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## The COVID Whirlwind on the Veterinary World: End-of-life Care and Euthanasia During the COVID-19 Pandemic

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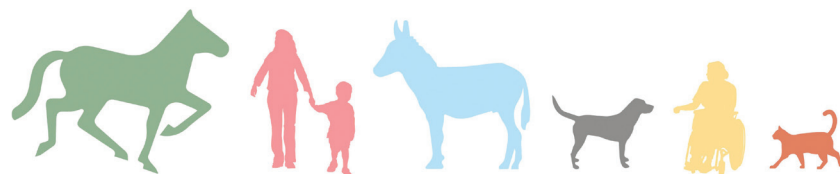
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## The COVID Whirlwind on the Veterinary World: End-of-life Care and Euthanasia During the COVID-19 Pandemic

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**Keywords:** COVID-19, compassion fatigue, veterinary social work, euthanasia, mental health support

**Abstract** Veterinary providers experience job-specific psychological stress from their dual role in both providing medical care to pets and supporting pet-owner clients through end-of-life care and the euthanasia process, contributing to compassion fatigue and burnout in the field. COVID-19 has impacted the provision of veterinary care and affected communication between providers and pet owners. This qualitative study explores the experiences of veterinary providers who provided end-of-life care and performed euthanasia during the COVID-19 pandemic. Participants for this qualitative study were recruited and interviewed using criterion sampling from four veterinary practices in the northeastern United States. Inductive thematic analysis was used to interpret the data collected. Significant findings include: veterinary staff are overwhelmed by the spike in animal care due to increased pet ownership during COVID-19, changes in provision of care have created additional stressors in veterinary medicine, veterinary providers feel “emotionally distanced” from their clients, and veterinary providers recognize a need for increased mental health support in the field.

### Introduction

In the United States, pet ownership has become increasingly popular. The population of pets in the United States has grown faster than the human population since the 1970s, and the number of pets now exceeds the number of people (Pierce, 2016, as cited in Heuberger & Pierce, 2017). More than 60% of U.S. households have one or more pets (Applebaum et al., 2020). In 2020 as the COVID-19 pandemic

spread and stay-at-home orders were issued, many Americans found themselves with more time to care for a pet, and pet adoptions and purchases surged (Applebaum et al., 2020). In fact, 23 million American households, or about 20% of American households, adopted a cat or dog during the pandemic (ASPCA, 2021). Likewise, an increase in pet ownership has led to an increased need for veterinary care. Pet owners have an expanding interest in helping their companion animals age comfortably and

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maintain their quality of life, and end-of-life care in veterinary work, including in-home euthanasia and hospice and palliative care, is a growing field (Heuberger & Pierce, 2017).

## Literature

### *The Human–Animal Bond*

Many pet owners consider their pets to be family members and report levels of attachment to their pets that are commensurate with attachment in human relationships (Reisbig et al., 2017). However, the human–animal bond is unique in several ways. Pets provide unconditional love and are nonjudgmental and universally accepting of their owners (Sharkin & Knox, 2003, as cited in Rémillard et al., 2017). Human–animal bond theory posits that humans and their companion animals have a reciprocal relationship, providing each other with “companionship, love, nurturing, and emotional support” (Laing & Maylea, 2018, p. 222). Moreover, pet ownership and the human–animal bond can contribute to improved “psychological, physiological, and psychosocial health and wellbeing for pet owners” (Rémillard et al., 2017, p. 150). As part of the human–animal bond, pet owners have an obligation to protect their pets and to give them a voice, and this includes providing needed veterinary medical care and ethically responsible end-of-life care (Marton et al., 2020).

### *The Dual Caring Role in Veterinary Medicine*

Veterinary providers have a dual caring role, providing both physical medical care for their pet patients and empathetic emotional care for human pet owners (Polachek & Wallace, 2018). This dual caring role is especially evident during euthanasia, when veterinary providers must provide medical care for a peaceful death for the pet and support the grieving pet owner through the process (Dickinson, 2019). Supporting pet owners through the euthanasia process should include effective communication, shared decision-making, expressing empathy,

and validating pet loss grief. In a qualitative study conducted by Reisbig et al. (2017), grieving pet owners described the important role veterinarians play in supporting and validating their decision to euthanize, providing clear information and updates about their pet, and offering support, reassurance, warmth, and kindness. Additionally, in a quantitative study of Italian pet owners, Testoni et al. (2019) found that empathetic veterinary care and shared decision-making about euthanasia can reduce the negative aspects of pet loss grief.

### *Compassion Fatigue and Burnout in Veterinary Work*

Figley (2013) defined compassion fatigue as “the cost of caring” (as cited in Moir & Van den Brink, 2020, p. 4). Compassion fatigue is a form of secondary post-traumatic stress and results from both witnessing and needing to alleviate the suffering of others (Lloyd & Campion, 2017). In contrast, burnout results from chronic stress in the work environment, including long hours, conflicts in the work environment, work overload, having little control over the work environment, and lack of social support in the workplace (Lloyd & Campion, 2017). Factors contributing to compassion fatigue and stress for veterinary providers include difficult interactions with clients, the impact of cost on providing care, long hours and being on call, student loan debt, and a fear of making mistakes (Moir & Van den Brink, 2020).

In a recent study, Deacon and Brough (2019) examined the impact of exposure to pet patient death and owner client bereavement on veterinary nurses’ psychological and work well-being. Veterinary nurse participants report feeling sadness and empathy for pets and pet owners during compassionate euthanasia, performed to alleviate pet suffering at end-of-life. Some veterinary nurses identified the most challenging part of their work as witnessing clients’ emotional distress and grief reactions at pet loss, and some reported feeling a personal sense of grief at pet patient death. Overall, Deacon and Brough (2019) found the act of participating in euthanasia can contribute to psychological distress and burnout in the veterinary field.

Furthermore, Polachek and Wallace (2018) conducted a mixed methods study of over 500 animal care workers in Alberta, Canada, to explore the paradox of veterinary compassionate work; while compassionate work can be rewarding and fulfilling, it can also come at higher costs to veterinary staff. Animal care workers reported that interacting with, helping, and building relationships with pets and their owners contribute to compassion satisfaction for animal care workers. Complex medical cases with unexpected outcomes, client inability or unwillingness to pay for needed treatment, clients with unrealistic expectations, difficult communication with clients, and exposure to suffering, death, and grief are all stressful interactions that contribute to compassion fatigue for animal care workers.

Likewise, Marton et al. (2020) conducted an exploratory study using quantitative methods to investigate the grief and loss reactions of animal care workers and the disenfranchisement of those reactions using an online survey. Animal care workers reported experiencing feelings of loss commensurate with human loss grief when an animal left their care, died, or was euthanized. Over half of participants reported experiencing several days of depression or hopelessness over the last month and expressed having difficulty coping with their feelings and thinking about the animals in their care outside of work hours. Additionally, survey respondents reported a lack of empathy from their social networks about the difficulty of animal care work and a lack of support, recognition of challenges, and advocacy for their mental well-being from their organization or veterinary clinic.

### *Mental Health Support for Veterinary Staff: Veterinary Social Work*

Acceptance and understanding of the human–animal bond in both social work and veterinary medicine has led to the development of an integrated field, veterinary social work—a term coined by Elizabeth Strand from the University of Tennessee (Jackson, 2013, as cited in Holcombe et al., 2016). Holcombe et al. (2016) describe veterinary social work as “the

provision of services at the intersection of veterinary medicine and social work practice” (p. 69). Veterinary social work includes four competency areas: companion animal grief and loss, compassion fatigue in animal care work, the link between human and animal violence, and animal-assisted interventions (Holcombe et al., 2016). Gerstenblatt et al. (2022) assert that social workers can help mitigate distress and support both veterinary providers and companion animal owners, addressing two of the veterinary social work competency areas: compassion fatigue and companion animal loss. Self-care is an important practice for veterinary providers in preventing and managing compassion fatigue, and Holcombe et al. (2016) explain that social workers can help veterinary providers achieve and maintain self-care goals.

White et al. (2021) posit that recent research has moved away from a focus on causes of compassion fatigue and burnout to a focus on “understanding and promoting building resilience by improving connections between colleagues and inducting them into a culture of mutual support” (p. 830). Peer debriefing and peer supervision are effective strategies in promoting resilience and reducing compassion fatigue (White et al., 2021). In addition, White et al. (2021) note that social workers in veterinary settings can facilitate communication and group work skills to increase reflexivity and mitigate compassion fatigue and burnout.

### *COVID-19: Impacts on Veterinary Care and Communication*

The COVID-19 pandemic has changed the provision of veterinary care and affected communication between veterinary providers and pet owners. While there is scant literature on the impacts of COVID-19 on veterinary medicine, Quain et al. (2021) conducted a mixed methods survey of 540 Australian veterinary professionals to examine the impact of COVID-related practice changes on communication in veterinary clinical practice. Survey respondents reported communication challenges including a lack of face-to-face contact with pet owner clients as pets were seen in office without their owners to

minimize contact. Respondents also indicated that it was more difficult to involve owners in the decision-making process and to demonstrate their findings or treatment plans to pet owners, and that miscommunication had increased due to personal protective equipment such as masks and limited face-to-face interaction.

Previously cited research illustrates the importance of empathetic veterinary communication and shared decision-making. Changes in veterinary care provision during the COVID-19 pandemic negatively impacted veterinary communication and shared decision-making. To reduce COVID risk, many veterinary providers saw pet patients without their owners in the clinic or provided care outside. In a qualitative study of low-income pet guardians, Morris et al. (2021) found that curbside procedures and not being allowed inside with their pets caused emotional distress for pet owners and difficulties in communication that complicated understanding of their pet's prognosis.

## Purpose of the Study

Euthanasia is a frequently performed procedure in veterinary medicine, and participating in euthanasia can contribute to compassion fatigue and burnout (Deacon & Brough, 2019). Pet owners depend on their veterinarians to provide empathetic, effective communication, support them in a shared decision-making process through end-of-life care for their pets, and validate their pet loss grief (Reisbig et al., 2017; Testoni et al., 2019). During COVID, the stress of providing end-of-life care was amplified due to pet owners not being allowed in clinics and hospitals, increased demand for care and lack of staff, and an overall sense of loss related to the pandemic. Furthermore, there is scant previous literature about the impacts of COVID-19 on veterinary practice. This research study will add to this knowledge base by investigating how COVID-19 has impacted end-of-life care and euthanasia in veterinary work.

## Research Question

What is the lived experience of veterinary providers who participated in euthanasia and provided end-of-life care for companion animals during the COVID-19 pandemic?

## Methodology

This qualitative study explored the experiences of veterinary providers who provided end-of-life care and performed euthanasia during the COVID-19 pandemic. Data for this study was collected through interviews conducted with veterinary providers in a variety of roles from four regional practices in the northeastern United States. Inductive thematic analysis was used to analyze and interpret the data.

## Participants

Approval from the university Institutional Review Board was obtained prior to beginning the study. Written consent was obtained from all study participants, and participants were assigned codes to maintain confidentiality. Permission to recruit participants was requested and obtained from four veterinary practices in a region in the northeastern United States. Participants were recruited from two large specialty and emergency veterinary clinics, one general practice and rehabilitation facility, and one practice that provides in-home veterinary care ( $n = 15$ ). Nonrandom criterion sampling was used to recruit participants who are veterinary staff that provide end-of-life care or are part of the euthanasia process. Informational fliers about the study were distributed to clinic staff via email, and the study was discussed at staff meetings.

Participants were recruited from a variety of roles within the veterinary profession to include multiple perspectives on the impact of COVID-19 on veterinary end-of-life care and euthanasia and included two emergency technicians, one emergency veterinarian, two internists, two canine rehabilitation

specialists, one technician assistant, one front desk/technician, four in-home veterinarians, one veterinary neurologist, and one director of marketing. Included perspectives encompass the views of veterinarians and support staff, providers who work in smaller general practices, large specialty clinics, and house call practices, and providers with varying levels of experience in the field.

### *Procedure*

Researchers designed an interview guide to gather veterinary providers' descriptions and characterizations of euthanizing pets and/or providing end-of-life care during COVID. The guide was semistructured and contained concepts drawn from empirical literature as well as the professional experience of the researchers. Sample concepts include stress, roles, responsibilities, and challenges. Most interviews averaged 30–45 minutes and the majority were conducted over Zoom due to a surge of the Omicron COVID-19 variant. All of the interviews were audio recorded, with permission from participants, and transcribed verbatim for analysis using Sonix online software.

### *Positionality of the Researchers*

In qualitative research, the researcher actively participates in the research process; qualitative researchers practice reflexivity, sharing their background and experiences with the phenomenon being studied and how that might affect their interpretation of the data collected (Cresswell & Poth, 2018). The first and third authors of this study are graduate students in social work who share an interest in pet loss grief after completing an elective course on grief and loss. The first author is a pet owner who had a pet euthanized before COVID, and another euthanized during COVID; additionally, one of this researcher's pets received veterinary care at one of the clinics represented in this study. The second author, a faculty member with previous research experience on the animal–human bond, lost three dogs to cancer and currently has a dog with cancer, who was treated

during the duration of COVID. All three authors have experience as pet owners during the euthanasia process and were involved in the decision-making process around end-of-life care for their pets. Pet loss is a nearly universal, shared experience. However, this study examines euthanasia and end-of-life care during COVID-19 from the perspective of the veterinary provider.

### *Data Analysis*

The interview audio files were transcribed, and after transcription the principal investigators used inductive thematic analysis to identify common themes in the experiences of providers. Themes identified using an inductive approach are shaped by the data itself, rather than using an existing coding frame or being influenced by the researchers' preconceptions (Nowell et al., 2017). The principal investigators followed the steps outlined by Braun and Clarke (2006) for inductive thematic analysis: (1) read through and take notes to become familiar with the data, (2) generate initial codes, (3) search for themes, (4) review and refine themes, (5) name and define themes and create subthemes (Braun & Clarke, 2006, pp. 87–92). However, thematic analysis is not a linear process but a reflective and iterative process (Nowell et al., 2017), and the principal investigators repeated steps 3, 4, and 5 multiple times.

This study was conducted using a theoretical framework of social constructionism. Using a social constructivist approach, “meaning and experience are socially produced and reproduced, rather than inhering within individuals” (Burr, 1995, as cited in Braun & Clarke, 2006, p. 85). Individual experiences have subjective, multiple, and varied meanings, and “the goal of research, then, is to rely as much as possible on the participants' views of the situation . . . the questions become broad and general so that the participants can construct the meaning of the situation” (Cresswell & Poth, 2018, p. 24). The purpose of this study was to explore the experiences of veterinary providers who provided end-of-life care and performed euthanasia during COVID-19. Interview

questions were broad and open-ended, allowing participants to describe the essence of their experience and to engage in meaning-making.

## Results

Five themes emerged during the inductive thematic analysis of veterinary provider interview transcripts: (1) feeling overwhelmed and understaffed, (2) changes in provision of care, (3) challenging clients and additional stressors for providers, (4) feeling emotionally distanced, and (5) a need for increased mental health support in veterinary work.

### *Theme 1: Overwhelmed and Understaffed*

When veterinary providers discussed the impact of COVID-19 on the veterinary field, they reported feeling overwhelmed and understaffed. As one participant explained, “COVID is kind of taking a whirlwind on the vet world.” Many providers noted that an increase in the number of pets during COVID has led to a dramatic increase in the need for veterinary care. One provider stated, “The world has just spiked with animals and animal care.” Providers explained that changes in provision of care were necessary for the safety of both staff and clients but have led to increased stress on veterinary staff. One veterinary provider described the toll that COVID is taking: “My co-workers are working long days, day after day. Often no breaks . . . it’s getting tiring. We’re starting year three. You can’t sustain it.” Emergency veterinary providers described how emergency service use has spiked as a result of general practices closing, not taking new patients, or being unable to take appointments, especially euthanasia appointments, simply due to capacity. Along with the increased number of pets and need for veterinary care, providers emphasized that veterinary practices are understaffed: “Everyone is understaffed right now, and so many people got so many pets because of COVID; they were home all the time and wanted more company.”

### *Theme 2: Changes in Provision of Care*

Veterinary providers explained how COVID-19 has drastically changed the provision of care in veterinary medicine. As an essential service, veterinary practices never closed, but providers described changes in procedures and protocols that were adapted for COVID safety. For example, clinics of interviewed providers switched to a curbside model; clients remained in their cars in parking lots while technicians brought their pets into the building for examination.

Providers described the uncertainty and lack of knowledge about COVID at the beginning of the pandemic: “At the very beginning, we didn’t, nobody knew anything. There weren’t even masks to have.” At some practices clients were not allowed into the building at all, even for euthanasia procedures. At the large specialty clinics included in this study, providers reported that service remained exclusively curbside except for euthanasias. Veterinary providers at the general practice clinic explained that clients are now allowed back into the building, after increasing availability of vaccines and knowledge of the spread of COVID-19.

House call veterinary providers discussed their continued preference to see pets outside for safety reasons: “If it’s possible to bring the pet outside, that’s still our preference.” Masking is required or recommended at all practices included in this study. Veterinary providers from the larger specialty practices noted that the majority of communication between providers and clients still happens over the phone:

So we are doing everything over the phone, we triage over the phone. My doctors will do all our diagnostics. They talk to the owners over the phone. We discharge over the phone. Sometimes, if we can’t get a hold of them, we’ll go out to the parking lot, but, for the most part, everything is done over the phone. Payments, over the phone. And then we just, we bring the dog out or the cat out to them.

**Unexpected Benefits.** Some providers described unexpected benefits of the changes in provision of care due to COVID-19. Reported benefits include



having more time and space with the pets, having less interaction with clients, and giving clients more space during euthanasia procedures. One participant noted, “I think a lot of people have thought their animals are beside themselves without them, but a lot of pets do very well because we do have the time and space to work with them.” Another participant explained that less interaction with pet owner clients has reduced stress: “I’ll be honest with you, I find it wonderful not having the pet owners in the building and talking, just talking with them over the phone. I find that reduces a huge amount of stress.” Moreover, house call veterinary providers explained that their business has increased as more clients seek in-home care and euthanasia because of the limitations of curbside service: “For us, it’s changed for the better because we have a lot of people finding us purely because curbside has been really hard.”

### *Theme 3: Challenging Clients and Additional Stressors for Providers*

Many veterinary providers explained that, even pre-COVID, difficult interactions with human clients were a challenge in veterinary work. One provider stated, “You could work your butt off and then someone is the nastiest, most ungrateful person,” while another shared, “It is the difficult human interactions we have that are incredibly unpleasant sometimes.” Moreover, COVID changes in provision of care, including curbside service and required masking, have increased client frustration. Some providers report that clients are also bringing in their own COVID stress: “Working during COVID, it’s been hard enough to just do your job because everything takes longer and is more stressful. But then you have all that stress that clients are bringing in.” Veterinary providers also described clients who are stressed, angry, and irate taking their frustrations out on staff. One provider described that, pre-COVID, “Yes, of course you have irate clients at times, but not nearly as much as we do now.” Multiple providers mentioned that their clinics have had to call the police due to angry clients threatening staff: “Our clinic has had to call the police. You don’t want to have to do that for someone who’s your client, but

we’ve had to because they tried to punch our receptionist.” One provider described the challenges of trying to enforce masking:

We can’t enforce it because we’ve had people get physically violent or just verbally abusive, and we can’t navigate that on top of all the stress that, you know . . . clients are definitely very on edge and people that I would never in a million years think that we would have any kind of confrontation or that they would be negative have gotten really abusive and really impatient and just awful.

### *Costs*

Providers explained that costs of veterinary care have always contributed to stressful interactions with clients. One provider noted about clients, “They’re just like, ‘You just want the money,’ and we’re like, ‘No, we’re just trying our best for everyone.’” COVID protocols like curbside care have made clients further question the value of the services they receive. One provider explained that pet owner clients “get mad, especially in tough situations where they have to give a lot of money for a surgery or something. They just feel like they’re not getting the service they need,” while another empathized with clients whose pets received care using the curbside model: “You’re spending a lot of money and you don’t even get to see the person that you’re talking to.”

### *Transmission*

In addition to managing challenging clients, providers described challenges in providing veterinary care during the COVID-19 pandemic. Providers worried about the risk of catching COVID themselves: “It’s still stressful when you have someone who just walks in, no mask, you don’t know where they’ve been or who they’ve been around.” Providers also worried about potentially giving COVID to high-risk individuals. One provider explained, “We see a lot of elderly people, and I am not going to be that person that brings something to a shut-in who has this little dog or cat that they adore.”

### *Weather*

Several participants discussed the challenges of providing care or meeting with clients outside due to curbside procedures. One provider explained, “The weather is not always conducive to standing there, talking to someone in their car or outside,” while another stated, “I’m sick of having to go outside and get dogs. You know, it’s hard. It’s freezing out.”

### *Euthanasia*

Veterinary providers describe euthanasia as a gift that they can offer both suffering pets and their owners and place stress on themselves to make those final moments just right. One provider explained, “The main thing is you want it to go well, you want it to look seamless and painless and professional,” while another stated, “It’s the last memory they’re going to have of that pet. So the stakes are really high.” Additionally, veterinary providers discussed the ways that COVID has made it more difficult to make the euthanasia process smooth and peaceful, from needing to comfort pets whose owners couldn’t be with them, to the difficulties of wearing masks during the procedure, to the challenges of performing euthanasia outside in cold weather. One provider described the emotional stress of comforting a companion animal whose owner couldn’t be present during euthanasia: “We have to be the one that has to like, hold their pet. That’s wearing.” Another provider described how difficult it was to watch owners grieving alone while their companion animals were euthanized without them being present: “It was hard to look out the window and see the poor owner standing by their car, just crying or whatever.” An additional provider recounted the challenges of performing a euthanasia procedure outside in the winter:

We were doing euthanasia outside in the snow, which is logistically hard because their vasculature contracts. So you can’t really find a vein and you’re like slipping on the ice and then trying to carry the body on the ice.

### *Communication*

Finally, veterinary providers discussed their roles in decision-making and validation in euthanasia and end-of-life care. One provider explained, “I think ultimately it’s a very difficult decision. But you know, I hope that I try and help people make it in a kind way. And I hope I’m deeply empathetic.” Another noted, “They definitely want you to tell them that they’re making the right choice for their pet. That’s very important for most people to hear.” Veterinary providers also explained the impacts that COVID changes in provision of care have on communication among providers and clients. One provider described the challenges of communicating with pet owners using a curbside model of care: “That would be really tough to be able to have the necessary conversation with the owner and saying, you know, you’re right, this is the right time and so on, and not be able to do it in person.” Another explained:

We’re talking, but you’re not getting that face-to-face body language thing. Or if you’re doing it in person, they’re sitting in their car and you’re standing outside trying not to freeze to death or faint because of the heat or whatever . . . understanding who they are is much harder because you’re physically not in their presence most of the time.

### *Theme 4: Emotionally Distanced*

Veterinary providers described how COVID protocols, including masking and physical distancing, have made them feel emotionally distanced from their clients: “Even if you’re not physically distanced the way you should be physically distanced, you’re emotionally distanced.”

During euthanasia procedures, providers explain that it’s more difficult to demonstrate empathy and concern and that it feels less compassionate. One provider noted, “It’s definitely harder to, I don’t know, just like express that empathy and concern and to read exactly how they’re feeling, too. It’s pretty

tough.” In addition, providers noted that masks hide emotions and discussed the difficulty of not being able to offer physical comfort to grieving clients:

You have to find different ways to be warm and kind of adapt from your typical like, let me give you a hug and show you that I care to like, try to like, make your face really expressive or your voice or things like that. So that’s been a little tricky.

One provider described how COVID anxiety has impacted connections among providers and clients:

There’s this whole cloud overhanging everything that you do, especially when it’s really emotional like that keeps people from . . . I feel like it’s keeping us and keeping people from connecting and emotionally expressing themselves because everyone’s worried about this thing that’s hanging over us.

**Increased Empathy.** Veterinary providers described feeling increased empathy and understanding for owners navigating veterinary care during COVID-19. Providers discussed empathy for owners who could not be present for euthanasia procedures at the beginning of the pandemic. One provider shared, “I could not imagine euthanizing your pet and not being able to be there with them. I could never stomach that, that would break my whole soul.” Veterinary providers also discussed having empathy for owners who had a hard time not going inside the clinics with their pets. One provider explained, “Clients have a really hard time with it . . . I mean, talk about feeling like they’re abandoning their pets, even just for something as simple as vaccines,” while another stated, “I wouldn’t want someone to take my pet away from me and I’m spending this amount of money and I don’t even know what’s happening, you know, so I can see how clients were becoming frustrated.” Veterinary providers also expressed empathy for owners who have to wear their masks during their final moments with their pets: “I just feel like it’s such an unfair, an added unfair pressure and a really hard time.”

### *Theme 5: Need for Increased Mental Health Support*

Veterinary providers discussed an increasing awareness of mental health issues in the veterinary field. One provider explained, “Mental health is not being addressed enough in the veterinary profession.” A few providers explained that their practices offer mental health support and counseling through employee assistance programs. Most veterinary providers described the importance of peer support in veterinary medicine, and one noted, “We’re all having similar experiences and sometimes at the end of the day we get together and kind of share what we’ve gone through and support each other.” Despite acknowledging these sources of support, many providers discussed the need for more support and the benefits of having a mental health professional in the practice to address both provider and client needs. One provider shared, “It would be really nice to have someone in the practice who that’s their job to kind of provide that mental health treatment and support”; another explained, “It would be so helpful in our practice to have a social worker.” An additional provider explained that veterinary providers need help with the emotional work in veterinary medicine:

We need help doing it. We need help with ourselves. We need help learning how to talk about the stuff, how to make end-of-life decisions, just how to talk about medical decisions with people. I mean, we’re good at the, you know, a lot of us are really good at the intellectual medical side of it. And then we have to talk about the emotional side of it. Everyone’s just like, “I can’t do that.”

## Discussion

The purpose of this research study was to investigate the impact of COVID-19 on veterinary end-of-life care and euthanasia by exploring the perspectives of veterinary providers. Findings support an increased

need for mental health support in the veterinary field. Prior to the COVID-19 pandemic, veterinary professionals were at an increased risk of suffering compassion fatigue and burnout. COVID-19 has increased stressors for veterinary providers due to the growing numbers of pets and need for veterinary care as well as changes in the provision of veterinary care.

Veterinary providers in this study described practices and clinics that are overwhelmed and understaffed during the COVID-19 pandemic. Moreover, a dramatic increase in pet ownership during COVID has created an increased need for veterinary care, yet the number of veterinary professionals has stayed the same, and some practices have even closed since COVID. Additionally, long hours and being on call were identified as factors contributing to burnout in veterinary medicine prior to the COVID-19 pandemic (Moir & Van den Brink, 2020). Prepandemic research also demonstrates that rates of compassion fatigue and burnout are high in veterinary medicine and that veterinary professionals have an elevated risk of suicide (Lloyd & Champion, 2017). In a 2014 survey of over 11,000 U.S. veterinarians, Nett et al. (2015) found that 1 in 11 veterinarians had serious psychological distress, and 1 in 6 veterinarians experienced suicidal ideation since finishing veterinary school. Tomasi et al. (2019) analyzed veterinarian deaths from 1979 to 2015 and found that male veterinarians were 2.1 times more likely to die by suicide and female veterinarians were 3.5 times more likely to die by suicide than the general U.S. population. Findings from this study demonstrate that COVID-19 is a source of additional stressors for veterinary providers, further contributing to compassion fatigue and burnout in a field that already has an elevated risk of suicide. COVID-19 has taken “a whirlwind” on the veterinary world and pushed it to a breaking point.

In addition to the COVID-related increase in pets and heightened demand for veterinary care, participants identified changes in the provision of care that contributed to further stress for veterinary providers, including anxiety about COVID transmission, weather-related challenges in providing

curbside care, and how COVID protocols made it more difficult for providers to ensure the euthanasia process is smooth and peaceful for both patients and clients.

### *COVID-19 and the Dual Caring Role of Veterinary Providers*

The dual caring role of veterinary providers described by Polachek and Wallace (2018) became more challenging during COVID-19. Providing medical care for pet patients is more complicated with curbside and other COVID protocols. Likewise, providing empathetic care for client owners is more difficult when communicating over the phone, wearing masks, and keeping physical distance. Veterinary providers often describe people as the hard part of veterinary work, and difficult interactions with clients was a pre-COVID factor contributing to compassion fatigue in the field (Moir & Van den Brink, 2020). Findings from this study suggest difficult interactions with clients increased during COVID with clients bringing their COVID stress and anxiety to their veterinary appointments. Participants also explained that clients were frustrated with COVID protocols like curbside care and masking and took out their anger and frustration on veterinary staff. Pre-COVID, client inability or unwillingness to pay for medical treatment was a source of compassion fatigue for veterinary providers (Polachek & Wallace, 2018). The current study suggests the impact of cost on medical treatment is an even greater stressor as curbside care makes clients question the value of the services they are receiving. Additionally, clients may also be experiencing stress due to financial instability linked to the economic impacts of COVID.

Results from this study validate the findings of Quain et al. (2021); veterinary providers in this study reported communication challenges resulting from lack of face-to-face interaction and protective equipment including masks. Prepandemic, Polachek and Wallace (2018) identified difficult communication with clients as a stressful interaction contributing to

compassion fatigue in veterinary work. Providers in this study described how changes in the provision of care, including curbside care, communication over the phone and in parking lots, masking, and physical distancing have made communication with clients more difficult and also contributed to a feeling of being “emotionally distanced” from clients.

### *An Increased “Cost of Caring”*

Veterinary providers in this study reported feeling increased empathy for pet owners because of the changes in provision of care due to COVID-19, including recognition of how difficult it is for owners not allowed in the clinic with their pets, the challenges of masking, especially during euthanasia procedures, and not being able to offer physical comfort to owners who are grieving. Moreover, if compassion fatigue is defined as “the cost of caring” (Figley, 2013, as cited in Moir & Van den Brink, 2020, p. 4), that cost is even greater for veterinary providers in the age of COVID-19. For veterinary providers, pre-COVID stressors either remain or have become even more challenging, as in the case of communication with clients and the impacts of costs on care.

### *COVID-19 and an Increased Need for Mental Health Support*

Consistent with previous literature, findings from this study reinforce the identified need for mental health support in the veterinary field, amplified by COVID-19. In a pre-COVID study, Marton et al. (2020) found that veterinary staff reported a lack of support, lack of recognition of the challenges of the work, and lack of advocacy for their mental well-being from their organizations and clinics. Veterinary providers in this study utilize informal peer support most frequently. While some practices included in this study offer employee assistance programs, none of the practices include a mental health support position or veterinary social worker within the clinic. Participants in this study acknowledged a need for increased mental health support in the field

and recognized the potential benefits of having a mental health professional within the practice.

## Summary and Recommendations for Practitioners

This qualitative research study investigated the impact of COVID-19 on veterinary end-of-life care and euthanasia by exploring the perspectives of a criterion-based sample of 15 veterinary providers from four practices in a northeastern region of the United States. Previous research demonstrates that veterinary providers were at an increased risk of compassion fatigue and burnout prior to the COVID-19 pandemic (Lloyd & Campion, 2017; Moir & Van den Brink, 2020; Polachek & Wallace, 2018). Findings from this study suggest that COVID-19 has increased stressors for veterinary providers due to the spike in pet ownership and changes in the provision of veterinary care required to protect providers and clients, which have impacted communication among providers and clients and provider empathy for clients.

This increase in stressors and in the associated “cost of caring” (Figley, 2013, as cited in Moir & Van den Brink, 2020, p. 4) will likely contribute to an even greater risk of compassion fatigue and burnout in the veterinary field. Thus, the results of this study further validate the need for increased mental health support for veterinary providers.

### *Recommendations*

Veterinary social work is a growing field that can offer support to both veterinary providers and their clients. Social workers embedded in veterinary practices can help veterinary providers manage and prevent compassion fatigue through promoting self-care, offering debriefing sessions, and facilitating peer supervision. Additionally, veterinary social workers could alleviate some of the provider stress from interactions with clients by helping clients navigate the euthanasia decision-making process, supporting clients through

pet loss and bereavement, and facilitating improved communication among providers and clients. With additional stressors for veterinary providers and clients caused by COVID-19, social work support in veterinary practices is even more imperative. While larger veterinary practices may be able to financially support a veterinary social worker position, contracting with a clinician trained in veterinary social work may be an option for smaller veterinary practices. Fieldwork placements in veterinary practices for social work interns are an additional, more cost-effective possibility for including social work services in veterinary practices.

Further research is needed to explore the immediate and long-term impact of end-of-life care and euthanasia on veterinary providers. This research might include longitudinal studies, focus groups, perspectives of pet parents, and segmenting research per veterinary roles. Additionally, future research could further investigate the correlation between COVID-19 and the increase in pets and veterinary care and burnout in the veterinary field. As the field of veterinary social work continues to grow, future research could investigate the impact of veterinary social work services on compassion fatigue and burnout in the veterinary field.

The COVID-19 pandemic has forced rapid changes in the provision of care in veterinary medicine and demonstrated that this type of change is possible. COVID-19 has further pushed veterinary providers to a breaking point and highlighted an increased need for mental health support in the field. This is a critical time for veterinary providers to advocate more strongly for needed mental health support, including veterinary social work services.

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## References

- American Society for the Prevention of Cruelty to Animals (ASPCA). (2021, May 26). New ASPCA survey shows overwhelming majority of dogs and cats acquired during the pandemic are still in their homes. <https://www.aspcanet.org/about-us/press-releases/new-aspcanet-survey-shows-overwhelming-majority-dogs-and-cats-acquired-during-pandemic>
- Applebaum, J. W., Tomlinson, C. A., Matijczak, A., McDonald, S. E., & Zsembik, B. A. (2020). The concerns, difficulties, and stressors of caring for pets during COVID-19: Results from a large survey of U.S. pet owners. *Animals*, *2020*(10), 2–14. <https://doi.org/10.3390/ani10101882>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Cresswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design*. Sage.
- Deacon, R. E., & Brough, P. (2019). Companion animal death and client bereavement: A qualitative investigation of veterinary nurses' caregiving experiences. *Death Studies*, 1–12. <https://doi.org/10.1080/07481187.2019.1696424>
- Dickinson, G. E. (2019). US and UK veterinary medicine schools: Emphasis on end-of-life issues. *Mortality*, *24*(1), 61–71. <https://doi.org/10.1080/13576275.2017.1396970>
- Gerstenblatt, P., Rhodes, D., & Ivey, D. (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*, *5*(1), 1–22.
- Heuberger, R. A., & Pierce, J. (2017). Companion-animal caregiver knowledge, attitudes, and beliefs regarding end-of-life care. *Journal of Applied Animal Welfare Science*, *20*(4), 313–323. <https://doi.org/10.1080/10888705.2017.1321483>
- Holcombe, T. M., Stranda, E. B., Nugenta, W. R., & Zenithson Y. N. (2016). Veterinary social work: Practice within veterinary settings. *Journal of Human Behavior in the Social Environment*, *26*(1), 69–80. <https://doi.org/10.1080/10911359.2015.1059170>
- Laing, M., & Maylea, C. (2018). “They burn brightly, but only for a short time”: The role of social workers in companion animal grief and loss. *Anthrozoös*, *31*(2), 221–232. <https://doi.org/10.1080/08927936.2018.1434062>
- 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). <https://doi.org/10.1186/s13620-017-0108-7>
- Marton, B., Kilbane, T., & Nelson-Becker, H. (2020). Exploring the loss and disenfranchised grief of animal care workers. *Death Studies*, 44(1), 31–41. <https://doi.org/10.1080/07481187.2018.1519610>
- Moir, F. M., & Van den Brink, A. R. K. (2020). Current insights in veterinarians' psychological wellbeing. *New Zealand Veterinary Journal*, 68(1), 3–12. <https://doi.org/10.1080/00480169.2019.1669504>
- Morris, A., Wu, H. & Morales, C. (2021). Barriers to care in veterinary services: Lessons learned from low-income pet guardians' experiences at private clinics and hospitals during COVID-19. *Frontiers in Veterinary Science*, 8(764753), 1–7. <https://doi.org/10.3389/fvets.2021.764753>
- Nett, R. J., Witte, T. K., Holzbauer, S. M., Elchos, B. L., Campagnolo, E. R., Musgrave, K. J., Carter, K. K., Kurkjian, K. M., Vanicek, C. F., O'Leary, D. R., Pride, K. R., & Funk, R. H. (2015). Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. *Journal of the American Veterinary Association*, 247(8), 945–955.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16, 1–13. <https://doi.org/10.1177/1609406917733847>
- Polachek, A. J., & Wallace, J. E. (2018). The paradox of compassionate work: A mixed-methods study of satisfying and fatiguing experiences of animal health care providers. *Anxiety, Stress, & Coping*, 31(2), 228–243. <https://doi.org/10.1080/10615806.2017.1392224>
- Quain, A., Mullan, S., & Ward, M. P. (2021). Communication challenges experienced by veterinary professionals during the COVID-19 pandemic. *Australian Veterinary Journal* 2021, 1–3. <https://doi.org/10.1111/avj.13125>
- Rémillard, L. W., Meehan, M. P., Kelton, D. F., & Coe, J. B. (2017). Exploring the grief experience among callers to a pet loss support hotline. *Anthrzoös*, 30(1), 149–161. <https://doi.org/10.1080/08927936.2017.1270600>
- Reisbig, A. M. J., Hafen Jr., M., Siqueira Drake, A. A., Girard, D., & Breunig, Z. B. (2017). Companion animal death: A qualitative analysis of relationship quality, loss, and coping. *OMEGA-Journal of Death and Dying*, 75(2), 124–150. <https://doi.org/10.1177/0030222815612607>
- Testoni, I., De Cataldo, L., Ronconi, L., Columbo, E. S., Stefanini, C., Dal Zotto, B., & Zamperini, A. (2019). Pet grief: Tools to assess owners' bereavement and veterinary communication skills. *Animals*, 9(67), 1–16. <https://doi.org/10.3390/ani9020067>
- 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 Association*, 254(1), 104–112.
- White, B., Yeung, P., Chilvers, B. L., & O'Donaghue, K. (2021). Reducing the “cost of caring” in animal-care professionals: Social work contribution in a pilot education program to address burnout and compassion fatigue. *Journal of Human Behavior in the Social Environment*, 31(7), 828–847. <https://doi.org/10.1080/10911359.2020.1822249>