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## Research

Experiences of veterinarians in clinical behavior practice:  
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## ABSTRACT

The objectives of this study were to describe the current practices of veterinary behavior clinics and describe the experiences of veterinarians engaged in clinical behavioral medicine, with a focus on workload issues and challenges within the client-veterinarian relationship. An Internet survey was completed by 77 veterinarians, including 31 board-certified veterinary behaviorists, 21 veterinary behavior residents, and 25 nonspecialist veterinarians. Qualitative data from the survey were analyzed using thematic analysis, and the experiences of the veterinarians participating in this survey were described using 5 major themes: outcomes, workload, compliance, understanding, and change. Veterinarians in this study experienced challenges within the client-veterinarian relationship, including difficult discussions and compliance related issues, as well as workload issues, including understaffing and time demands. Despite these challenges, most veterinarians in this study rated themselves as very satisfied with their career in veterinary behavior and enjoyed interacting with clients, supporting the human-animal bond, and improving animal welfare. Veterinarians who had access to support staff were statistically significantly more satisfied with their careers in veterinary behavior compared with veterinarians who did not have support staff.

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## Introduction

The practice of veterinary behavioral medicine presents some unique opportunities and challenges for veterinarians. Consulting with clients on the behavioral issues of their pets is one of the best ways veterinarians can prevent the breakdown of the human-animal bond, pet relinquishment to shelters, and euthanasia (Scarlett et al., 2002). As it is a veterinarian's role to maintain the health and welfare of animals and preserve the human-animal bond, behavioral medicine can be a rewarding field of practice. However, behavioral medicine education opportunities at veterinary colleges in the United States are limited. Currently, only 12 of the 30 US veterinary colleges employ diplomates of the American College of Veterinary Behaviorists, and only 8 of these colleges have an approved behavior residency program (Dr. Bonnie Beaver,

personal communication, 2015). Unfortunately, this lack of education and training in behavioral medicine leaves many veterinarians unprepared to identify, manage, and treat companion animal behavioral problems (Juarbe-Diaz, 2008). It also results in veterinarians who do not screen for behavioral issues as part of their practice and do not feel confident discussing behavioral problems with pet owners (Patronek and Dodman, 1999; Roshier and McBride, 2013). The ramifications of these issues on the pet population have been detailed elsewhere (Overall, 2013a).

Veterinarians engaged in the practice of behavioral medicine need not only the knowledge to identify, diagnose, and treat behavioral issues in animals but also must be skilled in client communication. Excellent communication skills are important at all stages of the behavior consultation. In addition to observation of the animal's behavior, veterinarians treating client-owned animals rely on client history to determine the behavioral diagnosis (Hart et al., 2006; Horwitz, 2000; Landsberg et al., 2013a), and the communication skills of the veterinarian or technician will determine how much and how easily historical information is obtained from the client (Horwitz, 2000). Furthermore, many clients may be

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contemplating either euthanasia or removing their pets from their households when they seek a behavior consultation (Horwitz, 2000). These clients are in a state of crisis or may be experiencing anticipatory grief regarding the potential loss of their pet and will require an empathetic and compassionate approach (Hart et al., 2006; Horwitz, 2000; Landsberg et al., 2013a). Most behavioral treatment plans will involve changes to the pet's environment and changes in the interactions between clients and their pets and may also require that clients modify their expectations for their pet or how they define a successful outcome (Overall, 2013b). Educating clients on the causes of the behavioral issue and rationale for treatment recommendations is important, but the manner in which that information is conveyed may be as important. Although there has been no research to date on the specific communication needs of veterinary behavior clients, the results of a recent study of veterinary oncology clients indicate that the manner in which information is communicated is influential in both facilitating comprehension and in creating an environment from which these clients derive the support needed to successfully cope with their pet's condition (Stoewen et al., 2014). Breakdowns in communication can have a negative effect on the client-veterinarian relationship (Coe et al., 2008), and evidence from studies conducted in human medicine indicates that effective communication between clinicians and clients improves outcomes, increases adherence to treatment recommendations, and improves the satisfaction level of both the client and clinician (Abood, 2007; Erickson et al., 2005; Glynn and Levensky, 2009). Courses in client communication have only been recently integrated into veterinary college curriculums; consequently, many veterinarians will have developed communication skills through practice without the benefit of formal instruction (Adams and Frankel, 2007).

Treatment in behavioral medicine is carried out almost exclusively by the pet owner; therefore, client compliance to treatment recommendations is essential for a successful case outcome (Casey and Bradshaw, 2008; Landsberg et al., 2013a; Overall, 2013b). Treatment protocols can be complex and require the owner's commitment for the lifetime of the pet (Overall, K.L., 2013b). To attain compliance in behavioral medicine, several strategies have been recommended including simplifying recommendations (Takeuchi et al., 2000), breaking the treatment up into stages (Hart et al., 2006), and scheduling regular client follow-ups (Hart et al., 2006; Radosta et al., 2007). Barriers to compliance can include the client's time constraints, issues of convenience, and the clinician's ability to convince pet owners of the benefit of a recommendation (Abood, 2007). In some cases, a client's emotional response to the diagnosis or treatment recommendations, which can include guilt, shame, or fear of change (Canino et al., 2007), may present a barrier to compliance. Additional barriers to compliance identified in human medicine that may correlate to veterinary behavioral medicine include insufficient knowledge, resources, or motivation; problematic health-related beliefs; lack of immediate consequences to health and functioning; and distrust, discomfort, and miscommunication within the clinician-client relationship (Glynn and Levensky, 2009).

Even with appropriate training in veterinary behavioral medicine and client communication, the time required for behavior consulting may prevent veterinarians in primary care practice from offering behavior consultations. Discussion of the patient history and treatment recommendations may take from 1 to 3 hours (Horwitz, 2000; Landsberg et al., 2013b), which can be difficult to fit into a busy primary care schedule while also charging appropriately for clinician time (Landsberg et al., 2013c; Radosta, 2009). To offset the time demands on the veterinarian, it has been suggested to employ support staff to assist with the history interview, discussion of treatment plan, and client follow-up (Landsberg et al., 2013c), but

little is known about current staffing and workload issues of veterinary behavior practices.

The objectives of this study were as follows:

1. To describe the current practices of veterinary behavior clinics, including available staff, length of appointments, follow-up care, and clinician training in client communication.
2. To describe the experiences of veterinarians in clinical behavior practice, with a particular focus on workload issues and challenges within the client-veterinarian relationship, and identify potential supports based on this data.

## Materials and methods

A convenience sample of veterinarians engaged in the practice of clinical behavioral medicine was recruited for this mixed-methods study. A link to an Internet survey was sent to veterinarians via e-mail list serves of the American College of Veterinary Behaviorists, Veterinary Behavior Residents, and the American Veterinary Society of Animal Behavior in May 2014. A reminder to participate in the survey was e-mailed to the aforementioned list serves in August 2014. Completed surveys were accepted up to October 2014. The survey instrument was adapted from a survey used in a veterinary social work services study (Rudder et al., 2008). It obtained basic demographic data about the veterinarian, information on amount of training in veterinary behavior, percentage of practice devoted to clinical behavioral medicine, formal coursework in client communication, and the human-animal bond, as well as practice structure and experiences.

The survey was composed of 48 close-ended questions, four 5-point Likert scale questions, and 13 open-ended questions.

### Statistical analysis

All statistical analyses were performed using IBM SPSS version 22. Demographic data were summarized using frequency tabulations for categorical variables (gender, training in veterinary behavior) and by use of the median, mean, and standard deviation for continuous variables (year of graduation from veterinary school, percentage of time engaged in clinical behavioral medicine, number of behavior cases per month, number of follow-up contacts). Nonparametric tests were used for the analyses as the data were not normally distributed. To identify differences between independent groups, either a Mann-Whitney *U* or Kruskal-Wallis test was used for continuous variables and a chi-square or Fisher exact test was used for categorical variables. When appropriate, pairwise comparisons of Kruskal-Wallis results were performed using a Bonferroni correction and adjusted *P* values are presented. Values for these results are mean ranks. A Spearman correlation analysis was used to evaluate associations between ordinal and continuous variables. Level of significance was set a priori at  $P < 0.05$ .

### Qualitative analysis

Opened-ended questions invited respondents to identify in free text the most common challenges they experienced in behavior practice, the most challenging client discussions, elements of practice they enjoyed the most and the least, as well as desired changes. Survey responses were imported into Atlas.ti Qualitative Data Analysis Software for Mac version 1.0.14 and analyzed using thematic analysis, a qualitative method used for "identifying, analyzing, and reporting patterns (themes) within data" (Braun and Clarke, 2006). During multiple passes through the data set, the primary researcher (K.C.B.) identified codes using an inductive

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