



Exploring Experiences of Veterinarians' Well-Being in the Workplace

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Aneeka Attwal

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This thesis is dedicated to my grandad who sadly passed away during my final year of training, my biggest fan always.

Overview

This thesis portfolio comprises three parts:

Part One: Systematic Literature Review

The systematic literature review examined the experiences of individuals in the veterinary industry accessing interventions for poor mental health and well-being. Seven studies were identified as meeting the inclusion criteria following a systematic search of the literature. A thematic synthesis was undertaken to identify mental health-improving interventions. The Mixed Methods Appraisal Tool (MMAT) was used to assess the quality of the included studies. Across the studies, key findings were that participants reported gaining useful tools, developing a deeper emotional understanding of themselves, and experiencing overall improvements in mental health and well-being. However, participants were less likely to maintain the skills learnt after the intervention, which may be linked to the busy environment they work in or other barriers. Clinical implications and further areas for research were discussed.

Part Two: Empirical Paper

The empirical paper explores veterinarians' experiences of morally challenging events at work. Reflexive Thematic Analysis (RTA) methodology was employed, and ten participants completed semi-structured interviews. Three main themes were identified, these themes included organisational and systemic factors at work, risk to self from psychological distress, and moral and psychological challenges in veterinary practice. Participants expressed distress when faced with these events, which often contradicted the motivations that led them to enter the profession. This research contributes to the understanding of morally challenging experiences faced by veterinarians. Recommendations for further research are discussed, alongside the clinical implications.

Part Three comprises the Appendices

The appendices relate to the systematic literature review and empirical paper, including a reflective account of the research and a statement of epistemology.

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Part One – Exploring the Experiences of Individuals in the Veterinary Industry Accessing Interventions to Improve Mental Health and Well-Being: A Systematic Literature Review

Aneeka Attwal* and Dr Jo Beckett

Faculty of Health Sciences, School of Psychology and Social Work
Aire Building, University of Hull, Hull, United Kingdom, HU6 7RX

*Corresponding Author Email: A.Attwal-2018@hull.ac.uk

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Abstract

There is a noted reluctance among individuals in the veterinary industry to seek help, despite the higher prevalence of poorer mental health. This systematic literature review explored the experiences of individuals in the veterinary industry accessing interventions to improve mental health and well-being, as no review has examined this previously. Four electronic databases were searched: APA PsycArticles, APA PsycInfo, CINAHL Ultimate, and MEDLINE. Seven studies comprising qualitative and mixed methods research met the inclusion criteria for review. The methodological quality was assessed, and thematic synthesis was conducted to shape a comprehensive understanding of how individuals in the veterinary industry were experiencing interventions for poor mental health and well-being. Two themes were conceptualised: “Navigating personal growth and intervention” and “A safe space during interventions”. Key findings were the significant role of facilitators, group size, session content, and group dynamics in creating a safe space for participants. Across the studies, participants reported gaining useful tools, developing a deeper emotional understanding of themselves, and experiencing overall improvements in mental health and well-being. However, maintaining the skills learnt post-intervention proved challenging. Implications for research and clinical practice were discussed.

Keywords: systematic review, thematic synthesis, veterinary professionals, interventions, mental health, well-being

Exploring the Experiences of Individuals in the Veterinary Industry Accessing Interventions to Improve Mental Health and Well-Being: A Systematic Literature Review

Stress levels in the British veterinary profession have been reported to be high with a quarter of veterinarians having to take more than three weeks off in the last three years (Pohl et al., 2022). The professional body for veterinarians in the United Kingdom (UK), the Royal College of Veterinary Surgeons (RCVS), conducted a survey that they sent to 25,741 veterinary surgeons for whom they held valid email or postal addresses; they received 6,988 completed anonymous questionnaires. The results showed that 90% of the 6988 respondents agreed that veterinary work is highly stressful (Royal College of Veterinary Surgeons, 2014). A scoping review looked at stress and strain in veterinarians and revealed a high incidence of risk factors associated with the development of mental health problems such as anxiety, depression, and burnout (Pohl et al., 2022). A survey was conducted with 1000 individuals working within the veterinary sector, in both clinical and management roles, across the UK, Ireland and the USA, and 52% felt that the hardest challenge was dealing with the work-life balance (Vetlexicon, 2023). One UK charity's helpline, Vetlife, received 1136 contacts in the first three months of 2020, as opposed to 685 during the same period in 2019 (Vetlife, 2022), this could have been due to the COVID-19 pandemic. In 2022, the helpline received 3503 contacts. There has been a rise in the support available for veterinary professionals which can reduce the risk of mental health issues (Stetina & Krouzecky, 2022).

Many factors may have led to poor mental health in the veterinary industry and high suicide rates, and in the UK four times that of the general population (Platt et al., 2010). Personality traits have been associated with a vulnerability to mental health challenges among individuals in the veterinary industry, such as perfectionism and neuroticism and feeling self-critical of oneself (Steffey et al., 2023; Holden, 2020). Furthermore, veterinarians who entered the profession to work closely with animals may find themselves facing significant stress when dealing with upset or angry

owners (Hernandez et al., 2018; O'Connor, 2019). The practice of euthanasia, while sometimes viewed as a compassionate solution for animals in poor health, can also have negative implications for the mental well-being of VPs. Research has shown that performing convenience euthanasia on animals that are physically and psychologically healthy, can be associated with symptoms of depression (Crane, 2014). Work-related stressors such as unrealistic client expectations, the demands of the job, and long working hours have also been strongly linked to poor mental health within the veterinary industry (Hansez et al., 2008).

Despite this increase in accessing support via third-sector support lines, there remains a hesitancy among individuals in the veterinary field to ask for support. Various obstacles, such as concerns about confidentiality, stigma, and time constraints due to the rise in animal ownership have been identified as barriers preventing veterinary students and professionals from accessing support (Connolly et al., 2022). A survey conducted in the United States revealed that 19% of veterinarians in a sample of 11, 627 were currently receiving treatment for a mental health condition and one in six had experienced thoughts of suicide since leaving veterinary school (Nett et al., 2015). This underscores a clinical need for additional research focusing on intervention studies to assess both preventive and reactive measures.

One literature review has been conducted to compile interventions aimed at improving mental health among veterinary students and investigate their mental health issues. (Liu & van Gelderen, 2020). It was shown that interventions helped veterinary students that were based on four shared components: teaching skills, raising self-awareness, educating students about mental health concerns, and creating a peer-to-peer safe and supportive atmosphere. The first and second components were linked because education on mental health problems frequently made participants reflect on their own lives and strengthened their capacity to recognise signs of mental illness.

While the benefit of a systematic review compared to a narrative review lies in its reproducible methodology, a limitation of the above review is that the inclusion criteria include studies that were only published between 2007 and 2017, with their final papers being from the years 2014 to 2017, this may have limited the number of reviews and data found. Whilst the main finding was that participants reported some benefits from the intervention, it was unclear whether this information was retained and whether the students had pre-existing mental health issues. This uncertainty persisted despite the research question focusing on the effects of mental health-improving interventions on the mental health issues of veterinary students. Furthermore, the literature review only focused on veterinary students, not qualified veterinarians or other veterinary professionals.

Current literature on veterinary mental health focuses on identifying factors that increase stress for veterinarians. However, there is a notable gap in research, as no systematic review has examined the experiences of interventions across all individuals in the veterinary industry. Understanding these subjective experiences can provide valuable insights into whether these interventions effectively manage and reduce stress, promote well-being, and improve mental health.

Research Question

A systematic review was deemed suitable to provide a comprehensive review and a thematic synthesis of the literature to answer the following question: What are the experiences of individuals in the veterinary industry accessing interventions to improve mental health and well-being?

Method

Search Strategy and Terms

A systematic literature search on EBSCOhost and Web of Science used the following databases: Academic Search Ultimate, APA PsycArticles, APA PsycInfo, CINAHL Ultimate, and MEDLINE. Initially, EBSCOhost was used, as it is a comprehensive database offering high-quality articles and Web of Science was used to further explore other articles relevant to the research question. The search was run between November 2023 to March 2024. The following search strategy was developed after scoping relevant literature to try and answer the research question:

TI title (veterinar* OR "animal technician*" OR "animal clinician*" or "animal care professional*")

AND

(mental* OR psych* OR "emotional distress" OR anxi* OR stress* OR depress*)

AND

(interven* OR strateg* OR self* OR cope* OR coping OR treat* OR therap* OR program*
OR group* OR support* OR psychoeducation*)

AND

(experienc* OR percep* OR attitude* OR feeling* OR perspective* OR view* or
qualitative)

Limiters were applied to exclusively incorporate academic journals and peer-reviewed papers, aiming to refine the search while upholding quality standards. Additionally, English

language was chosen due to the primary researcher's language. Furthermore, duplicates were removed. Title only (TI) (veterinar* OR "animal technician*" OR "animal clinician*" or "animal care professional*") was used to make sure articles were relevant to individuals working in the veterinary industry. The rationale for inclusion and exclusion criteria are shown in Tables 1 and 2.

Table 1

Inclusion Criteria

Inclusion	Rationale
The intervention is used only to support those working or studying in the veterinary industry (academic, administration and clinical roles)	To answer the research question
Study type: primary research articles	Empirical studies typically offer extensive details about contextual factors, such as the nature of the intervention implemented, and specific research questions addressed
Data range: no limit	As limited research has been conducted on this topic and this type of review has not

	been done before, all relevant data was included
Qualitative studies and mixed methods studies that include qualitative analysis	A breadth of studies to ensure reflection of the experiences of the individuals were the focus of the review
Any country of publication	To ensure a diverse range of literature was included, no restrictions were placed on the country of publication

Table 2*Exclusion Criteria*

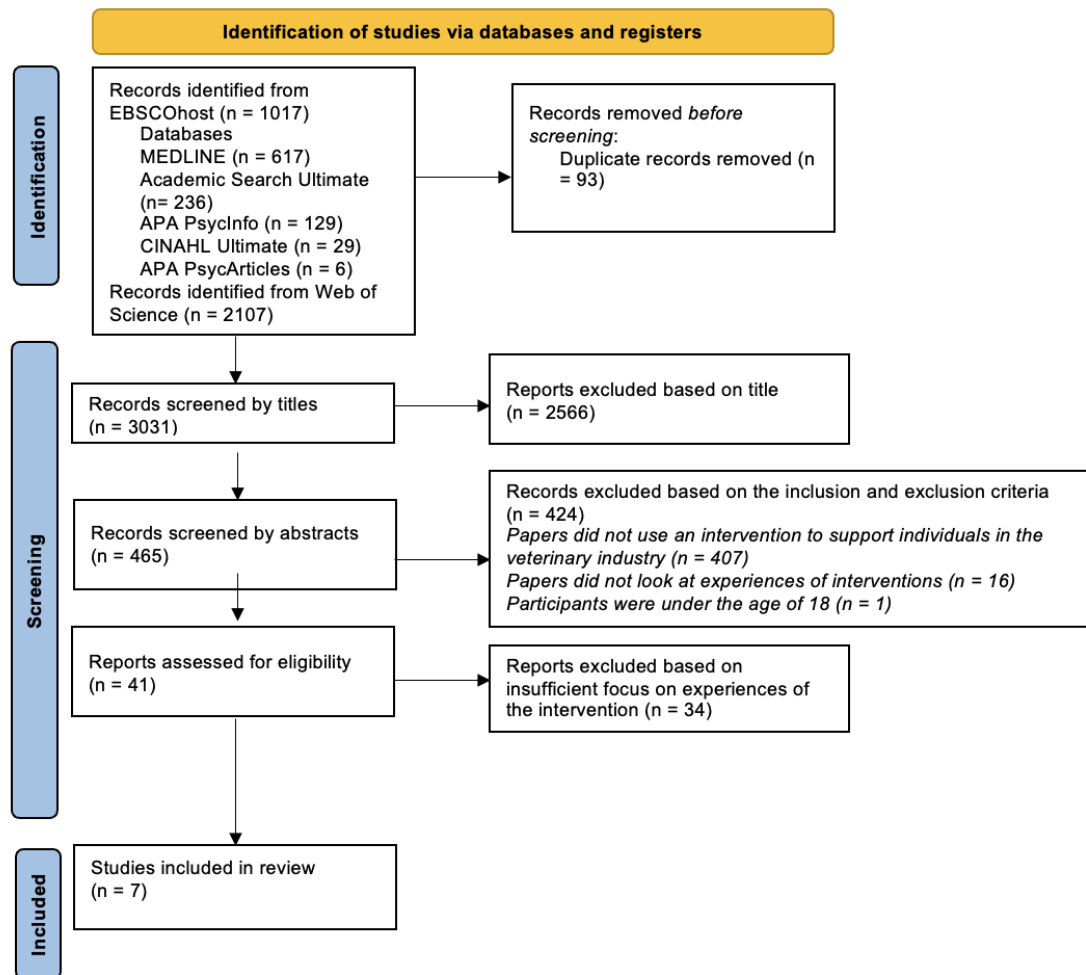
Exclusion	Rationale
Participants who are under the age of 18	To answer the research question, adults who were working in the veterinary profession/industry are the population of interest
Articles not written in the English Language	

Translation services that had been identified
exceed the research budget

The final search was completed on the 9th of March 2024 and was screened by title to ensure relevance, then abstract and lastly assessed for eligibility against the inclusion and exclusion criteria. This left six papers from EBSCOhost. Additionally, a search following the same protocol was done on Web of Science which added one paper. Overall, seven papers were used for this review and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were used, see Figure 1 (Moher et al., 2009).

Figure 1

PRISMA Flow Diagram Demonstrating a Summary of the Article Screening and Selection



Quality Assessment

The Mixed Methods Appraisal Tool (MMAT; (Hong et al., 2018) was used to determine the methodological quality of the papers used in the appraisal stage of the literature review, see Appendix B for guidelines. The MMAT is suitable for the current review of seven papers as they consist of qualitative and mixed methods designs. The MMAT advises against calculating a quality

score, but since there are only a few criteria for each domain, the score can be expressed through percentages. All papers were scored by the primary author and then three papers (one mixed method and two qualitative papers) were marked blindly by a peer (a doctorate in clinical psychology student) to check for consistency in scoring. Few discrepancies were found (with 85% agreement) and were resolved collaboratively with further discussion. Studies were not excluded based on the quality assessment due to only seven papers being reviewed and limited literature, however, the scores were considered during thematic synthesis.

Data Analysis

Thematic synthesis (Thomas & Harden., 2008) was adopted to analyse the data collected from qualitative studies and findings. This method formalises the identification and development of descriptive and analytical themes.

Three stages of Thematic synthesis (Thomas & Harden., 2008):

1. Coding findings
2. Developing descriptive themes
3. Generating analytical themes

Researcher position

The primary author, a British-Asian female from the West Midlands, is a Trainee Clinical Psychologist within the National Health Service (NHS). Maintaining a reflective log and participating in regular supervision, promoted self-reflexivity and reflection throughout the research process.

Overview of included studies

All studies included in this review were published between 2017 and 2023, indicating that the research was relatively new. The studies were conducted in countries where English is the primary language, such as Australia, England, New Zealand, and the USA. The interventions varied, with two focusing on mindfulness and Progressive Muscle Relaxation (PMR) (Djokovic et al., 2022; Pontin et al., 2020). One study examined Compassionate Focused Therapy (CFT) (Wakelin et al., 2023), while another employed broader positive psychology techniques and exercises to cope with stress (Moffett & Bartram, 2017). Three studies utilised distinct interventions and courses: VetLife Health support (McKenzie et al., 2020), the Healer's Art (HART) course (Meyer-Parsons et al., 2017), and the Caring for the Carers course (White et al., 2021).

Most studies used mixed methods for data collection, including open-ended questions, qualitative interviews, and questionnaires (McKenzie et al., 2020; Meyer-Parsons et al., 2017; Moffett & Bartram, 2017; Wakelin et al., 2023; White et al., 2021). Two studies employed only qualitative measures: Djokovic et al. (2022) used a longitudinal design with semi-structured interviews conducted before, upon completion, and three months after the programme, while Pontin et al. (2020) used a focus group to gather participant feedback.

The participant groups varied: three studies focused on veterinary students (Meyer-Parsons et al., 2017; Moffett & Bartram, 2017; Pontin et al., 2020), one included both veterinary students and qualified veterinary surgeons (Wakelin et al., 2023), and one exclusively involved qualified veterinary surgeons (Djokovic et al., 2022). The remaining studies had broader inclusion criteria, with participants being anyone from the UK veterinary community (McKenzie et al., 2020), and staff working at a veterinary teaching hospital (White et al., 2021).

Relevant data was extracted into a table with the main characteristics of the included studies summarised in Table 3. Headings included:

- Number paper
- Author(s), Date of Publication and Location
- Information about participants
- Methodology and MMAT score
- Intervention
- Experiences and/or key findings

Table 3*Overview of Studies Included in the Review*

Number	Author(s), Date of Publication and Location	Participants	Methodology and MMAT Score	Intervention	Experiences/Findings
1	Djokovic et al., (2022) New Zealand	10 qualified veterinarians who participated voluntarily	A longitudinal qualitative design was used: data were collected by semi-structured interviews prior to the programme, upon completion of the programme and three months after completion MMAT – 100%	The intervention was a standardised eight-week MBSR programme, run by a trained facilitator. The programme lasted for two and a half hours each. Intervention included breathing techniques, meditation and yoga	Participants acknowledged acquiring helpful strategies for coping with stressful thoughts and situations; nevertheless, despite acknowledging the benefits, only a minority continued to engage in mindfulness practices Themes included participants understandings of what mindfulness is, and the expected outcomes of participating in the training programme.
2	McKenzie et al., (2020)	98 Vetlife Health Support (VHS) service users (past and	Mixed Methods study – qualitative interviews of service users' experiences	VHS aims to improve the well-being of veterinary professionals by	Participants reported improvements in

	England	present) with 14 completing the semi-structured interview.	and an online bespoke questionnaires about their opinion of VHS. MMAT – Not all criteria were met (CT for 5.1)	assessments and evidenced based therapies	relationships and mental health. Three themes; reasons that led service users to VHS, experiences with VHS and the impact VHS had on service users' psychological wellbeing. Most respondents highlighted workplace risk factors including a lack of support, bullying culture and long hours had led to them using VHS.
3	Meyer-Parsons et al., (2017) USA	99 veterinary students, voluntarily participated.	Mixed methods design The Mindful Attention Awareness Scale (MAAS) state was designed to assess mindfulness. Qualitative thematic analysis and quantitative descriptive statistics were conducted on the course evaluations and course artifacts. MMAT – 100%	The HART course engages students in humanistic approach. The course was 15 hours and ran over five sessions. The facilitators were faculty members and one licensed psychologist. The facilitators shared a story on wholeness, and self-care with students reflecting on themselves. Students also were required to discuss the importance of maintaining a sense of	96% rated the course quality to be excellent. Students felt like they became more self-aware of themselves, improving mindfulness and developed an understanding and appreciation for peers. Three themes; connect with self, connect with peers and connect with the profession.

				personal meaning in practice.	
4	Moffett & Bartram, (2017) England	123 veterinary students voluntarily participated 9 took part in the focus groups.	Mixed methods design Quantitative data were obtained through a questionnaire, the 10-item Connor–Davidson Resilience Scale Student focus groups were conducted to facilitate qualitative data analysis of their perspectives on the intervention MMAT-100%	Participants were asked to review educational resources before the session, which included articles on positive psychology, mindfulness, a short video on developing work-life balance, and a multiple-choice quiz. They then attended a six-hour in-person workshop that featured an interactive large-group lecture and various small-group active learning exercises.	Participants expressed positive views of the intervention and found it valuable Five themes; Impressions of the teaching, intervention, suggestions for improving the teaching intervention, the dimensions of resilience, factors that affect resilience and resilience and its relevance to veterinary students
5	Pontin et al., (2020) England	8 veterinary students. Volunteered	Qualitative – feedback was collected due to the intervention being a pilot MMAT- 100%	Mindfulness-Based Intervention (MBI) included four sessions held over six weeks, followed by a session to review the skills learned. The mindfulness-based intervention (MBI) was led by two experienced facilitators: one with an academic role and the other with a counselling/student	The MBI experience was positive and was seen as a space for sharing, learning, reflecting, and practicing mindfulness. Two themes; Taking part in the MBI and beyond – what it was like and what has MBI done for me? Mindfulness for veterinary students –

				support role at the university	reflections, challenges and making it happen
6	Wakelin et al., (2023) England	128 veterinary students and/or qualified veterinary surgeons 72 participants completed the participant experience questionnaire. Content analysis identified five categories that were discussed by participants about the intervention: helpful aspects, unhelpful aspects, barriers to engagement, benefits and development suggestion	Mixed- methods design The Frost Multidimensional Perfectionism Scale (FMPS-24) was used to measure perfectionism. The Forms of Self-Criticising/Attacking and Self-Reassuring Scale (FSCRS) assessed self-criticism and self-reassurance. The Fears of Compassion Scale (FCS) measured participants' fears of compassion. The Brief Resilience Scale (BRS) evaluated individuals' resilience in recovering from stressful events over the past month. The Work-Related Rumination Questionnaire (WRRQ) assessed worry and rumination related to veterinary practice and study. Participants were also asked open-ended	The intervention comprised a series of 14 ten-minute videos featuring the chief investigator delivering psychoeducation and compassionate exercises through drawn animation. Participants were instructed to engage with the guided exercises. The initial two videos provided psychoeducation, introducing participants to the CFT approach and three system models. The subsequent two videos focused on teaching soothing rhythm breathing and mindfulness, essential foundation skills before engaging with compassionate imagery. The following four videos focused on teaching compassionate imagery. The two foundational exercises and four imagery exercises were then repeated over the final six days of the intervention to reinforce skills	Participants found the exercises engaging, expressing a stronger preference for the foundation and compassionate imagery exercises compared to psychoeducation. The questionnaire investigated the most and least helpful aspects of intervention, barriers to engaging in the intervention, benefits of participation and development suggestions

			questionnaires to elicit their perspectives on the intervention and the measures.		
			MMAT – 100%		
7	White et al., (2021) USA	Staff members employed at a Veterinary Teaching Hospital participated in the study. In the first part, 27 individuals attended, comprising 22 veterinary nurses or technicians, four from administration and reception, and one from the senior management team. Part two was attended by a total of 19 participants, including 15 veterinary nurses or technicians from various departments such as companion animal hospital, imaging, farm, and equine services, along with four from administration and	Mixed Methods Participants completed a bespoke evaluation form with open feedback MMAT – Not all criteria were met (CT for 5.4)	The Caring for the Carers course provides tools for stress and compassion fatigue effectively. White delivered a two-hour lecture on compassion fatigue and ways to cope. Three months later a review was conducted to recall concepts	70% of the participants deemed the course beneficial for their mental health. Participants were asked to rate their agreement for the following statements: (1) the course increased my knowledge and skills to learn how to manage and consider the relevance of burnout and compassion fatigue in my profession; (2) the discussion was appropriate and useful to my personal and professional development; and (3) I enjoyed hearing and sharing other people's perspectives on the issues. qualitative comments were collected to analyse them thematically, some of the participants'

reception. Overall, 20 participants attended both parts of the study. Participation was voluntary

descriptive statements were used to further elaborate views from their learning and reflection, which was considered as an appropriate method to enrich the context

Quality of Included Studies

Five studies were of the highest quality, with 100% of the quality criteria from the MMAT met (Pontin et al., 2020; Meyer-Parsons et al., 2017; Moffett & Bartram, 2017; Wakelin et al., 2023; Djokovic et al., 2022), as they had clear research questions, and the collected data allowed them to address these questions. For the studies that used a mixed methods design, the reasons given were that there was not enough rationale for using that design (McKenzie et al., 2020) and that the divergences and inconsistencies between quantitative and qualitative results were not adequately addressed (White et al., 2021)."

Results

Thematic Synthesis

From the seven studies, two themes and five subthemes were constructed for individuals in the veterinary profession experiencing a form of intervention for poor mental health and well-being shown in Table 4.

Table 4*Outline of derived analytical themes*

Theme	Sub-theme	Papers featuring strand
1. Navigating personal growth and intervention	1.1 Gaining helpful tools from intervention\	McKenzie et al., 2020; Pontin et al., 2020; Wakelin et al., 2023; White et al., 2021; Moffett & Bartram, 2017; Djokovic et al., 2022
	1.2 Emotional understanding of oneself	Meyer-Parsons et al., 2017; Moffett & Bartram, 2017; Pontin et al., 2020
	1.3 Barriers to engagement	Djokovic et al., 2022; Pontin et al., 2020; Wakelin et al., 2023.
2. A safe space during intervention	2.1 Facilitators of the intervention	Djokovic et al., 2022; McKenzie et al., 2020; Meyer-Parsons et al., 2017; Moffett & Bartram, 2017; White et al., 2017.
	2.2 Shared experiences	Djokovic et al., 2022; Meyer-Parsons et al., 2017; White et al., 2017.

Theme 1: Navigating personal growth and intervention

Participants reported that they were navigating their own personal growth, and, through the interventions, they gained useful tools, developed a deeper understanding of themselves, and experienced overall improvements in their mental health and well-being. Additionally, barriers to engagement were discussed (McKenzie et al., 2020; Pontin et al., 2020; Wakelin et al., 2023; Meyer-Parsons et al., 2017; Moffett & Bartram, 2017; Djokovic et al., 2022).

1.1 Gaining helpful tools from intervention

Across three studies, participants gained valuable tools to sustain what they learned during the intervention (McKenzie et al., 2020; Pontin et al., 2020; Wakelin et al., 2023). In the VHS programme, participants acquired self-help strategies to enhance their psychological well-being (McKenzie et al., 2020). These tools included specific mindfulness techniques and skills, such as active listening, being non-judgmental, and connecting with others to offer support. Participants acknowledged the effectiveness of informal, daily mindfulness activities and felt empowered to practice the Mindfulness-Based Intervention (MBI) and incorporate it into their lives (Pontin et al., 2020). During the CFT course, participants noted that the visual videos demonstrating foundational and compassionate imagery exercises were particularly beneficial (Wakelin et al., 2023).

“We’ve been given the tools to basically bring it forward with us and use it in whatever way we want.” (Pontin et al., 2020)

“[CFT] Showed me how to use my meditation techniques in everyday life and my veterinary career.” (Wakelin et al., 2023)

Despite the small sample size of eight veterinary student participants, mindfulness skills and techniques were highly valued in the MBI. However, only a small percentage practised mindfulness more frequently than once a week, which is a crucial component of MBI. There was a sense across the studies that only a few participants practised mindfulness or techniques outside of the intervention. Furthermore, a loss of interest was experienced in participants in Wakelin’s study due to the repetition of videos shown (Wakelin et al., 2023). Overall, there is an emphasis on the importance of recapping the skills learnt from intervention to get the most from it.

The results of two studies emphasise that most participants found the course content valuable, enhancing both their personal and professional development and contributing to the improvement of their psychological well-being (White et al., 2021; Moffett & Bartram, 2017).

“[I came in and thought,] Is this going to be really useful?’’ and I was turned around 180 degrees...I think that until it’s brought to your attention, you don’t realize how important that is. So, I’m really, really grateful we’ve had this from the beginning. I think it’s really important and people either assume it’s common sense or they take it for granted, and that’s not the case”.
(Moffett & Bartram, 2017, Female student, F7)

The findings of Djokovic et al. (2022) suggest that while mindfulness training has the potential to reduce stress among veterinary professionals, the sustainability of its effects may be limited. Although participants reported acquiring effective stress management techniques, long-term engagement with these techniques appears to diminish, with only a minority continuing to practice mindfulness after the program. This raises questions about the factors influencing long-

term adherence to stress reduction interventions. Additionally, the small sample size (n=10) and the specific setting in New Zealand limit the generalisability of the findings, suggesting that broader contextual variables, such as workplace culture and personal motivations for engaging in stress management programs, may play a critical role. The willingness of all participants to engage in an intensive program could indicate a self-selection bias, where individuals already motivated to manage stress are overrepresented, further complicating the interpretation of the results.

1.2 Emotional understanding of oneself

Recognising the world around them through mindfulness techniques allowed veterinary students to gain a broader perspective, extending beyond the confines of their rigorous academic environment. This shift led to a greater appreciation and enjoyment of their time as veterinary students (Pontin et al., 2020).

One study specifically explored the concept of personal congruence, including practices such as HART (Meyer-Parsons et al., 2017). Personal congruence refers to an individual's overall ability to be aware of their experiences (Rogers, 1959). Upon reflecting on their experiences, of the HART course students gained a deeper understanding of themselves and reconnected with their fundamental values and strengths. This change in perspective and personal alignment significantly enhanced their appreciation and enjoyment of the veterinary profession.

“I actually feel in myself happier because I’ve noticed when things have gone well as opposed to just noticing when things haven’t gone well.” (Pontin et al., 2020)

“I use my mindfulness and take the moment to sort of fit that all in, think about and identify what it is, and that helps me to deal with the situation better.” (Pontin et al., 2020)

“I learned that I need to believe in myself and that I am a stronger person than I give myself credit for.” (Meyer-Parsons et al., 2017)

“We should also be teaching people how to see beneath the surface. Some people can come across as really confident, super outgoing and really friendly, but you might not know that deep down they actually feel something much different... and I think recognizing signals is really important for us to move forward and help our peers as well. As well as working on our own resilience, I think it's important to help those around you.” (Moffett & Bartram, 2017; Female student, F7)

The quotes collectively illustrate the transformative impact of practices like mindfulness and self-reflection on both personal and professional development. These practices encourage a shift in focus from negativity to positivity, enhance emotional regulation, and foster self-belief. Through these insights, the importance of emotional resilience, empathy, and mindful reflection is clearly articulated as essential components

Additionally, the intervention conducted by Wakelin et al. (2022) was well-received by most participants, who expressed that they had benefitted from gaining a deeper understanding of their emotions, developing compassion, and learning to slow down. These outcomes align with previous research findings.

These studies however do not address potential long-term impacts or how these mindfulness techniques might be integrated into the standard veterinary curriculum. Furthermore, the quality assessment, suggested that results were not adequately addressed, as they do not explore any potential negative effects or challenges in implementing these practices. It is therefore indicated that

this study should be approached with caution. Thus, it is recommended to approach this study's results with caution.

1.3 Barriers to engagement

In the case of veterinary students, the main obstacle to incorporating mindfulness into the curriculum was the heavy workload. This was a common issue among participants who left the programme along with a lack of belief in the value of mindfulness (Pontin et al., 2020). In the study by Wakelin et al. (2023), participants who were either veterinary students or qualified veterinary surgeons noted that difficulty finding time, especially during the disruptions caused by COVID-19, was a major barrier to engagement. Some also struggled with the intervention due to limited visual imagination and uncomfortable emotions. Nearly half of the participants who disengaged provided reasons for dropping out, with significant life events being the most frequently cited cause. COVID-19 was specified as a significant event by nine respondents, while one participant mentioned a family bereavement. No significant relationships were identified between dropout rates, and factors such as gender, ethnicity, religion, relationship status, current role, or previous therapeutic experience.

“I enjoyed the first week; however, I felt it was a long 2.5 hours and could have been shortened. The following week I decided to withdraw, as I was too stressed about work (receiving yet another assignment task) and the time I was giving to MBI I needed to have back.” (Pontin et al., 2020)

Similarly, discussions about barriers to intervention revealed two primary concerns: time constraints and concerns about sharing personal information. All participants reported feeling time-poor and fatigued by the end of the working day (Djokovic et al., 2022).

“But, you’re doing it after work when you’re stressed. It’s another commitment. And you’re doing it at the time of the day where your batteries are really, really low.” (Djokovic et al., 2022; Rocky)

“It is intimidating, I suppose. Knowing that there are such experienced vets within the course, but, also, I suppose, sharing some of your own fears...and trying to speak within a group of other people that are so strong, and how that will be perceived.” (Djokovic et al., 2022; Emily)

Participants were queried regarding their motivations for joining the workshop, considering their desire to efficiently manage their time and their uncertainties about the programme. The majority expressed a desire to acquire valuable skills for themselves or to share with others. However, a few also mentioned their altruistic intentions, aiming to support the research and contribute to the industry. Furthermore, funding was provided, eliminating the need for participants to cover the costs themselves. It is important to note that in different contexts, cost may pose a significant barrier to participation (Djokovic et al., 2022).

Theme 2: A safe space during intervention

The impact of the facilitators, group size, session content, and group dynamics led participants to feel like they were in a safe space during the intervention (Pontin et al., 2020; Meyer-Parsons et al., 2017; McKenzie et al., 2020; Moffett & Bartram, 2017; Djokovic et al., 2022; White et al., 2017).

2.1 Facilitators of the intervention

Facilitators played a crucial role in shaping the experiences of participants in veterinary health settings, as demonstrated by several studies. Participants in the VHS study highlighted that the veterinary-specific knowledge of VHS clinicians was essential for them to feel understood,

significantly enhancing their appreciation of the care received (McKenzie et al., 2020). This veterinary-specific expertise allowed clinicians to connect more deeply with participants, fostering a sense of being genuinely cared for. The skill and experience of facilitators were repeatedly identified as key factors in establishing a safe environment. Participants appreciated the chance to express their opinions and concerns, attributing their comfort to the facilitators' expertise. Djokovic et al. (2022) emphasised that structured conversations led by experienced facilitators, who ensured that interactions remained supportive and goal-oriented, were crucial for the success of these interventions. As one participant noted, the guidance provided by the facilitator prevented discussions from devolving into negative talk, instead fostering beneficial and collegial conversations (Djokovic et al., 2022).

“[The facilitator] was very good to me. He used to ring me up every five weeks or so and say how are you getting on and it was a help.” (McKenzie et al., 2020; page 14)

“Just knowing someone was checking in on you was really helpful, because you just know you’ve got that net.” (McKenzie et al., 2020; Page 4)

“But, it was also guided...So, if you’d gotten us together and we just went for a coffee or wine, and we started venting, it wouldn’t actually be that beneficial because everyone would be brought down because there would be so much negative talk... Whereas with [facilitator] guiding the talk, it had the ability to be beneficial. So, that, out of everything, was probably the bit that benefited me the most, um, was the collegiality; the conversation; the discussion. Just the sharing, um, but it was guided.” (Djokovic et al., 2022; Nancy)

Moreover, Pontin et al. (2020) found that having two facilitators was particularly effective, as they could integrate and participate actively in group discussions and practices. This dual facilitation approach appeared to enhance the overall dynamic and support within the group.

However, the small sample size of eight veterinary students means that the findings should be interpreted carefully. In another study, participants valued the facilitators who were clinical psychologists (Meyer-Parsons et al, 2017; Moffett & Bartram, 2017) for their ability to create a caring atmosphere.

“It's being given the knowledge that the support is there, rather than go look for it. If I'm down, I'm not going to Google where to get help.” (Moffett & Bartram, 2017; Female student, F6)

In the MBI, facilitators were experienced in delivering mindfulness and were able to support participants. Overall, the effectiveness of interventions in veterinary health settings is significantly enhanced by facilitators who possess specific knowledge, experience, and the ability to create a supportive and structured environment. These elements are critical in ensuring that participants feel understood, safe, and continuously supported.

2.2 Shared experiences

Sharing experiences within a group setting significantly reduced participants' self-doubt and enhanced their confidence in their abilities. By listening to others' narratives, participants realised they were not alone in their struggles, particularly regarding unpleasant interactions with clients. Djokovic et al. (2022) found that participants stopped viewing their experiences and reactions as abnormal, instead gaining confidence in their abilities, with the programme's greatest strength being the communal sharing of personal experiences. Participants discovered that even senior and experienced individuals faced similar workplace issues affecting their well-being. This collective sharing diminished their tendency to question their capabilities and contributions. Hearing stories about others' negative client interactions helped them recognise common themes and understand

that negative emotions, such as self-doubt, were a normal response to these situations. This realisation helped participants see that their skills and reactions were not problematic or unusual. Yet, the researchers were aware of the participants' identities, and as they were anticipating positive results, they might have been reluctant to express any negative experiences. This therefore suggests that this study has less internal validity as there could be a potential bias.

Veterinary students also recognised similarities and built understanding with their peers (Djokovic et al., 2022; Meyer-Parsons et al., 2017). They valued hearing and discussing different viewpoints on various issues, which fostered a sense of understanding and solidarity (White et al., 2021).

“It was a more trusting and beneficial experience and a place to share with classmates without feeling judged.” (Meyer-Parsons et al., 2017)

“I think that those people that we hold on a pedestal, because we all have them, we all do it, like whether it’s a pedestal of they’re smarter than me or they’re better than me or they’re better than me with money or financially stable or own a business. They’re better than me, for whatever reason. You realise that they might not be. It’s not like you’re looking down on them or anything, it’s just that you realise that everybody has the issues; everybody has the same issues.” (Djokovic et al., 2022; Keplar)

“What this programme actually taught me is that we are very isolated in our profession, as surgeons. And, we can rarely share this with our partners; with our families; and with our friends, because they don’t understand. Being in a group with vets, being able to talk to them, where they understand you, made a huge difference.” (Djokovic et al., 2022; Rocky)

The shared experiences also underscored the isolation often felt in the veterinary profession. Certain factors made sharing experiences with other participants easier, such as having a small group size, which allowed everyone to share their experiences and reflections equitably. A small group size can help individuals feel less isolated and help foster a deeper understanding and acceptance of their own and others' experiences, significantly enhancing their confidence and well-being.

Discussion

Overview of Findings

This systematic literature review explored the experiences of individuals in the veterinary industry accessing interventions to improve mental health and well-being.

Navigating personal growth and intervention

Participants felt like they gained helpful and valuable tools during the intervention (McKenzie et al., 2020; Pontin et al., 2020; Wakelin et al., 2023) which included specific mindfulness techniques and activities and how to incorporate them into their lives. Furthermore, participants felt like the techniques they learnt, allowed veterinary students to gain a broader perspective which led to a greater appreciation and enjoyment of the industry, like previous findings (Lei & van Gelderen, 2020).

The effectiveness of intervention leads to improvements in mental health and well-being with short-term (McKenzie et al., 2020; Moffett & Bartram, 2017; White et al., 2021) and long-term effects (Djokovic et al., 2022) investigated. Participants who engaged in mindfulness-based interventions, including PMR, found reduced stress levels. The Caring for the Carers course found

that participants advanced their personal and professional development, leading to improved psychological well-being (White et al., 2022). As the above measures were either quantitative or mixed methods, they may not reflect the longer-term effects of interventions and how participants' well-being increased if they either kept up with the intervention or practised skills regularly. Consistent with previous literature, future research should report longitudinal data. However, the use of different methodologies helped studies better support the effectiveness and experiences of their interventions.

Barriers to engagement and practising skills learnt outside of the intervention were evident in multiple studies (Pontin et al., 2020; Wakelin et al., 2023; Djokovic et al., 2022). Like previous research, there is a reluctance to seek and engage in help for poor mental health. The existing literature suggests various obstacles, such as concerns about confidentiality, stigma, and time constraints, have been identified as barriers preventing veterinary students and professionals from accessing mental health support (Connolly et al., 2022; Blanco et al., 2008). With students, there was difficulty finding time alongside academic practice (Wakelin et al., 2023; Pontin et al., 2020) and qualified veterinarians who were time-poor and feeling fatigued at the end of the day (Djokovic et al., 2022). However, despite acknowledging the benefits of the interventions, only a few participants were still actively practising mindfulness techniques. Three participants in White's study stated that they felt like it was not feasible to implement what they had learnt when in work settings, especially about finding an appropriate group to engage in supervision (White et al., 2021). Common limitations of the interventions were identified across studies, with one key finding being the impracticality of practising intervention skills outside of designated intervention hours.

A safe space during interventions

Another finding is that the combined influence of the facilitators, group size, session content, and group dynamics created an atmosphere where participants felt secure during the intervention and affected how they ultimately experienced the intervention (Pontin et al., 2020; Meyer-Parsons et al., 2017; McKenzie et al., 2020; Moffett & Bartram, 2017; Djokovic et al., 2022). Participants felt like they could share information within small groups and a “caring atmosphere” was created (Moffett & Bartram, 2017). Similarly, previous literature reviews have found that creating a peer-to-peer safe and supportive atmosphere for students during intervention is what was helpful (Liu & van Gelderen, 2020). In an industry where confidentiality and stigmas are created, this finding is imperative. Participants who felt safe, supported and understood, led them to share personal experiences more and that they weren’t on their own. Furthermore, having a small group size during the intervention made participants feel like discussions were valued and the conversation was meaningful (Pontin et al., 2020; Meyer-Parsons et al., 2017).

Strengths and Limitations

One strength of this review is that it used a wide range of databases, unlimited date ranges and focused on peer-reviewed primary research to gather a large range of literature relating to veterinary mental health considering the lack of research

Three out of the seven studies reviewed conducted interventions on solely veterinary students (Meyer-Parsons et al., 2017; Moffett & Bartram, 2017; Pontin et al., 2020). Whilst it is good to start interventions early on individuals in the veterinary industry, students and qualified veterinarians might face different challenges and stressors and have different perspectives. For instance, students might focus more on academic and theoretical knowledge, while practicing veterinarians deal with real-world complexities, client interactions, and business management issues

that students may not fully appreciate or understand. This can affect the generalisability of the review's findings to the broader veterinary profession.

Another limitation of this review is the inadequate demographic data provided by the included studies. Only one study (Wakelin et al., 2023) offered a comprehensive range of demographic information, whilst the remaining studies either provided no demographic data or only included gender and age. Meyer-Parsons et al. (2017) observed that they refrained from gathering demographic information out of consideration for student confidentiality. This carries clinical implications, as the absence or limited diversity among study participants diminishes the exploration of variations in the overall effectiveness and experiences of the interventions analysed in the review.

Furthermore, most of the studies were conducted in Westernised countries, potentially reflecting a predominantly White population and literature base, however, geographical bias may overlook cultural issues and barriers to accessing interventions, which are more normalised in Western cultures. Additionally, none of the studies examined the cultural positions of the researchers, limiting the exploration of diversity and cultural perspectives, as there may be differences in the understanding and attitudes of mental health and wellbeing amongst different cultures.

Clinical Implications

Considering the primary findings of the studies, there is evident advancement in addressing the mental health challenges individuals in the veterinary profession must face, as all studies noted

some positive outcomes from their interventions. However, as five out of the ten studies included in this review have veterinary students as their population, findings based solely on student data may not be directly applicable to the broader profession and minimised the interpretations that could be made. Decision-makers might find it challenging to implement recommendations for poor mental health and well-being without enough evidence from those already working in the field.

Commonly, it was clear that some participants did not continue with the skills learnt from the intervention, with barriers including working in a busy practice in which there may not be protected time for self-care. This is a crucial clinical implication, especially considering the substantial evidence that many veterinary professionals do not seek help and are experiencing barriers to accessing it which may lead to a continued increase in poorer mental health.

Future research

This review suggested that interventions were helpful for participants, though there were differences between veterinary students and qualified veterinary surgeons. Future research could investigate these differences in greater detail, tailoring interventions to each population. For example, students may benefit from learning skills that veterinarians need to thrive in practice, while qualified veterinarians may need to create time for self-care in busy work environments. Exploring different professional roles separately could provide a more comprehensive understanding and ensure that findings are relevant across various stages of veterinary careers. Future research should also focus on understanding how important protected time and coping skills are when promoting well-being. This is a gap in the current literature, as most studies have focused on interventions without examining how individuals maintain what they've learned over time.

Conclusion

Despite the diversity of the synthesised articles in terms of aims, geographical locations, methodologies, and sample sizes, this review uncovered several commonalities. The interventions, ranging from mindfulness practices to psychoeducation and skills development, generally involved volunteers, though one study mandated participation. A key finding was that the interaction between facilitators, group size, session material, and group dynamics played a crucial role in creating a comfortable environment for participants and positively influenced their experience. Across the studies, participants reported gaining useful tools, developing a deeper emotional understanding of themselves, and experiencing overall improvements in mental health and well-being. However, maintaining the skills learned post-intervention proved challenging and further investigation into the barriers to sustaining these skills is recommended.

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Part Two – Exploring the Experiences of Morally Challenging Events in Veterinarians

This paper is written in the format ready for submission to the British Journal of Clinical Psychology. Please see Appendix A for the Guidelines for Authors.

Aneeka Attwal* and Dr Jo Beckett

Faculty of Health Sciences, School of Psychology and Social Work
Aire Building, University of Hull, Hull, United Kingdom, HU6 7RX

*Corresponding Author Email: A.Attwal-2018@hull.ac.uk

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Abstract

A quarter of veterinarians had to take more than two weeks off in the last three years due to mental health issues. There were two studies that explored moral distress and injury in veterinarians. Previous findings underscored the need for qualitative research to better understand and address the moral challenges faced by veterinary professionals, ultimately enhancing their well-being and the quality of care they provided to animals and their owners. This research aimed to expand on the limited existing literature by focusing on the effect of moral distress and injury on the well-being of veterinarians in the workplace. A qualitative design, utilising semi-structured interviews, was employed. The findings were interpreted, and themes were generated using Reflexive Thematic Analysis. Many veterinarians frequently experienced morally challenging events in the workplace, ranging from administering euthanasia to healthy animals to dealing with owners' expectations. The following themes were generated from Reflexive Thematic Analysis: organisational and systemic factors at work, risk to self from psychological distress, and moral and psychological challenges in veterinary practice. Participants expressed distress when faced with these events, which often contradicted the motivations that led them to enter the profession. This research contributed to the understanding of morally challenging experiences faced by veterinarians. However, future research was needed to expand and strengthen the evidence base for experiences of morally challenging events concerning individual differences, including personal experiences and levels of clinical experience.

Keywords: thematic analysis, morally challenging events, veterinarians, wellbeing, workplace

Exploring the Experiences of Morally Challenging Events in Veterinarians

Stress levels in the British veterinary profession were high, with a quarter of veterinarians having to take more than two weeks off in the last three years due to poor mental health (Pohl et al., 2022). There were higher rates of anxiety and depression reported in the UK veterinary profession compared to the general population (Bartram et al., 2009), alongside disproportionately high suicide rates: four times that of the general population (Platt et al., 2010). Many factors contributed to these elevated figures, such as increasing cases of clients with unrealistic expectations and the normalisation of euthanasia (Stetina & Krouzecky, 2022), resulting in the welfare and well-being of animals being put ahead of that of the veterinary team. A primary explanation given for the elevated suicide risk was easy access to lethal drugs (Hawton et al., 2011). Additional factors included unfavourable working hours, lone working, and minimal supervision, which may have contributed to errors in clinical practice (Bartram & Baldwin, 2010; Pohl et al., 2022). Awareness of these issues was increasingly the focus of veterinary professional bodies, third-sector organisations (e.g., VetLife and WellVet), and veterinary conferences, all seeking to better understand this growing crisis. The impact of a global pandemic and various economic and political problems added strain on the veterinary industry.

The pandemic had a universal impact through government lockdowns, during which people were forced to either stay at home or work and be at additional risk. Those who stayed home subsequently spent more time with their pets (Hoffman, 2021), adding to their support systems (Jezierski et al., 2021). This resulted in an increase in animal ownership, with many people seeking out companionship or aiming to make use of the opportunity to settle in new pets while working from home or being furloughed. Furthermore, with the UK economic crisis leading to an increase in the cost of living and financially stretched pet owners, the government investigated concerns around diminishing competition and rising costs of veterinary services (Competition and Markets Authority

[CMA], 2023). This, along with the increased demand for veterinary services, meant that some pets could not be treated in the way veterinarians might have wanted to treat them, which was arguably frustrating and upsetting for veterinarians and pet owners alike.

Another factor that may have been unique to veterinary medicine, adding to an already complex and demanding field, was that veterinary professionals (VPs) worked within a triad consisting of the VP, the animal, and the animal owner (Rollin, 2012). Recently, clients and insurers had become more involved in decisions about patient care (Royal College of Veterinary Surgeons, 2006). Veterinarians were not always able to act in a way consistent with their own beliefs about what was right (potentially morally injurious event [PMIE]) or 'most right' (ethical dilemma). Batchelor and McKeegan (2012) reported that 57% of their sample of 58 practising UK veterinarians experienced one to two dilemmas per week, such as a client wishing to continue treatment despite poor animal welfare. VPs were continuously exposed to distressing and morally challenging events at work, but there was limited research on whether they experienced moral distress and injury, nor what impact PMIEs may have had on their well-being. Unexpected outcomes may have led to high stress levels among veterinarians and could have been a potential risk factor for poor mental health (Gardner & Hini., 2006). Examples of PMIEs included harmful procedures to the animal or the inability of clients to provide the necessary resources to care for animals (Platt et al., 2012). Spilg et al., (2022) measured PMIEs and levels of moral distress in 962 Canadian healthcare workers via the completion of two questionnaires about moral distress. The results showed that the more frequent the PMIE, the higher the level of moral distress.

Jameton (1993, p. 544) suggested that moral distress may have occurred when "one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action". Moral injury was defined as the strong response that could occur after events that violated a person's morals (Litz et al., 2009). Moral distress and injury were being increasingly

studied in human healthcare. For example, nurses experienced moral distress due to low staffing (Mooney, 2021), while moral injury could arise from high-stakes situations beyond their control (Deschenes et al., 2020). Such distress often resulted from conflicts in morally challenging situations, influenced by external constraints like legal or situational factors. A lack of consensus on these issues hindered addressing their impact (Yeterian et al., 2019).

Moral distress was rarely a one-off event in healthcare settings, human and animal alike. Overall, this research had potential for applicability within the animal healthcare system. However, there were currently only two studies that explored moral distress and injury in veterinarians (Crane et al., 2015; Williamson et al., 2022). The first study investigated which morally significant stressors were linked to psychological distress and resilience (Crane et al., 2015). 540 Australian veterinarians completed online questionnaires measuring perfectionism, mood, and resilience. Stressor events were identified via three focus groups held with 11 veterinarians to develop a list of different morally significant events in the workplace. They looked at the stressor frequency of an event and if that was morally significant. Results found that suspected pet abuse was the most morally significant issue faced. Furthermore, results showed veterinarians who worked longer hours were more likely to have worsening mental health. Statistical analysis showed that three measures of psychological distress—negative arousal emotions, stress, and anxiety—were strongly positively correlated, meaning that an increase in one distress measure generally corresponded to an increase in the others. The measures used in the study were all reliable, as indicated by their high Cronbach's alpha scores: the Multidimensional Perfectionism Scale ($\alpha = 0.88$), Depression, Anxiety, Stress Scale ($\alpha = 0.87$), and Brief Resilience Scale ($\alpha = 0.91$). While the high Cronbach's alpha scores suggested that the scales used in the study were reliable, it was important to consider additional aspects to fully evaluate the robustness and validity of the findings, and the cultural and contextual appropriateness of the scales should have been considered.

Williamson et al., (2022) recruited eligible veterinary surgeons, clinical directors/practice managers, and veterinary nurses in the United Kingdom for an exploratory study. The study utilised opportunity and snowball sampling through social media and veterinary charities' online platforms. They measured exposure to PMIEs using the 9-item Moral Injury Event Scale (MIES), in which higher scores indicated more exposure. It was considered a valid and reliable measure for this population and was commonly used in moral injury research (Nash et al., 2013). Ninety participants completed the scale, and 88.9% endorsed one or more items of the PMIEs. PMIEs committed by others, such as betrayal by trusted colleagues performing procedures that may not have aligned with one's beliefs, and the refusal or inability of clients to provide the necessary resources to care for animals, were the most common morally injurious events. This finding highlighted the nature of PMIEs experienced in the UK and the types of events that may have been especially distressing (Williamson et al., 2022). Whilst quantitative studies provided a theoretical framework for moral injury in veterinarians, they could not offer richer subjective experiences, nor did they explain PMIEs and any impact on mental health and well-being.

Rationale

The rationale for conducting this study was rooted in the concerning increase in poor mental health and suicide rates within the veterinary profession. Veterinarians encountered various distressing situations, including requests for euthanising healthy animals, experiencing betrayal from trusted colleagues or managers, and encountering clients who were unable or unwilling to provide necessary resources for animal care. While moral distress has been more extensively studied in the context of human healthcare professionals and links to mental health and well-being are speculated on, limited research existed on moral distress and injury specifically within the veterinary industry. To build on previous research, an understanding of the experiences of moral

challenges faced by veterinary professionals and the impact on wellbeing was needed. Such research could have raised awareness, informed interventions, and ultimately promoted the well-being of veterinary professionals in their challenging and emotionally demanding roles.

Aims and Question

The study aims are:

- To understand the morally challenging events veterinarians face at work
- To understand the influence experiences of moral distress and injury have on the well-being of veterinarians at work and if they cause psychological consequences
- To understand the factors that drive moral distress and injury in veterinarians

The study aimed to answer the following question:

- What are the experiences of morally challenging events in veterinarians?

Method

Design

The current study employed a qualitative design, utilising semi-structured interviews, focusing on veterinarians' experiences of morally challenging events in the workplace. To elicit in-depth and detailed responses, individual interviews were adopted, and data was transcribed; the findings were analysed using Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2021).

Participants

Participants were recruited from social media (i.e. Instagram, Facebook, Twitter and LinkedIn) using an advertisement poster (see Appendix C). Snowball sampling was utilised with participants asked to share study information with other potentially eligible individuals. Additionally, a UK-based veterinarian agreed to post the advert on Facebook forums: Vetwings and Veterinary Voices UK, which the primary researcher could not access. The primary researcher also dropped the poster into local veterinary practices. The participants were selected based on the following criteria:

Table 1

Inclusion Criteria

Criteria	Rationale
Participants must be a qualified veterinarian eligible to practice in the United Kingdom and worked in the last year as a practising veterinarian	Participants must have worked in the United Kingdom to ensure that all participants are registered with the Royal College of Veterinary Surgeons (RCVS) and have an obligation to perform and practice in a similar way which will lead to continuity of experiences.
To have experienced morally challenging events at work that had resulted in some distress	To ensure participants had recent experience in the workplace

Table 2

Exclusion Criteria

Criteria	Rationale
Individuals who do not read or speak English fluently	To complete the semi-structured interviews and to read and complete the Participant Information Sheet (PIS) and the consent forms
Individuals who do not have access to a device that connects to the internet and can run on Microsoft Teams	Due to the research budget not accommodating the costs on an interpreter as the participants should be able to express their views and experiences in the interview process

Recruitment took place from November 2023 to April 2024. Altogether, ten participants provided consent to participate in the study and for anonymised quotes to be published. 10-20 participants are the recommended amount for professional doctorate research using RTA (Braun & Clarke, 2013). Demographic data was collected through a questionnaire (Appendix D) and is detailed in full in Appendix E. To summarise this study, the participants comprised six females and four males, which reflects a similar gender distribution to the UK veterinary population whereby according to the RCVS' most recent demographic data in 2019, 58% of veterinary surgeons are female and 42% are male (Royal College of Veterinary Surgeons, 2019). The participants' ages ranged from 25 to 40 years, with a mean age of 31.3 years. All participants identified as White or mixed race, with the RCVS data showing that 3.5% of veterinary surgeons come from Black and ethnic minority backgrounds, highlighting a lack of diversity in this sample and the profession. The sampling strategy was designed to ensure the inclusion of veterinarians with

diverse professional backgrounds and experiences, including individuals at different stages of their careers. The veterinarians had worked as a veterinary surgeon from one to 16 years, with a mean average of 6.4 years, which suggests an early to mid-career stage.

Procedure

Prospective participants reached out to the researcher through the email address specified in the social media advertisement. PIS forms (see Appendix F) and consent forms (see Appendix G) were sent by return email. Those who met the inclusion/exclusion criteria and returned a signed consent form expressing their wish to participate were offered a mutually convenient appointment for the interview via Microsoft Teams.

The demographic questionnaire was completed verbally at the start of the online interview. The interviews lasted between 35:21 minutes and 47:57 minutes, with a mean average of 39:18 minutes. The interview schedule included seven questions to prompt discussions around experiences of morally challenging events in the workplace and their psychological impact, alongside factors that would make a veterinarian more or less likely to experience moral distress (see Appendix H). Reflections were documented after each interview following the guidance on RTA (Braun & Clarke, 2021). Following the interview, participants received a debrief document via email, which included details about available support services (see Appendix I). RTA followed Braun & Clarke's (2020) Six-Step method. The researcher familiarised themselves with the dataset by transcribing the audio recordings of the interviews and repeatedly reading through the data. Transcription was conducted orthographically to produce a comprehensive record of spoken words, including non-verbal features such as gestures and pauses. Codes were generated through a detailed line-by-line analysis to capture elements relevant to the research question. These codes were then

reviewed and organised into themes and sub-themes. A worked example of reflexive thematic analysis (RTA) is provided in Appendix J. A recursive review of the themes was conducted, examining the coded data items and the entire dataset to ensure alignment with the research aims and questions. The themes were developed to narrate a cohesive story that interconnected and incorporated participant quotes (Braun & Clarke, 2013).

Primary researcher's reflexivity

The primary researcher engaged in active reflexivity, and how personal values, epistemology (See Appendix K) and experiences interact with data analysis and outcomes of this study. The primary researcher kept a reflective journal and engaged in reflective discussions in research supervision throughout the research journey (see Appendix L) to reflect upon personal experiences and the whole research journey. The researcher was a 23-year-old British/Asian female, Trainee Clinical Psychologist from the West Midlands, and took the position that as a researcher she should allow herself to acknowledge how her own identity and discourses affect the knowledge one creates about the world. This research, consistent with a constructionist approach (Gergen, 1985), aimed to understand participants' experiences of morally challenging events by analysing their perspectives on the world.

Results

To address the research question about veterinarians' experiences with morally challenging events, three main themes were identified. These themes include organisational and systemic factors at work, risk to self from psychological distress, and moral and psychological challenges in veterinary practice. The themes interact and overlap, with the veterinarian's relationship with their environment impacting their well-being, including their interactions with animals, owners, and organisational factors outside of their control.

Theme 1: Organisational and systemic factors at work

There is a plethora of organisational and systemic factors at work, that are sometimes out of a veterinarian's control, dependant on practice, and stop them from being able to do what they think is 'right' morally and professionally.

Subtheme: Organisation culture and expectations

Nearly all the participants stated there are hardly any boundaries with many hours exceeding those outlined in their contract. The impact of senior staff working beyond their limits sets a precedent for other staff which serves to exacerbate the situation and feed the cycle of overworking. Furthermore, participants discussed the impact of working extended hours and how that affects their mental health.

"But there are, you know, there are still days where you're just like, I can't believe I have to go in tomorrow and experience all this, all over again I was gonna say all the suffering, but I think you know it in the worst days. That is what it feels like One of my managers was meant to be on maternity leave and she'd have days where she was meant to have left midday and then she'd still be at work gone 9 pm." (Sophia)

"That's quite a moral struggle because you're almost questioning as like, is this job right for me? Should I be working this much? Is it healthy for my patients if I'm working this much, am I given that, am I giving them my best?" (Oliver)

Subtheme: Staff shortages and job retention

Many participants stated that the profession generally has a lack of staff and poor job retention with more veterinarians leaving practice soon after they qualify. Participants questioned why they had gone into this career, as they felt the reasons they joined this profession, did not match up with reality.

“We were just like this sinking ship and once you are like down the downward spiral, then obviously everything else affects you....I’m like on purpose staying on a locum contract so I can get out when I need to essentially.” (Katie)

“I’m not acting according to the reasons why I wanted to join this profession. God like you know, I got into this job because I love animals and quite naively I came into this profession wanting to save them but you end up putting them to sleep. Some of my friends say there is a big pressure to generate some sort of income, with financial targets and I know that for them it generates a significant amount of stress because we did not go into veterinary for this to happen. ” (Christine)

Subtheme: Impact of external factors on professional well-being

Ash and Oliver felt like there was a deteriorating financial outlook for the professional’s future with the recent CMA investigation exacerbating morally challenging events, increasing the frequency of complaints and media-induced stress on veterinarians. Participants used metaphors to articulate the perceived disconnect between veterinarians and corporate management. Felix likened his experience to being a "cog in a machine," suggesting a sense of dehumanisation and a lack of individual agency within the corporate structure.

“From working at a corporate and then going to an independent practice, it's really eye-opening. The difference between corporate life and independent life, and the power you have, to say this is wrong is so much better. In corporate you very much feel like you are a cog in a machine...and nobody cares about the facts and the process, nobody cares about the fact that we actually have to deal with emotional decisions down at our end.” (Felix)

“Managers expect you to turn over a certain amount of income and it is discussed at your appraisal...but then that's not at all why you came into veterinary practice and then they really conflict with your moral beliefs but then you have to do it to stay employed.” (Christine)

“We're just numbers”, “as long as they are getting some sort of money, they're not going to care.” (Katie)

The quotes revealed a profound struggle among veterinarians as they navigate morally challenging events that conflict with their professional ideals and personal ethics. Many participants expressed a sense of disillusionment., feeling that the reality of their work does not align with the reasons they chose the profession. For example, Christine highlighted the tension between her desire to save animals and the pressure to meet financial targets, which adds significant stress and leads to ethical dilemmas about prioritising income over patient care. Additionally, there are clear differences in autonomy, job satisfaction, and ethical conflicts between corporate and independent practices. Overall, the quotes illustrate a pervasive sense of moral conflict, driven by systemic pressures and investigations that challenge veterinarians' core values and professional integrity.

Theme 2: Risk to self from psychological distress

A common theme all ten participants reported was that they felt working as a veterinarian was emotionally tough. Participants are euthanising healthy animals daily despite the fact they entered this profession to save and treat them. There are many cases where healthy animals are put down due to owners not being able to afford treatment. Some participants used evocative language, but most participants discussed how it made them feel.

Subtheme: Emotional toll of euthanasia

Participants expressed that performing multiple euthanasia in a single day can be mentally exhausting. Despite the participants agreeing with the necessity of the procedures and being willing to help, repeated exposure to such emotionally charged situations takes a heavy toll. Each euthanasia carries a moral and ethical weight, even if it's the right decision for the animal's welfare.

“But some days you'd have a day and it'd be euthanasia, euthanasia, euthanasia, euthanasia and you'd be you'd be like, just absolutely mentally gone by the time you got to the last one. Even if they were all ones you agreed with and you were happy to be doing them and helping, but to have that level of sort of client support and upset, you know, cause obviously you're there to help them and support them as well. And I think that compounding is quite difficult as well sort of having them build the moral situation sort of built on top of each other.” (Sam)

“We have to make a decision about death quite often and I think that in itself can be really morally challenging and I don't think it's well trained in universities at all to try and deal with those, those issues.” (Felix)

This theme illustrates the emotional and ethical burden faced by veterinarians, particularly in situations involving euthanasia and profit-driven medical decisions. Participants reported significant distress when euthanising healthy animals due to financial constraints or legal obligations, a reality that starkly contrasts with their initial motivations for entering the profession. This moral dissonance is compounded by the frequency of these events, leading to cumulative psychological strain. For example, Sam describes feeling “mentally gone” after performing multiple euthanasia procedures in a single day, even when she agrees with the necessity of the decisions. Such experiences highlight the emotional toll of being repeatedly exposed to life-and-death decisions, which often conflict with personal and professional values.

Subtheme: Moral and ethical dissonance

Placing a monetary value on life can significantly influence care perceptions, with participants believing that even minor issues could result in an animal's death. This may lead to decisions to end an animal's life if treatment costs exceed the perceived value. Practising profit-driven medicine can profoundly affect veterinarians' beliefs and actions.

“I’ve had patients where I’ve had to euthanise rather than investigate because they cannot afford a set of blood tests.” (Sophia)

“It is distressing to put down X-L Bullies, but then also having people come in that do not have X-L Bullies asking us if we’re going to kill healthy animals....legally I have to, but it doesn’t necessarily mean I agree with it, but I’m not going to argue with this random woman.” (Sophia)

“It’s quite a difficult thing to feel, so I will admit I’m not the most reflective person but looking back on delivering euthanasia on healthy animals, there’s definitely a combination of sadness and frustration.” (Craig)

The emotional distress linked to placing a monetary value on animal life, led to decisions that contradict veterinarians' ethical and professional values. Participants stated that they found the cases more distressing when they had personal experiences with that specific case and felt more emotional. It appeared there was a lack of understanding between the owner and veterinarians, as participants were forming assumptions about the owner, leading to a disconnect. They also noted a similarity between their distress and the distress of the animal, despite the distress not being identical to that of the owners.

“My childhood dog died of cancer just before I went to uni. So I always find situations with cancer, really distressing. Especially when the client doesn't seem to understand the pain that cancer can cause. I don't think there's a lot of other situations where I feel as distressed as when I see an animal in pain.” (Sophia)

“One of my colleagues recently lost her cat, and a couple of weeks afterwards we had to put down similarly aged cats and she struggled with it, even though she had no connections to the owner but because it was parallel in situations that she'd experienced with her own life, it was hard to deal with and I’ve seen that with a lot of colleagues.” (Craig)

The increased emotional impact when cases mirror personal experiences intensifies the distress and makes professional detachment challenging. This overlap blurs the boundaries between professional detachment and personal involvement, making it difficult to maintain emotional resilience.

Subtheme: Coping mechanisms and professional survival

How participants dealt with morally challenging events was different, with many stating that having a good support system is crucial. Oliver explained that using dark humour was a way of “coping and ultimately just having a laugh helps”. However, Joanna discussed that she felt like the only way to survive and endure the profession was to harden yourself to it through repeated exposure to threats. Participants explained that it’s not just about enduring the profession but staying alive.

“To be a highly successful person in this career or this industry, of course, intelligence helps and drive and ambition, but also just be nice to folk and having a laugh and surviving is probably going to get you further rather than becoming a statistic, sadly.” (Oliver)

“I guess the more you go through it again, the harder you become with it and I think I I find it easier to cope with situations the more I go through it, but I guess that's the difference between people that keep going and other people that give up on the profession and do something else.” (Joanna)

Coping strategies varied among participants, with some like Oliver resorting to dark humour as a means of managing the emotional burden, while others, such as Joanna, emphasised the need to “harden” oneself to endure the profession’s demands. The overarching sentiment is that the psychological risks in veterinary practice are not merely about enduring professional challenges but about preserving mental well-being and surviving within an emotionally taxing environment.

Theme 3: Moral and psychological challenges in veterinary practice

Veterinarians frequently face morally and psychologically challenging situations that affect their well-being and professional integrity.

Subtheme: Dealing with animal neglect

A prominent issue involves dealing with the consequences of animal neglect and unethical breeding for the sake of profits which often forces them into ethically complex scenarios where they struggle to do the "right thing".

“The owner couldn't afford to have a C-section, so we had to keep this dog in and just kept pulling puppies out of it because it couldn't pass them through naturally. And it was just it was just an absolute abomination. It was such a helpless situation because I just kept pulling them out and they kept dying. I spent 20 minutes trying to resuscitate them. It's so morally challenging because he's bred this dog and he's going to sell the puppies for like, 2 grand a pop [£2000 each], but he couldn't even afford the caesarean and that's just so wrong.” (Ash)

When participants were asked to reflect on how often they think about morally challenging events, their responses predominantly revolved around welfare cases and significant disappointment. Sam and Boris described the importance of veterinarians reciting an RCVS oath to uphold animal welfare and the challenges veterinarians face in balancing the needs of the animals with the demands of the animal owners, creating a dilemma in their work.

“You take an oath to protect animal welfare and often there's a conflict between that and what the owner wants because animals are seen as property. I don't know what's right or wrong. I find that very, very difficult, having an inner conflict of what you've sworn an oath to do.. But you also then have to manage the people and their funds and everything. So I find that situation quite

difficult, and then you almost feel bad about yourself because you think, well, actually my oath was to look after the animal and I'm unable to do that.” (Sam)

“The ones that are more about animal welfare in particular, is where you feel like you failed those animals or society has failed those animals.” (Boris)

Due to the high risk involved, participants ruminated on dealing with welfare cases the most, despite happening less frequently. It may be the case that veterinarians have trauma that is unresolved and gets brought up every time similar cases occur in practice. These cases led to participants feeling frustrated and wondering if they should have done something differently.

“I repossessed this dog and that brought back all of the other instances of morally challenging events that I had...All of the evidence of cruelty, all the elements of neglect. It’s like grief, almost, it sits in a corner and it doesn’t get smaller... you grow around it, and you get fatigued because of it.” (Felix)

Such situations create an inner conflict for veterinarians, as they strive to uphold their oath to protect animal welfare while navigating the limitations imposed by owners and financial constraints. These welfare cases can leave long-lasting emotional scars, causing veterinarians to ruminate on whether they could have done more, as illustrated by Felix’s reflection. The trauma associated with these events can be reactivated by similar cases, suggesting unresolved emotional distress that complicates their professional roles.

Subtheme: Relationships with owners

The impact on participants' well-being when they face situations where their professional judgment and ethical beliefs clash with the desires of the pet owners, emphasises this theme of relationships with owners. Participants want to help the animals and that comes in many formats; treatment or ending their lives. However, the owner may prevent them from doing what is morally and professionally right. Participants felt immense pressure to be the perfect veterinarian.

“The biggest reason that we’ve seen treatment not working is owner compliance and managing their expectations and beliefs.” (Boris)

“People want one pill, one dose that fixes everything, but unfortunately that’s not how medicine works.” (Craig)

“We can’t fix them, and they are still expecting us to do something miraculous.” (Sophia)

Some participants felt they could not go into much detail about the owner’s finances without breaking confidentiality but were aware they held their own biases about the owners.

“The owner comes in his brand new [premium brand car] and obviously that is a little bit frustrating because he is refusing to pay [a few hundred pounds]. I don’t want to judge someone else’s life decisions but we are starting to see it more and more often with even smaller values. I think that’s a little bit more challenging in terms of kind of how you emotionally deal with that and multiple colleagues have said to me that they find it hard.” (Craig)

Participants stated that the relationship with the owner was under strain when dealing with the owner’s beliefs e.g. religious. These differing beliefs may create conflict and complicate the decision-making process, making it difficult to provide the best care for the animal. Participants

expressed the emotional and ethical conflict that arises when trying to explain to pet owners that euthanising an animal is for the animal's best interests, rather than an act of cruelty. It could be implied that the participants struggled to take the owner's perspective, or to at least balance against animal welfare and recognise it as a complex process or choice.

"I believe that I should be helping that animal and by not being able to, you sort of feel powerless to it and that just makes you feel a bit shit. I feel awful you know that I've said an oath to help these animals, but you're unable to. And I find that sort of internally, that's the thing that I think upsets me the most at times when those situations arise." (Sam)

"They've brought their pet to you for care, but they will not put their pet to sleep and they're willing to just watch it suffer." (Oliver)

There is a complex dynamic between owners and veterinarians, where in the moment it may be challenging for veterinarians to understand the owners' perspectives. Disagreeing with the owner's beliefs can be difficult and participants often found it challenging to deal with them and public opinion. Participants expressed that handling angry emails from clients is a significant and time-consuming aspect of the job, contributing to the overall workload in an already demanding veterinary practice. Some individuals expressed a preference for working within a larger team as it can act as an additional defence against confrontational interactions.

"And you know, sometimes we do receive very angry emails that then we have to waste 2, 3, 4 hours of our time investing to going into it and going through the clinical history trying to explain what we've done and what we haven't done. And you know, when you are really kind of doing your best and you're tired and just completely ignoring your own personal life to try to do the best you can for your profession and your patients. And then sometimes having these quite nasty emails,

really kind of criticising what you've done or saying, oh, someone else said you should have done that. And why didn't you do this?" (Joanna)

This theme captures the multifaceted challenges veterinarians face in balancing their ethical obligations, personal values, and the expectations of animal owners. These experiences not only pose risks to their psychological well-being but also challenge their professional identity and capacity to sustain compassionate care.

Discussion

Overview of Findings

The main goal of this research was to investigate the experiences of moral distress and injury affecting the well-being of veterinarians in their workplaces. The study aimed to uncover the underlying factors contributing to these experiences and the psychological consequences. The overarching findings of this study suggest that veterinarians often face morally challenging situations when they must euthanise healthy animals, deal with occupational issues such as lack of boundaries and overworking, as well as address welfare cases and unethical breeding. Additionally, they encounter difficulties in managing owners' expectations and beliefs and are affected by organisational and systemic factors, in a profit-driven industry.

Participants described that performing convenience euthanasia daily as morally challenging. In line with previous research, veterinarians view animals as moral beings with intrinsic value, therefore killing an animal can be seen as morally unethical (Batchelor & McKeegan, 2012). Participants also expressed that their education at university did not sufficiently cover suicide prevention or ethical dilemmas. This lack of training was supported by Batchelor and McKeegan (2012), where 78% of 55 veterinarians felt inadequately prepared, contributing to ongoing stress

and anxiety in practice. The repeated exposure to morally and emotionally challenging situations erodes morale and satisfaction within the profession. Participants highlighted that coping mechanisms in the face of moral distress are varied, often involving a mix of normalisation and resilience-building rather than proactive coping strategies. This suggests that while resilience is often seen as a protective factor, it might mean participants are surviving rather than thriving.

Participants indicated that infrequent but impactful events, particularly those involving animal welfare and unethical breeding practices, resonate deeply. These experiences often led to rumination and feelings of regret. Litz et al. (2009) suggest a potential overlap between moral distress and moral injury, with significant psychological consequences such as guilt and shame affecting veterinarians' well-being. Common morally challenging events participants experienced included dealing with the owner's financial restraints on treatment options and managing their expectations. This is supported by existing literature, including that if an owner chooses a less optimal treatment approach, veterinarians are less likely to find this acceptable (Crane et al., 2015). Additionally, if a veterinarian is pressured by unrealistic or abusive demands from animal handlers, it can lead to stress (Stetina & Krouzecky, 2022).

With the increased demand for veterinary services in the UK, it has directly impacted the professionals in the field. Participants reported feeling less time-bound and more stretched, leading to dissatisfaction with their ability to perform their duties as they had initially envisioned when entering the profession. One participant even resorted to a locum contract for the flexibility to leave, when necessary, a reflection of the profession's low job retention rates. Additionally, corporate practice environments impose further stress due to quotas and clear divisions between veterinarians and upper management, as evidenced by recent CMA investigations. These factors contribute to the broader challenges faced by the veterinary profession in the current economic and social climate.

Implications for Clinical Practice

One implication for clinical practice is the need for improved access to mental health resources to address high suicide rates among veterinarians. Training staff on mental health and launching industry-led public campaigns can raise awareness about unethical animal practices and veterinarian well-being. Connecting with the human healthcare sector can improve access to services and leverage established workplace well-being practices. For example, implementing an Employee Assistance Programme (EAP) which can offer free, confidential support for personal and work-related issues. Mentorship programmes can also enhance job satisfaction and reduce feelings of inadequacy or isolation. Likewise, employing mentorship programmes where experienced veterinarians guide and support newer colleagues could enhance job satisfaction and reduce feelings of inadequacy or isolation.

Systemic and organisational changes are essential to improve the working culture in UK veterinary practices. Setting routine working hours can ensure adequate rest and recuperation, reducing fatigue and improving job satisfaction. Regular debriefing sessions and mandatory breaks after challenging cases, such as delivering euthanasia, can provide emotional support and reduce feelings of psychological stress.

The profession's high suicide rates are linked to constant exposure to death and difficulty discussing it openly, creating a significant mental health burden. The reality is that professionals are not merely trying to cope with their work but are struggling to stay alive, with many participants talking about “surviving” rather than thriving. In summary, these points reflect the profound emotional and ethical challenges, where death is a frequent part of their work.

Strengths and Limitations, and Future Research

RTA allowed participants to expand on their experiences in depth and explore how they made sense of them but also considered the group-level reflections on moral challenges in the

workplace and their impact on mental health and well-being. This is a strength of the study which may provide useful insight into an industry beset by significant problems with mental health, adding a voice to a scarce field of literature. However, a limitation of the chosen design and methodology meant that no population generalisations were made that might be needed to convince organisations (practices and universities) to do things differently and to inform psychologically informed evidence-based models applicable to veterinarians, moral injury and how it connects to wellbeing.

A significant strength of this study is the use of online interviews, which allowed for the inclusion of participants from across the UK. Additionally, recruiting participants via social media might have provided reassurance regarding confidentiality concerns.

One limitation is that participants volunteered for the study if they had spare time outside of working hours, with some interviews conducted late in the evening. This self-selection might indicate a particular interest in morally challenging events among the participants, potentially limiting the transferability of the findings. Future studies should consider this factor to ensure a more comprehensive understanding of the broader veterinary community.

A notable limitation is the lack of diversity within the sample. Although the UK veterinary industry is predominantly white, eight participants identified as White British or white other. Future research should aim to include veterinarians from more diverse backgrounds. This inclusion is essential to understand the experiences of veterinarians from the global majority, who may have different perspectives that were not currently reflected in this research. Participants had an average of 6.4 years of qualified experience, which represented early to mid-career stages. This raises the possibility that the findings reflect a survival rather than thriving mentality, with a younger population. Future research should aim for a more representative sample that includes older and more senior veterinarians to compare their experiences.

Conclusion

This study highlights the mental health crisis in the veterinary industry, showing a diverse set of coping strategies, the impact of traumatic events, difficult owner interactions, and a lack of training and support when dealing with ethical dilemmas and mental health challenges. It suggests the need for the industry to change and warrants further psychologically informed research.

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Part Three: Appendices

Appendix A. Author Guidelines for the British Journal of Clinical Psychology

1. SUBMISSION

Authors should kindly note that submission implies that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium.

New submissions should be made via the [Research Exchange submission portal](#). You may check the status of your submission at any time by logging on to submission.wiley.com and clicking the "My Submissions" button. For technical help with the submission system, please review our [FAQs](#) or contact submissionhelp@wiley.com.

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This journal will consider for review articles previously available as preprints. Authors may also post the submitted version of a manuscript to a preprint server at any time. Authors are requested to update any pre-publication versions with a link to the final published article.

2. AIMS AND SCOPE

The *British Journal of Clinical Psychology* publishes original research, both empirical and theoretical, on all aspects of clinical psychology:

- clinical and abnormal psychology featuring descriptive or experimental studies
- aetiology, assessment and treatment of the whole range of psychological disorders irrespective of age group and setting
- biological influences on individual behaviour
- studies of psychological interventions and treatment on individuals, dyads, families and groups

For specific submission requirements, [read](#) the Author Guidelines.

The Journal is catholic with respect to the range of theories and methods used to answer substantive scientific problems. Studies of samples with no current psychological disorder will only be considered if they have a direct bearing on clinical theory or practice.

The following types of paper are invited:

- papers reporting original empirical investigations;
- theoretical papers, provided that these are sufficiently related to empirical data;
- review articles, which need not be exhaustive, but which should give an interpretation of the state of research in a given field and, where appropriate, identify its clinical implications;
- Brief Reports and Comments.

3. MANUSCRIPT CATEGORIES AND REQUIREMENTS

Papers describing quantitative research should be no more than 5000 words (excluding the abstract, reference list, tables and figures). Papers describing qualitative research (including reviews with qualitative analyses) should be no more than 6000 words (including quotes, whether in the text or in tables, but excluding the abstract, tables, figures and references). Brief reports should not exceed 2000 words and should have no more than one table or figure. Any papers that are over this word limit will be returned to the authors. Appendices are included in the word limit; however online appendices are not included.

In exceptional cases the Editor retains discretion to publish papers beyond this length where the clear and concise expression of the scientific content requires greater length (e.g., explanation of a new theory or a substantially new method). Authors must contact the Editor prior to submission in such a case.

Refer to the separate guidelines for [Registered Reports](#).

All systematic reviews must be pre-registered and an anonymous link to the pre-registration must be provided in the main document, so that it is available to reviewers. Systematic reviews without pre-registration details will be returned to the authors at submission.

4. PREPARING THE SUBMISSION

Free Format Submission

British Journal of Clinical Psychology now offers free format submission for a simplified and streamlined submission process.

Before you submit, you will need:

- Your manuscript: this can be a single file including text, figures, and tables, or separate files – whichever you prefer (If you do submit separate files, we encourage you to also include your figures within the main document to make it easier for editors and reviewers to read your manuscript, but this is not compulsory). All required sections should be contained in your manuscript, including abstract, introduction, methods, results, and conclusions. Figures and tables should have legends. References may be submitted in any style or format, as long as it is consistent throughout the manuscript. If the manuscript, figures or tables are difficult for you to read, they will also be difficult for the editors and reviewers. If your manuscript is difficult to read, the editorial office may send it back to you for revision.
- The title page of the manuscript, including a data availability statement and your co-author details with affiliations. (*Why is this important? We need to keep all co-authors informed of the outcome of the peer review process.*) You may like to use [this template](#) for your title page.

Important: the journal operates a double-anonymous peer review policy. Anonymise your manuscript and prepare a separate title page containing author details. (*Why is this important? We need to uphold rigorous ethical standards for the research we consider for publication.*)

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To submit, login at <https://wiley.atyponrex.com/journal/BJC> and create a new submission. Follow the submission steps as required and submit the manuscript.

If you are invited to revise your manuscript after peer review, the journal will also request the revised manuscript to be formatted according to journal requirements as described below.

–

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- ii. A short running title of less than 40 characters;
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- iv. The author's institutional affiliations where the work was conducted, with a footnote for the author's present address if different from where the work was conducted;
- v. Abstract;
- vi. Keywords
- vii. Data availability statement (see [Data Sharing and Data Accessibility Policy](#));
- viii. Acknowledgments.

Author Contributions

For all articles, the journal mandates the CRediT (Contribution Roles Taxonomy)—more information is available on our [Author Services](#) site.

Abstract

Please provide a structured abstract under the headings: Objectives, Methods, Results, Conclusions. For Articles, the abstract should not exceed 250 words. For Brief Reports, abstracts should not exceed 120 words.

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Keywords

Provide appropriate keywords.

Acknowledgments

Contributions from anyone who does not meet the criteria for authorship should be listed, with permission from the contributor, in an Acknowledgments section. Financial and material support should also be mentioned. Thanks to anonymous reviewers are not appropriate.

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As papers are double-anonymous peer reviewed, the main text file should not include any information that might identify the authors.

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- The LaTeX source code files (text, figure captions, and tables, preferably in a single file), BibTeX files (if used), any associated packages/files along with all other files needed for compiling without any errors. This is particularly important if authors have used any LaTeX style or class files, bibliography files (.bbl, .bst, .blg) or packages apart from those used in the NJD LaTeX Template class file.
- Electronic graphics files for the illustrations in Encapsulated PostScript (EPS), PDF or TIFF format. Authors are requested not to create figures using LaTeX codes.

Your main document file should include:

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- Abstract structured (objectives/methods/results/conclusions);
- Up to seven keywords;
- Practitioner Points: Authors will need to provide no more than 2-4 bullet points, written with the practitioner in mind, that summarize the key messages of their paper to be published with their article;
- Main body: formatted as introduction, materials & methods, results, discussion, conclusion;
- References;
- Tables (each table complete with title and footnotes);
- Figure legends: Legends should be supplied as a complete list in the text. Figures should be uploaded as separate files (see below).

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References

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Tables

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Basic figure requirements for figures submitted with manuscripts for initial peer review, as well as the more detailed post-acceptance figure requirements.

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- **Units of measurement:** Measurements should be given in SI or SI-derived units. Visit the [Bureau International des Poids et Mesures \(BIPM\) website](#) for more information about SI units.
- **Effect size:** In normal circumstances, effect size should be incorporated.
- **Numbers:** numbers under 10 are spelt out, except for: measurements with a unit (8mmol/l); age (6 weeks old), or lists with other numbers (11 dogs, 9 cats, 4 gerbils).

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All papers need to be supported by a data archiving statement and the data set must be cited in the Methods section. The paper must include a link to the repository in order that the statement can be published.

It is not necessary to make data publicly available at the point of submission, but an active link must be included in the final accepted manuscript. For authors who have pre-registered studies, please use the Registered Report link in the Author Guidelines.

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Accepted and Published

8. POST PUBLICATION

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Appendix B. Mixed Methods Appraisal Tool (MMAT) Version 2018

Part I: Mixed Methods Appraisal Tool (MMAT), version 2018

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	<i>Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
3. Quantitative non- randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Appendix C. Recruitment Poster for Advertisement





UNIVERSITY OF HULL

PARTICIPANTS NEEDED

Are you a UK-based **veterinarian** and have been **working for at least 1 year** in qualified practice?

If so, I would like to hear about if you have experienced **morally challenging events** at work that you have found **distressing**



I'm **Aneeka** and I am conducting research as part of my **Doctorate in Clinical Psychology**

If you are interested, you will be invited to attend an **interview** (in person **OR** online) that will take roughly **45-60 minutes**

If you would like to take part or want further information, feel free to contact via:
EMAIL: a.attwal-2018@hull.ac.uk
TWITTER: aneekaclinpsyd

Appendix D. Demographic Questionnaire

Title of study: What are the experiences of morally challenging events in veterinarians?

Name of Researcher: Aneeka Attwal

These questions will be asked at the beginning of the interview with the participant.

1. What is your age in years?

2. How would you describe your ethnicity?

What is your ethnicity? Tick one box or write below

White

English, Welsh, Scottish, Northern Irish ☐

Irish ☐

Mixed or multiple ethnic groups

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Chinese ☐

Black, black British, Caribbean or African

Caribbean ☐

African background – write below

Other ethnic group – write below

3. To which gender do you most identify? Tick one box

Male

Female

Non-binary

Transgender Male

Transgender Female

Intersex

I prefer not to say

4. What is the title of your job role currently?

5. How long have you been a practising veterinarian?

Thank you for completing this questionnaire.

Please return the completed questionnaire via the email below:

a.attwal-2018@hull.ac.uk

Appendix E. Participant Pseudonyms and Demographic Information

Pseudonym	Age	Ethnicity	Gender	Current Job Title	How long they have been a practising veterinarian for?
Ash	28	Female	White British	Veterinary Surgeon	2 years
Boris	40	Male	Mixed White British and Other	Lecturer	16 years
Christine	28	Female	White British	Veterinary Surgeon	4 years
Craig	27	Male	White British	Veterinary Surgeon	4 years
Felix	29	Male	Mixed White British and Asian	Veterinary Surgeon	3 years

Joanna	32	Female	White – Other	Veterinary Surgeon	7 years
Katie	38	Female	White – Other	Veterinary Surgeon	12 years
Oliver	31	Male	White British	Lecturer	9 years
Sam	35	Female	White British	Veterinary Surgeon	6 years
Sophia	25	Female	White – Other	Veterinary Surgeon	1 year

Appendix F. Participant Information Sheet

Participant Information Sheet – Version 1.4 22.11.2023



Title of study: What are the experiences of morally challenging events in veterinarians?

We would like to invite you to participate in a research project which investigates the experiences of morally challenging events in veterinarians. We are interested if you have experienced morally challenging events that have caused you to feel distress or impact your well-being in the workplace.

This study is a research project forming part of my Doctorate in Clinical Psychology. The sponsor for this research is the University of Hull.

Before you decide whether you want to take part, you need to understand why the research is being conducted and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information by sending an email to a.attwal-2018@hull.ac.uk.

What is the purpose of the study?

The purpose of the study is to investigate the experiences of morally challenging events in veterinarians. Morally challenging events are events that violate one's deeply held moral values or beliefs, and that have the potential to create significant inner conflict and psychological distress. There has been a huge rise in poor mental health for veterinarians alongside increasing suicide rates, there is a need to learn more about the factors that contribute to this. Moral distress has been seen as a factor in poorer mental health in human healthcare professionals and there are only two studies yet exploring this in the veterinary industry.

The study aims to understand how the experiences of morally challenging events affect well-being at work. For example, what are the moral stressors and challenges veterinarians face how that may affect their well-being and what are the psychological consequences of morally challenging events?

Why have I been invited to take part?

You are being invited to participate in this study because you have expressed an interest in participating.

You are eligible to participate in this study if:

- You can read, speak and understand the English language fluently.
- You have been a qualified veterinarian for at least one year in the United Kingdom.
- You want to have an in-person interview either at the University of Hull library in a private room or an in-person interview in an undisturbed private office, in an accessible veterinarian practice in the East Riding of Yorkshire region, that you have access to. Or, have a preference to use the internet and/or a laptop for an online interview.
- If you have experienced morally challenging events at work that you have found distressing.

What will happen if I take part?

If you choose to take part in the study, you will be asked to read through a consent form, sign and return it

You can agree on a mutually convenient date and time with the researcher to take part in an interview about your experiences of the above. You can meet online using Microsoft Teams, but face-to-face appointments could be arranged at the University of Hull library if preferred. The researcher is willing to travel to publicly accessible veterinarian practices within the East Riding if preferred for those working locally. In-person interviews would need to be within office hours when these places are accessible to the public, but remote video calls can be arranged outside of office hours as is most suitable for the participant. Interviews will be audio-recorded to transcribe the data. This will be detailed in the consent form. All interviews must be in a quiet location with privacy. You will be required to give verbal consent to participate in the study before the interview commences which will be audio recorded.

You will be invited to attend the interview on the date and time you agreed on with the researcher. A demographic questionnaire will be given to you at the start of the interview. The questionnaire includes your age, ethnicity, gender, title of job role and how long you have been a practising veterinarian. The interview will last approximately 45-60 minutes and it will focus on your experiences of morally challenging events in the workplace.

You can withdraw from the study at any point during the interview. You will be reminded of your right to withdraw your data up to two weeks after the completion of the interview. After two weeks, your data will have been anonymised, therefore it cannot be identified and extracted from the data set.

You will be allowed to ask any questions about the research, both before and upon completion of the interview, and you will be provided with a debrief sheet, which will have sources of support. You will be asked if you would like to receive the findings of the study once it is written up and has passed the university requirement.

Do I have to take part?

Participation is voluntary. Once you have read the information sheet, please contact me if you have any questions. If you decide to take part, I will ask you to give written consent via email first, then reiterate consent verbally which will be audio recorded. You will be unable to participate in the study until you have consented. If you would like a paper copy of the consent form, feel free to ask.

You will be able to withdraw from the study, without providing a reason, up to two weeks after the interview, when your data will be anonymised and added to the data set. Therefore, you will be unable to withdraw from the research after this point, as your data cannot be identified and extracted from the wider data set.

What are the possible risks of taking part?

The interview questions may evoke distress. Whilst you will be asked about your experiences, you do not need to share any more information than you are comfortable sharing. If you feel distressed during the interview, the interview will be paused and can be stopped altogether, if you wish. You have the right to withdraw at any point during the study, up until data analysis that will commence 2 weeks after the interview, without providing a reason. At the end of the interview, you will receive a debrief sheet that includes contact details of support services, should you need it.

What are the possible benefits of taking part?

Some people may find talking through difficult past work experiences cathartic, although we cannot guarantee this will happen for you. Unfortunately, we are unable to offer any direct/physical tangible benefits of taking part in this study. Your participation will help us understand the experiences of moral distress and injury in veterinarians and its potential influence on mental health and well-being, which may ultimately lead to better understanding and support for veterinarians in the future.

How will we use information about you?

We will need to use information provided by you for this research project as part of a Doctorate in Clinical Psychology.

We will seek to collect personal demographic information (i.e. name, contact details, age, ethnicity, gender, title of job role and how long you have been a practising veterinarian) to enable the lead researcher to answer any questions you may have, check your eligibility to participate in the research, and contextualise the data. You will be asked to complete an online questionnaire that will take 2-5 minutes to complete, or the researcher can ask these questions at the start of the interview if preferred.

Interviews will be transcribed, and the original recordings will be deleted. Transcriptions will all be anonymised. All data will be stored on the lead researchers' password-protected encrypted NHS laptop. All personal information will be destroyed on completion of the study and anonymised transcripts will be stored securely at the University of Hull. The researcher will be the custodian of people's personal information and it will be deleted as soon as the study is completed. Transcripts and summarised demographics will be stored anonymously for 10 years by your primary research supervisor at the University.

Personal data such as email or telephone number is used for making contact to arrange participation in the research and demographic data regarding age, ethnicity, gender, title of job role and how long you have been a practising veterinarian to ensure you meet the inclusion criteria. Demographic data such as age, gender, title of job role, and how long you have been a practising veterinarian will be presented as summary data.

If you disclose harm to yourself, to others or from others, the researcher will share this with their supervisor and if this risk is deemed to be severe, the relevant agencies may need to be involved. In the unlikely case, confidentiality needs to be broken, the researcher will inform you before any action is taken unless doing so would put you or anyone else at greater risk. You would be made aware when this is happening, what information would be shared and who it would be shared with. Safeguarding policies like NHS England Safeguarding will be followed if a safeguarding concern is identified. If there are concerns about risk or poor practice in the interview, the researcher has been advised to either tell their research supervisor or advise that the interviewee must discuss with their supervisor.

Pseudonyms will be used throughout the study instead of your real name to ensure anonymity in the transcripts. You will have the opportunity to select your pseudonym, if you do not wish to choose, the researcher will choose one for you at random.

The information you provide during the interviews will be used within the research and you may be quoted within the report. However, any identifiable information will be removed, and you will remain anonymous. The anonymised data may be used to support future research and may be shared anonymously with other researchers.

Your data will be processed by the UK-GDPR and the Data Protection Act 2018. You can provide your consent for the use of your data in this study by completing the consent form that has been provided to you. Information about how the University of Hull processes your data can be found at <https://www.hull.ac.uk/choose-hull/university-and-region/key-documents/data-protection.aspx>

You have the right to access information held about you in accordance with the General Data Protection Regulation. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments, and requests about your personal data can also be sent to the University of Hull Information Compliance Manager (dataprotection@hull.ac.uk). If you wish to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk.

The recorded interviews will be stored on a secure laptop that only the lead researcher, Aneeka Attwal, will have access to. Once these interviews have been typed up and all identifying details such as names and places have been removed, the original recording will be deleted, and the written version will only be linked to the pseudonym. This is in case you wish to have your data withdrawn from the study before data analysis (two weeks after the interview) whereby all the interview data will be merged and analysed as a whole data set.

What are your choices about how your information is used?

You are free to withdraw at any point of the study, until two weeks after the interview takes place. If you want to withdraw within this time, you do not need to say why. After this time your anonymised data will have been embedded within the wider data set and will not be able to be removed.

Where can you find out more about how your information is used?

You can find out more about how we use your information:

- By asking the researcher and their wider team

- By contacting the University of Hull Data Protection Officer by emailing dataprotection@hull.ac.uk or by calling 01482 466594 or by writing to the Data Protection Officer at University of Hull, Cottingham Road, Hull, HU6 7RX
- By reviewing the University of Hull Research Participant privacy notice: <https://www.hull.ac.uk/choose-hull/university-and-region/key-documents/docs/quality/research-participant-privacy-notice.pdf>

Data Protection Statement

The data controller for this project will be the University of Hull. The University will process your data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest'

If you are not happy with the sponsor's response or believe the sponsor processing your data in a way that is not right or lawful, you can complain to the Information Commissioner's Office (ICO) (www.ico.org.uk or 0303 123 1113).

What will happen to the results of the study?

The results of the study will be summarised in a written thesis that will contribute to a Doctorate in Clinical Psychology. The research will be made available online through the University of Hull's repository website located at <https://hull-repository.worktribe.com/outputs?page=1&Type=Thesis>

The research may also be published in academic journals or presented at conferences.

Who has reviewed this study?

Research studies are reviewed by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given a favourable opinion by the Faculty of Health Sciences Ethics Committee at the University of Hull.

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Aneeka Attwal

Email: a.attwal-2018@hull.ac.uk

What if I have further questions, or if something goes wrong?

If you wish to make a complaint about the conduct of the study, you can contact the University of Hull using the details below for further advice and information:

Dr Jo Beckett

Aire Building – Room 130

The University of Hull

Cottingham Road

Hull

HU6 7RX

Tel: 01482 463568

Email: jo.beckett@hull.ac.uk

Sources of support

- Samaritans UK Helpline <https://www.samaritans.org/how-we-can-help/contact-samaritan/>

- MIND <https://www.mind.org.uk/information-support/helplines/>
- Vet life <https://www.vetlife.org.uk/how-we-can-help/>
- Wellvet <https://www.wellvet.co.uk/about/>
- NHS Mental Health Advice <https://www.nhs.uk/mental-health/>
- Your own Occupational Health Department or GP

Thank you for reading this information sheet and for considering taking part in this research.



Appendix G. Consent Form

Version number and date: Version 1.4 22.11.2023

CONSENT FORM

Title of study: **What are the experiences of morally challenging events in veterinarians?**

Name of Researcher: Aneeka Attwal

Name of Supervisor(s): Dr Jo Beckett

Please initial

box

1. I confirm that I have read the information sheet dated 22.11.2023 version 1.4 for the above study. I have had the opportunity to consider the information, ask questions and have had any questions answered satisfactorily.

☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason during the interview. I understand that I can withdraw my data for up to two weeks after the interview, but after this time, my data will be made anonymous and cannot be extracted from the data set.

☐

3. I understand that the research interview will be audio recorded and that my anonymised verbatim quotes may be used in research reports, conference presentations and other publications.

☐

4. I understand that the research data, which will be anonymised (not linked to me), will be retained by the researchers and may be shared with others and publicly disseminated to support other research in the future.

☐

5. I understand that my personal data will be kept securely in accordance with data protection guidelines and will only be available to the immediate research team.

☐

6. If there are concerns about risk or poor practice in the interview, the researcher has been advised to tell their research supervisor or advise that the interviewee has to discuss with their supervisor. This would in turn lead the researcher to take action and breach confidentiality

☐

7.I agree to take part in the above study.

☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking consent	Date	Signature

Appendix H. Interview Schedule with Prompts

Interview Schedule – V1.4 – 22/11/2023

Title of study: What are the experiences of morally challenging events in veterinarians?

Name of Researcher: Aneeka Attwal

Thank you for agreeing to take part in this study. I am interested in hearing about your experiences of morally challenging events in the workplace and how this has affected your well-being. Morally challenging events are events that violate one's deeply held moral values or beliefs, and that have the potential to create significant inner conflict and psychological distress. There has been a huge rise in poor mental health for veterinarians alongside increasing suicide rates, there is a need to learn more about the factors that contribute to this. Moral distress has been seen as a factor in poorer mental health in human healthcare professionals and there are only two studies yet exploring this in the veterinary industry

I am going to ask you questions about your experiences and how that may have influenced your wellbeing. Please feel free to share anything else that feels important to you in relation to this topic.

Before we start, do you have any questions?

1) At work, have you ever experienced an event(s) that challenged your belief of who you are, of the world we live in, or your sense of right and wrong?

Prompt: Can you tell me more about that? What was that like for you? What did you do?

2) If there have been multiple events, which experience did you find the most distressing and why?

Prompt: Can you describe this experience? What happened? What were your reactions at the time?

3) How often do you think and feel about these events/experiences currently?

Prompt: When you think about it, what sort of thoughts do you have? Are there any thoughts or feelings you have found difficult to cope with?

4) Can you tell me whether you feel your experiences of morally challenging events at work have influenced your well-being?

Prompt: Have these experiences altered how you feel about work / or when at work? If so, how/why? Can you give me an example?

5) Sometimes some individuals experience events that go against their moral or ethical beliefs which can cause distress. Are there any factors that might make some veterinarians more likely to feel distress after these sorts of experiences at work?

Prompt: Can you give me a personal example? Did anything make it harder to cope with the impact of these morally injurious events?

6) Are there any factors that might make someone less likely to be affected?

Prompt: Can you give me a personal example? Did anything help you cope with the impact of these morally injurious events?

7) Is there anything else you would like to tell me about your experience of morally challenging events in the workplace, that you would like to tell me about?

Prompt: Can you give me an example? Can you tell me more about that? What was that like for you? What did you think/feel about that?

Appendix I. Debrief Sheet with Sources of Support



Debrief form V.1.4 22/11/23

Title of study: What are the experiences of morally challenging events in Veterinarians?

Name of researcher: Aneeka Attwal

Thank you for taking part in the present study. Your contributions will help us understand the experiences of moral distress and injury in veterinarians and its potential influence on mental health and wellbeing, which may ultimately lead to better understanding and support for veterinarians in the future.

As a reminder, all the information in this study will remain anonymised. Your data will not be linked back to you. Note that you are still able to withdraw your data from the research if you wish to do so. However, you can only withdraw your data from the research up to the point of data analysis. After this point, your data will have been anonymised and committed to the report.

Sources of support

Should you require any support after taking part in this research, please find below possible contacts for support.

- **Samaritans UK Helpline (24/7)**

Provides free support to anyone who is in emotional distress or struggling to cope

Website: <https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Contact number: 116 123

- **MIND:**

Offers signposting and information

Website: <https://www.mind.org.uk/information-support/helplines/>

Email: info@mind.org.uk

Infoline: 0300 123 3393

- **Vet Life:**

Offers emotional support to everyone in the veterinary community 24 hours a day and 7 days a week

<https://www.vetlife.org.uk/how-we-can-help/>

- **Wellvet:**

Aims to improve the wellbeing of veterinary professionals and teams

<https://www.wellvet.co.uk/about/>

- **NHS Mental Health:**

Providing urgent help and NHS talking therapies

<https://www.nhs.uk/mental-health/>

- Your own Occupational Health Department at your workplace
- Your own General Practitioner

If you would like any further information or have any questions/queries' please contact the researcher via email

Email: a.attwal-2018 @hull.ac.uk

Aneeka Attwal

Appendix J. Worked Example of Braun and Clarke's Reflexive Thematic Analysis

Transcript	Initial Code Generation and Theme Generation
<p>Participant: There are challenging cases, but and yes, from time to time you know they they do get to you and it's kind of like what's right. What's wrong? Umm, but they are not the majority. So for me, like, what was what's affecting me morally is like, well, it's more like how how you manage the owners. There are so many options these days and you can go from like a very basic medicine to having MRI's and CT's and all this stuff. And then people are coming like with uh. People are coming with certain expectations, but then sometimes the expectations doesn't match what they like. The money they've got and now we all we have all these kind of things and they can't afford it and they are feeling guilty. And then they blame you. And it's just like. Yeah. What's right or wrong? Because I I'd rather want everyone to see, you know, animals as animals and not people. Because if you look at the world, it's, I don't know. It's just I. I'm going on a rant.</p>	<p>Code: Veterinarians found managing owners morally challenging</p> <p>Theme: Relationships with owners and managing their beliefs and expectations.</p> <p>Code: Dealing with owners' perceptions</p> <p>Theme: Relationships with owners and managing their beliefs and expectations.</p> <p>Code: Feeling blamed by owners</p> <p>Code: Feeling frustrated with owners</p> <p>Code: Biases about owners and people in regard to looking after animals</p> <p>Theme: Relationships with owners and managing their beliefs and expectations.</p>
<p>Researcher: That's okay</p>	
<p>Participant: You'll have to stop me at some point, but it's just like it's just people here are so entitled and it's just like, well, someone has to take care of that dog. You know, we haven't got dogs in the street. Well, yeah. But who then? You take the care.</p>	<p>Code: Owners not having insurance</p> <p>Code: Making difficult decisions</p> <p>Theme: Risk to Self (emotional)</p>

Researcher: Hmm

Participant No, I can't because these, but someone has to and it's this kind of attitude even towards us, like, well, you have to help me or those nice people when they come and they're like, I haven't got insurance, but I just want the best for him. And and they are attached and then it's like, well, do you make them feel guilty and tell them the whole thing or do you just kind of turn the conversation towards what they can do and not giving them the you know other options because because it's yeah, it's all these kind of decisions because it's not that simple like just telling them everything what they can do. Umm, some people cannot. Even some people like to understand everything, but some people cannot comprehend these things.

Code: Feeling blamed by owners

Theme: Relationships with owners and managing their beliefs and expectations.

Code: Veterinarians feeling like they can't fix all animals

Theme: Organisational and systemic factors at work

Code: Owner's perceptions of veterinarians

Researcher: Yeah

Participant : So you have to make choices for them and then was right or wrong and yeah, so.

Researcher: Do you mean animal owners?

Participant : Yes, yes

Researcher: How do you feel if maybe your views are different to the views of the owner?

Participant Well it depends, It depends. I don't push them into anything but....It's not great.um.For me, mostly to be honest, the challenging owners are those who just want this magic pill and everything sorted and those who are.Well, I was gonna say.Umm.

And those who blame you that you were just
after money?

Appendix K. Epistemological Statement

This statement discusses assumptions that might have shaped the course of the research and outlines the researcher's ontological and epistemological stances.

Epistemology not only encompasses an individual's relationship with their study but also includes the nature, extent and constraints of knowledge, thus aiding in anchoring personal reflections (Berger, 2013) Ontology delves into the exploration of "being" and revolves around inquiries into "what is," for instance what can be comprehended about the world (Crotty, 1998). It is important to learn about personal epistemology and ontology as it is a process that can be fostered through reflexivity and peer learning. Lazard and McAvoy (2017) define reflexivity as a type of critical thinking that seeks to clarify circumstances that influence how the research is conducted and, in turn, the knowledge that is generated.

This research took a constructionist epistemological stance and a critical realist ontology. The primary researcher is a British/Asian female from the West Midlands, a Trainee Clinical Psychologist and takes the position that as a researcher she should allow herself to acknowledge how her own identity and discourses affect the knowledge they create about the world. The fundamental proposition of the constructionist perspective asserts that reality is shaped socially through the interactions among individuals who experience it (Gergen, 1999). Scrutiny has occurred throughout the entire research process by talking with peers and engaging in supervision which offers the chance to investigate ideas that may not have been considered in isolation.

During the design of the empirical paper, the researcher opted to explore experiences of morally challenging events in veterinarians. The researcher's constructionist epistemological viewpoint guided the selection of a qualitative approach. The primary focus of this research was to gain a deeper comprehension of each participant's experiences with morally challenging events, rather than aiming to unveil a singular truth. A constructionist approach examines how individuals perceive the world they inhabit (Gergen, 1985). The researcher selected reflexive thematic analysis as a method to analyse the data gathered relating to veterinarians' experiences (Braun & Clarke, 2013). Braun and Clarke's reflexive thematic analysis allows the researcher to immerse themselves in the data. Using latent coding fits in with a constructionist epistemology and allows researchers to shift away from the explicit and readily apparent codes within the data. However, analysis needs to interpret the data and make sense to the reader. During the interviews, discussing interpretation was very important and having a shared meaning of terminology with participants.

The researcher's epistemological and ontological position also informed the direction of the systematic literature review. A critical realist ontology posits that all observations are prone to errors and that all theories are subject to revision (Trochin, 2024). As the systematic literature review includes qualitative and mixed methods papers, a critical realist position is a more pragmatic approach because it can allow researchers to use different methodologies to maximise the likelihood of answering the research question (Johnson & Onwuegbuzie, 2004). The researcher holds the duty to participate in a reflexive process regarding the research (Finlay, 2002). The primary researcher had limited previous insight into what it is like to work in the veterinary industry, however, had discussions at the start of the design process with a temporary field supervisor. Engaging in reflective writing and supervision was crucial for acknowledging the outsider perspective introduced to the research. This was vital for evaluating both the approach to data collection and data analysis. The researcher's capacity to reflect on their position within the research, shaped by

their assumptions from prior experiences, enhances the quality of psychological research. The quality of psychological research is enhanced when researchers reflect on their position within the research, which is shaped by their assumptions derived from previous experiences. Furthermore, the primary researcher has knowledge working with individuals who experience poor mental health and well-being, gained through their training as a trainee clinical psychologist.

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Appendix L. Reflective Statement

Development of Ideas and the Research Question

In the early stages when I thought about research ideas for my thesis, I was always drawn to individuals who are often “forgotten about” in society and those who are less likely to access services due to certain barriers. This was one of the reasons why I wanted to become a clinical psychologist, especially as a British/Asian female in a White-dominated industry. I felt a lot of pressure early on to choose a topic that was “perfect”, however upon reflection, there is no such thing as a perfect topic, but a topic that you feel passionate about.

At the research fair, I was intrigued by the topic proposed by Dr Jo Beckett regarding the mental health of veterinarians. The veterinary profession, often lauded for its compassion and dedication to the well-being of animals, harbours a profoundly unsettling and lesser-known problem: an alarmingly acute suicide crisis among practitioners. I was shocked when I discovered this, but also sad as I had never heard of these statistics before, especially for someone who works in mental health. The reality of being a veterinarian is far from the perception of “working with animals all day”, they are dealing with life and death daily, with heightened emotions and often having to deal with distressed human owners. During my time on the doctorate, I have felt supported by peers, supervisors and on my various placements, however, the support offered to veterinarians is vastly different.

In recent years there has been rising literature on the mental health of veterinarians, however in terms of moral distress and injury, most of the literature is on human healthcare professionals. By expanding on the limited research, this study aimed to contribute to the understanding of morally challenging events in the workplace and what the experiences are of clinicians in the veterinary

industry suffering from poor mental health accessing interventions. By using supervision, and a research diary, I was able to manage the emotional toll of listening to participants' stories whilst also processing my thoughts.

Conducting the Empirical Research

Ethics Process

The process of applying for and receiving ethical approval from the Faculty of Health Sciences Research Ethics Committee was relatively smooth as I did not have to apply for NHS Ethical Approval due to the population being veterinarians.

Recruitment

I found recruitment one of the hardest parts of the empirical research journey. I was so happy when I got Ethical Approval and was ready to get stuck in. However, it felt that veterinarians were interested but would not follow up to participate in an interview, which I found frustrating. It was an especially slow process and Dr Jo Beckett advised me to keep on pushing with recruitment. I felt uncomfortable "nagging" because I tend to avoid doing things when it starts to get difficult. Ideally, I wanted people to come to me after seeing the advert to make my life easier. I learnt the hard way, that you must be super proactive and really push in every moment you have spare. I discovered I can be persistent and in turn, received a lot more interest. I would highly recommend to researchers who are conducting similar studies, to start networking early in the veterinary industry. Naively, I thought more people would be interested in taking part.

I received approval in November 2023, and I knew that during Christmas and New Year, my recruitment would be slow. Recruitment consumed my mind constantly, and I was panicking about having to go back to the Ethics Committee and try and change up the way I was recruiting, such as offering an incentive. However, through exhausting new avenues every day, I managed to get ten participants. What I learnt about myself regarding research, is that I get very caught up on the negatives and what's not working as well, or what's stopping me from getting onto the next stage, however, there is always something to do; for instance, starting to write this statement, transcribing, formatting. Essentially, with research there is always something that needs doing, so getting that done whilst waiting for recruitment to pick up, was the biggest saviour.

I was very aware that veterinarians are extremely busy and work unsociable hours, therefore I had to be as flexible as possible to suit their needs, even if that meant interviewing in the late evening. I thought about why veterinarians didn't want to participate in my study, and previous literature states that it could be factors such as stigma, barriers to asking for help and confidentiality (Nett et al., 2015). During my interviews, I was asked by numerous veterinarians if their data would be anonymised despite already stating this in the information sheet and verbally at the start. To relieve participants' concerns, I reassured the participants gently and warmly and reminded them at the end of the interview too. In my personal and professional life, I always try to be as warm as possible and hope people can come to me and feel reassured.

Data Collection/Interviews

Reflecting on my first interview, I remember feeling quite nervous and somewhat intimidated. I have always regarded veterinarians as highly intelligent individuals, having dedicated many years of rigorous study to reach their professional standing. This admiration added to my initial anxiety. As I conducted more interviews, it became increasingly challenging to listen to the

participants' experiences. Many of them shared similar hardships and stressful events, which was deeply saddening. To manage these emotional responses, I always ensured I had a plan for reflection and decompression after each session. During the session, I would write down key information and feelings. All my interviews were held online, and while I would have preferred in-person interactions to better build a rapport, I found that remote interviews did not diminish the quality of my research. Using Microsoft Teams proved beneficial for increasing accessibility, and I would consider using it again for future studies due to its accessibility. Throughout these interviews, I gained invaluable insights and developed a profound appreciation for qualitative research. This experience highlighted the significance of understanding and valuing the narratives and emotions shared by participants.

In terms of how I engaged in reflexivity during the process, I always maintained a position of curiosity. I did struggle in terms of wanting to act like a trainee clinical psychologist rather than a researcher, as I felt pulled in by their experiences and wanted to explore their feelings further. Therefore, I had to make sure I was sticking to the interview schedule to aid in answering the research question.

Almost every participant stated how grateful they were that I was conducting this research which made me feel like I was doing something that should hopefully make a difference. In terms of what I did well, I think that showing compassion and letting the participants be heard, enhanced the richness of this project.

Data Analysis

Having predominantly completed quantitative studies in the past, I found it daunting to embark on my largest research project to date using qualitative methods and analysis. I can't believe I'm typing

this, but I genuinely enjoyed the entire Reflexive Thematic Analysis (RTA) process. It was a combination of being so excited (but also relieved) that I finally could start coding. I was overwhelmed by the novelty of the approach, but the excitement of starting to code soon took over. The themes felt almost organic, especially with the guidance and supervision I received. It was incredibly satisfying to see how everything connected and to experience the joy of my research question and aims to come to life. Engaging in active reflexivity was crucial throughout this process. I realised how easy it was for me to project my interpretations onto the participants' words. This awareness prompted me to constantly check and re-evaluate my biases, which was both challenging and enlightening. The struggle to substantiate my interpretations with concrete evidence was a significant learning curve. Ideally, I would have included even more quotes, as the participants' words were profoundly powerful and added rich depth to the analysis. I have truly learnt about the iterative nature of the analysis, as my first drafts were always descriptive, and each revision saw me offering and substantiating more interpretations. I had to focus on telling a clear story that would answer the research question. This experience has taught me the importance of balance between my analytical perspective and the authentic voices of the participants, ultimately enriching the overall research process.

Conducting the Systemic Literature Review (SLR)

Reflecting on my experience with the Systematic Literature Review (SLR), I realise it was significantly more challenging than I had anticipated. Dr Jo Beckett advised me to make substantial progress on the review while waiting for recruitment for my empirical paper, and although I attempted to follow this guidance, the process proved to be exceptionally strenuous. Choosing a topic was overwhelming due to the vast array of options. I felt spoilt for choice, yet recognising the barriers veterinarians face in seeking help guided me to investigate existing research on interventions. One of the key lessons I learned is to never underestimate the time required for

conducting a literature review. I found it particularly difficult to write concisely and maintain focus on the key areas of interest. This struggle emphasised the importance of clear and effective writing in research. The entire SLR process felt like a constant yoyo, fluctuating between progress and setbacks. Figuring out search terms, running searches, and identifying papers that addressed my research question was a stressful endeavour. In hindsight, I have a greater appreciation for the complexity and demands of conducting a systematic review. This experience has taught me valuable lessons about time management, and the importance of precision in writing.

Justification for choice of journal

The decision to use the British Journal of Clinical Psychology was a pragmatic one, given the scarcity of psychology publications within the veterinary industry. I believe this journal offers a suitable platform for my research, and I am open to discussing this choice further with veterinary professionals to ensure it aligns with industry needs.

Final reflections

Reflecting on this research project, I learnt that an incredible amount of time and effort is required to produce a high-quality paper. This experience has taught me valuable lessons about the dedication and perseverance needed in academic work. Looking ahead, I recognise that having a supervisor who provides direct and constructive feedback is crucial for my growth. Such guidance not only helps refine my work but also enhances my learning process, ensuring that I continually improve in my future endeavours.

Aesop was a storyteller who lived in Ancient Greece between 620-564 BCE. The main characters in his fables were animals and, in each story, a moral lesson was demonstrated. One of

his most-known fables is The Tortoise and the Hare. I was the Tortoise in this research journey. It felt slow, and I was constantly comparing myself to my peers on the course who to me were like the Hare. On my journey, there have been periods of frustration, feelings of imposter syndrome, and not feeling good enough, however, I am getting there, and I am going to finish the race. I know now that it's okay that my research journey took slightly longer but the end goal was always going to be there. I am immensely proud and in shock at how far I've come.

References

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