the work and care of the animal (Risley-Curtiss et al., 2006). The quality of those relationships has great bearing on quality of care and the success of the services in a competitive business environment. The need to establish a connection, even with split-second emergency care, is essential, however difficult. The support of staff at all levels can help facilitate connection and confidence, including receptionists, veterinary technicians, veterinarians, and even the tone and setup of the physical space. The factor of physical space can mean decoration, comfort of furniture, separation of cats and dogs, available exam rooms, privacy for grieving, and sufficient space to accommodate pets and people. As the new owner of the clinic stated, “Our business is so competitive, if we don’t provide the care, they’ll go somewhere else within a day. If I don’t provide a surgery the day the owners want it, they’ll go somewhere else. It happens again and again. The challenge is trying to balance meeting the client’s needs, the patient’s needs, my staff’s needs, the business needs, the manager’s needs, and then I have a family.” The professional care for humans in distress is well within the scope of practice for social workers, who can come to these tasks with highly defined skills and experiences engaging with people, assessing needs, and walking with people as they address those needs. The addition of social work can fill a gap between the needs of the practice and the resources of the providers.

The increasing and well-informed expectations, pet insurance, and competition among providers, including corporate veterinary centers, is shifting the provision of services to more relationship-based care. Families utilizing long-term specialty care for their animals have the time to forge bonds with their providers; however, those in need of emergency services are not always as fortunate. Clinics such as the one in the case study have those services co-located, which allows for seamless transition and even established relationships with emergency receptionists, veterinarians, and technicians; however, that is not always available. The addition of social work to veterinary practice seems more than aspirational and is perhaps necessary.

Conclusion

Veterinary social work courses and certificate programs are models for expanding and integrating social work and veterinary practices. Partnerships between schools of social work and veterinary medicine are a good model of how these professionals can work together and inform each other. This includes focus on interventions that utilize more than the traditional detachment theory of grief, such as the continuing bonds of bereavement theoretical framework (Turner, 2003). Social work research continues to learn about bereavement and loss, and those new responses offer healing to those experiencing loss of a pet. While veterinary clinics may not be able to afford full-time social workers, having this expertise available on a part-time basis and contracting with clinicians would go a long way toward mitigating issues raised in this article and supported by other research.

This study also confirms a need for social work education to provide course content about the human–animal bond across the curriculum. Studies show that people consider pets to be family members (Polachek & Wallace, 2018) and demonstrate that this relationship offers a number of benefits (Bouma et al., 2020). It is no surprise that people often grieve the loss of a pet more than a human family member. Social workers need the skill set necessary to assist people through the bereavement process, as well as with anticipatory grief when a pet is terminally ill. Social work education is well positioned to play a role in building the capacity of providers and policy makers in this area; however, it is important to recognize a breadth and depth beyond veterinary settings. This includes social workers working with the homeless, in disaster relief, child welfare, domestic violence, and with incarcerated youth and adults (Barrett et al., 2020; Kogan & Blazina, 2018; Newberry, 2017; Newland et al., 2019; Turner, 2003). The development of a case reflects the recognition that social workers use case study pedagogy as effective means of supporting the acquisition of new skills.

This study resulted in the composition of a teaching case centered in a veterinary practice, which

could be useful for social work and veterinary education. The case describes that practice, roles and responsibilities, and tells two stories. The stories and the description highlight the relationships and challenges in ways that illustrate a setting that may be new to both veterinary and social work students, and provide several points where social work skills can be applied. In the first thread a woman receives potentially bad news about her companion animal, and in the second thread the staff is confronted with the unexpected loss of a colleague's dog. The case is footnoted with specific suggestions of how a social worker would address the situation or assist the veterinary staff in specific moments in each of those story threads.

Since this study was conducted the COVID-19 global pandemic has increased the need for social workers to be included in veterinary practice. The realities of the pandemic “played a huge role in contributing to the increased stress. . . . New protocols implemented during the pandemic have affected everyday practices in facilities and the mental health of employees” (Schnell, 2021). The median number of monthly appointments per practice grew by 4.5% from 2019 to 2020 and 6.5% during the first six months of 2021 compared to the same time period in 2020 (Hill, 2020). As a result of the pandemic, pet parents were not allowed in clinics, which caused duress to an already stressful situation. In some cases, animals were euthanized in truck beds, or without their human family members. This accentuated the need for social work support and is an important area for future study.

Recommendations

Veterinary practices would benefit from the inclusion of professional social workers as consultants and as service providers for veterinary staff and clients.

- Social workers trained in veterinary social work could be hired as staff in veterinary practices, or even as consultants; they could be vital in providing support to mitigate compassion fatigue and support pet families. Social work interns

supervised by staff or consultant social workers would add support for providers and clients.

- Veterinary practices offer information on the continuing bonds theory of bereavement for staff and clients for a deeper understanding of the long-term grief process, as well as ongoing bereavement groups and check-ins.
- The existing models of partnership between schools of veterinary medicine and social work could be expanded.

Schools of social work can develop expertise and gain information for course development:

- Integration of HAB into coursework and the ways it impacts practice in veterinary and non-veterinary settings
- Use of case-related experiential learning strategies
- Supervised internship placements in veterinary practices

While most veterinary clinics cannot afford to hire a staff social worker, contracting with a clinician for regular support would help mitigate the emotional toll, facilitate improved relationships between patient families and providers, and support the grieving processes when animal companions die. In addition, social workers with experience in a veterinary setting may also bring reciprocal learning into the clinical field about the significance of relationships with animals in reducing loneliness, anxiety, and depression—areas of service social work is often focused on.

Acknowledgments

Many thanks to the participants who shared their stories for this study.

References

American Pet Products Association. (2021). *Pet industry market size, trends, and ownership statistics*. Retrieved from

- https://www.americanpetproducts.org/press_industry_trends.asp
- American Veterinary Medical Association. (2013). *Human animal bond*. Retrieved from <https://www.avma.org/one-health/human-animal-bond>
- Armour, M., Rivaux, S. L., & Bell, H. (2009). Using context to build rigor: Application to two hermeneutic phenomenological studies. *Qualitative Social Work: Research and Practice, 8*(1), 101–122. <https://doi.org/10.1177/1473325008100424>
- Arthur, M. (2021). *Veterinary clinic for homeless pet owners meets growing demands*. University of Wisconsin–Madison, School of Veterinary Medicine. Retrieved from <https://www.vetmed.wisc.edu/veterinary-clinic-for-homeless-pet-owners-meets-growing-demand/>.
- Barnard-Nguyen, S., Breit, M., Anderson, K. A., & Nielsen, J. (2016). Pet loss and grief: Identifying at-risk pet owners during the euthanasia process. *Anthrozoös, 29*(3), 421–430. <https://doi.org/10.1080/08927936.2016.1181362>
- Barrett, B. J., Fitzgerald, A., Stevenson, R., & Cheung, C. H. (2020). Animal maltreatment as a risk marker of more frequent and severe forms of intimate partner violence. *Journal of Interpersonal Violence, 35*(23–24), 5131–5156.
- Bikales, G. (1975). The dog as “significant other.” *Social Work, 20*(2), 150–152.
- Bouma, E. M. C., Vink, L. M., & Dijkstra, A. (2020). Expectations versus reality: Long-term research on the dog-owner relationship. *Animals (Basel), 10*(5), 772. <https://doi.org/10.3390/ani10050772>
- Brackenridge, S., & McPherson, B. (2016). Developing a successful social work practicum in a private veterinary specialty hospital. *Field Educator, 6*(1). Retrieved from <https://login.ezproxy.uta.edu/login?url=https://www.proquest.com/scholarly-journals/developing-successful-social-work-practicum/docview/1790906068/se-2?accountid=7117>
- Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal, 35*(3), 155–163.
- Bures, R. M., Mueller, M. K., & Gee, N. R. (2019). Measuring human-animal attachment in a large U.S. survey: Two brief measures for children and their primary caregivers. *Frontiers in Public Health, 7*, 107–107. <https://doi.org/10.3389/fpubh.2019.00107>
- Byrne, D. S., & Callaghan, G. (2014). *Complexity theory and the social sciences: The state of the art* (Second ed.). Routledge.
- Centers for Disease Control (CDC). (2019). Suicide risk for veterinarians and veterinary technicians. Retrieved from: <https://blogs.cdc.gov/niosh-science-blog/2019/09/04/veterinary-suicide/>
- Chalmers, D., Dell, C., Dixon, J., Dowling, T., & Hanrahan, C. (2020). Recognizing animals as an important part of helping. *Critical Social Work, 21*(1), 2–29.
- Cordaro, M. (2012). Pet loss and disenfranchised grief: Implications for mental health counseling practice. *Journal of Mental Health Counseling, 34*(4), 283–294. <https://doi.org/10.17744/mehc.34.4.41q0248450t98072>
- Diaconescu, M. (2015). Burnout, secondary trauma and compassion fatigue in social work. *Revista de Asistență Socială, 3*(3), 57–63.
- Donohue, K. M. (2005). Pet loss: Implications for social work practice. *Social Work, 50*(2), 187–190. <https://doi.org/10.1093/sw/50.2.187>
- Dunn, K. L., Mehler, S. J., & Greenberg, H. S. (2005). Social work with a pet loss support group in a university veterinary hospital. *Social Work in Health Care, 41*(2), 59–70.
- Figley, C. R., & Roop, R. G. (2006). *Compassion fatigue in the animal-care community*. Humane Society Press.
- Fine, A., & Macintosh, T. (2016). Animal-assisted interventions: Entering a crossroads of explaining an instinctive bond under scrutiny of scientific inquiry. *Encyclopedia of Mental Health, 2nd ed., 1*(68–73). Academic Press.
- Gierka, R. E. (2015). *A case study of veterinary technology students’ experience of continuing human-animal bonds*. Retrieved from <https://habricentral.org/resources/52847>
- Goldberg, M. (2018). *Physical rehabilitation for veterinary technicians and nurses*. John Wiley & Sons.
- Grbich, C. (2013). *Qualitative data analysis: An introduction*. Sage.
- Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., Villierme, C., Walsh, J., & Maguen, S. (2019). Moral injury: An integrative review. *Journal of Traumatic Stress, 32*(3), 350–362. <https://doi.org/10.1002/jts.22362>
- Hafen, M., Jr., Reisbig, A. M., White, M. B., & Rush, B. R. (2008, Spring). The first-year veterinary student and mental health: The role of common stressors. *Journal of Veterinary Medical Education, 35*(1), 102–109. <https://doi.org/10.3138/jvme.35.1.102>. PMID: 18339964.
- Hanrahan, C., Sabo, B. M., & Robb, P. (2018). Secondary traumatic stress and veterinarians: Human–animal bonds as psychosocial determinants of health. *Traumatology, 24*(1), 73.

- Hansen, C. (2019). Glimmers of the infinite: The tragedy of moral injury. *Dialog*, 58(1), 64–69. <https://doi.org/10.1111/dial.12454>
- Hewson, C. (2014). Grief for pets—Part 1: Overview and some false assumptions. *Veterinary Nursing Journal*, 29(9), 302–305.
- Hill, E. M., LaLonde, C. M., & Reese, L. A. (2020). Compassion fatigue in animal care workers. *Traumatology*, 26(1), 96–108. <https://doi.org/10.1037/trm0000218>
- Holcombe, T. M., Strand, E. B., Nugent, W. R., & Ng, Z. Y. (2016). Veterinary social work: Practice within veterinary settings. *Journal of Human Behavior in the Social Environment*. <https://doi.org/10.1080/10911359.2015.1059170>
- Jackson, M. (2013). *Veterinary clinical pathology: An introduction*. Blackwell Publishing.
- Kaufman, K. R., & Kaufman, N. D. (2006). And then the dog died. *Death Studies*, 30(1), 61–76. <https://doi.org/10.1080/07481180500348811>
- Kogan, L. R., & Blazina, C. (Eds.). (2018). *Clinician's guide to treating companion animal issues: Addressing human-animal interaction*. <https://ebookcentral-proquest-com.wv-o-ursus-proxy01.ursus.maine.edu>
- Levitt, A. L., & Gezinski, L. B. (2020). Compassion fatigue and resiliency factors in animal shelter workers. *Society & Animals*, 28(5–6), 633–650. <https://doi.org/10.1163/15685306-12341554>
- Lloyd, C., & Champion, D. P. (2017). Occupational stress and the importance of self-care and resilience: Focus on veterinary nursing. *Irish Veterinary Journal*, 70, 30. <http://dx.doi.org/10.1186/s13620-017-0108-7>
- Maharaj, N., Kazanjian, A., & Haney, C. J. (2016). The human–canine bond: A sacred relationship. *Journal of Spirituality in Mental Health*, 18(1), 76–89. <https://doi.org/10.1080/19349637.2015.1047922>
- Mathieu, F. (2012). *The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization*. Routledge/Taylor & Francis Group.
- Meehan, M., Massavelli, B., & Pachana, N. (2017). Using attachment theory and social support theory to examine and measure pets as sources of social support and attachment figures. *Anthrozoös*, 30(2), 273–289. <https://doi.org/10.1080/08927936.2017.1311050>
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Sage.
- Netting, F. E., Wilson, C. C., & New, J. C. (1987). The human–animal bond: Implications for practice. *Social Work*, 32(1), 60–64. <https://doi.org/10.1093/sw/32.1.60>
- Newberry, M. (2017). Pets in danger: Exploring the link between domestic violence and animal abuse. *Aggression and Violent Behavior*, 34, 273–281. <https://doi.org/10.1016/j.avb.2016.11.007>
- Newland, X., Boller, M., & Boller, E. (2019). Considering the relationship between domestic violence and pet abuse and its significance in the veterinary clinical and educational contexts. *New Zealand Veterinary Journal*, 67(2), 55–65. <https://doi.org/10.1080/00480169.2018.1559108>
- Noppe, I. C. (2000). Beyond broken bonds and broken hearts: The bonding of theories of attachment and grief. *Developmental Review*, 20(4), 514–538.
- Ortega-Campos, E., Vargas-Román, K., Velando-Soriano, A., Suleiman-Martos, N., Cañadas-de la Fuente, G. A., Albendín-García, L., & Gómez-Urquiza, J. L. (2020). Compassion fatigue, compassion satisfaction, and burnout in oncology nurses: A systematic review and meta-analysis. *Sustainability*, 12(1), 72.
- Polachek, A., & Wallace, J. (2018). The paradox of compassionate work: A mixed methods study of satisfying and fatiguing experiences of animal healthcare and providers. *Anxiety, Stress, & Coping*, 31(2), 228–243. <https://doi.org/10.1080/10615806.2017.1392224>
- Powell, K., Foster, C., & Evans, S. (2018). Environmental dangers of veterinary antiparasitic agents. *Veterinary Record*, 183(19), 599–600. <https://doi.org/10.1136/vr.k4690>
- Radey, M., & Figley, C. R. (2007). The social psychology of compassion. *Clinical Social Work Journal*, 35(3), 207–214.
- Risley-Curtiss, C. (2010). Social work practitioners and the human–companion animal bond: A national study. *Social Work*, 55(1), 38–46. <https://doi.org/10.1093/sw/55.1.38>
- Risley-Curtiss, C., Holley, L. C., & Wolf, S. (2006). The animal–human bond and ethnic diversity. *Social Work*, 51(3), 257–268. <https://doi.org/10.1093/sw/51.3.257>
- Rohlf, V. I. (2018). Interventions for occupational stress and compassion fatigue in animal care professionals—a systematic review. *Traumatology*, 24, 186–192. <http://dx.doi.org/10.1037/trm0000144>
- Rothschild, A. (2015). Risk for burnout and compassion fatigue and potential for compassion satisfaction among clergy: Implications for social work and religious organizations. *Journal of Social Service Research*, 39(4), 455–468.
- Rujoiu, O., & Rujoiu, V. (2014). Pet loss and human emotion: Romanian students' reflections on pet loss. *Journal*

- of *Loss & Trauma*, 19(5), 474–483. <https://doi.org/10.1080/15325024.2013.806150>
- Saldaña, J. (2016). Goodall's verbal exchange coding: An overview and example. *Qualitative Inquiry*, 22(1), 36–39. <https://doi.org/10.1177/1077800415603395>
- Schnell, M. (2021). Overworked and overstressed: How COVID-19 is affecting veterinarians. *The Hill*. Retrieved from: <https://thehill.com/business-a-lobbying/business-a-lobbying/573317-overworked-and-overstressed-how-covid-19-is-affecting>
- Stamm, B. H. (2005). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. In Charles R. Figley (Ed.), *Treating compassion fatigue* (pp. 107–119). Brunner-Routledge.
- Stamm, B. H. (2010) The professional quality of life. *Concise Manual ProQOL*. www.proqol.org.
- Stamm, B. H. (2012). Helping the helpers: Compassion satisfaction and compassion fatigue in self-care, management, and policy of suicide prevention hotlines. *Resources for Community Suicide Prevention*, 1–4. Retrieved from https://www.researchgate.net/profile/Beth-Stamm/publication/266284945_Helping_the_Helpers_Helping_the_Helpers_Compassion_Satisfaction_and_Compassion_Fatigue_in_Self-Care_Management_and_Policy_of_Suicide_Prevention_Hotlines/links/566f5c1008ae4d9a425725c7/Helping-the-Helpers-Helping-the-Helpers-Compassion-Satisfaction-and-Compassion-Fatigue-in-Self-Care-Management-and-Policy-of-Suicide-Prevention-Hotlines.pdf
- Thieleman, K., & Cacciatore, J. (2014). Witness to suffering: Mindfulness and compassion fatigue among traumatic bereavement volunteers and professionals. *Social Work*, 59(1), 34–41.
- Thomas, J. (2013). Association of personal distress with burnout, compassion fatigue, and compassion satisfaction among clinical social workers. *Journal of Social Service Research*, 39(3), 365–379.
- Tomasi, S. E., Fechter-Leggett, E. D., Edwards, N. T., Reddish, A. D., Crosby, A. E., & Nett, R. J. (2019). Suicide among veterinarians in the United States from 1979 through 2015. *Journal of the American Veterinary Medical Association*, 254(1), 104–112.
- Turner, W. G. (2003). Bereavement counseling: Using a social work model for pet loss. *Journal of Family Social Work*, 7(1), 69–81. https://doi.org/10.1300/J039v07n01_05
- Walsh, F. (2009). Human–animal bonds I: The relational significance of companion animals. *Family Process*, 48(4), 462–480.
- Yin, R. (2018). *Case study research and applications*. Sage.
- Zilcha-Mano, S., Mikulincer, M., & Shaver, P. R. (2011). An attachment perspective on human–pet relationships: Conceptualization and assessment of pet attachment orientations. *Journal of Research in Personality*, 45(4), 345–357. <https://doi.org/10.1016/j.jrp.2011.04.001>

Appendix A

Case: One Hand on the Man and One Hand on the Dog

When Elinor walked into the room to see Miles's lanky frame crunched up, head on the chest of a gorgeous rottweiler she'd known for three years, she almost turned around. How was she going to euthanize this animal she loved and ease her co-worker through this loss? Why had she even chosen this work, anyway? She sucked in a breath, pulled her professionalism around her tightly, and took another step.

The Downtown Veterinary Center

The Downtown Veterinary Center, founded 30 years ago, was housed in a one-story storefront building

with a flat roof, accented by the pointed roof of its portico. Its building co-housed the veterinary emergency clinic, a separate animal care business. The perfunctory siding punctured with uniform rectangular windows was neither welcoming nor off-putting. While the couple who owned the specialty care clinic also owned two additional practices, recently the two practices at this address were merged and sold to another veterinary doctor. A longtime presence in a medium-sized northeastern city, the specialty practice was one of the best in the state and had a large client base both locally and across the state, while the Emergency Center mostly served local residents.

“It’s been 30 years this past June, and then we started Downtown Veterinary Specialists on another whim,” veterinarian Olivia Powell commented to a longtime client and friend while they sipped coffee in her office. They were talking about Olivia’s recent semiretirement and the sale of her busy practice to the owner of the next-door emergency veterinary hospital. The sale facilitated a blend of two thriving practices, one focused on specialty care for dogs and cats, the other an animal-focused ER. Olivia continued to practice, reducing her hours and serving as a mentor to the new owner as well as an expert hand in many roles. When asked if she was ready for full retirement, Olivia shook her head. “I was an animal kid from the get-go.” She sighed. “This gives me the chance to work less, and keep all my employees together and keep it private because corporate medicine is a nightmare.”

It was a rare contemplative moment for the very busy, charismatic woman in her late 60s. Olivia always described her practice as treating “internal medicine, ultrasound, radiology, cardiology, dermatology, ophthalmology, surgery, internal medicine, and emergency medicine. Now, we have three boarded critical care people, which is greater than the numbers Tufts has, so we’re really lucky that we’re able to do that.” Combined with the ER, the practice used two locations. Internal medicine and emergency were co-located, while ophthalmology and dermatology were located further downtown, six miles away. As the two women continued talking, the busy practice was coming to life just outside the office doors.

8:00 a.m.: Business as Usual

The practice was staffed by 20 professionals that included office management staff, veterinary technicians, and veterinary doctors. The specialty care hours were Mondays through Saturdays from 8:30 a.m. until 6:00 p.m., but the emergency clinic operated 24 hours, seven days per week. Despite the constant flow of people and animals, the busy environment was cheerful. Many of the staff at this newly

merged clinic began their careers in animal rescue work as volunteers, and all of them had had animal companions as part of their lives since childhood. The collegial atmosphere was one shared by people who wanted to be where they were and enjoyed their work.

Ava

Receptionist Ava and ER technician Mia arrived and began the process of opening for business. Before settling at the reception desk, Ava helped the ER tech make sure the lobby was clean. At her desk counter, she sorted the cash boxes for the day. Then she double-checked the biscuit jars, one for the pups and another for the kitties. Once that was done, she chatted with Mia, while grabbing the stack of paper from the fax machine and turning on her computer. Ava was a self-proclaimed animal lover: “I love anything to do with animals.” She began working in animal rescue at the age of 15. Her first job in veterinary practice was as a kennel assistant, then she worked her way up to the position of veterinary technician. A few years later, needing a break, she shifted to receptionist work. As a former vet tech, she brought experience and calm to the reception role, able to answer clients’ questions and ensure that entry into the practice was smooth and welcoming for the people and the pets.

Mia set up the files for the pets with appointments for the day. She ensured they were complete, and noted where current x-rays and test results were to ensure smooth consultations. Mia had a master’s degree in public health, health behavior, and health education. She began veterinary tech work late in life, getting a vet tech degree in 2014.

The first hour was the only quiet time of a regular day and she made the best of the time. As two more techs and one of the veterinarians arrived, the staff bounced ideas off one another and prepared for what would be a busy day. Mia paid attention to the conversation around her; at the same time she was aware that two clients with their dogs, both seriously ill overnight, were in the emergency exam room. Across the counter she lifted her chin to Chloe, the

specialty vet tech working with her today, knowing that Chloe would catch on and check in on the people who had been there overnight, offering coffee or water.

The staff's hard work paid off today, like other days; the entrance to the PVSC clinic was welcoming and ready for the first patients. Ava checked everything one more time, then unlocked the front door. She spotted a familiar client in the parking lot. Arriving clients walked through two sets of double glass doors straight into the reception area.

Ava knew the family coming through the door and greeted the large goldendoodle first. Familiar with the circumstances of this regular visit, she pointed them to the scale to get a weight check and greeted the next person through the doors, seemingly at the same time.

Usually, the receptionist and whichever technicians or veterinarians were in the area greeted clients from behind the semicircular counter. The high counter allowed clients to lean there while speaking to the reception staff, making a payment, or completing forms. The counter held two jars of candy for the people and jars of treats for the dogs and cats. The walls boasted large professionally framed art photography, mostly of dogs. To the right of the entry doors, atop the bench seating, were brochures for pet insurance.

Ava prided herself on not only remembering regular clients and their pets but being able to quickly assess the needs of new or emergency clients. New clients stated the reason for their visit and were directed to check in, as was the case with the next young woman and her cat. There had been an accident and Ava motioned for Mia as she greeted the young woman calmly and located a new patient clipboard. Seeing blood, Mia left the reception area and came out, gently shepherding the pair through the doors to the main exam room, hoping that Dr. Becka was done with coffee and paperwork.

For less urgent emergency cases, pets were first weighed and forms filled out. Specialty patients known to the staff often engaged in conversation about the pet, the pet parent, and even the staff person if there was time and the line coming in wasn't

too long. With the goldendoodle and her parent checked in and weighed, the pair settled to wait on a bench in the long, fairly narrow waiting area facing six exam rooms. The benches were broken up by a few built-in tables with magazines on them. Opposite the seating, a wall-mounted TV and a station with a Keurig for coffee or tea and a pitcher of water invited clients to make themselves comfortable.

While calm at that moment, the atmosphere in the waiting room varied depending on the number of people waiting and the nature of emergencies. People arriving with an emergency were often in a state of duress and worry for their pet; occasionally the pet was in severe distress. It might have been their first time at the clinic, or they might have returned to the ER, utilized specialty care, or been seen by ER previously. The atmosphere was easily influenced by the level of stress and comfort of people and pets. When the area was sparsely populated, people sat further apart and there were fewer chances of engagement between patients, both animals and people.

The lobby narrowed toward the three farthest exam rooms, which made it difficult to walk past pets waiting to be seen; sometimes issues of aggression or stress arose for the pets sitting or passing. While the seating arrangement was not optimal for engagement (other than one smaller bench that faced the waiting area), there was a sense of connection between pet parents, perhaps a bond of concern matched with a love for pets. Despite the shape of the room and the occasional crowding of patients, human and animal, they often experienced a deep engagement and concern among strangers who had never met before, and most likely would not meet again.

The waiting room began to fill, more techs and the doctors arrived with greetings, and Dr. Elinor brought in donuts. For a busy morning, the overall feeling was one of camaraderie in the waiting room and behind the counter. In this mostly rural state people traveled for specialty care. Many drove hours back and forth regularly for treatment, most often oncology. During the lulls between arriving patients, paperwork, and phone calls, Ava overheard people share their stories of why they traveled so far and how much they loved their pet. It's

worth every mile, every penny is what they said. There were some tears in the ER exam room, and Ava kept an eye there, at one point carrying a fresh box of tissues to a couple and offering a pat on a shoulder. Their dog was critically ill all of a sudden, and from the sound of things in the ER he would not survive the day.¹ Ava felt a tug of empathy. She was prepared for the long day.

There was laughter in the waiting room that shifted as two women discussed the cost of care. One had pet insurance, the other did not; however, there was no hesitation to pay or to use credit cards. Ava knew from past experience that both women would do whatever they were able to pay for care. She also knew there would be painful choices in the future for one of those women, but probably not today.² She stayed busy, balancing the tears and laughs and conversation with a healthy dose of dog and cat affection, tails wagging and the occasional hiss.

10:30 a.m.: Mia

Mia left the ER crew to manage the first emergency of the day and returned to the lobby to greet Claire and her golden retriever, Lily. The two women chatted about Claire's dogs and specifically Lily as they went to an exam room. Mia confirmed Lily's weight and current medication before escorting the dog into the large workroom to have her anal glands expressed. Claire went back to wait in the lobby.

Mia led Lily into the large shared exam room and lifted the dog onto the exam table. She petted the dog's scruff, murmuring softly. Snapping on gloves, she smiled to herself. Lily was such a lady and wasn't going to protest the brief but sometimes uncomfortable task of having her anal glands expressed. Mia ran her hands up under the dog's tail, and felt the taut skin at the tail's base that seemed too tight for full glands. One of the other technicians came in to hold Lily and Mia was able to begin her procedure. A moment later, she knew that something else was wrong. "Give me a moment. Emmett needs to look at this." She pursed her lips and shed her gloves, washing her hands and heading down the hallway.

The veterinary oncologist's exam was quick, but left no doubt that a mass near Lily's anus was out of place and problematic. Mia knew that Claire had lost a dog to cancer last year, and the thought of telling her that her second dog might have a tumor was saddening.

When Mia came into the lobby and approached Claire without Lily, the client and the front desk staff knew something was amiss. Claire followed Mia into the exam room. She was anxious, asking "What's wrong with Lily?" Mia held Lily on the exam table while Emmett explained they found a mass but it was small, and if the scan showed no spreading, Lily would have surgery in the morning, then chemo and radiation. Claire was shaken and Mia didn't blame her. It wasn't good news. After lifting Lily back to the floor and handing the leash to Claire, Mia left the room, closing the door softly behind her. Emmett would stay with Claire and Lily for a moment and Mia would need to flex her attention to communicate to Emmett's next patient that he was running late, knowing that he was where he needed to be.³

12:00 p.m.: Elinor

The day unfolded quickly, punctuated by emergency care patients arriving with urgent needs who were quickly processed through the front desk and taken back to an exam room by a technician. Staff read the incoming animal's body language and that of the person admitting them, offering comfort with tone of voice, eye contact, and praise, sometimes getting on the floor to speak with the animal and offer comforting touches when possible.

Elinor was able to sneak 30 minutes for lunch in the corner of the office, where Olivia ate at her desk, talking to Madelyn about an insurance issue. No one was prepared for Miles, one of the vet techs not scheduled for work today, to come in to emergency with his dearly loved rottweiler, Bruce. The dog, they all knew, had become suddenly sick two days ago, and he was utterly limp in Miles's arms, something no one liked to see. The atmosphere in the waiting room immediately picked up on the fear and distress;

animals and humans stilled. Lucia quickly dropped her lunch and came out to greet her friends and guide them to the large workroom on the specialty side. Although this was clearly an emergency, the exam rooms were full. The two patients in the ER workroom were being actively worked on, and the staff didn't need the distraction of their friend's distress. Elinor stuck her head into the ER workroom to let them know she was going to be late coming back over from specialty. She went toward the exam room across the hall. Fast.

When Elinor walked into the room to see Miles's lanky frame crunched up, head on the chest of a gorgeous rottweiler she'd known for three years, she almost turned around. Emmett, their oncologist, was also there. Bruce didn't have cancer, nor was he Emmett's patient, but Emmett had lost his Irish setter to cancer less than a week ago. Elinor was not surprised to find him taking a moment to be with Miles. He didn't say anything, resting a hand on Miles's shoulder before beginning an exam. Miles gulped and Lucia, who would normally be taking Bruce's temperature and getting other information from Miles, simply wrapped him up in her arms and squeezed. Whatever illness Bruce had was winning the fight. Bruce was unresponsive and there was no tension in his body. Emmett closed his eyes and Miles began crying.

"Miles." Emmett waited for the young man to meet his eyes. "His fever is raging, he's struggling. We can run some fluids, start some more tests, just like we did yesterday. He might rebound again. I'm not hopeful. Tell us what you need."

Miles was shaking his head, tears streaking his face, "I have . . . I have to . . . I don't want . . ." he stumbled. Lucia rubbed his back. Another deep breath and he started again. "I have to let him go. I can't see him suffering like this. He's not getting better."

Emmett nodded and patted Miles's arm on the way out of the room. Lucia and Miles both instinctively moved back to Bruce. Miles leaned his tall frame down until his face was in Bruce's neck. Elinor could hear him talking. Lucia was standing with him, one hand on the man and one on the dog.⁴

Elinor nodded to Lucia and stepped out of the room to find a breath. How was she going to euthanize this animal she loved and ease her co-worker through this loss? Why had she even chosen this work, anyway? She sucked in a breath, pulled her professionalism around her tightly, and took another step. Mia brushed past her, setting up medications, and Elinor was thankful for her amazing co-workers.

Elinor's examination, although more thorough than Emmett's, didn't yield any more hope. Lucia and Miles moved Bruce to the ER workroom together.

The emergency treatment room was a large open space where the work was fast paced. Chloe and Lucia, the ER techs, busily tracked each animal they were assigned, taking histories, doing vital signs on the patients, helping the doctor get ultrasounds done, any diagnostics that they needed done, taking blood samples, getting samples to the lab, making sure the right test was requested. Each one was responsible for making sure that charges were circled correctly, charting diagnoses. At the same time they were keeping an eye on the pet's owners, grabbing tissues or water, and making sure that the vet was being understood. It was easy to lose track of time in the quick flow. Then it was additionally the vet tech's job to get the drugs calculated.

The techs always double-checked each other to make sure no one made a math mistake. Confronted with a situation that highlighted everything that was hard about their jobs, the staff looked to each other to gauge the proper responses. Each tech did everything from start to finish as far as getting patients ready for surgeries or anesthesia: get them in, do the anesthesia, prep them appropriately, make sure they survive through surgery, alert the doctor if there are any changes in vital signs, such as if the blood pressure starts to drop. Word about Bruce had spread through the clinic instantly, and the normally busy room was almost still as Miles and Lucia came in with the dog.

Danny, the holistic vet, was smoothing a large shearling mat on the work table. "We're gonna make sure he's comfortable, Miles." He helped them get Bruce settled, running skillful hands along the dog's flank, massaging gently, pressing into joints to relieve

any remaining stress in the dog's muscles. Miles held his dog's large paw and rested his head on the dog's broad forehead. When Miles finally looked up, meeting Elinor's eyes, she moved closer to administer the anesthesia that would stop the big dog's heart. The procedure was quick and Bruce was free.

Elinor was grateful for Emmett and Danny, and their presence. Often, she was alone with people as they lost their beloved animals.⁵ The staff rallying with Miles was remarkable, and at the same time she expected no less of them. Danny was at the clinic one day a week and the other four days were spent an hour and a half drive north where he lived and had a thriving holistic practice. He was recruited to come to the clinic by Dr. Olivia, and since then, he was booked weeks in advance. Elinor watched him walk Miles outside for a private moment of support.

Danny packed his day of one-hour appointments back-to-back. Everything from cancer to arthritis was treated with acupuncture and Chinese herbs mixed with a dose of kindness and calm. The exam room he worked in room had an aura of peace. At checkout, Danny made jokes with the staff; laughter ensued as Danny readied himself for the next patient. Now he was taking precious time to comfort Miles.

Elinor wondered why no one had explained about working with people to her better during her training. The pride that she'd helped this beloved companion die easily, surrounded by love, was a tiny kernel in her thoughts. At the moment that knowledge was overshadowed by the pain for Miles, for Bruce, for the knowledge that Miles couldn't afford any of the last three days of treatment, only to lose his best friend. She took in the scene: her colleagues all had put at least one hand on Miles. Every face was etched with grief. Days like this weighed heavily on them all.⁶

Two weeks later, Mia tapped the stack of sympathy cards she'd recently gotten signed. She didn't know if it was right or silly to send one to Miles. As she thought it over, she flicked through the files until she found one with a male rottie face. She pulled it and tapped some more. Without looking up she asked

the room in general, "Hey, want to sign a card for Miles?"⁷

Notes

1. The vet techs in the ER and/or at the reception desk would be able to notify the social worker that a situation might become highly emotional. The social worker would be able to introduce themselves to the family, keep an eye on the circumstances (or request updates if off site), offer support communicating hard news to the family, meet basic needs for water, tissues, etc., assist the family in planning their time, and ensure they were able to visit with their pet periodically.
2. Ava could notify the SW that a family could not afford upcoming pet care. The SW can take on the role of supporting a pet parent, sorting out payment options, making decisions to accept or decline care for their pet. On a larger scale, the SW can set up and organize an assistance program funded with donations to help pay for costly pet care in emergencies.
3. The SW could step in at this point, allowing Emmett to ease out of the conversation and on to his next appointment with the peace of mind that Claire was continuing to get support. The SW can offer support with the anticipatory grief and the lingering grief from the previous loss that has been triggered for Claire. On a larger scale, the SW can lead grief support groups for people who have lost an animal companion.
4. In this instance the SW can facilitate reassuring staff while paying attention to other cases and owners in the facility who will have noticed and reacted to the situation. The SW can also set aside some space for Miles to be comfortable and have some privacy—unlike someone who is a pet owner, Miles's connection to the staff and the clinic needs to be honored. On a larger scale, the SW can lead wellness-centered support groups for the practice staff.
5. A SW on site would relieve the burden on a staff member being alone with clients during the euthanizing of an animal companion.
6. A SW is able to lead a debriefing with the group, or with individuals to reduce the amount of anxiety and distress the staff take home with them.
7. In addition, the SW can follow up with Miles at regular intervals to assess for distress or other ways that the combination of the loss of Bruce and the day-to-day workings of the practice are affecting his well-being.