The Human Cost of Animal Care: A Psychosocial Exploration of the Veterinary Surgeon Profession.

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Dedication

This thesis is dedicated in loving memory of **Daisy**, the very best good girl, who filled our hearts and lives with love, loyalty, tennis balls, and laughter.

'So when tomorrow starts without me, don't think we're far apart,

For every time you think of me, I'm right here in your heart'

Daisy Bream

19/04/2008 – 06/10/2022

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Abstract

Background

Veterinary surgeons have been identified as being at increased risk of suicide and psychological distress. Research has identified factors that may be associated with this; there is nevertheless a lack of literature providing an in-depth account of the veterinary surgeon profession, which may shed further light on this concerning statistic.

Methodology

This research used a psychosocial approach. Narrative interviews were completed with eight veterinary surgeons who had previously experienced psychological distress. The data were analysed using Interpretative Phenomenological Analysis.

Results

Four themes were identified. The first was related to how participants perceived their profession, which appeared to be a vocation connected to their care for animals and often became a dominant aspect of their identities. Participants reported that the reality of veterinary medicine differed from the idealised portrayals in the media and their training courses. The second theme related to how participants made sense of their experiences of psychological distress. The third theme reflected the specific challenges participants identified within their occupation; their relationships with colleagues, their exposure to pet owners, and their experiences of traumatic clinical work. The final theme connected to participants' exposure to death, primarily via euthanasia. Death appeared to be conceptualised as a 'gift' by some participants, whilst others shared how this frequent exposure to death impacted them emotionally. These four themes were then integrated into a hypothesis relating to possible social defences in the veterinary surgeon profession.

Conclusion

Veterinary surgery is a multi-faceted role and is often highly distressing. As a result of this inherent distress, professionals are suggested to engage in a range of social defences that inevitably become integrated into the practices and policies within veterinary medicine. It is hypothesised that this may contribute to the observed increased risk of suicidality and distress in the veterinary workforce.

A Note on COVID-19

This research took place during the COVID-19 pandemic. Where relevant, I have attempted to clarify the impact of COVID-19 on this research and my subsequent adaptations to the study design.

Nevertheless, this study's original premise was significantly changed due to the pandemic. Initially, I planned to conduct participant observations in a veterinary clinic, which would have allowed me to shadow veterinary nurses, surgeons, technicians, receptionists, and clinic managers. Following the observations, I was planning to conduct narrative interviews with those same individuals I had observed previously. However, due to governmental and university limitations on conducting face-to-face research, data collection was changed to virtual interviews.

I am hugely thankful to my participants for continuing to contribute to research despite the chaos, and difficulty COVID-19 brought (and continues to bring) to everyone’s lives.

Chapter One: Introduction

Chapter Overview

This chapter provides an overview of the history of veterinary medicine in the United Kingdom (UK), providing a historical context for the veterinary surgeon profession (the focus of this thesis). An account of the modern-day veterinary surgeon is then presented. Next, the link between veterinary surgeons and their increased risk of suicidality and psychological distress is discussed. Next, the application of psychoanalytic theory to research is considered, alongside how using a psychosocial approach to this study might shed light on this increased risk of distress in veterinary surgeons. The chapter concludes with the rationale for the current study, the research aims and questions.

The History of Veterinary Surgery in the UK

It is important to note that the history of veterinary medicine has generally been poorly researched (Gardiner, 2009; Hunter, 2016; Swabe, 2002b; Taylor et al., 2018; Woods, 2018). It is worth comparing our lack of knowledge regarding the history of veterinary medicine with human medicine, the development of which is often attributed to Hippocrates, living in the 5th century BC (Ackerknecht, 2016).

Living hundreds of years later in the 4th century AD, Vegetius is often considered the father of veterinary medicine. However, the suggestion that veterinary practices did not exist before Vegetius is considered unrealistic (Devriese, 2012). Veterinary historians suggest that animal health was a top priority for people for thousands of years, predominantly due to animals serving many functions throughout human history (Curth, 2013). It was crucial to maintain these animals' health to maintain their workability; arguably, this gave rise to the first generation of veterinary professionals. As the functions of these animals changed throughout

history, there were similar shifts in the role of those who cared for them, ultimately leading to the modern-day veterinary surgeon (Curth, 2013).

The lack of veterinary history research is vital to acknowledge for two reasons. Firstly, it is essential to recognise that the history described below cannot be assumed to represent the entire history of veterinary medicine. Secondly, the lack of research into the history of veterinary medicine may reflect an anthropocentric philosophy typical in Western European culture (a crucial element to consider, with the current thesis based in the UK). Anthropocentrism is the philosophical belief that non-human animals have value only insofar as they can serve the interests of humans. Many interactions between humans and animals throughout history were intrinsically anthropocentric; animals were regarded as valuable tools, food sources, or companions. An inherent consequence of anthropocentrism is that animals are considered less important than humans. Some suggest that this belief gives rise to unique challenges for those who care for animals, such as minimising their experiences of trauma and leading to disenfranchised distress (Dawson, 2015; Hanrahan et al., 2018). In short, our current lack of knowledge regarding the history of veterinary medicine might be viewed as symptomatic of anthropocentrism rather than evidence that veterinary medicine has only a brief, limited history.

Despite the limited research in the area, I feel it is crucial to locate the current study within the history of veterinary medicine. Firstly, exploring the history of a profession can shed light on the historical roots of the difficulties, tensions, and conflicts experienced by those working within it (Whittaker, 2011). In addition, exploring history can provide an understanding of where certain professional beliefs and practices developed from (Dunne et al., 2016; Reisch & Andrews, 1999).

Finally, this research falls under the umbrella of psychosocial research, the origins of which initially attempted to combine sociology with psychoanalytic theory to explore both social phenomena as well as the individual – hence the combination of 'psycho' and 'social' (Clarke, 2018). However, it is important to highlight that in psychosocial approaches, the social and the psychic are considered intertwined and inseparable from each other (Clarke, 2018). In order to explore individual veterinary surgeons' experiences, therefore, it is crucial that broader *social* aspects of their work – including the history of the profession –are considered. In exploring the history below, I also attempt to make links with other social contexts, including political, economic, moral/ethical, and legal systems.

Early Development of Veterinary Medicine

The word 'veterinarian' derives from '*veterinarius'*, a term first noted in 60AD to describe a person who managed draft animals*. '*Medicus veterinarius'* was later used to describe a person who specifically healed draft animals. These linguistic roots reflect draft animals' critical role in furthering human civilisation. Due to their multi-functionality, draft animals became the focus of early veterinary medicine throughout Europe. The first veterinary textbook, published in Greece between the 4th – 5th century AD, focused exclusively on the care of mules due to their particular usefulness in the military (Devriese, 2012).

From the 11th century AD, horses became a prominent animal in Western Europe (Curth, 2013; Swabe, 2002a). This was partly attributed to the development of the stirrup and bridle, the former of which was adapted from nomadic groups in Central Asia (Devriese, 2012). As horses became increasingly important in society, so did those who cared for them (Curth, 2013; Devriese, 2012). Horse groomers, farriers and early veterinarians were well-respected job titles in the UK during the 16th century (Woods and Matthews, 2010). Early veterinarians were considered no more skilled nor educated than these other professionals, each of whom provided care and treatment for draft animals or livestock (Curth, 2013). There was little

*: Animals used to pull heavy machinery or wheeled vehicles, typically in farming. Horses, oxen, donkeys, and Chinese water buffalo are prime examples.

difference in the type of work, or the quality of the work, carried out by these professionals. Veterinary surgery as a practice was relatively uncommon, primarily underpinned by the limited medical and surgical knowledge and technologies of the time (Corley & Godley, 2011; Curth, 2013; Devriese, 2012; Fudge, 2017; Heymering, 2009; Woods & Matthews, 2010)

The practices and interventions used by these early veterinarians reflected a strong utilitarian morality, centring the importance on maintaining the workability of animals, rather than ensuring their quality of life (Devriese, 2012). As the Christian faith spread across Europe, so too did the biblical belief (as was written in Genesis) that mankind held 'dominion' over the animal kingdom, which likely further reinforced the subjugation of animals, framing their worth and value only in their usefulness to human endeavours (McCracken, 2017).

The British Veterinary Schools

In the UK, the Royal Veterinary College (RVC) was created in 1791 out of a recognised need for improving the education of those who healed animals (Hunter, 2016). The RVC first coined the term 'veterinary surgeon' to distinguish its new class of graduates from farriers. However, census records show that the job title 'veterinary surgeon' also started to be used by individuals who had not graduated from the RVC (Hunter, 2016; Woods & Matthews, 2010).

The increase in these so-called 'pseudo-veterinary surgeons' reflected the job market opportunities of the time; horses and cattle numbers increased dramatically in the 18th century as Britain industrialised. Infectious diseases and parasites in animals also increased as the animal population density grew (Curth, 2009; Devriese, 2012; Woods & Matthews, 2010). These unqualified individuals, including cattle doctors and cow-leeches, generally held a monopoly on providing care to farming livestock due to the curriculum of the RVC concentrating mainly on horses (Devriese, 2012; Woods & Matthews, 2010).

The clinical work performed by individuals using the title ‘veterinary surgeon’ (whether they trained at the RVC or not) varied, though typically, the horse was their primary focus. A substantial part of this work involved assessing horses for sale on behalf of potential buyers and providing a certificate confirming the horse’s ‘soundness’ (Curth, 2013; Devriese, 2012). Veterinary surgeons also performed surgeries (without anaesthetic) and castrations and assisted with births. Fewer records of veterinary surgeons attending to dogs exist, though it is understood that those specialising in canine care did exist in the 1800s (Corley & Godley, 2011).

Figure 1: *Feeling the inside of the hock for spavin*

Note. From *Limbs – Their Accidents and their Diseases* in *The Illustrated Horse Doctor* by E. Mayhew, c.1860, RCVS Knowledge (Royal College of Veterinary Surgeons Trust) (https://rcvsvethistory.org/12-limbs-their-accidents-and-their-diseases). In the public domain.

A second British veterinary school was opened in Edinburgh by William Dick in 1828 (Woods & Matthews, 2010). Graduates from this school were also granted the use of the (still unprotected) title 'veterinary surgeon'. There was a degree of tension between the two veterinary schools; when the Royal College of Veterinary Surgeons (RCVS) established Royal Charter status in 1844, it attempted to replace the certification processes from the two schools with a single membership to the RCVS. Dick's school refused to join, though graduates of his school continued to use the title 'veterinary surgeon' (Devriese, 2012; Woods & Matthews, 2010).

Holding a qualification in veterinary surgery is believed to have become essential to the professional identity of those who graduated from either veterinary school. This was particularly true in London, where the disparity between qualified and unqualified veterinary surgeons gradually shifted, with the former earning a higher wage. In addition, qualified individuals aligned themselves firmly with where they had trained; it was not unknown for rivalries to form between veterinary surgeons who trained with the RCVS and those who trained in Edinburgh (Woods & Matthews, 2010).

In the latter half of the 19th century, this sense of professional identity was further developed. Many prominent veterinary surgeons began to advocate for reform within the profession. They were primarily concerned with elevating the status of veterinary surgery to rival the status held by medical doctors (Devriese, 2012). They also advocated changing the RCVS curriculum to include a greater focus on science. Unsurprisingly, this reform was supported by most veterinary surgeons, who were keen to elevate the status of their profession as a whole, but mainly to rival their unqualified counterparts (Woods & Matthews, 2010).

In 1878, Dick's veterinary school joined the RCVS, unifying the examination process for all qualified veterinary surgeons onwards (Woods & Matthews, 2010). Arguably this

further cemented the identity of veterinary surgeons across the UK and provided a standardised curriculum for both veterinary schools. Finally, in 1881, the Veterinary Surgeons Bill was passed by Parliament, and 'Veterinary Surgeon' became a protected title (Woods & Matthews, 2010).

In order to ensure an early disparity between themselves and their unqualified counterparts, many veterinary surgeons began to emphasise the moral and ethical superiority of their practices (Woods, 2012). Many trained veterinary surgeons claimed that having an animal treated by anyone, except a trained veterinarian, was an act of cruelty. Thus, qualified veterinary surgeons became increasingly involved in animal welfare, participating in activities such as campaigning against vivisections, advising on animal welfare laws, and acting as expert witnesses for trials involving animal cruelty (Woods, 2012). This emphasis on animal care and welfare reflected an important shift in the focus of the veterinary surgeon profession, as well as British society more generally -- shown by the number of animal welfare bills presented to Parliament in the 18th and 19th centuries (McBride & Baugh, 2022). Nevertheless, it could be argued that the profession's initial interest in animal welfare was perhaps underpinned by a competitive, capitalist drive to maintain an economic lead against their market competition.

This chapter of veterinary history might be particularly relevant to the current research as it demonstrates the initial development of the veterinary surgeon profession in the UK. Until 1881, the veterinary surgeon title was unprotected, and yet a firm sense of professional identity was nevertheless emerging amongst those who used it. In addition, this period highlights the bias towards horses within veterinary training and practice; whilst this accurately reflected the importance of horses in Britain, it also paved the way for the later developments within veterinary surgery, which arguably has resulted in the modern-day professional identity and role.

The 20th Century Veterinary Surgeon: Physicians of the farm to companion animal medicine

An article written in 1925 reflected the delicate position British veterinary surgeons found themselves in during the early 1900s; the rapid disappearance of the horse from British society (prompted by technological advances) was generating significant anxiety for the profession's future (Gardiner, 2009).

At the same time, public opinion towards animals was shifting as people began to hold more sympathetic views of animals throughout the 20th century (Richardson, 2013). Public concern for the wellbeing of animals increased, though not uniformly across the animal kingdom; as more people moved from rural areas into towns and cities, people had less contact with livestock, which subsequently became less of a concern to the general public (Ison, 2022).

With their more sentimental attitudes toward animals, these newly urbanised middle classes of the 20th century resulted in a significant increase in the number of companion animals* living in peoples' homes (Swabe, 2002b). Despite this, companion animals were generally snubbed by most veterinary surgeons; 'dog doctor' was a derogatory term within veterinary surgery until late into the 20th century. This is primarily thought to be because healing companion animals had historically not been as financially lucrative as caring for horses. Indeed, until the 20th century, dogs and cats were primarily considered unworthy veterinary patients, and most owners are thought to have provided their own interventions for their unwell pets (Gardiner, 2014; Tompson, 2021).

An event that began to shift veterinary surgeons' focus toward companion animals was the founding of the People's Dispensary for Sick Animals of the poor (PDSA) by Maria Dickin in 1917. The PDSA aimed to provide a service that the veterinary surgeons of the time did not; a place for the poor to bring their sick and injured animals to receive treatment (Gardiner,

*: Domesticated animals that are under the care, custody, or ownership of a person as pets, generally for purposes of companionship. Dogs and Cats are prime examples though rodents, horses and birds are also common companion animals (Kemp et al., 2016).

2014). Unsurprisingly, Dickin's clinics became hugely popular, and by 1927, the PDSA operated from 57 clinics across Britain (Gardiner, 2014).

Whilst the PDSA provided care to the growing number of pets, the veterinary surgeon profession struggled to find its place in a society where the horse was no longer central. Throughout the 1930s, several attempts were made to re-centralise the veterinary surgeon as the key professional in animal care (Gardiner, 2009, 2014). This included a joint scheme between the National Veterinary Medicine Association (later known as the British Veterinary Association, BVA) and the Royal Society for the Prevention of Cruelty to Animals (RSPCA) in an attempt to develop a system of clinics to rival the PDSA (Gardiner, 2014). Attempts were also made to bring the PDSA and the RCVS together, though these were unsuccessful. Veterinary surgeons were divided on whether working with the PDSA would bring about the end of their profession or elevate themselves back into a central role in animal care. The debate was understandably halted when WWII broke out (Gardiner, 2014).

After WWII, veterinary surgeons were encouraged by the UK government to turn their attention to caring for livestock to meet the public's increased demand for meat and dairy products (Gardiner, 2009, 2014; Swabe, 2002a). Governmental papers described the veterinary surgeon's role as a 'physician of the farm', emphasising the veterinary surgeon's importance in maintaining livestock health (Gardiner, 2020; Swabe, 2002b).

Over time, veterinary surgery became increasingly focused on companion animal medicine. This was partly underpinned by the fact that veterinarians were more likely to see dogs and cats for illnesses that could not be resolved with simple antimicrobial medication; thus, they required more complex assessments and treatment regimens (Patterson, 2000). Other writers suggest that pet owners were more likely to advocate for their companion animal to receive veterinary care compared to livestock; this was believed to be due to pets being

perceived as individuals in their own rights, whereas livestock animals were often seen as members of the group/herd only (Devriese, 2012).

In 1957, the British Small Animal Veterinary Association (BSAVA) was founded to promote clinical excellence in companion animal medicine, further reflecting the shift toward companion animal medicine (Swabe, 2002b). Forty-three years later, in 2000, the BSAVA was the largest sub-division within the RCVS, demonstrating the long-lasting prominence of companion animal medicine in the UK (RCVS, 2010).

Most veterinary clinics of the late 20th century were owned privately by a board of senior veterinary surgeons, who employed a team of staff, including nurses, administrators, and junior veterinarians. The workload was demanding, with shifts involving regular and out-of-hours work; despite this, junior staff had some degree of job security, particularly with the potential of becoming a partner when a senior colleague retired (Tompson, 2021).

In parallel with their changing opinions towards animals, public opinion of veterinary surgery also underwent significant change in the 20th century. The memoirs of James Herriot, pen name of veterinary surgeon James Wight, is perhaps one of the most commercially successful accounts of veterinary work in the 20th century. Trained in Glasgow in 1939, Wight worked in Yorkshire and provided an insight into the day-to-day life of a veterinary surgeon. The books demonstrated several aspects of veterinary work, including government-sanctioned testing of Tuberculosis in the 1930s. Some argue that Wight's memoirs indicate that he experienced burnout and compassion fatigue at different stages of his profession (Pamboukian, 2022). It is even claimed that Wight coped with his own depression by writing the James Herriot books. However, his accounts of depression (and possible burnout) were vastly understated in the subsequent television adaptions (Loeb, 2019).

Wight's memoirs were considered crucial in shaping public opinion of veterinary work in Britain during the 20th century and thus the public's expectations of veterinary surgeons (Lamb, 2019). Some of these expectations remain present today, which creates a degree of tension in the veterinary profession about how to balance the romantic view of veterinary work from Wight's accounts with the modern-day reality taking place some 80 years after the books were set (Lamb, 2019; Lewis, 2019; Loeb, 2019).

The 20th century was a period of significant change for the veterinary surgery profession. The start of the century marked the considerable decline of horses from society, which meant that veterinary surgeons inevitably lost their role. Following a brief period in which the focus was livestock, companion animal practice became the primary focus for most veterinary surgeons in Britain - and remains so today (RCVS, 2018). Writers suggest that the changing scene of veterinary medicine reflected the changing status of animals throughout the 1900s and that this ultimately resulted in uncertainty about the status, role, and purpose of veterinary medicine (Gardiner, 2009). The public's expectations of veterinary professionals also altered significantly; this is primarily thought to be shaped by the media portrayal of veterinary surgery, most notably from James Herriot's memoirs (Lamb, 2019; Loeb, 2019).

Perhaps most relevant to this study, research in the late 20th century began to evidence the concerning statistic that mortality via suicide was higher in veterinary professionals than in the general population (Kinlen, 1983; Miller & Beaumont, 1995). In a study exploring the causes of death of veterinary surgeons between 1949 - 1975, an approximately two-fold increase in death via suicide was observed in British male veterinary surgeons. However, the authors reported no explanations or hypotheses behind this statistic (female veterinary surgeons made up such a small percentage of the veterinary sample that the authors did not investigate whether they also presented with increased suicide risk) (Kinlen, 1983). Additional evidence calculating the proportional mortality ratio (PMR) in England and Wales for various

occupations between 1979 – 2000 demonstrated that veterinary professionals had the highest PMRs for suicide among all other professional groups (Mellanby, 2005). Similar findings were reported in America (Miller & Beaumont, 1995). Whilst this was the earliest evidence to document the increased risk of suicide in veterinary professionals, this would continue to be reported throughout the 21st century (see 'Psychological Distress, Suicide & Veterinary Surgeons', below).

The Veterinary Surgeon of the 21st Century: Corporatisation and Job Retention

In 1999, the Veterinary Surgeons Act (1966) was altered to allow non-veterinarians to own veterinary clinics. Underpinned by a competitive capitalist economy, this enabled private, often nation-wide, corporations to develop veterinary practices to compete in the animal care market against smaller and more local veterinary clinics. Some argue that corporate practices benefit veterinary professionals due to being more efficient administratively, having greater access to resources and being more flexible in terms of shift work (Nicol, 2012). However, others suggest that the corporatisation of veterinary medicine has resulted in the profession adopting a corporate 'masculinity', whereby women, despite being the majority of the veterinary workforce since 2002, experience barriers to top positions (Treanor & Marlow, 2021). Others suggest that corporate veterinary practices result in veterinary surgeons experiencing less autonomy in their work due to strict corporate-wide treatment protocols (Springer et al., 2019). Regardless of the advantages and disadvantages of corporate practices, over one-third of all veterinary clinics in the UK were owned by the six largest corporate veterinary groups in 2018 (Tompson, 2021), suggesting that corporate practices are now a permanent fixture in British veterinary medicine

In the early 2000s, the Animal Welfare Act (2006) combined and replaced several previous animal welfare legislations. The Animal Welfare Act (2006) positioned animal owners as having a legal duty to provide suitable care for their animals in relation to their

environment and diet, as well as other dimensions of care. This legal responsibility of animal owners was a novel legislation introduced with the 2006 Act, with previous legislation (e.g., Protection of Animals Acts (1911, 1934)) focussing more on outlawing specific acts of cruelty, rather than providing basic guidelines for animal welfare.

Legally, animals are considered as personal possessions of the owner, and therefore are also protected under the Criminal Damage Act (1971). In the instance of an animal requiring medical care, veterinary professionals require the consent of the owner prior to performing an intervention; to provide treatment against owner consent could risk the professional in question being found guilty of 'damaging or destroying' another person's property. Veterinary writers have noted that the Animal Welfare Act (2006) also uses the word 'destroy' when discussing animal euthanasia, which they suggest further cement the idea that animals are objects personal property (Olley, 2021).

The interplay between the Animal Welfare Act (2006), and the positioning of animals as property, and therefore under protection of the Criminal Damage Act (1971) can result in veterinary professionals being placed in highly complex, morally challenging situations. The RCVS code of conduct for both veterinary nurses and surgeons highlights the need from both professionals to consider animal welfare as a priority, but to also consider and respect the owner's wishes. This means that a pet owner can decline treatments for their animal, even if their decision may result in the animal experiencing unnecessary pain or suffering.

It could be suggested that this shift towards owner responsibility in the Animal Welfare Act (2006) and the legal placement of animals as personal property reflects the neo-liberalist political context of the UK, whereby responsibility is shifted from the state to the individual and economic growth and market competition is encouraged. In the context of the veterinary

surgeon profession, this could be seen in professionals' need to gain owner consent prior to providing treatment, and the growing corporatisation and privatisation of veterinary clinics.

More recently, recruitment and retention in veterinary medicine have been well-documented challenges, with both COVID-19 and Brexit having exacerbated these difficulties. In 2017, over half of all veterinary businesses were reportedly short-staffed (Hagen et al., 2020), despite the number of veterinary medicine graduates increasing over the last few years (Gardiner, 2020). In a recent survey, 12% of veterinary surgeons reported they planned to leave the profession in the next five years for reasons other than retirement (RCVS, 2021).

Survey data from over 2,300 UK-based veterinary surgeons indicated that common reasons for leaving the profession included poor work-life balance, salary concerns and management difficulties. The authors also found that the aspects participants disliked most about the veterinary profession were: dealing with challenging people (e.g., managing complaints, unrealistic client expectations, feeling undervalued); work-life balance (e.g., having to work out of hours and overtime expectations); and experiencing physical and mental stress related to the job (Hagen et al., 2020).

The most recent data from the RCVS indicated that over 30,000 registered veterinary surgeons are currently in the UK; approximately 87% are in either full- or part-time employment. Over half of all veterinary surgeons in the UK work in companion animal practices. Mixed practices (i.e., clinics providing care to companion animals and other animal groups, such as farm animals or horses) are the second most common work area for veterinary surgeons (RCVS, 2018).

Demographically, nearly 60% of registered veterinary surgeons in the UK are female, increasing from less than 40% recorded in 2002. However, it is worth noting that males outnumber females in every age category from 50 years plus, reflecting the fact that veterinary

surgery was previously a male-dominated profession. Most (96.5%) of veterinary surgeons in the UK identify as white (Robinson et al., 2020).

Since the initial research completed by Kinlen (1983), the evidence that mortality due to suicide is higher in veterinary professionals compared to the general public, and other professional groups, has been repeatedly well documented. In 2005, the suicide rate for men in the veterinary profession was approximately 3.6 – 3.7 times greater than men in the general population. Equivalent figures for female veterinary surgeons were unavailable (Halliwell & Hoskin, 2005). Unsurprisingly, these concerning statistics have received significant academic attention.

Psychological Distress, Suicide & Veterinary Surgeons

Psychological distress is typically used as an umbrella term to capture feelings of low mood, depression, anxiety, sadness, worthlessness, lack of motivation, difficulties sleeping, and restlessness (Drapeau et al., 2012; Veit & Ware, 1983). There is some degree of crossover between psychological distress with mental illness and disorder, with writers suggesting that the former could be a precursor for the latter two (Payton, 2009). In addition, psychological distress has been linked to an increased risk of suicidal ideation and suicide attempts (Eskin et al., 2016; Palmu et al., 2020; Tanji et al., 2018).

Given the evidenced link between psychological distress and suicide, and in line with relevant past research (Dawson, 2015; Moir & Van den Brink, 2020), I opted to include psychological distress as a phenomenon to explore in the current study rather than focus purely on suicidality in the veterinary profession. By doing this, I hoped to capture the experiences of a broader range of veterinary surgeons, including those who had experienced psychological distress both with and without historic suicide attempts or ideation. In addition, by focussing on psychological distress over other available terminology, I was not limited to recruiting only veterinary surgeons who had received certain diagnoses (e.g., mood or anxiety disorders, etc.).

Veterinary professionals have been shown to present with higher levels of psychological distress than the general population (Deacon & Brough, 2017; Gardner & Hini, 2006; Hatch et al., 2011; Nett et al., 2015; Reijula et al., 2003). In a survey completed with veterinary surgeons in the USA, 10% of participants were identified as experiencing serious psychological distress at the time of the study (compared to 3.2% in the general population). In addition, 31% of veterinary professionals reported having previously experienced depression (compared to 19.2% of the general population) (Kessler et al., 2010; Nett et al., 2015). In a UK-based survey, over one-quarter of veterinary surgeons were identified as reaching clinically significant scores on an anxiety measure (Bartram et al., 2009a).

Research suggests that suicide rates among veterinary surgeons are significantly higher than in the general population. This was initially observed in the late 20th century (Kinlen, 1983; Miller & Beaumont, 1995). By the beginning of the 21st century, the increased risk of mortality by suicide was a key concern within the veterinary profession, prompting further research into this area (Brscic et al., 2021; Mellanby, 2005).

Bartram and Baldwin (2010) used the proportional mortality ratio (PMR) to calculate the chances that the death of a veterinary professional was due to suicide over other causes. Their findings indicated that UK-based veterinary professionals were approximately four times more likely to die by suicide than the general public and twice as likely as other professionals. Their calculated PMR for veterinary suicide was significantly higher than all other occupational groups (pharmacists, dentists, farmers, medical practitioners). Similar statistics have been observed in other studies based in the UK (Bartram et al., 2009b; Platt, Hawton, Simkin, & Mellanby, 2012), in addition to the USA (Tomasi et al., 2019), Canada (Perret et al., 2020), Australia (Milner et al., 2015), New Zealand (Moir & Van den Brink, 2020), France (Malvaso, 2015), and elsewhere in the world (Böckelmann et al., 2022; Dalum et al., 2022; Hawton et al., 2011).

Unsurprisingly, given this evidence, suicidal ideation is also reportedly higher in veterinary professionals. In a survey involving veterinarians based in the USA, 17% of participants reported having previous suicidal ideation (compared to 2.4% for the general population) (Baca-Garcia et al., 2010; Nett et al., 2015). Veterinary professionals belonging to LGBTQ+ groups are evidenced to demonstrate even higher levels of suicidality and suicidal ideation compared to male and female veterinary professionals (Witte et al., 2020). The authors identified workplace climate (measured in the study by asking whether participants had experienced difficulties related to their sexual orientation or gender identity) as a significant predictor of levels of distress (Witte et al., 2020).

Over one-quarter of veterinary professionals reported that their life had not been worth living in the past 12 months in a survey completed in Norway (Dalum et al., 2022). Similar figures have been observed in a UK study, with 21% of veterinary surgeons reporting they had experienced suicidal thoughts in the last 12 months (Bartram et al., 2009).

Access to means of suicide is often believed to be closely linked to the risk of suicide (Paris, 2021; Sarchiapone et al., 2011). Veterinary surgeons have been shown to be more likely to use methods of suicide that are related to their occupation, such as self-poisoning with the drugs used to euthanise animals (Jones-Fairnie et al., 2008; Tomasi et al., 2019; Witte et al., 2019). However, this finding is not universal across the literature studying veterinary suicide (Platt, Hawton, Simkin, & Mellanby, 2012), and other research suggests that not all professional groups with increased access to means of suicide present with elevated suicide rates (Skegg et al., 2010). Writers indicate that access to means may not increase the risk of suicide for veterinary professionals per se but may predict the means of suicide (Platt, Hawton, Simkin, & Mellanby, 2012).

Work demands, including having a high workload, frequent working on-call shifts and long hours, have been reported as contributing to veterinary professionals' experiences of distress and risk of suicidality (Connolly et al., 2022; Deacon & Brough, 2017; Gardner & Hini, 2006; Moir & Van den Brink, 2020; O'Connor, 2019b). Veterinary professionals in the UK have significantly worse psychosocial working conditions (i.e., greater risk of work-related stress) than the general working population (Bartram et al., 2009). Statistical analyses completed by Fritschi et al. (2009) indicated that anxiety and depression scores, as measured by The General Health Questionnaire (GHQ-12), increased alongside working hours in their veterinary sample. Similar findings were reported by Crane et al. (2015). One qualitative study reported that veterinary surgeons reported that their workload often resulted in them having no

breaks throughout the day. The long working days and on-call work negatively impacted their personal lives, ultimately leading to psychological distress (O'Connor, 2019b).

In their survey exploring suicidal ideation in Norwegian veterinary professionals, Dalum et al. (2022) found their participants reported that work problems were the most significant contributing factors to their suicidal thoughts. The authors identified three 'job stress factors' that were associated with suicidal thoughts: emotional demands (relating to contact with seriously ill/dying animals and requests about animals from relatives/friends); work/life balance (relating to work impacting family/social life, time pressure, and managing work/life balance); and fear of complaints/criticism (relating to worries about complaints from pet owners and dealing with challenging pet owners).

In their survey of nearly 2000 Australian veterinary surgeons, Hatch et al. (2011) identified that professionals working in companion animal medicine were most at risk of depression compared to those working in other practices. The authors hypothesised this might be linked to the complexity of companion animal medicine, namely, professionals' need to consider the human-animal bond concerning the pet and the owner, as well as managing owner expectations (Hatch et al., 2011).

Qualitative research has yielded similar findings; UK-based veterinary surgeons identified their contact with pet owners as a source of stress, particularly when owners have unrealistic expectations of clinical work or outcomes (Irwin et al., 2021; Magalhães-Sant'Ana et al., 2017). Client complaints were also considered stressors, as was the frequent exposure to client distress or upset (O'Connor, 2019b). One study investigating British veterinary professionals' experiences of rudeness and incivility from pet owners indicated that although they could often identify possible explanations for owner rudeness (e.g., worry over their pet's health, guilt when not proceeding with treatment, etc.), this impacted on veterinary

professionals' mental health, their confidence at work and could even prompt them to consider a career change (Irwin et al., 2021).

In the veterinary community, national epidemics of animal diseases have also been linked with increased distress, including trauma symptoms. This was observed during the 2001 Foot and Mouth crisis in the UK (Convery et al., 2007; Mort et al., 2008) and the Equine Influenza epidemic in Australia (Mort et al., 2008). Fonken (2021) suggests that such events and exposure to distressing clinical work may result in veterinary surgeons experiencing secondary trauma, the impact of which can remain years after the precipitating event/s. In addition, it is suggested that veterinary professionals may be likely to experience compassion fatigue and burnout, which can contribute to the development of psychological distress, in addition to other difficulties such as job dissatisfaction and physical symptoms (Hatch et al., 2011; Mitchener & Ogilvie, 2002; Salvagioni et al., 2017)

Veterinary professionals may be confronted with morally challenging situations due to the very nature of their work; examples may include requests for convenience euthanasia, dealing with owners that refuse to pay for treatment, and working with animal abuse (Rollin, 2011, 2014; Tannenbaum, 1993). Moral injury, whereby one's sense of morality or ethics is challenged or violated, is also considered to be a frequent phenomenon experienced by veterinary surgeons and one that is considered to increase their risk of psychological distress and suicidality (Arbe Montoya et al., 2019; Connolly et al., 2022; Crane et al., 2015; Fonken, 2021; Rollin, 2011. Crane et al. (2015) investigated how morally significant stressors related to psychological distress in their sample of veterinary surgeons. They reported that the frequency participants were exposed to moral stressors was associated with higher levels of distress, indicating that veterinary surgeons who experience a high number of morally challenging situations may be at increased risk of psychological distress (Crane et al., 2015).

A crucial and unique element of veterinary work that has been linked to veterinary surgeons' increased risk of psychological distress is euthanasia. According to the RCVS, euthanasia may be defined as the '*painless killing to relieve suffering'*. Typically, veterinary surgeons and veterinary nurses perform euthanasia in the UK. When considering whether euthanasia is warranted, professionals are encouraged to consider the extent and nature of the disease/illness, treatment options, prognosis, and quality of life. The RCVS also encourages professionals to assess the ability of the animal's owner to pay for alternative treatments (RCVS, 2019).

Evidence suggests that performing euthanasia may contribute to veterinary surgeons' psychological distress and suicidality (Brscic et al., 2021; Platt, Hawton, Simkin, & Mellanby, 2012). However, several writers have questioned this relationship, suggesting that it is likely to be non-linear and dependent on other factors. One study found that occasions where pet owners chose to pursue treatment for their animal, despite poor outcomes, were the most stressful and ethically challenging aspect of veterinary work, rather than performing the euthanasia itself (Batchelor & McKeegan, 2012). In addition, another study reported that veterinary surgeons experience improved personal wellbeing after performing a '*good death'*, which was framed as a positive act to end the suffering of an animal (Matte et al., 2019).

Nevertheless, certain writers argue that euthanasia potentially contributes to veterinary surgeons' psychological distress due to frequent exposure to death. In a study exploring veterinary surgeons' experiences of depression, Dawson (2015) suggested that a 'culture of death' (pg. 144) within the profession was shaped by participants' frequent exposure to euthanasia. This repeated exposure resulted in veterinary surgeons facing ethical, moral, and emotional challenges. Dawson (2015) suggested that the 'culture of death' ultimately normalised participants' exposure to death, such that their experiences of distress in response were minimised and even pathologized as unprofessional.

A review completed by Brscic et al. (2021) indicated that many papers exploring psychological distress and suicide in veterinary professionals were published in veterinary medical journals. The authors suggested that this highlights the importance of this topic to the veterinary profession as a whole (Brscic et al., 2021). Indeed, several UK veterinary governing bodies have dedicated publications and research funding programmes devoted to exploring mental health in the veterinary profession (RCVS, 2022).

Despite the profession-wide acknowledgement of the increased risk of suicide and psychological distress, support within the profession remains somewhat variable (Gates et al., 2020). Most newly graduated veterinary surgeons reported they generally worked unsupervised, and less than half reported they could always rely on receiving support from senior colleagues (Mellanby & Herrtage, 2004). In addition, veterinary professionals are believed to have less managerial support at work compared to the general working population of the UK (Bartram et al., 2009). Additional research suggests that veterinary professionals and students alike are less likely to seek external support for their mental health due to stigma and concerns that this may negatively impact their career development (Cardwell & Lewis, 2019).

In the UK, veterinary professionals can access support from VetLife, an organisation that provides free emotional, mental health, and financial support to veterinary professionals. A recent review of VetLife indicated that individuals who accessed the service reported significant improvements in their relationships with others (colleagues, family, friends, and pet owners) and improved access to professional psychological support (McKenzie et al., 2020).

Significant evidence indicates that veterinary professionals are at increased risk of psychological distress and suicide compared to the general population and other occupational groups. The majority of this previous literature has been quantitative. Whilst this has yielded various factors related to this increased risk, such approaches to research can remove some of

the complexity and depth of participants' experiences (Ochieng, 2009). Given the complex nature of veterinary work and the consideration that death by suicide remains the primary cause of death amongst veterinary surgeons in the latest figures (Tomasi et al., 2022), this study applied a qualitative, psychosocial approach to explore the veterinary surgeon profession.

A Psychoanalytic Lense: Organisational Defences and Veterinary Medicine

A fundamental principle in psychoanalytic theory is that hidden aspects of the human experience influence conscious processes, despite remaining largely outside our awareness (i.e., in the unconscious). Within the unconscious, phantasies* (spelt as such to differentiate from conscious fantasies) underpin the internal representations of life events experienced by an individual (Jimenez, 2017). Though there is some degree of contention around the exact definition and nature of phantasies (Jimenez, 2017), it is generally agreed that the phantasies held by a person shape their perception of the world around them (Segal, 2018).

Another group of mechanisms that derive from our unconscious are defences (Rustin, 2015). These defences develop in early life to protect us against painful experiences that create feelings of distress, referred to as 'anxiety' in psychoanalytic literature (Klein, 2002; Rangell, 1955; Wolstein, 1987). Both anxieties and defences are inherent to the human condition; they are not suggestive of psychological distress or poor mental health (Hollway & Jefferson, 2000; Klein, 2002).

Every individual who attends a place of work does so with their own life experience and, therefore, phantasies. Work can enable a person to connect with their phantasies in some way (Segal, 2018). In addition, those involved in any work are highly likely to experience anxieties, both work- and individual-specific (Armstrong, 2018).

An organisation's primary task is the task it has to perform/provide to survive (Rice, 1963). Working towards a primary task can provoke anxieties (and, subsequently, activate defences) in the workforce, depending on the work (Armstrong, 2018). Moreover, the type of work a person chooses is thought to be linked to their own unresolved issues, phantasies, and anxieties from early life; by joining a particular organisation and contributing to the primary task, phantasies and anxieties may be evoked and worked through (Armstrong, 2018; Obholzer & Roberts, 2019; Segal.

*: In using this different spelling, I am acknowledging the difference between 'fantasy' relating to conscious fantasies and 'phantasy' as pertaining to unconscious fantasies.

For example, it is suggested that those employed in healthcare/helping services may engage in such work in the act of reparation for past phantasies centring on the harm, damage or even death of another person (Segal, 2018). In addition, healthcare workers often face distressing situations throughout their work (e.g., caring for the sick/dying), which provokes anxieties (Hendin, 1998; Ramvi et al., 2021; Roberts, 2019). In the face of these daily challenges, healthcare workforces are thought to engage in various defences individually and as a group (Armstrong, 2018). Over time, these defence mechanisms are reflected in the general attitudes held by the workforce and how they work towards the primary task (Armstrong, 2018; Obholzer & Roberts, 2019). When the individual defences deployed by members of an organisation align with each other and the organisation's culture, they may be described as 'social defences' (Armstrong, 2018).

Exploring the profession using a psychoanalytic approach may uncover some of the anxieties and possible social defences in veterinary work and the practices and cultures within the profession that maintain them. This might be considered a valuable approach to exploring the veterinary surgeon profession due to the nature of the work; veterinary professionals are frequently exposed to sick, injured or dying animals, which may prompt anxieties in the veterinary workforce. In addition, though there are many formulations within psychodynamic theory explaining suicide and suicidal behaviour (Perelberg, 2005), there is a consensus that such acts arise out of significant emotional turmoil and pain – that is, anxiety (Maltsberger, 2004). Under this lens, the increased risk of suicide observed in the veterinary profession could reflect a deep sense of anxiety within the workforce. Therefore, exploring the anxieties and social defences within the veterinary surgeon profession may provide a novel way to investigate the increased risk of suicidality and distress observed in this workforce.

Such an approach was used in Menzies Lyth's seminal paper 'A case-study in the functioning of social systems as a defence against anxiety: A report on a study of

the nursing service of a general hospital' (Menzies Lyth, 1960), which explored the challenges facing a hospital in retaining student nurses. Menzies Lyth outlined several social defences that she suggested the nurses engaged with, as individuals but also as a working group, to defend against the anxieties prompted by their work. These defences included splitting the nurse/patient relationship, resulting in nurses spending little time with individual patients, and detachment/denial of the nurse's feelings. Menzies Lyth suggested that over time, such social defences become inherent to the working group, parallel to the anxieties that are often equally embedded in the work. However, these social defences can become sources of anxieties or distress; in the case of the nurses, Menzies Lyth felt that their defences resulted in individuals frequently feeling unsatisfied in their role, contributing to, among other concerns, poor staffing levels (Menzies Lyth, 1960).

A modern critique of Menzies Lyth's contribution to social defence theory is its general ignorance of social defences' social and political dimensions (Papadopoulos, 2018). Arising out of the observation that it is often challenging to bring about organisational change, even after the recognition of social defences, writers suggest that those exploring social defences within organisations should understand the social-moral-political context of the organisation, the work, and the social defences themselves (Galpin, 2012). Writers posit that considering such factors enhances an organisation's psychoanalytic understanding whilst acknowledging the importance of social and political factors in shaping the primary task, the anxieties prompted by the work, and the subsequent social defences (Boxer, 2017; Papadopoulos, 2018).

Applying this critique to the current exploration of the veterinary surgery profession, the current study may benefit from considering important political and legal frameworks that directly impact the work of veterinary surgeons. For example, in UK law, animals are legally categorised as objects; thus, veterinary surgeons must gain the owner's consent before providing any treatment or intervention (Rollin, 2011). This results in veterinary professionals

having the skills/knowledge to provide care, but their delivery of this care is dependent on another person's behest. Such legalities may prompt anxiety within the workforce in the form of moral distress but also may influence the policies of veterinary clinics, such as how they provide care to pets without owners (Moses, Malowney, & Wesley Boyd, 2018; Rollin, 2011).

In addition, cultural and social perceptions of veterinary medicine and professionals would also be helpful to consider in the current study. Firstly, per Papadopoulos' (2018) recommendations, social norms can significantly influence an organisation, including the nature of its primary task and the subsequent anxieties and social defences. As explored in Chapter One, the veterinary surgeon's role has been primarily shaped by the social norms of the time, including which animals 'deserved' care and how this was provided. The work of the modern-day veterinary surgeon, particularly those working in companion animal medicine, has continued to be shaped by modern-day perceptions of animals, particularly pets and the human-animal bond (Hines, 2003; Knesl et al., 2016). This is likely to influence not only the practices of the veterinary profession but also the expectations of the pet owners, which have been noted as often being a source of difficulty for veterinary professionals (Anon, 2014; Dawson, 2015; Deacon & Brough, 2019; Irwin et al., 2021; Platt, Hawton, Simkin, Dean, et al., 2012; Polachek & Wallace, 2018; Richards et al., 2020; Waters et al., 2019).

Finally, any recommendations made as a result of this study will need to be applied within British veterinary medicine's current political, moral, and social climate. Should this context be ignored, recommendations may be limited to focussing only on the individual- or organisational-level change, which can be challenging to make if the broader context is not considered or altered (Papadopoulos, 2018).

The Current study

This study aimed to explore the psychosocial aspects of the veterinary surgeon profession due to the high levels of suicide in the profession, which may indicate psychological distress. A psychosocial approach was chosen to build on the knowledge gained from previous enquiries into this field – namely, to explore the role of possible social defences in the veterinary surgeon profession and how these may contribute to the observed increased risk of psychological distress and suicidality.

Previously, a psychosocial approach has been used to explore the role of social defences within different professions, including nurses, social workers, occupational therapists, and nursing home staff (Menzies Lyth, 1960; Nicholls, 2010; Ramvi et al., 2021; Whittaker, 2011). It is hoped that the current study will shed further light on the experiences of veterinary surgeons, and their increased risk of psychological distress and suicidality, by exploring the profession through a psychosocial approach.

Research Question & Aims

The current research aimed to answer the following question:

- How do veterinary surgeons make sense of their experiences of psychological distress within the context of their profession?

The following aims were also addressed:

- To explore veterinary surgeons' experiences of psychological distress during a time when they were working in veterinary medicine
- To explore the personal and social meanings of veterinary work within veterinary surgeons' life worlds

- To develop an understanding of possible social defences that are present within the veterinary surgeon profession

Chapter Two: Review of the Literature

Chapter Overview

This chapter provides an in-depth exploration of the relevant literature concerning veterinary professionals' experiences of occupational stressors and the subsequent impact of these on their mental health. The chapter begins by outlining the rationale for reviewing previous research. A systematic qualitative review of the literature is then completed and presented.

Systematic Literature Review: An updated meta-ethnography exploring veterinary professionals' experiences of occupational stressors

During the development of the current study, a systematic literature review was completed in January 2020. The literature review aimed to conduct a meta-ethnographic synthesis exploring veterinary professionals' experiences of occupational stressors and the impact of these on their wellbeing. A copy of this literature review can be seen in Appendix A.

Considering prior research is a crucial step for all developing research projects (Snyder, 2019). As such, a second systematic review of the literature was completed. This review included nine original articles from the first review and an additional seven articles. Two studies in the original synthesis were not included in the updated version (Irwin et al., 2019; Routly et al., 2002); this was due to these studies no longer meeting the updated inclusion criteria. A total of 16 studies were therefore included in the updated synthesis.

Search Strategy

An electronic search was conducted on the following databases: CINAHL Complete, MEDLINE, PubMED, PsychARTICLES and PsychINFO in January 2022. A search was also completed on the British Library EThOs (https://ethos.bl.uk) website to access Doctoral theses. In all searches, the following search terms were utilised:

1. (veterinar* surgeon*) OR (veterinar* nurse*) OR (veterinar* technician*) OR (veterinar* profession*)
2. Psychosocial OR stressor* OR 'emotional labo#r' OR well#being OR suicid* OR mental health
3. Profession* OR occupation* OR work#related
4. Interview OR focus group OR qualitative
5. #1 AND #2 AND #3 AND #4

Inclusion & Exclusion Criteria

Inclusion Criteria

- Participants were veterinary professionals of any job title (e.g., surgeons, nurses, technicians) and experience level (e.g., newly qualified, senior, leadership).
- The original research aimed to explore participants' experiences working in veterinary medicine, including projects that explored specific elements of veterinary medicine and broader focus areas.
- The original research generated qualitative data by using methods such as interviews and focus groups. Several studies used open-ended survey questions to collect qualitative data, which were also included.

Due to the recognised bias toward quantitative research in the peer-reviewed literature (Adams et al., 2016), doctoral theses were also included in the electronic search. At this level of study, the quality of research was assumed to be equitable to that of peer-reviewed journals (Moyer et al., 2010).

Exclusion Criteria

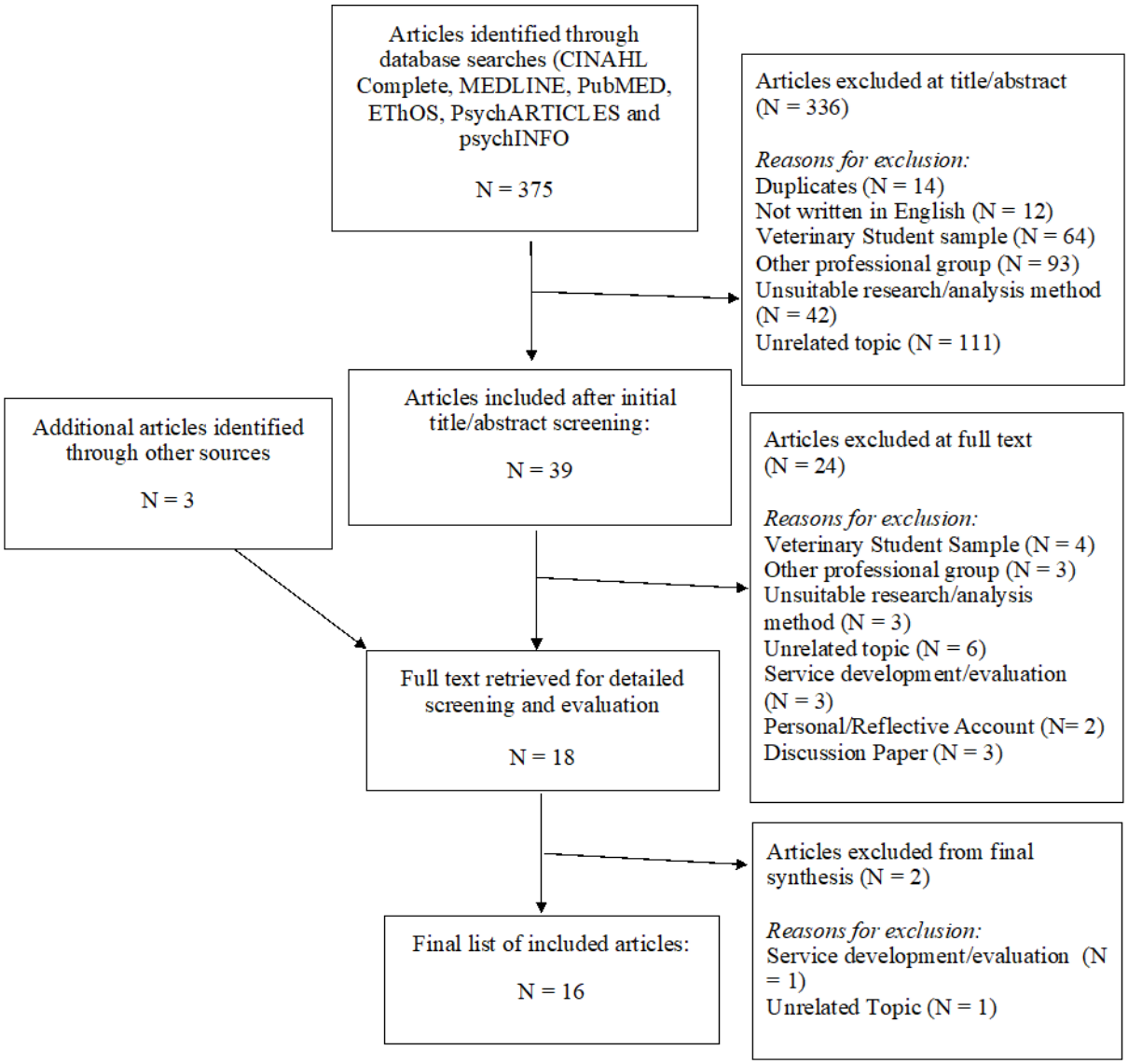
- Articles exploring the experiences of a different professional group (e.g., medical doctors).
- Articles focussing on the experiences of veterinary medicine students.
- Articles focusing on the medical/practical side of the veterinary profession (e.g., veterinarians' opinions of different surgical techniques).
- Articles not written in English due to difficulties with translation.

Article Selection

A total of 375 articles were found from the preliminary database searches. After removing 14 duplicates, titles and abstracts were initially screened using the inclusion/exclusion criteria. After this initial screening, full texts were found for all remaining articles. Their reference lists were also examined to find suitable papers not identified through the original database searches. Additional articles were also identified from other sources, such as grey literature in the form of posters/unpublished work. In total, a further five articles were identified through these alternate sources.

A total of 16 articles were selected for the synthesis. Figure 2 illustrates the selection process for the synthesis.

Figure 2: *Flow chart of the literature search selection procedure*



Assessing Article Quality

A crucial step in all systematic reviews is the quality appraisal of the literature involved. A commonly used tool to assess the quality of qualitative literature is the Critical Appraisal Skills Programme (CASP) Qualitative Checklist, which provides several criteria for a given study (Critical Appraisal Skills Programme, 2018). When using the CASP tool, researchers assess each study by answering either 'yes', 'no' or 'can't tell' in response to ten questions exploring various aspects of the study protocol and design (e.g., 'was the research design appropriate to address the aims of the research?'). The CASP Qualitative Checklist also

provides ‘hints’ to assist researchers in answering each question (e.g., ‘consider if the researcher has justified the research design’) (Critical Appraisal Skills Programme, 2018).

Long et al. (2020) published updated guidelines on using the CASP Qualitative Checklist tool based on their research. Their primary recommendation was for researchers to include a fourth response to the CASP checklist questions: ‘somewhat’, to reflect instances where there is partial evidence to fulfil a quality domain *and* clear limitations in the research approach. The authors also provided specific guidelines on using the ‘hints’ to avoid potential over- or under-assessing quality criteria. The authors argued that these alterations to the checklist enabled researchers to distinguish between higher and lower quality studies, which the original CASP tool did not (Long et al., 2020).

All 16 studies were assessed using the CASP Qualitative Checklist according to the updated guidance from Long et al. (2020). Studies were rated as ‘Yes’, ‘Somewhat’ or ‘No’ for each criterion, depending on how each criterion was met. Where it was impossible to assess a criterion on the available information, ‘Can’t tell’ was used.

A summary of the modified CASP tool used to assess the quality of the 16 included articles can be reviewed in Appendix B.

Data extraction

Several characteristics from each study were extracted into a pre-defined table (see Table 1). This included: location of study; research aim; data collection method; data analysis method; sample demographics (including wherever possible sample size, sex, job title); area of veterinary medicine (e.g., companion animal medicine, equine medicine, etc.). The authors were contacted to clarify this information where this information was unavailable in the original texts. However, this was unsuccessful on the one occasion an original author was contacted.

For the synthesis, ‘data’ was determined to be any text labelled ‘results’ or ‘findings’ in the original articles (Thomas & Harden, 2008).

Table 1: *Overview of the reviewed literature (number of included studies: 16)*

Author/s	Location	Aim	Data Collection Method	Data Analysis Method	Sample Demographics	Area of Veterinary Medicine
Platt et al., 2012	UK	To investigate the contributory factors, coping mechanisms and preventative factors associated with suicidality in the veterinary profession	Semi-structured Focus groups	Thematic Analysis	21 veterinarians (76% female) including: 9 who had attempted suicide and 12 who had reported suicidal ideation	Unclear from paper
Dawson, 2015	UK	To elicit veterinary surgeons' lived experiences of distress and to understand this in the wider context of their lives and veterinary practice.	Semi-structured interviews	Interpretive Phenomenological Analysis (IPA)	5 veterinary surgeons (60% female)	Companion animal medicine; mixed practice; specialist teaching animal hospital; charitable organisation; corporate veterinary practice
Magalhaes-Sant'Ana et al., 2017 [1]	Ireland	To provide a detailed account of the constraints and opportunities of two veterinary clinics in Ireland	Focus Groups	Thematic Analysis	8 participants (40% female), including: 5 veterinary surgeons and 3 non-veterinary professionals	Companion animal medicine; equine practice; mixed practice; farm practice
Moses et al., 2018	USA and Canada	To investigate whether veterinarians frequently encounter ethical conflicts during the practice of medicine that causes moral distress	Open-ended questions on an online survey sent to registered veterinarians.	Thematic Analysis	889 veterinarians (demographics not included in the original study)	Companion animal medicine, equine medicine, exotic animal medicine.
Morris, 2018	UK	To understand how recent changes have affected veterinarians' professional	Semi-structured interviews	Thematic Analysis	50 veterinary surgeons (50% female)	Companion animal medicine; corporate veterinary practice;

		identity; to explore the causes of tensions and conflicts in the veterinary profession; to identify elements of professional emotional labour in veterinary professional identity.				charitable organisation; animal hospital; research hospital; second opinion clinic
White, 2018	USA	To explore the experiences and reactions of spay-neuter veterinarians after serious adverse events related to spay-neuter.	Open-ended questions on an online survey posted on online veterinary forums.	Thematic Analysis	32 veterinarians (94% female)	Animal shelters and specialist spay/neuter clinics.
Matte et al., 2019	Canada	To explore how the practices of euthanasia-related care and the processes leading up to euthanasia impacts on the wellbeing of veterinary professionals.	Focus groups and individual interviews	Thematic Analysis	38 participants (87% female), including: 14 veterinary surgeons, 9 veterinary technicians, 8 veterinary assistants, 8 practice managers, 3 receptions 1 client care specialist*	Companion animal medicine
O'Connor, 2019	UK	To identify sources of stressors in veterinary practice	Semi-structured interviews	Thematic Analysis	18 veterinarians (50% female)	Companion animal medicine; farm animal practice; equine practice; mixed animal practice; military animal practice; zoo animal practice; charitable organisations

Springer et al., 2019	Austria	To identify the patient-centred factors which veterinarians see as relevant during patient care; to investigate other contextual factors that influence the decision-making process; to explore these factors and their effects	Focus Groups	Thematic Analysis	32 participants (53% female), including: 11 specialist veterinary surgeons, 5 manager directors, 16 veterinary surgeons	Companion Animal Medicine
Richards, Coghlan, and Delany, 2020	Australia	To explore ethical challenges experienced by seven small animal city veterinarians and their ethical decision-making strategies	Interviews	Thematic Analysis	7 veterinarians (57% female)	Companion Animal Medicine
Waters et al., 2019	USA	To explore and identify the factors contributing to veterinary distress, depression, suicidality, and lack of coping.	Interviews	Descriptive Phenomenological Analysis	8 veterinarians (all female)	Companion Animal Medicine
Polachek and Wallace, 2018	Canada	To explore the paradox of compassionate work by examining what interactions with patients or clients may contribute to compassion satisfaction and what interactions may contribute to compassion fatigue.	Mixed methods study with interviews	Directed Content Analysis	20 participants (70% female), including: 7 veterinary surgeons and 13 veterinary technicians.	Companion animal medicine; mixed practices; large animal practices.

Deacon and Brough, 2019	Australia	To understand: (1) the distinct nature of veterinary professionals' encounters with companion animal death and client bereavement; and (2) the subjective impact of these encounters on the psychological and work-related well-being of these personnel.	Semi-structured Interviews	Thematic Analysis	26 veterinary nurses (all female)	Companion animal medicine; wildlife hospitals, mixed animal practices, specialist centres, emergency centres, animal welfare and rehoming shelters, and wildlife sanctuaries
Fairnie, 2005	Australia	To identify risk factors for occupational injury and disease, and to assess the emotional health status of veterinarians.	Mixed-Method design with interviews and questionnaires	Qualitative analysis method unclear.	45 veterinarians (32% female)	Unclear from paper
Irwin, Hall, and Ellis, 2021	UK	To investigate the experience of a specific client behaviour – incivility – within veterinary practice.	Semi-structured Interviews	Thematic Analysis	18 participants, including: 12 veterinary surgeons, 2 veterinarians with teaching roles 1 clinical director, 1 surgical resident, 2 veterinary researchers (88% female)	Companion animal medicine; mixed practice; farm medicine
Anderson and Hobson-West, 2022	UK	To understand the factors that motivate veterinary professionals to move from practice to laboratory roles	Semi-structured Interviews	Thematic Analysis	33 named veterinary surgeons (51% female)	Animal research establishments (universities and commercial organisations)

*: All demographic information was taken directly from the original article. The authors were contacted for clarification when the total of the participant demographic figures was not equal to the overall sample size (n=38). However, no replies were received, and the original demographics are quoted here.

Synthesis

Meta-ethnographies, developed by Noblit and Hare (1988), attempt to synthesise qualitative research findings by producing new interpretations that go above and beyond the findings of individual studies. According to Britten et al. (2002), the result is the creation of 'third-order constructs' (i.e., the meta-ethnography author's interpretations of the selected articles). These constructs are separate from the 'second-order constructs' (the themes/findings made by the original author/s) and the 'first-order constructs' (the original participants' perceptions of their experiences) (Britten et al., 2002).

There are typically seven stages to completing a meta-ethnography, though it is important to note that these stages are fluid and iterative (Noblit & Hare, 1988). The stages are:

- Getting started
- Describing what is relevant to initial interest
- Reading studies
- Determining how the studies are related
- Translating the studies into each other
- Synthesising translations
- Expressing the synthesis

The iterative nature of meta-ethnography allows researchers to develop a flexible synthesis that suits their research aims. It goes beyond simply developing new concepts and instead develops new theories and models related to the phenomena of interest (France et al., 2019).

Regarding step five (translating the studies into each other), Noblit and Hare (1988) outline three relationships between studies that can guide the translation process:

- Reciprocal, whereby studies can be directly compared
- Refutational, whereby studies conflict with each other
- Lines-of-argument, whereby findings of studies can be used to construct an interpretation ('lines-of-argument') about an overall phenomenon

These relationships are not mutually exclusive (Urrieta Jr & Noblit, 2018). Indeed, a meta-ethnography can contain more than one type of synthesis relationship (France et al., 2019).

Results of the Synthesis

Determining how the Studies are related

The original papers were examined to identify common central themes and concepts across all 16 studies. Initially, five central concepts were identified:

1. Animal Advocates
2. Caring for the patient
3. Animal Owners
4. Work culture
5. Vets as Humans

Following guidance from Britten et al. (2002), a core concept table for each study was created that documented the second-order constructs identified by the original authors and the central concepts that emerged from the current synthesis. Appendix C illustrates an example of one such table used.

Translating the studies into one another

The translation process was completed by comparing the core concept tables for all articles and ensuring that at least one core concept identified in the synthesis was reflected in each study. Following this stage, another table was created. The core concepts from each paper

were entered into separate rows, allowing for cross-comparisons of the studies to be made (illustrated in Appendix D).

Synthesising the Translations

It was evident that the relationship between the studies was not refutational. Instances where a core concept did not emerge within an article (e.g., blank cells in Appendix D) were considered due to the studies exploring different aspects of veterinary professionals' experiences rather than contradictory findings. Instead, the relationship between the studies appeared to be reciprocal, from which it is possible to develop a lines-of-argument synthesis (Britten et al., 2002).

The initial five key concepts were synthesised into four broader interpretations:

- Veterinary Professionals as animal advocates
- Veterinary Professionals and pet owners
- Veterinary Professionals as workers
- Veterinary Professionals as humans

These concepts were titled 'Veterinary Professionals…' to reflect veterinary professionals' various roles within their occupation.

Expressing the Synthesis

<u>Veterinary Professionals as animal advocates</u>

All but one of the included studies identified that a central role of veterinary work was acting in the best interests of animals (Dawson, 2015; Deacon & Brough, 2019; Fairnie, 2005; Irwin et al., 2021; Magalhães-Sant'Ana et al., 2017; Matte et al., 2019; Morris, 2018; Moses, Malowney, & Wesley Boyd, 2018; O'Connor, 2019a; Platt, Hawton, Simkin, Dean, et al., 2012;

Polachek & Wallace, 2018; Richards et al., 2020; Springer et al., 2019; Waters et al., 2019; White, 2018). Springer, Sandøe, Bøker Lund, and Grimm (2019) noted that their participants felt that the '*patient should come first'* (p. 7); participants considered this a fundamental belief within the profession. Platt, Hawton, Simkin, Dean, et al. (2012) identified that most participants wanted to be veterinarians from a young age, and Irwin et al. (2021) suggested that veterinary work is most likely vocational. Finally, Polachek and Wallace (2018) found that many participants reported that their favourite part of veterinary work was providing care for animals.

The goal of acting in an animal's best interest sometimes results in veterinary professionals euthanising an animal. Matte et al. (2019) described that '*a good death was seen as a positive act'* (p. 3) by their participants. Deacon and Brough (2019) concluded that for their sample of veterinary nurses, euthanasia that aligned with participants' work motivations (e.g., providing relief from suffering) was simultaneously associated with professional satisfaction. Waters et al. (2019) similarly found that participants reported experiencing '*quite a bit of great pride...*' (pg. 4) in performing euthanasia when it aligned with their values. Nevertheless, the authors also found that participants often experienced intense feelings of loss when patients died (Matte et al., 2019; Waters et al., 2019). Generally, it appeared that the act of euthanasia alone was not perceived as an occupational stressor for veterinary professionals. Instead, it seemed that, to a certain degree, performing 'good' euthanasia (i.e., that was in the best interest of the animal) was somewhat beneficial for veterinary professionals' job satisfaction and wellbeing (Matte et al., 2019; Morris, 2018; O'Connor, 2019a).

However, several studies described situations where euthanasia did indeed become a challenge for veterinary professionals. 'Convenience' euthanasia, where a healthy animal is euthanised, was described as challenging for veterinary professionals by several authors (Dawson, 2015; Deacon & Brough, 2019; Matte et al., 2019; O'Connor, 2019a; Richards et al.,

2020; Springer et al., 2019). Polachek and Wallace (2018) found that their sample of veterinarians and animal healthcare providers reported that the difficulties related to performing euthanasia might be exacerbated when the euthanasia is performed in front of family members, especially children. The authors suggested that in this situation, veterinary professionals may '*prioritise clients' emotional needs over their own'* (pg. 234), potentially compounding their distress.

It appeared that another occupational stressor experienced by veterinary professionals was situations where they were unable to meet the central goal of veterinary medicine; that is, to act in the best interest of the animal (Dawson, 2015; Deacon & Brough, 2019; Fairnie, 2005; Morris, 2018; Polachek & Wallace, 2018; Richards et al., 2020; Waters et al., 2019; White, 2018). Richards et al. (2020) noted that veterinarians appeared to experience distress when they could not care for certain animals (e.g., strays), especially if the animal presented with an easily treatable condition. The authors also found that veterinarians experienced distress when there were legal barriers to providing care for animals, such as when they did not have owner consent. As stated by one participant: '*...you have to honor the fact that owners do have the legal and emotional right to make decisions...'* (Richards et al., 2020) (pg. 731).

Veterinary Professionals and pet owners

Most of the included studies referred to how the owners of animals could potentially be an occupational stressor for veterinary professionals. This was primarily due to an owner's influence on a veterinary professional's ability to meet the primary goal of acting in the best interest of the animal (Anderson & Hobson-West, 2022; Dawson, 2015; Deacon & Brough, 2019; Fairnie, 2005; Irwin et al., 2021; Magalhães-Sant'Ana et al., 2017; Matte et al., 2019; Morris, 2018; Moses, Malowney, & Wesley Boyd, 2018; O'Connor, 2019a; Polachek & Wallace, 2018; Richards et al., 2020; Springer et al., 2019; Waters et al., 2019; White, 2018).

Moses, Malowney and Wesley Boyd (2018) found that veterinarians reported moderate to severe distress when owners disagreed with their professional opinion and became a barrier to providing care to the animal in question.

In their study exploring veterinary professionals' experiences of rudeness from pet owners, Irwin et al. (2021) found that veterinary professionals were frequently exposed to uncivil behaviours from owners. Consequently, their participants reported heightened stress levels when owners disagreed with their clinical opinions. In addition, another study found that one reason veterinary surgeons left the profession was having previously had to balance animal welfare with owner financial limitations, which they found challenging (Anderson & Hobson-West, 2022).

Several authors reported that managing unrealistic owner expectations was another occupational challenge (Dawson, 2015; Magalhaes-Sant'Ana et al., 2017; Matte et al., 2019; Moses, Malowney, & Boyd, 2018). O'Connor (2019) found that clients with unrealistic expectations of the veterinarian were a source of stress for their participants. Deacon and Brough (2019) reported that encounters where pet owners insisted their animals were placed on aggressive life-sustaining treatments, despite poor prognoses prompted moral injury for veterinary nurses. Their participants also reported experiencing distress when confronted with 'late-stage euthanasia', where pet owners had avoided bringing their animal to be euthanised until its poor health had significantly impacted its welfare. As one participant in the study described, '*euthanasia is not the worst thing that is going to happen to some of these animals*' (pg. 811) (Deacon & Brough, 2019).

Ten of the 16 articles referred to owner finances as a stressor for veterinary professionals. This was particularly salient in instances where the overall health of an animal was primarily dictated by the owner's inability to afford treatment, which at times resulted in

convenience euthanasia (Irwin et al., 2021; Magalhaes-Sant'Ana et al., 2017; Morris, 2018; Moses, Malowney, & Boyd, 2018; O'Connor, 2019c; Polachek & Wallace, 2018; Richards et al., 2020; Springer et al., 2019; Waters et al., 2019).

Veterinary Professionals as workers

Several articles indicated that the demanding nature of veterinary work, particularly the long hours, was another stressor for professionals (Dawson, 2015; Morris, 2018; Magalhaes-Sant'Ana, More, Morton, & Hanlon, 2017; O'Connor, 2019; Platt et al., 2012). Magalhaes-Sant'Ana et al. (2017) noted that participants felt it was impossible to work their contracted hours and maintain a healthy work-life balance. Anderson and Hobson-West (2022) found that working conditions, such as unreasonably long hours and demanding shifts, were a common reason for veterinary surgeons to leave veterinary medicine as a career. Finally, working excessive hours for relatively little pay compared to other professionals working similar hours (e.g., doctors and lawyers) resulted in many participants experiencing stress and depression in a study exploring occupational 'injury' in veterinary medicine (Fairnie, 2005).

Veterinary professionals reported feeling variable levels of support in their workplaces. Those who received support from colleagues reported coping with difficulties related to their profession more effectively (Fairnie, 2005; Irwin et al., 2021; O'Connor, 2019a; Richards et al., 2020; Waters et al., 2019). White (2018) reported that participants found it particularly helpful to receive support from other veterinary professionals, over friends/family, due to their understanding of the demands of veterinary work: '*Unless one has that responsibility, they don't really know how bad it is...*' (pg. 125).

In their study exploring the ethical challenges faced by veterinary professionals, Richards et al. (2020) found that participants considered their peers a source of support; however, sometimes, participants avoided seeking help from colleagues for fear of judgement.

Barriers to support included limited supervision and fear of managers' repercussions (Dawson, 2015; Moses et al., 2018; O'Connor, 2019; Platt et al., 2012;). In comparison, challenges in accessing support from colleagues appeared to exacerbate veterinary professionals' distress (Dawson, 2015; Fairnie, 2005; O'Connor, 2019a; Platt, Hawton, Simkin, Dean, et al., 2012).

Veterinary professionals' access to support in their work was a crucial element that appeared particularly variable across the included articles. This was well summarised by participants of a study completed by Waters et al. (2019), who described the need for veterinary clinics to develop a work culture that promoted cooperation and a safe place for professionals to process difficult experiences.

Vets as Humans

Certain personality traits inherent to veterinary professionals were noted in the synthesis to be linked to how they experienced occupational stressors. During their interviews with veterinarians who had previously contemplated or attempted suicide, Platt et al. (2012) noted that several participants described that the trait of perfectionism contributed to their difficulties by exacerbating feelings of failure. O'Connor (2019) suggested that evaluative concerns (EC), a component of perfectionism characterised by critical self-evaluation, might put veterinary professionals under increased stress. This was particularly salient when managing unrealistic owner expectations and complications following surgery (O'Connor, 2019). In support of this idea, other authors found that veterinary professionals often perceived themselves as holding excessively high expectations of themselves, resulting in them feeling overly responsible for clinical events beyond their control (Morris, 2018; Waters et al., 2019; White, 2018).

Dawson (2015) concluded in their research exploring veterinarians' experiences of depression that participants understood their depression within the broader context of their lives

rather than exclusively linked to their profession. Non-work-related life events, such as bereavements, were linked to veterinarians' experiences of depression, often exacerbating the impact of occupational stressors. Such non-work-related life events were also considered factors that increased suicidality in veterinary professionals in prior research (Fairnie, 2005; Platt, Hawton, Simkin, Dean, et al., 2012).

Line-of-Argument Synthesis

A line-of-argument synthesis develops a new interpretation that links the second-order constructs from a set of individual studies to create a new 'whole' finding (Noblit & Hare, 1988). The current synthesis illustrated several factors reflecting the different occupational stressors impacting veterinary professional wellbeing. A diagram of the synthesis can be viewed in Figure 3.

According to the synthesised model, there are two ways these factors can impact professional wellbeing; directly and indirectly. Factors directly influencing wellbeing include the availability/lack of professional support, personal life events, and inherent personality characteristics (e.g., perfectionism). Indirect factors impact wellbeing by modulating or influencing a factor directly affecting wellbeing. For example, legal frameworks and factors linked to the animal owner influence whether the veterinary professional will achieve their goal (i.e., acting in the animal's best interest). Instances where this goal is achieved are linked to improved wellbeing, whilst instances where this goal is not achieved negatively affect wellbeing.

These factors were also categorised as distal, proximal, or internal, depending on how accessible they appear to be to the influence of individual veterinary professionals. This model is informed by Smail's (1996) theoretical framework of understanding psychological distress resulting from the operation of social power. Power in this context may be considered to mean

the level and availability of different resources an individual has access to that enables them to influence their own life. Examples can include material resources (e.g., education, employment, money), personal resources (e.g., confidence, embodiment, intelligence), social life resources (e.g., friends, associations, leisure) and home and family life (e.g., parents, relations, partner/s). Hagan and Smail (1997) provide a detailed background of this framework.

According to the synthesis, distal factors can have a direct (e.g., life events) and indirect (e.g., legal frameworks) impact on veterinary professional wellbeing. However, individuals are unlikely to be able to influence these factors. Proximal factors can also directly (e.g., working conditions) and indirectly (e.g., animal owners) affect wellbeing; however, veterinary professionals can influence these factors to some extent. Individuals are considered to have more influence on internal factors. However, this is not to say that bringing about change within this category is not challenging.

Given the psychosocial nature of this thesis, it is important to remain critical of accounts that distinguishes concretely between the 'psycho' and the 'social'. Several accounts from the reviewed literature referred to certain 'personality traits', such as perfectionism, that are theorised to influence veterinary professional wellbeing. This assumes a linear relationship – that is, that veterinary professionals enter the workforce already predisposed to traits such as 'perfectionism', which then later compound the stressors of their work.

A psychosocial account of this dynamic would question this simplistic approach; the 'psycho' and 'social' are considered intertwined and inseparable to begin with, and so the development of any 'personality trait' is considered to be the result of the complex interactions between the two, rather than wholly being due to factors internal to the individual. Furthermore, it could be argued that given the highly demanding and complex nature of veterinary work, a strive for perfectionism may be necessary to 'survive' the profession (i.e., there are limited

opportunities to make human errors). Finally, the demarcation of these personal characteristics arguably shifts the responsibility for their own wellbeing onto the veterinary professionals themselves, rather than taking into consideration the professional environments and procedures that may be having a more significant (and potentially harmful) impact.

Given that these 'inherent characteristics' factors were identified in the literature, they have been included in the Lines-of-Argument Synthesis, to provide a reflective account of the review itself. However, this factor should be considered from the critical psychosocial account described above.

Finally, the model includes two hypothetical links; legal frameworks may influence the culture of a veterinary clinic, which in turn may affect working conditions. Whilst these links were not explicitly documented consistently in the synthesised literature, they were recognised in certain studies (Dawson, 2015; Morris, 2018).

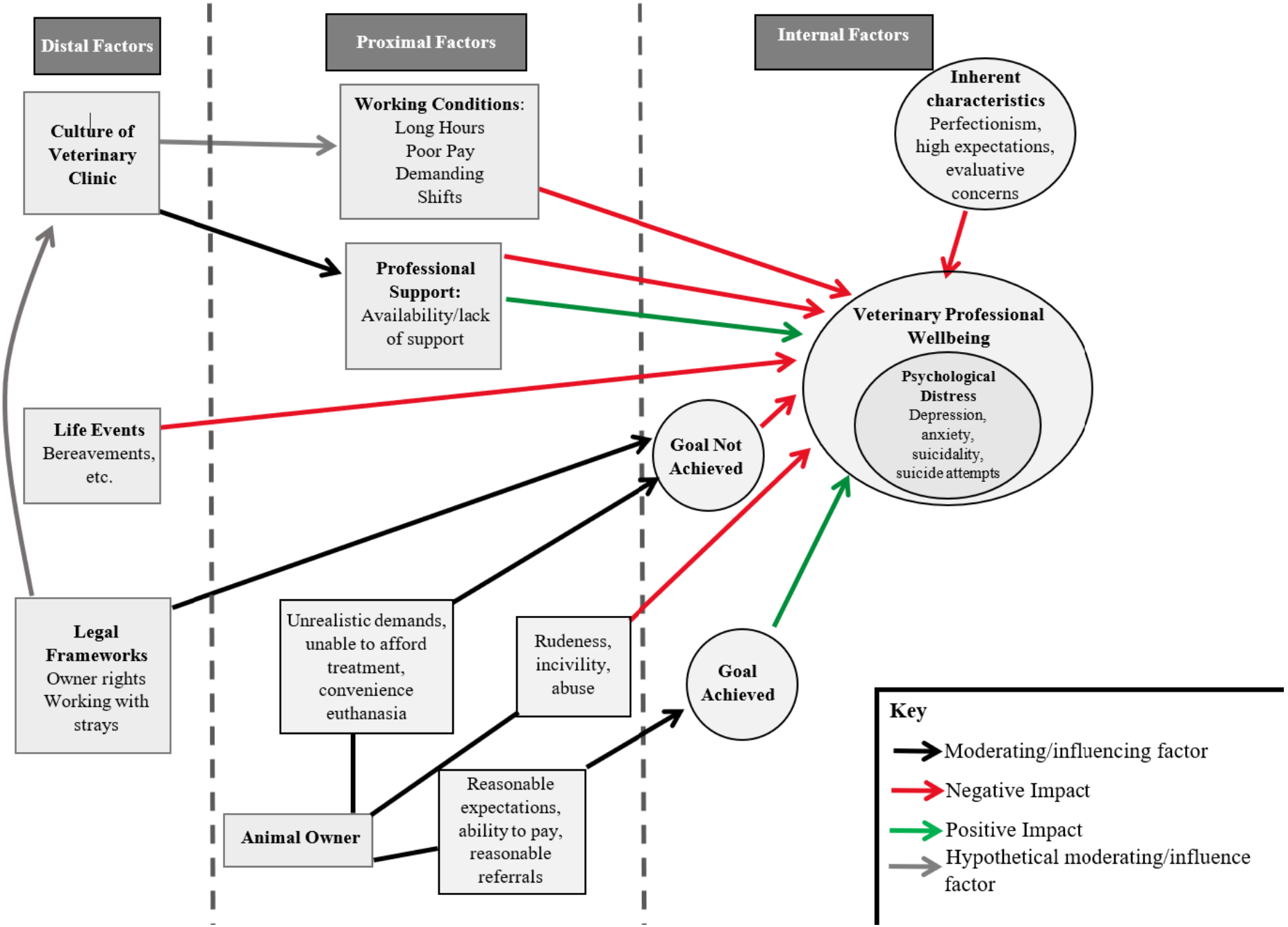
Conclusion

The current synthesis attempted to explore veterinary professionals' experiences of occupational stressors and the impact of these on their wellbeing. The model identified several factors that impact professional wellbeing and links between some of these factors. Nevertheless, this model can only be considered a partial reflection of the veterinary profession; there may be other factors that are not fully captured in the synthesis.

This synthesis builds upon the previous literature review completed in January 2020 during the development phase of this thesis (Appendix A). Despite including more studies in the current synthesis, there remained unexplored areas for further research. For example, the culture of the veterinary clinic was identified as a distal influence. However, this relationship was decidedly one-way, with the clinic culture indirectly impacting the wellbeing of veterinary professionals. There was no indication of veterinary professionals influencing the clinic

culture. According to Menzies Lyth, an organisation's workforce influences its culture and practices through its social defences, which become integrated into how the primary task is completed (Menzies Lyth, 1960). The synthesis did not present this possible link between veterinary professionals and clinic culture. There was also little mention of the broader social and political contexts in the current synthesis (apart from certain legal frameworks), which are also likely to shape veterinary professionals' experiences of their occupation and, thus, possibly their wellbeing (Papadopoulos, 2018).

Figure 3: *Diagram of the Line-of-Argument Synthesis*



Chapter Three: Method

Chapter Overview

The current study used a psychosocial qualitative research design to explore the veterinary surgeon profession. This chapter explores the philosophical framework, the research paradigm, and the methods of data collection and analysis of the current study. Participant recruitment and the inclusion and exclusion criteria for participation are also described. In addition, the ethical considerations regarding both the participants and the researcher are discussed. Finally, preliminary plans for disseminating the research will be presented, considering which areas and fields may be most appropriate.

Philosophical Framework

In research, the philosophical beliefs of the researcher are considered to influence the topic studied, the research methods employed, and the conclusions made (Grix, 2018; Kuhn, 2012). The two dominant philosophical dimensions typically considered are ontology and epistemology. The former relates to what one perceives as reality, and the latter relates to what can be learned about that reality and how that learning is achieved (Wahyuni, 2012).

Ontology

A researcher may believe that there is one reality entirely external and independent of human consciousness or experience, referred to as *realism* (Blaikie, 2007; Willig & Rogers, 2017). Relativism posits that reality exists only through human consciousness and interpretation. Therefore, relativism would argue that individuals create multiple realities shaped by the social, cultural, and temporal contexts in which those individuals live (Blaikie, 2007; Willig & Rogers, 2017).

A realist ontology has been reflected in the relevant past research evidencing a higher risk of psychological distress and suicidality in veterinary professionals (Bartram & Baldwin,

2010; Deacon & Brough, 2017; Nett et al., 2015; Platt, Hawton, Simkin, Dean, et al., 2012). Such research used numerical data related to fatality rates and causes of death to evidence that veterinary professionals are at increased risk of death by suicide compared to the general public and other professional groups. Therefore, these studies assume that a sense of reality can be gained by measuring objective factors (i.e., the number of people who died by suicide). In comparison, a relativist ontology has been demonstrated by previous studies exploring veterinary professionals' experiences of psychological distress (Dawson, 2015; Irwin et al., 2021; Matte et al., 2019; Springer et al., 2019; Waters et al., 2019). Such studies have investigated the multiple realities constructed by participants by exploring the narratives of individual veterinary professionals.

Psychosocial research focuses on neither the psyche (i.e., the internal, intrapsychic world) or the social (i.e., the external, interpersonal world), opting instead to view both elements as intertwined and inseparable (Clarke, 2018; Hollway, 2018). The interview method used in this research (Biographic Narrative-Interpretive Method, BNIM) compliments this approach by facilitating the exploration of both the inner worlds of the participants and researcher, as well as the outer social and historic contexts these individuals exist within (Wengraf & Chamberlayne, 2006). Therefore, this research aligns itself to a relativist ontology, though the separation between the individual experience (i.e., the 'psycho') and the external world (i.e., the 'social') would be contested. Instead, it would be posited that individual experiences are shaped inherently through the social world they exist within, including the political, temporal, and cultural spaces. In turn, individual experiences inherently shape and create these spaces too, such that the boundaries between the individual and the social are ultimately indistinct (Hollway, 2018).

Epistemology

Two broadly contesting stances typically represent epistemology. Whereas ontology is concerned with the nature of reality, epistemology relates to how knowledge about that reality can be understood and learned (Willig & Rogers, 2017). *Positivism* suggests that knowledge can be gained only through objective, scientific research methods. Individuals who conduct positivist research measure observable phenomena to create broad generalisations underpinned by quantitative statistical calculations. In this approach, the researcher is considered separate from the research because they have little to no influence over the phenomena they are measuring (Blaikie, 2007).

In comparison, social *constructionism* rejects the positivist stance that there is a single reality that can be captured by measuring objective data. Instead, constructionism states that knowledge is created through social and cultural contexts experienced by people, including both the participant/s and researcher. In this approach, the researcher co-creates the realities they are investigating, along with the participant/s. Therefore, the researcher is not considered separate from the research, and their analyses are closely tied to their lived experiences and histories (Blaikie, 2007).

In the current field, research underpinned by a positivist epistemology demonstrated that veterinary professionals are more at risk of suicide, typically by calculating proportionate mortality ratios (PMR) and comparing these from veterinary professionals to those of the general public or other professional groups (Bartram & Baldwin, 2010; Tomasi et al., 2019). Studies from a constructionist epistemological stance have considered how the experiences of veterinary professionals are understood, predominantly through interpreting their accounts using interviews (Dawson, 2015; Morris, 2018).

In line with the relativist ontology taken, this research attempted to access details of participants' lived experiences by conducting interviews according to the BNIM method. BNIM attempts to explore individuals' lived experiences whilst also considering how they tell the story of their experiences and how their story is interpreted by themselves and the researcher (Corbally & O'Neill, 2014). The researcher is therefore placed alongside the participants in this approach, and their interpretation of participants' transcripts considered another crucial form of data, dependant on the researcher's own lived experiences (Reissman, 1990; Wengraf, 2011). Furthermore, the 'realities' of participants' experiences are dependant on how they share details of those experiences (and again, how these experiences are understood by the participants and researcher). Under a psychosocial lens, these realities would be reflective of the complex interplay between the internal and external worlds of participant and researcher. This thesis therefore positions itself firmly within the social constructionist epistemological sphere.

Methodology

Methodology is concerned with the general research approach, building on what may constitute reality (ontology) and how knowledge about that reality may be learnt (epistemology). Though the two terms are often used interchangeably, 'methodology' is a separate concept from 'method', which refers to the specific techniques used to gather data (e.g., interviews or questionnaires). Nevertheless, specific research *methods* often align to a particular *methodology* (Silverman, 1993).

Quantitative methodology is typically grounded in positivist epistemology and realist ontology. Quantitative research generally attempts to generate results that can be generalised across larger populations, thus tapping into the belief of an objective reality. Such research typically involves testing a hypothesis via controlled experiments. The resulting data is

subsequently analysed using rigorous statistical tests to produce findings relating to statistical significance (Grix, 2018; Willig & Rogers, 2017).

Qualitative methodology is associated with a relativist ontology, where there are multiple realities, and the constructivist epistemology, where these realities are constructed by the people experiencing them, including the participant/s and the researcher. The most common research method used in qualitative studies is the interview. Participants' accounts of events are used to construct themes and patterns that may reflect their lived experiences and, thus, their realities (Willig & Rogers, 2017). Qualitative methodologies often encourage the researcher to consider their own experiences related to the research; in many ways, their construction of reality is considered equally valuable as those of participants'. This is known as reflexivity and is characteristic of qualitative research (Dodgson, 2019; Finefter-Rosenbluh, 2017).

Research Paradigm

A research paradigm combines the researcher's ontological, epistemological, and methodological approaches (Denzin & Lincoln, 2008). This research aimed to explore the psychosocial aspects of the veterinary surgeon profession due to the elevated risk of suicide observed in this professional group, which may indicate psychological distress. This was achieved through conducting interviews with individuals who held this job title during a time they experienced psychological distress and analysing their narratives.

In taking a psychosocial approach, I hoped to explore both the internal (i.e., psycho) and external (i.e., social) world of veterinary surgeons, with the assumption that this combination would provide an in-depth account of participants' experiences and possible social defences (Menzies Lyth, 1960; Obholzer & Roberts, 2019; Papadopoulos, 2018). In taking this approach to the research, I assumed that participants constructed their own realities based on

their personal histories, cultures, and experiences. Therefore, the study aligned to a relativist ontological position (there is no single external reality but many coexisting realities) and a constructionist epistemology (participants and myself construct these realities.

Clarke and Hoggett (2019) described psychosocial studies as research employing psychoanalytic concepts and principles. Various writers have argued that this approach has benefits, namely in recognising that the unconscious plays an essential role in everyday life, including participation in research. Hollway and Jefferson (2012) have emphasised that research participants enter the research setting with an unconscious that defends them from their painful internal experiences. When a research project attempts to access these painful experiences (e.g., by asking about difficult experiences), participants are considered to engage with their psychological defences (both consciously and unconsciously) to avoid activating the anxieties related to these very experiences (Ruch, 2014).

Stamenova and Hinshelwood (2018) state that most qualitative research does not consider the role of psychological defences. Thus, many researchers assume that participants can willingly access the entirety of their inner worlds, which they then share with the researcher. This ability becomes impossible when defences are considered, given that their function is to protect individuals from the distressing aspects of their inner world (see Chapter One). Defences appear in many ways, including repression (the unconscious suppression of painful or disturbing thoughts from conscious awareness) and displacement (satisfying an impulse with a substitute object) (Kramer, 2010; Schafer, 1968; Suppes & Warren, 1975).

Therefore, Hollway and Jefferson (2012) have advocated for the use of the term *defended participants* to acknowledge the fact that when participants engage in research, they are likely to engage with their defences, which will influence how they respond to the research paradigm and how they engage with the researcher.

As one of the research questions related directly to exploring possible social defences (conscious and unconscious) engaged with by the veterinary surgeon workforce, a psychosocial approach enabled me to consider and explore the defences used by individual participants and connect these to possible wider social defences. Alternative qualitative methods that typically ignore the role of defences in participants' engagement with research would have possibly missed this crucial element of participants' responses.

In line with recommendations from Papadopoulos (2018), I wanted to avoid potentially neglecting the broader social-moral-political contexts that may have shaped participants' experiences, as these could also theoretically influence (and be influenced by) social defences.

As such, a psychosocial approach would enable me to consider and explore some aspects of participants' experiences that other research paradigms might have missed. At the same time, I was able to reflect and draw on possible social influences, hopefully resulting in a sophisticated and complex understanding of the veterinary surgeon profession (Ruch, 2014).

Reflexivity

Reflexivity relates to an awareness of the researcher's influence on the research design, as a person (personal reflexivity) and as a theorist (epistemological reflexivity) (Willig & Rogers, 2017). Reflexivity is thought to add to a research project's validity and provide crucial contextual information to readers (Dodgson, 2019).

Psychosocial research considers reflexivity a significantly important aspect of the research process. It allows the researcher to explore their unconscious processes related to the study (e.g., the 'why' behind their involvement in the project), and to consider the cultural and societal similarities/differences between themselves and the participants (Clarke & Hoggett, 2019).

Self-Reflexive Statement

I identify as a 31-year-old female from a working-class white British family from the Midlands. I am an only child and grew up with more animals in my household than humans. Most family members have owned various animals as pets, and some have worked in pastoral farming. I have clear childhood memories of telling teachers, family, and friends that I wanted to be a veterinarian because I '*preferred animals to people'*.

My first personal relationship with a veterinary professional took the form of my maternal uncle's then-girlfriend, who was a veterinary nurse. From eleven years old, I occasionally visited her place of work (a charity) to learn about animals and how to become a veterinarian. Whilst I recall being upset at witnessing animals in pain and needing medical treatment, I became significantly more distressed after seeing animals that had been mistreated, abused, or neglected. This was an example of human cruelty that I had not known existed until then.

I remember feeling an overwhelming anger and frustration. I began to wonder how anyone could work in veterinary medicine when faced with such heart-breaking situations. From then onwards, I became less interested in veterinary work and more interested in veterinary work*ers*.

These early experiences have inevitably resulted in me forming certain beliefs about veterinary work and the professionals involved. Throughout this research, I have attempted to take a reflexive position on how these experiences and ideas have influenced the research process (personal reflexivity). To this end, I have used a reflective log to record and explore my reflections on these matters throughout the research process (see Appendix E for an example). I completed process notes after each interview; this enhanced my later analysis of the data and provided me with an opportunity to reflect on my assumptions and during the interview process, as well as the emotional impact of hearing participants' stories (see Appendix F).

The prospect of completing psychosocial research was immediately daunting to me. Although I understood and appreciated the benefits to this approach, being someone not entirely familiar with psychoanalytic principles and theories made me feel there was an awful lot of terminology and jargon for me to comprehend. I initially struggled with feeling 'psychosocial' enough when I discussed the project with those more involved in psychodynamic practices – especially when they asked me questions about melancholia, transference and defences.

There was another crucial aspect to conducting psychosocial research that I did not entirely appreciate until just before I started interviewing participants… That I would be the ninth participant in this sample. My own lived experiences, memories, feelings, thoughts, associations, anxieties, and defences were equally as present in this research as those of the

participants. I therefore needed to be aware of what I was experiencing for myself, as much as I was for the individuals I was interviewing.

Holding my experiences, thoughts and beliefs relating to veterinary work in mind, it is important to acknowledge that I hold veterinary professionals in high regard. I admire not only the work they do, but the very fact they are *able* to do this work, that they made the decision to work in veterinary medicine at some point in their lives and continue to make that same decision each day. I find it difficult when people, including loved ones, criticise veterinary professionals for charging for their services, or for not immediately knowing what exactly is making a beloved pet unwell. As someone with a pet who frequently visits the local vets (my cat Rafa has FIV and Calicivirus, plus an elbow deformity that makes her limp), I found myself reflecting on the many occasions in the past when I have had contact with veterinary professionals – what did I expect from them in those appointment? Were they reasonable expectations? Am I one of 'those' pet owners who frustrate and upset veterinary professionals?

When it came to completing the interviews with participants, I was acutely aware of the multiple roles I felt I occupied: researcher, interviewer, participant, analyst, psychologist, student, pet owner. In some ways this seemed to reflect the messiness of the human experience – when are we just one single entity? There was a definite sense of anxiety within me about doing a 'good enough' job (the definition of which I never did quite confirm to myself). This related initially to 'doing BNIM' as well as possible. BNIM as an interviewing technique does follow a very certain script, which in the moment of completing interviews, to me felt restrictive at times. There was a tension between wanting to adhere to the BNIM approach, but also wanting to be human, and commiserate with the life stories of each participant.

In comparison, the analysis felt like a period of relative freedom. The assumption that my interpretation of participants' stories could not be wrong, because they were dependant on

my own very individual lived experiences, felt liberating. I focussed on reading transcripts and listening to the interviews, and was quite struck by how easily certain ideas, thoughts and feelings were generated. By shifting away from the BNIM script, I felt more open to making associations and connections.

Nevertheless, I tried to hold in mind the beliefs and narratives of veterinary professionals I held myself; my admiration of them, my frustration when they are criticised, the sympathy I felt for them for doing what is quite evidently a very challenging job. I was keen to ensure that the themes and ideas I identified within the dataset were rooted in the dataset and not purely from my own thoughts and assumptions. Given the co-construction of research in IPA and psychosocial research more generally, I knew my lived experiences were important to hold in mind and reflect on, but equally it was important that I ensured, as best as I could, that my findings were rooted in the stories the participants had shared with me.

I was also aware of another tension; I felt there was an expectation of me to *feel deeply* in response to my participants' stories, and in turn *write deeply* and *reflect deeply* about my feelings, in my reflexive logs and indeed this very account. The fact there seemed to be a never-ending well for me to throw in my own feelings of distress and upset in response to what people told me, when they themselves, by their own accounts, had no time or space to process these feelings seemed... indulgent to me. I felt upset and angered by what participants told me, about their own pain having to be hidden away and forgotten about, but also that their expectations of veterinary work (and my own) were so shattered by the harsh reality of the practice. But the idea of mulling over my own thoughts and feelings, of languishing in my own (absent) tears, just seemed to highlight the disparity between the luxurious space for reflection in academia and the utter lack of it in the 'real world' of veterinary medicine. How could I take such time to log my own inner most workings, when the very people who were prompting those feelings within me were deprived of this right?

I also want to highlight my understanding of principals such as transference and countertransference, and containment... And indeed, my begrudging willing to reflect on my emotional response to this project has been underpinned by a hope that they would, in some way, reflect what participants might have also been feeling, rather than taking myself centre stage and making it All About Me.

But I still felt somewhat an emotional disappointment at times, as if those around me expected me to fall apart and be deeply wounded by the stories I was hearing. In a moment of inspiration from *When Harry met Sally*, I even considered faking it, jotting down emotive and poetic words about non-existent tears, sleepless night, and my utter distress at the tales I was hearing... But to do so would have further short-changed my own experience and reinforced the idea that there is a 'right' way to feel about this research, which I inherently disagree with.

My overriding emotional response to this project is one of anger, mainly at the circumstances participants were having to survive in. I also felt empowered and inspired to *do something*. But I sometimes felt that I was expected to feel heartbroken and devastated... In a process that felt alarmingly parallel to participants, who seemed to be expected to feel nothing in their work.

Data Collection Method

The method chosen in any research project must align with the researcher's philosophical assumptions (Grix, 2018). As previously explored, the current project was designed with a relativist ontological position and constructionist epistemology. To complement these philosophies, the data collection method used in the current project aimed to facilitate an exploration of both conscious and unconscious aspects of the veterinary surgeon profession. Therefore, I opted to use participant interviews rather than focus groups or questionnaires to explore the experiences of veterinary professionals. I chose the Biographic Narrative-Interpretive Method (BNIM) (Wengraf, 2001, 2011).

Biographic Narrative-Interpretive Method Interviews

BNIM interviews attempt to uncover three components of the human experience: a person's story (biography), how they tell their story (narrative), and how their story is subjected to interpretation by both the narrator and the listener (interpretive) (Corbally & O'Neill, 2014). BNIM was designed to allow the participants' public and private (i.e., conscious and unconscious) worlds to emerge during the interview (Wengraf & Chamberlayne, 2006). BNIM assumes that biographical narratives represent an interpretation of life events rather than providing objective 'truths' of what happened (Wengraf, 2011). Narratives also involve the co-construction of meanings of those life events created by both the narrator and listener (Riessman, 1990). The meanings generated by these individuals are invariably influenced by the dominant discourses of their culture/s, the contexts of the time and place, and their characteristics (Jones, 2003).

The BNIM interview typically takes place over two or more interviewing sub-sessions. The first sub-session consists of a single question that prompts participants to produce their narratives. This 'Single Question aimed at Inducing Narrative' (SQUIN) provides a broad

outline of the researcher's interest but gives participants minimal instruction on how to focus their response (Armstrong, 2014).

Two SQUIN prompts were developed for the current study; one for individuals currently employed in veterinary medicine and a second SQUIN for individuals who had ceased working in veterinary medicine in the last five years (Table 2).

Table 2: *SQUINs used in the current study*

SQUIN for individuals currently employed in veterinary medicine	SQUIN for individuals who have ceased working in veterinary medicine in the last five years
As you know, I'm researching some of the difficulties of working in veterinary medicine. I understand that you are currently employed in veterinary medicine.	As you know, I'm researching some of the difficulties of working in veterinary medicine. I understand that you have finished working in veterinary medicine in the last five years.
So please can you tell me your story of working in veterinary medicine, during a time when you were experiencing psychological distress, all the events and experiences that were important for you personally.	**So please can you tell me your story of working in veterinary medicine, during a time when you were experiencing psychological distress, all the events and experiences that were important for you personally, up to now.**
There's no rush, and you can start wherever you like.	There's no rush, and you can start wherever you like.
I'll listen first, I won't interrupt.	I'll listen first, I won't interrupt.
I'll just take some notes in case I have any further questions for after you've finished telling me about it all.	I'll just take some notes in case I have any further questions for after you've finished telling me about it all.
Do take your time	Do take your time
Please begin your story wherever you like…	Please begin your story wherever you like…

According to the BNIM method, after presenting the SQUIN, the researcher is restricted to a listening role, and no further or follow-up questions are asked at this stage. As a result, the participant alone decides what topics are relevant and not relevant to the SQUIN (Buckner, 2005). The researcher is tasked with noting verbatim 'cue phrases' while the participant is speaking. These 'cue phrases' are specific words spoken by the participant, which appear to be important to their narrative whilst also related to the research (Wengraf, 2011).

After the first sub-session (i.e., sub-session one), there is a brief pause whilst the researcher constructs follow-up questions based on the 'cue phrases' they noted during sub-session one. Following this pause, sub-session two can begin (Buckner, 2005). Sub-session two allows the researcher to explore topics bought up in sub-session one in more detail. Wengraf (2011) describes sub-session one as exploring the 'big' story of a participant's narrative and sub-session two as allowing the researcher to examine these narratives in more detail, generating incident-specific 'small' stories. These 'small' stories are called Precise Incident Narratives (PINs). These PINs are specific experiences the participant has lived through, and by telling their story, they appear to re-experience them. Generating PINs related to the research paradigm is the aim of BNIM, as it is thought to enable the researcher to explore participants' processes (both unconscious and conscious) of the experience in question (Wengraf, 2011).

When developing questions for sub-session two, the researcher is tasked with using the 'cue phrases' they identified during the participant's response in sub-session one. The researcher therefore develops questions in the participants' words (i.e., using verbatim 'cue phrases'). Researchers are additionally advised to ask their sub-session two questions in the same order the 'cue-phrases' appeared in the participant's narrative during sub-session one. This ensures that the participants' gestalt (i.e., the telling of their story) remains intact and is

not influenced by the researcher's (mis)interpretation (Corbally & O'Neill, 2014; Wengraf, 2011).

The questions asked during sub-session two follow a distinct and purposeful pattern where the researcher introduces a 'cue phrase', as previously spoken by the participant, before asking for specific details related to the experience. For example:

> 'You said [cue phrase]. Can you remember a particular situation/day/moment… how it all happened?'

In BNIM, words such as 'situation/day/moment' in the above example are called 'magic words'. Because sub-session two aims to access participants' PINs, 'magic words' that relate to specific times and places (e.g., moment/event/day) are considered better suited than words that are vaguer (e.g., time/phase/period). Even less ideal are 'magic words' related to general internal processes (e.g., thoughts/images/feelings). Whereas the foremost 'magic words' are specific to a certain time or place, these lattermost 'magic words' are more general and considered less connected to the specific event that participants spoke about in sub-session one. According to BNIM theory, too much attention paid to these more vague 'magic words' displaces the participant from the specific event and towards their general feelings (Wengraf, 2001, 2011).

After the participant has responded to the first question asked in sub-session two, the researcher develops further questions related to that topic, again using the format of 'you said [new cue phrase]. Can you remember any more details about the particular [magic word]? How it all happened?'. The combination of verbatim 'cue phrases', time- or location-specific 'magic words', and the researcher 'pausing purposefully' throughout the interview allows participants to eventually reach a point where their story-telling results in them re-experiencing the event in question (Wengraf, 2011). In turn, this allows the researcher to access detailed, in-depth

information about participants' experiences, which may have remained uncovered, and unknown had the researcher used alternate interview techniques (Wengraf, 2001, 2011).

Anonymised examples of questions asked in sub-session two can be found in Appendix G.

Data Analysis Method

Interpretative Phenomenological Analysis

All interview transcripts were analysed using Interpretative Phenomenological Analysis (IPA). IPA, as a research approach, attempts to understand how people make sense of their experiences, following three distinct principles that underline the philosophical and theoretical histories of IPA (Flowers et al., 2009):

1. Interpretative: IPA, rooted in hermeneutics (the theory of interpretation), recognises that any qualitative analyses are strongly connected to the researchers' interpretations (Larkin et al., 2006). IPA assumes a double hermeneutic: the participant tries to make sense of their experiences, and the researcher tries to make sense of the participant's experiences. Therefore, any analyses are bound by the participants' capacity to share their experiences in the research context and the researcher's ability to understand them.

2. Phenomenological: IPA is concerned with individuals' meanings of their experiences. Participants are encouraged to share details of their experiences in their own words. Researchers, in turn, are encouraged to interpret what it may mean for participants to have such experiences within the participants' social, historical, and cultural contexts (Flowers et al., 2009; Larkin et al., 2006)

3. Idiographic: Ideography concerns 'the particular' (Flowers et al., 2009; Larkin et al., 2006). IPA commits to understanding how a particular group of people experienced a specific phenomenon in a particular context. Therefore, IPA research tends to opt for smaller sample sizes to allow for greater depth in the subsequent analysis.

The idiographic nature of IPA is considered to suit psychoanalytically informed research due to its focus on in-depth interviews with a small number of participants, thus accessing their internal worlds and allowing for comparisons within and across participants (Flowers et al., 2009; Russell, 2015).

IPA Data Analysis Process

The analysis in this research was completed in line with guidance from various writers of IPA, most notably Flowers et al. (2009) and Finlay (2011). Data analysis in IPA is considered an iterative and inductive process (Smith & Shinebourne, 2012). As such, there are fewer divisions between the stages of the analysis process, with researchers shifting between stages as their analysis develops. Nevertheless, a summary of the analysis process according to the IPA method will be outlined for clarity and transparency.

Initially, IPA analysis begins with the researcher reading and re-reading the interview transcripts to immerse themselves in the dataset. Throughout these readings, researchers are encouraged to hold the participant as the central focus of their emerging analysis. Though equally, even at this analysis stage, researchers are encouraged to reflect on their responses to the transcripts.

The second analysis stage concerns the researcher with making initial notes in the transcript. These initial notes are likely to form early exploratory comments and questions. There are few rules about what researchers should comment on at this stage; instead, the aim is for researchers to develop a set of notes about what participants are saying and how they use language. Flowers et al. (2009) suggest that researchers may want to cover three broad areas in these initial notes: descriptive comments related to what participants are saying; linguistic comments related to how participants use language and linguistic features; and conceptual comments, which shift away from what participants are saying and focus more on their general

understanding of their experiences. Throughout this analysis stage, researchers are encouraged to use techniques such as reading chunks of transcript backwards and sentence-by-sentence to deconstruct what the participant is saying. It is thought that such techniques enhance the researcher's focus on exactly what the participant is saying in the transcript, rather than what the researcher might think the participant is saying. An example of the initial notes made in the early phase of analysis in the current study can be reviewed in Appendix H.

The third stage of analysis concerns developing emerging themes and begins by mapping out the patterns, connections and relationships between the initial notes made in the second analysis stage. The emerging themes are considered to reflect both the participants' own words and the researcher's interpretation of what participants said. They build upon the initial notes by reflecting an understanding of what the participant has experienced, their making sense of the experience, and the researcher's understanding of the participants' processes. Researchers are encouraged to focus on discrete transcript sections whilst recalling what they have learned through the previous notetaking stage. In the current study, all initial notes and emerging themes were typed into an excel spreadsheet for each interview to ease reading and comparing themes. An example of the emerging themes noted during the analysis process in the current study can be reviewed in Appendix I.

The fourth stage of analysis tasks the researcher with exploring how the emergent themes identified may fit together. There are several ways of potentially identifying links between emergent themes, as noted in Flowers et al. (2009). This includes drawing together similar themes to develop a single, super-ordinate theme, bringing together seemingly oppositional themes, and identifying themes that relate to specific places or chronological times in the narrative. For the current study, all emerging themes in each interview were colour-coded and given a superordinate theme heading that linked the individual themes together. An

example of developing a super-ordinate theme identified in the current study can be reviewed in Appendix J.

The fifth and sixth stages of analysis IPA are concerned with multi-participant studies. For the fifth analysis stage, researchers are encouraged to repeat the previous four stages for all interview transcripts. Given the idiographic commitment of IPA, there is an emphasis at this stage that researchers should allow new themes and ideas to emerge from each new transcript, though inevitably, they will be influenced by previously generated themes (Flowers et al., 2009; Pietkiewicz & Smith, 2014).

After identifying super-ordinate themes from each interview, the researcher is encouraged to identify patterns across participants; whilst some may be specific to an individual, others may traverse several participant narratives. It can be beneficial at this stage for researchers to generate a table of how the themes and super-ordinate themes each map across all participants' experiences. For the current study, this involved creating a spreadsheet with all superordinate themes (and their colour-coded subthemes) for all interviews to allow for cross-participant links. An example of this spreadsheet can be reviewed in Appendix K.

Combining BNIM with IPA

BNIM has been designed as both an interview technique and an analysis of the resulting data. BNIM data analysis involves researchers analysing two 'tracks' of data generated from each interview; the biographical data of the participants' stories (e.g., what happened) and how the participant told their stories. These 'tracks', referred to as 'the lived life' and 'the telling of the told story', are analysed separately and sequentially by the researcher (Wengraf, 2001).

A key aspect of BNIM analysis is the use of an interpretative panel of individuals unfamiliar with the project. Panel members are presented with pre-selected chunks of the transcript and, depending on which 'track' of data they are interpreting, they will generate ideas about the participant's life or how they have told their life story (Wengraf, 2001). Historically, these panels have typically taken place face-to-face, which proved problematic for the current study due to COVID-19 regulations.

After seeking advice from the developer of BNIM, I was informed that the panels could theoretically take place remotely, though it had not been done before. I was somewhat unclear about how the interpretive panels could function on a virtual platform, as a significant part of this process usually relied on the physical presentations of the data and panel members making physical edits to the transcript (e.g., using written notes or diagrams).

Given these logistical difficulties, I opted to use the BNIM interview technique with the IPA data analysis. IPA appeared to be well-matched to BNIM in many ways. Both methods favour small sample sizes, follow inductive analysis processes, and emphasise the importance of depth of analysis and researcher reflexivity. Previously this combination of methods has been used in research exploring the experiences of fathers diagnosed with testicular cancer and nursing home staff and managers who have experienced personal traumas (Ådland et al., 2021; Armstrong, 2014; Russell, 2015).

Nevertheless, the potential limitations of combining these two methods, rather than using BNIM interviews and BNIM analysis, must be acknowledged. These are discussed in more detail in Chapter Five (*Strengths & Limitations*).

Participants

Participant recruitment started in March 2021; at this time, the premise of this thesis was to conduct interviews with veterinary professionals generally, rather than veterinary surgeons specifically. This shift, from the general veterinary workforce to a specific job, came about due to the final sample consisting only of veterinary surgeons (see Chapter 4, Findings). Nevertheless, initially, all veterinary professionals were invited to take part in this study. As such, the details of participant recruitment explained below relate to the original, profession-wide, target population. It is crucial to acknowledge that had the final sample of this study included other veterinary professionals, the resulting data, analysis, and findings would likely have been different to what is presented in the remaining chapters of this thesis.

A convenience sampling strategy was used to recruit participants for the current study. Convenience sampling is a form of non-probability sampling, where individuals from the target population (e.g., veterinary professionals) are invited to participate in a given study based on certain logistical and practical criteria (e.g., availability, willingness to participate) (Etikan et al., 2016). Convenience sampling aims to ensure that the knowledge gained from a sample is representative of the broader target population. This can be contrasted with purposive sampling, which typically aims to achieve data saturation (i.e., when no more new information is generated from participants). However, convenience sampling was selected as the more suitable strategy, with data saturation not considered a priority in BNIM (Wengraf, 2011).

Inclusion Criteria

Individuals were eligible to participate in this research if they were employed as veterinary professionals at the time of their interview. Due to veterinary medicine generally having a high level of staff turnover (Arbe Montoya et al., 2021), individuals who had ceased working in veterinary medicine in the last five years at the time of recruitment (e.g., since 2015)

were also invited to participate. This also allowed individuals who had left the veterinary profession to participate in this study.

Participation was not limited to specific job titles; all individuals who were either currently employed in veterinary medicine or had ceased working in veterinary medicine in the last five years were eligible to participate. This included registered professionals (e.g., veterinary surgeons and nurses) and non-registered professionals (e.g., receptionists, clinic managers).

This decision was made for two reasons. Firstly, evidence suggests that in veterinary practices, as in other organisations, inter-disciplinary working is a crucial component of workers' experiences and can impact job satisfaction and burn-out (Kinnison et al., 2014; Moore et al., 2014). Secondly, the evidence of increased psychological distress has been observed in veterinary nurses (Black et al., 2011; Deacon & Brough, 2019), veterinary technicians (Kogan et al., 2020) in addition to veterinary surgeons (O'Connor, 2019a; Platt et al., 2010), who are generally the most researched veterinary profession in this area. By widening this research to all veterinary professionals, this study aimed to better understand the experiences of other veterinary professionals who had generally received less academic attention.

Exclusion Criteria

Individuals could not participate in the current study if they were under the age of 18 years. Children and young people employed or volunteering in a veterinary clinic were excluded due to the associated legal and ethical factors.

Individuals were also unable to participate if they were currently experiencing psychological distress at the time of data collection. This was decided in line with guidance from other qualitative studies researching potentially upsetting topics, such as psychological

distress (Fahie, 2014; Wager, 2011). In the case of the current study, it was decided that the potential risks to participants' wellbeing would be mitigated if their experiences of psychological distress were historical and not current.

Recruitment procedure

Participants were recruited to the study by advertisements disseminated to various UK veterinary institutions, groups, and social media pages. These included: The British Veterinary Association, Veterinary Times, VetLife, British Veterinary Nursing Association, Vet Record, Royal College of Veterinary Surgeons, British Veterinary Receptionist Association, British Veterinary Chronic Illness Society, Vets: Stay, Go, Diversify Facebook Page, Veterinary Women, Vet Voices. The advertisement shared with these organisations can be viewed in Appendix L.

In addition, details of the study were also disseminated by key informants who had advised or consulted in the development of this study. These include individuals currently working in veterinary medicine, other academics researching this field, and veterinary counsellors/coaches.

All interested individuals were directed to an online Qualtrics page, where they were presented with a digital version of the Participant Information Sheet (PIS) (Appendix M). After confirming they had read and understood the PIS, individuals could register their interest by inputting their name and email address onto the Qualtrics form. All individuals who registered these details were later contacted via email and were given another digital copy of the PIS, in addition to the consent form (Appendix N). After confirming their willingness to participate and completing the consent form, participants arranged a convenient time for their interviews.

Sample Size

Data saturation, the point at which no additional themes or information is observed in the data, is often seen as the principal indication that an adequate sample has been used. However, there is no agreed method of achieving data saturation or identifying when data saturation is achieved (Francis et al., 2010). Furthermore, it can be argued that the 'depth' of qualitative data acquired in a study is more important than the number of participants (Fusch & Ness, 2015). In addition, BNIM advocate maintaining a small sample in favour of rich, in-depth data (Wengraf, 2001). Considering these factors, the current study aimed to have a sample size of eight participants.

Materials

Due to the COVID-19 pandemic, all interviews took place on Zoom via the University of Essex. These interviews were video-recorded via the Zoom platform.

Ethical Considerations

Ethical Approval

The current research project was conducted according to the British Psychological Society's Code of Human Research Ethics (British Psychological Society, 2014). Ethical approval was granted by the University of Essex Ethics Department on 16th July 2020 (Ethics reference number: ETH1920-1326) (Appendix O).

Due to the COVID-19 pandemic, significant amendments were made to the original ethical application. The University of Essex Ethics Department granted ethical approval for the amendments on 24th January 2021 (Ethics reference number: ETH2021-0854) (Appendix P).

Informed Consent

To register their interest in participating, all potential participants were required to read a digital version of the Participant Information Sheet (PIS) (Appendix M), presented to them as a Qualtrics form. They were required to confirm they had read and understood the information contained within the PIS before registering their interest.

In addition, all individuals who registered their interest in participating were given another copy of the PIS via email. All individuals were given at least 24 hours to consider whether they wanted to participate in the study before completing the Consent Form (Appendix N). Interviews took place only after receiving a completed consent form from each participant.

Right to Withdraw

All participants were informed of their right to withdraw from the study at any time, which was explained in both the PIS and consent form. Participants were also reminded of this before the start of their interviews. In all cases, participants were informed that their possible withdrawal from the current study would not impact their employment in veterinary medicine.

Participants were given the lead researcher's contact details (email address), which they were aware they could use to withdraw their data from the study at any time.

Confidentiality

Participants were given details regarding the procedures of the current study to maintain their confidentiality wherever possible. However, they were informed that the researcher would be required to alert the necessary authorities/services in certain situations, including safeguarding concerns or risk management.

Anonymity

Qualitative data, by exploring individuals' experiences, may sometimes include accounts of participants' narratives that could result in other people identifying them. This, however, can be minimised by anonymising the dataset (Willig & Rogers, 2017) (Denzin & Lincoln, 2008; Willig & Rogers, 2017).

In the current study, each participant was allocated a pseudonym and a participant number. All process notes made by the researcher during the interviews, in addition to the excel spreadsheets used to analyse the dataset, used the participant number to identify the transcript the notes/analysis related to. In the write-up of the findings, participant pseudonyms were used for an additional level of anonymity (i.e., it is unclear which pseudonym relates to which participant number).

All identifiable data, such as people's names and locations/addresses, were anonymised after the initial data collection. Where participants discussed specific situations that could result in them being identified, certain details of these situations were redacted from the transcript and further analysis.

Data Management

All process notes that were taken during the interviews were written by hand by me. These were then scanned digitally onto the secure University of Essex computer system and stored in a password-protected file. The hard copies of the notes were destroyed after being scanned digitally.

The interviews were video-recorded and transferred to the same secure computer system hosted by the University of Essex. As with the scanned process notes, these were stored in a password-protected file. All interviews were subsequently transcribed verbatim. These transcriptions were stored digitally on the University of Essex secure drive and password protected. All handwritten notes relating to the data analysis were also scanned onto the same secure system and password protected (hard copies were subsequently destroyed). In addition, any digital documents used for the analysis (e.g., spreadsheets) were password-protected and stored on a secure drive.

Debriefing

All participants were offered a debrief space after their interviews. They were informed that this would not be recorded or included in the data analysis. In addition, all participants were given a Participant advice sheet (Appendix Q) before and after their interviews, providing them with different support sources.

Risk

A risk assessment was completed as part of the Ethical Approval process at the University of Ethics. This identified potential risks to both the researcher and participants and the necessary steps required to minimise these risks.

Quality Assurance

Assuring the quality of any research undertaken is crucial, but it may be particularly important to consider when amalgamating two methods, such as in the current study. The four principles of quality assurance for qualitative studies, as identified by Yardley (2000), are often used to assess IPA research. These four principles will be explored further, and examples will be given of how they were met in the current study.

Sensitivity to Context

The first principle can be demonstrated in many ways, including ensuring that analytic claims are grounded within the interview data, awareness of the existing literature, and acknowledging the social context of the relationship between researcher and participant.

Throughout the analysis process of this study, I ensured that any themes/analytic claims made were founded within the interview transcripts. I have included verbatim extracts throughout my findings (see Chapter Four). Awareness of existing literature was at the forefront of the development of this study, informing not only the topic in question but the methods used to generate novel findings in this field of research. Finally, by using a reflexive log, the reflective statement, and post-interview process notes, I was able to reflect and remain sensitive to the inter-personal nature of the interviews, as well as my characteristics, beliefs, and assumptions and how these will interact with this research.

It may also be considered that BNIM interviews also demonstrate sensitivity to context in the practice of the researcher ‘pausing purposefully’ to give participants time to reflect and process their narrative. In addition, the open-ended nature of the SQUIN, and the use of participants’ verbatim ‘cue phrases’ in sub-session two, may also be considered to demonstrate sensitivity to context for the participant and their narrative.

Commitment and Rigour

The second principle Yardley (2000) put forward covers two overlapping ideas. Commitment ensures that researchers remain engaged with the research and competent in the interview/analysis methods whist remaining immersed in the data. Rigour refers to the 'completeness' of the data collection and analysis.

In terms of commitment, on a logistical level, I received training in the BNIM interview method and received external support for the IPA analysis. I transcribed the interviews verbatim and completed all analyses myself, following IPA guidelines, ensuring full immersion and engagement with the data. Flowers et al. (2009) additionally suggest that conducting in-depth interviews, such as IPA and BNIM interviews, also evidences further commitment from the researcher.

In terms of rigour, by contacting various organisations and platforms (e.g., veterinary clinics, charities, governing bodies, and social media platforms) when recruiting, I ensured that an appropriate target population was reached, including people both currently and no longer employed in veterinary medicine. This was particularly crucial to ensure that my study was advertised to marginalised groups, such as BAME and/or LGBTQIA+ individuals, and less well-researched occupational groups (e.g., veterinary receptionists). When planning my interview scripts, I received support and guidance from the developer of BNIM, who provided verbal feedback on my first SQUIN drafts during a session of BNIM training. Throughout the analysis process of the current study, I followed IPA guidance and have presented my findings alongside appropriate extracts from participants' transcripts, as is suggested (Flowers et al., 2009).

Transparency and Coherence

Transparency is the extent to which the stages of the research process have been documented clearly by the researcher. Coherence is how logically the research can be read and understood by a reader without prior knowledge of the field (Yardley, 2000).

For transparency, I have attempted to document each stage of this research (development, recruitment, data collection, data analysis) clearly and comprehensibly, including the decision-making process of combining BNIM interviews with IPA analysis. I have also reflected on the changes and adaptations made to this project, including the impact of COVID-19 and the shift in focus from general veterinary professionals to veterinary surgeons more specifically. I have additionally included documents related to these stages of research (i.e., ethical approval documents, participant recruitment posters, SQUIN questions, reflective log, annotated transcript examples) to further enhance transparency.

For the sake of coherence, I outlined the philosophical stances of myself as a researcher and, therefore, of this project; that of a relativist ontology and constructionist epistemology. In selecting BNIM interviews and IPA analysis, I have maintained these philosophical stances and ensured that by using such approaches, I have presented the multiple 'realities' of my participants. This may also be thought of as reflective of the IPA tradition of phenomenology and hermeneutic sensibility in that this research is presented as my attempt, as a researcher, to understand the participants' sense-making of their own experiences.

Impact and Importance

According to Yardley (2000), an essential characteristic of quality research is its usefulness and influence.

The current research aimed to conduct a psychosocial exploration of the veterinary surgeon profession. Primarily, and perhaps most obviously, I hope this research sheds some

light on veterinary professionals' experiences of psychological distress whilst working in veterinary medicine. I hope this results in a broader of the difficulties experienced by veterinary professionals, particularly considering possible social defences.

There are potential applications of this study in different sects within the veterinary medical community, including improving awareness and understanding of staff mental health, improving sources of support for veterinary professionals who are experiencing psychological distress, and broader organisational changes that may improve professionals' experiences of working.

Dissemination

The findings of this research were relevant to several journals, including veterinary publications (e.g., Veterinary Record, British Veterinary Journal) and those dedicated to psychosocial research methods (e.g., Journal of Psychosocial Studies). Following the submission of this thesis to the University of Essex in partial fulfilment of the Doctorate in Clinical Psychology, the results of this study will be prepared for submission to peer-reviewed academic journals. In terms of conferences, I have been invited to present the findings of this study at the inaugural World Occupational Science Conference (WOSC) in Vancouver in August 2022.

Additionally, participants who expressed an interest in receiving a completed copy of this thesis will do so upon successful submission to the University of Essex. Several key informants who contributed to the development of this study will also receive a copy.

Chapter Four: Findings

Chapter Overview

This chapter presents the demographic information of the eight individuals who participated in this research. The importance of reflexivity in qualitative research is then briefly revisited. Finally, the themes developed from the participant interviews are presented. The themes are accompanied by verbatim interview extracts illuminating a deeper understanding and interpretation of the data. These extracts may invite readers to consider their interpretations of participants' experiences.

Study Sample

In line with the inclusion criteria and aim of this study, all individuals who participated in the research were veterinary professionals who:

- Were either currently employed in veterinary medicine in the UK at the time of their interview or-
- Had finished working in veterinary medicine in the UK in the last five years.

As per the inclusion criteria, potential participants were not limited to belonging to a specific professional group; all individuals working in veterinary medicine were welcome to participate (e.g., surgeons, nurses, technicians, receptionists).

A total of 22 individuals registered their interest in participating in the study (all female). Of these 22 individuals, six were registered veterinary nurses (27%), two were receptionists (9%), and one was a veterinary technician (5%). The remaining 13 individuals were veterinary surgeons (59%).

As the target sample number was eight participants, the first eight individuals who registered their interest were contacted to arrange a suitable date/time for their interview. The

remaining 14 individuals were advised via email that they were on a waiting list. Individuals who could no longer participate after being contacted were removed from the list; a total of four individuals either withdrew their participation due to work commitments, or changes in their circumstances resulted in them being excluded from the study. In this instance, the individuals on the waitlist were contacted and invited for an interview, again in the order that they originally registered their interest. Once all interviews were completed, the remaining individuals on the waitlist were thanked for their willingness to participate and informed that the study had reached the target sample number. These individuals were offered the opportunity to receive a copy of the final thesis, as a token of appreciation for their willingness.

As planned, a total of eight individuals participated in this study. All eight individuals were registered veterinary surgeons; given that this was a different sample to the one originally planned for this thesis (i.e., veterinary professionals generally), the scope and focus of the research shifted to become a psychosocial exploration specific to the veterinary surgeon profession, rather than the general workforce of veterinary medicine.

All eight participants were female, and all identified their ethnicity as white British. In terms of ethnicity, this sample reflected the general population of veterinary surgeons in Britain (over 96% white British) (Robinson et al., 2020). Though the majority (60%) of veterinary surgeons in the UK are female (Robinson et al., 2020), this research sample indicated a bias towards over-representing female veterinary surgeons compared to their male counterparts. Previous studies in this field have also featured female-only samples (Deacon & Brough, 2019; Waters et al., 2019; White, 2018). Men have been observed to be less likely to participate in qualitative research compared to women (Plowman & Smith, 2011). Therefore, this sample's bias could be explained by women already outnumbering men in the population of interest (e.g., veterinary professionals) and men being less likely to volunteer for research such as this

one. Regardless of the explanation, this bias towards female participants should be acknowledged and considered a limitation of the current study.

Of the eight participants who took part in the study, six were currently employed in veterinary medicine (three part-time and three full-time) and two were no longer working in veterinary medicine. The number of years participants worked in veterinary medicine ranged from 4 – 20 years, with a mean of 9 years. Of the six participants still working in veterinary medicine, five worked in companion animal medicine, and one worked in equine medicine part-time. Table 3 presents each participant's assigned pseudonym and their demographic information.

Table 3: *Participant demographic information (n= 8)*

Interview Order	Participant pseudonym	Age	Length of time working in veterinary medicine	Currently employed in veterinary medicine?	Current animal practice
1	Samantha	33	10 years	Yes, part-time	Equine Medicine
2	Hazel	29	5.5 years	Yes, full-time	Small Animal
3	Leanne	27	5 years	Yes, part-time	Small Animal
4	Bella	31	5 years	No	
5	Frankie	26	4 years	Yes, full-time	Mixed Practice, small and large animal
6	Evelyn	40	17 years	No	
7	Elizabeth	28	5 years	Yes, part-time	Small Animal
8	Ruth	44	20 years	Yes, full-time	Small Animal

The duration of interviews (minutes:seconds) ranged from 61:23 to 141:28, with an average of 83:55. As per the previous chapter, the interview took place over two sub-sessions. The average duration of sub-session one was 23:42, and the average duration of sub-session two was 60:12.

Analysis

Themes and super-ordinate themes were identified using IPA analysis (Flowers et al., 2009). A total of five super-ordinate themes and ten subthemes were identified from the data. All themes can be reviewed in Figure 4.

In line with the IPA methods, the construction of these themes represents the double hermeneutic process of my attempts to make sense of participants as they attempt to make sense of their experiences. Therefore, these themes reflect the participants' experiences of being a veterinary surgeon and my processes as a researcher of listening to them; this reciprocal and reflexive process is a joint effort between myself and each of the eight participants (Finlay, 2011; Moran, 2020; J. A. Smith & P. Shinebourne, 2012).

For the sake of transparency (Moravcsik, 2020), I have presented examples of the analysis process completed in the current study, including examples of the initial notes I made (Appendix H); my identified emerging themes (Appendix I); my identified links between themes within an interview (Appendix J); and an overview of the super-ordinate themes identified across all eight participant interviews (Appendix K). In addition, I have included entries of my reflexive log related to the analysis to allow readers to observe my sense-making processes and the personal and professional reflections I made throughout the analysis (Appendix E).

Finally, a crucial point must be made regarding the order in which the themes were identified in the data and the order in which they are presented below. Themes and subthemes were developed from specific phrases, linguistic features, or expressions directly from the interview transcripts. Each theme, though present in some form across all eight interviews, appeared in a different chronological order in each interview. The order of events in which a participant told their story was considered an essential insight into how they made sense of

their experiences. Therefore, whichever topic a participant started speaking about first was considered to be their identified starting point of their story of psychological distress. This means that the order in which the themes are presented below has been organised largely by me as the researcher, rather than following the narrative order of certain participants. In doing this, I considered two questions:

- What did participants seem to consider as the starting point to their narratives? (i.e., which topics did they talk about immediately after being asked the SQUIN*?)
- What order of themes made the most sense in understanding participants' experiences of psychological distress whilst working in veterinary medicine?

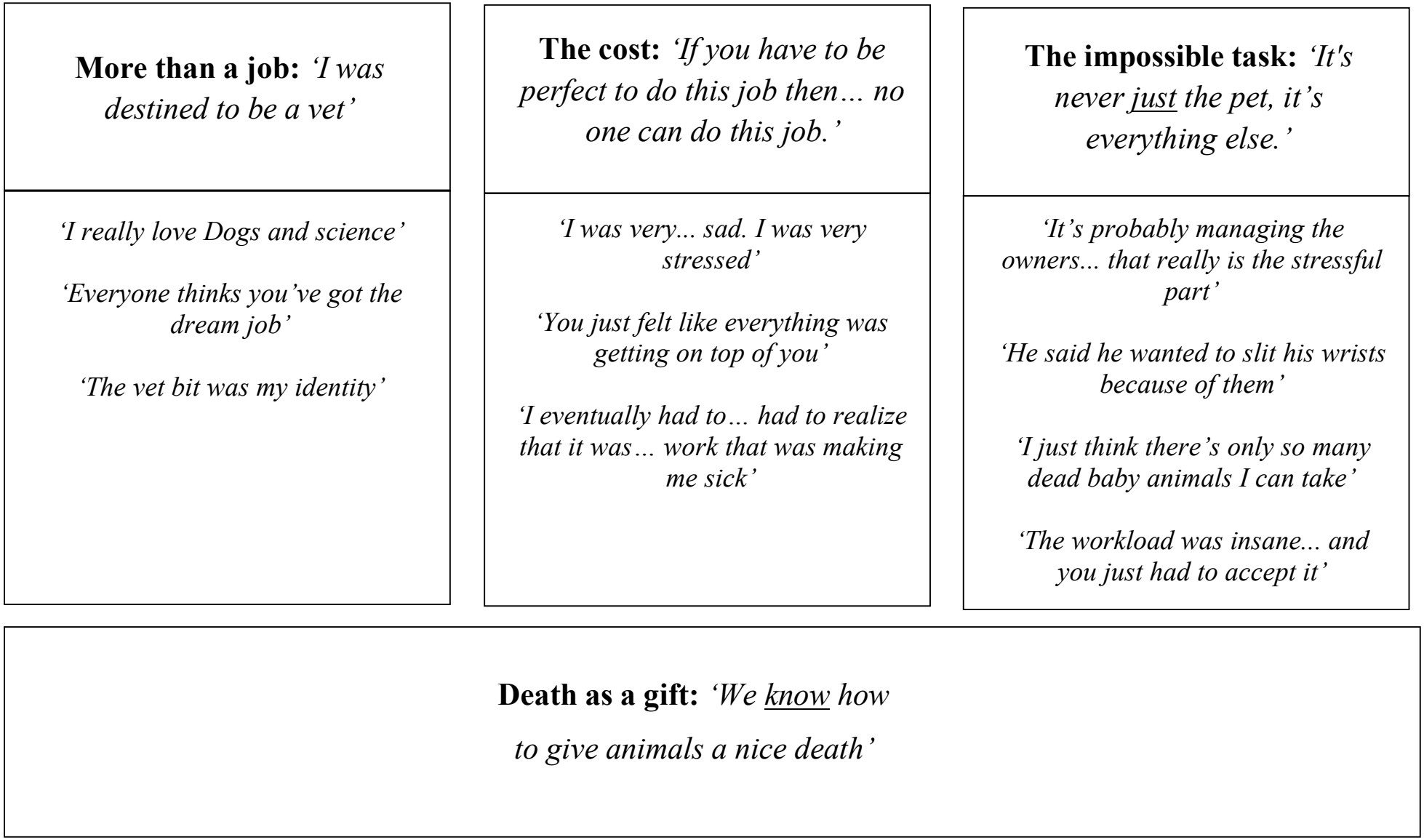
The first of these questions reflected an effort on my behalf to acknowledge the importance of each participant's gestalt, which may be one way of understanding how participants make sense of their experiences (Burke, 2020; Corbally & O'Neill, 2014). In short, if participants spoke about a particular theme immediately after the SQUIN, it may be considered a fundamental part of their experience and story (Wengraf, 2011).

The second question reflected another critical element in participants' interviews: they spoke about largely historical events and experiences. As per the inclusion/exclusion criteria, individuals were unable to participate if they were currently experiencing acute psychological distress at the time of their interview. In exploring historical accounts of distress, participants could begin their narratives at whichever time felt significant to them (this partly relates to the importance of gestalt). However, this made it difficult to determine how to order the super-ordinate themes due to the variety in participants' narrative timelines. Referring to my clinical training within the Doctorate of Clinical Psychology course, I considered the possibility of using a chronology to organise my themes, similar to the clinical formulations I used in the clinical aspect of my training (Cole, 2019; Wadsworth et al., 2021).

*: Single Question aimed at Inducing Narrative, see Chapter Three (Methods)

I, therefore, have presented the themes identified in participant interviews in roughly chronological order. The first theme related to what prompted participants to consider working in veterinary medicine, with the following themes connecting with their experiences of psychological distress, what they felt contributed to this distress, and finally, their working with death in veterinary medicine, and the potential impact of this frequent exposure to death. Figure 4 summarises the themes and subthemes identified from participant interviews.

Figure 4: *Themes and subthemes identified from participants' interviews (n=8)*



Results

More Than a Job: *'I was destined to be a vet'*

This super-ordinate theme reflected the complex relationship participants had with their profession. Most participants spoke about veterinary work as a vocation underpinned by their values and interests and a profession closely tied to their sense of identity. Participants also spoke of occasions when their work in veterinary medicine did not match the (often idealistic) expectations set either by society's general perceptions of veterinary medicine or by participants' university training.

This super-ordinate theme was broken down into three subthemes that explore these experiences in more detail.

Subtheme One: 'I really love Dogs and science'

Participants spoke about veterinary medicine as a profession inherently linked to their interests in animals, science, and medicine. This was summarised by Hazel and Evelyn when discussing how they decided on veterinary medicine as a career:

> *"I think I just always loved dogs and science… so it seemed like a... really obvious link"* (Hazel)

> *"I loved the animals, I loved science... the analyses, and the processes… you're getting something from here to there through a logical step"* (Evelyn)

For both Hazel and Evelyn, the choice of working in veterinary medicine appeared to be an almost inherent decision. Both used the word '*loved'* to speak of their profound passion for animals and science, perhaps emphasising a strong sense of vocation. For Evelyn, it seemed that bringing about progress or change was also significant ('*you're getting something from here to there'*).

For some participants, their drive to work in veterinary medicine appeared to be rooted in early recognition of their 'love' for animals, which occurred in their childhoods or adolescence. Ruth and Elizabeth both spoke about this:

> *"I suppose, I was the... kid and the teenager who was... socially awkward. The nerd, the Geek... loved dogs, loved animals, loved science"* (Ruth)

> *"I started working in a vet practice when I was 12… As a Saturday girl cleaning the floors. I just loved it."* (Elizabeth)

Though their experiences and narratives were unique to themselves, for both Ruth and Elizabeth, the decision to pursue a veterinary career appeared to be rooted in their childhood, which might further attest to this profession being inherently linked to personal interests and passions.

Bella added to this, speaking about her belief that individuals who join the veterinary profession do so to help animals:

> *"Most people go into it because they want to help the animal… Yeah, people might say, 'oh they're only animals', I guess you for yourself you are seeing them as really important."* (Bella)

In providing a contrasting belief ('*they're only animals'*) attributed to an unnamed character she named '*people'*, Bella perhaps was referring to a felt divide between those working in the veterinary profession, who typically view animals as '*really important',* and others, who see animals as '*only animals'*.

Many participants identified the primary goal of veterinary medicine as providing the best possible care for animals. Evelyn spoke of how her role as a veterinary surgeon contributed to achieving this goal:

"We want the best outcome for the animal... I saw it as my role to help [the owners] to do the right thing for the animal" (Evelyn)

Evelyn used the words '*the best outcome'* and '*the right thing'*, which may have attested to a keen sense of morality in veterinary work. In addition, her words implied that the notion of '*the right thing'* as being a factual matter and one that veterinary surgeons are in the best position to identify. In comparison, her positioning of pet owners as requiring her professional guidance to '*do the right thing'*, suggested that individuals outside the veterinary profession may be less skilled in identifying '*the best outcome'* for animals. This may be somewhat reminiscent of Bella's comparison between those who work in the veterinary profession and those who do not.

At times, providing the best care for an animal resulted in euthanasia. Frankie discussed one such case where she was required to euthanise a puppy:

*"I had to, I had to euthanise it, which was just… it was terrible. Although the puppy was very sick and definitely needed to… to go to heaven." (*Frankie)

Frankie acknowledged the emotional consequences of euthanising a young animal; however, this was balanced with her use of the phrases '*I had to'* and '*definitely needed to'*, which may have reflected the sense of duty she experienced at the time. As in Evelyn's account, Frankie seemed to position herself as a veterinary surgeon as the individual able to allow an unwell animal to *'go to heaven'*. In hearing Frankie speak, I felt she held a deep sense of duty and responsibility, possibly at the expense of her emotional wellbeing in this situation.

Elizabeth also spoke about euthanasia being one example of the care that veterinary surgeons can provide for animals:

"If an animal's quality of life is not good enough and there's not an easy way to get it back, then actually, the kindest thing is to put them to sleep." (Elizabeth)

Elizabeth's account appeared to be rooted in morality. Her use of the words '*not good enough'* suggested a belief that animals deserve a certain quality of life and that interventions to return to this quality of life should not negatively impact it.

Achieving the goal of providing the best possible care for animals, even if that resulted in euthanasia, appeared to be linked to satisfaction and feelings of pride for participants. As described by Hazel:

> *"I just generally I get a lot of satisfaction from the feeling of being a very good vet."* (Hazel)

Ruth also spoke of a recent occasion where she and her team had diagnosed a contagious and fatal disease in a dog whilst also supporting the owners to agree to euthanasia:

> *"I was proud of myself and the team for getting the diagnosis, doing the right thing, in the right way, at the right time… we couldn't have done any better."* (Ruth)

As in the previous extracts, Ruth seemed to speak to the morality of her veterinary work. This appeared to further attest to the idea that veterinary professionals endeavour to provide the best care. Practices that worked towards this shared goal appeared to prompt satisfaction and pride in professionals, even if the clinical outcome was euthanasia.

In comparison, practices that did not provide the best care to animals provoked challenging feelings for participants. As shared by Samantha:

> *"Things like misdosing antibiotics just because that's what the boss does… like I can't, I can't, do it… That sort of thing really bothers me because it... obviously has a number of… health implications for the horse."* (Samantha)

Samantha's hesitations may have reflected her frustration with the colleagues engaging in this behaviour and her inability to understand the motivations behind such practices. I had a

sense that Samantha felt these colleagues had betrayed an inherent part of veterinary work, which felt impossible to her and provoked moral outrage and anger towards those who do.

Subtheme Two: 'Everyone thinks you've got the dream job.'

Most participants spoke about their awareness of certain idealised images of veterinary medicine, which were rooted in different sources, including the media, the public, and veterinary medicine training courses. Often participants seemed to feel that these ideals did not match the reality of veterinary work as they had experienced it.

Leanne spoke about how the media portrayals of veterinary medicine shaped the public's perception of the profession, such that the general public often held misconceptions about the reality of her work:

> *"I don't know if there is a way of... educating the public about what the veterinary profession is like… But I don't think that 'Vet On A Hill' or 'Supervet' are very good at it [laughs]"* (Leanne)

Her initial hesitation at the start of the extract may have reflected Leanne's uncertainty about how to educate the public about veterinary medicine. In hearing Leanne's laughter, I felt that these television programmes were almost comical to her in misrepresenting her profession. However, I wondered what other feelings this prompted in her and whether the laughter was a way for her to express more uncomfortable feelings, such as anger or frustration.

Elizabeth also discussed how the public often held misconceptions about veterinary medicine:

> *"Everyone thinks you've got the dream job… I think the general public have <u>no</u> idea what we really do… or what we go through."* (Elizabeth)

There appeared to be two components to Elizabeth's sense of feeling misunderstood by the public: the type of work veterinary professionals engaged with ('*what we really do'*) and the emotional consequences of that work ('*what we go through'*). For Elizabeth, the public was unaware of both. In addition to being largely ignored by the public, these challenging aspects of veterinary work appeared to be held in stark contrast to the phrase '*dream job*', which seemed to be how Elizabeth felt the public typically viewed veterinary work. I felt frustrated on Elizabeth's behalf and was curious about what it must be like for the public to grossly misunderstand one's job whilst also believing in a romanticised version of it.

Other participants discussed how certain parts of their training did not match the reality of clinical practice. Elizabeth and Samantha provided accounts of when they felt that their training did not align with, or prepare them for, certain realities of clinical practice:

> *"We never had a single lecture on putting animals to sleep…. You're never involved in it as a student at all, until you're qualified and then suddenly it's like, 'right, this is what you use, here's where it's stored'."* (Elizabeth)

> *"The undergraduate students' working hours in the hospital [were] fiercely protected but ours… we just felt like there was absolutely nobody looking out for us to be honest, at any any stage"* (Samantha)

The shift from student to surgeon appeared to have been experienced as a lack of support or care in both accounts. Elizabeth was expected to perform euthanasia after receiving no prior training. In Samantha's account, having previously been '*fiercely protected'* as a student, the shift to being qualified resulted in '*nobody looking out for us'*. Both participants used emphases throughout their statements, perhaps to reflect their frustration with the disparity between their training and post-training experiences.

Elizabeth shared additional details of the aspects of her job that she felt her veterinary training did not prepare her for, including the emotional impact of the work and discussing money with pet owners:

> *"We spend so much time doing clinical stuff and learning about weird and wonderful diseases and… You know, we did very little about how to keep yourself sane… and… how to deal."* (Elizabeth)

> *"Money… Also, is a discussion that I think they don't prepare you enough for uni… at all. You know I ha- absolutely hate when… you're making… sort of life and… d-death decisions… pretty much on money."* (Elizabeth)

In both accounts, Elizabeth appeared frustrated about the lack of preparation she had received from her training, possibly evidenced by her emphases and pauses, and the tone of voice she spoke with. Both aspects she highlighted appeared to me to be central to the veterinary surgery role; taking care of oneself in the face of a highly stressful profession and receiving payment for the care provided. I wondered what purpose this obvious avoidance of two central components to the profession might serve the university training courses – what was to be gained by them hiding these features from students?

Leanne spoke about how she felt her training similarly provided only a limited presentation of clinical cases and outcomes, which ultimately did not match the complicated reality of clinical practice:

> *"No case went 100% perfectly when we're at uni urm but… I think it was just almost like… The way it's portrayed [sighs]. You know, it was always the 'A to B' perfect scenarios [laughs] And certainly in our taught teaching… never the… "well actually we're going to add in X, Y, Z' as decision making processes and that's really going to cloud how you're going to get… there."'* (Leanne)

For Leanne, there appeared to be a pattern of her teaching over-simplifying clinical procedures. This appeared to lead to her feeling unprepared for the complications that can arise in practice Her sighing and laughter perhaps indicated her conflicting feelings when discussing this: perhaps disappointment or exasperation mixed with some humour.

Frankie also shared the details of a particularly challenging incident when she felt poorly prepared for the (sometimes brutal) reality of clinical work:

> *"I didn't feel well prepared for that... using things, like using a hacksaw… And cheese wire… just feels very… horror film-esque it's not very… it doesn't feel very clinical… [laughs] I mean it is what it is, in rural life"* (Frankie)

Frankie shared that she felt unprepared for using non-surgical tools (i.e., a hacksaw and cheese wire), making her feel '*like a butcher'*. My initial reaction to Frankie's story was one of horror and repulsion. I was curious how anyone could be prepared for using a hacksaw and cheese wire in surgery. I also wondered about her reflection on '*rural life*'. I was curious whether her naming this was a way for Frankie to minimise her distress and externalise it as an unavoidable reality of rural practice, something that she simply had to accept.

Subtheme Three: 'The vet bit was my identity'

Veterinary work appeared to become an essential aspect of their identity for many participants. Evelyn reflected on this:

> *"My sense of identity and belonging… was huge... absolutely immense and probably one of the biggest problems as well, because of the… resistance to… take a different course to make your life better… because.... this is what vets do"* (Evelyn)

For Evelyn, it appeared that the work of veterinary surgeons was a central part of her professional identity. Her hesitations might have linked with the notion that this sense of identity was largely unspoken and, therefore, hard to describe

Elizabeth also spoke of her profession as central to her identity. This made it particularly challenging for her to consider leaving veterinary medicine when she was experiencing depression:

> *"I don't know what else I could even do… you know, it's who you are, you put so much into it…"* (Elizabeth)

Elizabeth's account appeared to speak to her dedication to the profession. In addition, her statement '*it's who you are'* might have reflected her belief that being a veterinary surgeon was inherently tied to her identity.

Events that threatened participants' abilities to perform at work appeared to threaten their identities. Hazel spoke about her previous concerns that having time off work due to stress might impact her job performance, which in turn resulted in further psychological distress:

> *"Overthinking <u>so</u> much about working… and forgetting things and… skill fade and panic and… I just felt like I wasn't gonna be good enough."* (Hazel)

Hazel's sense of self-worth appeared primarily associated with her ability to maintain her professional skills. Her concerns about being '*good enough'* seemed to depend on whether she could perform well at work. For Frankie as well, threats to her employment appeared to cause threats to her identity and sense of self:

> *"Work was, I guess, who I was, my only identity. And if I then couldn't do my job, it would have been a 'Who am I?'"* (Frankie)

For Frankie, her role as a veterinary surgeon gave her, her only identity. Therefore, the prospect of leaving the profession would have resulted in her having no clear sense of who she was. When considering this in the context of veterinary medicine, I was curious about the extent this professional identity became veterinary surgeons' *only* identity – and how holding such identification with one's work may make it difficult to separate other aspects of oneself from the profession.

Summary of Theme One: More Than a Job

This super-ordinate theme explored how participants perceived and made sense of their profession. It seemed that veterinary medicine was a vocation linked to most participants' interests in animals and science. As an extension, many participants reported that the goal of veterinary work is to provide the best possible care for animals, which might have attested to a powerful sense of personal ethics in the profession. It appeared that meeting this goal prompted feelings of satisfaction and pride in participants; in contrast, harmful practices provoked challenging feelings and moral distress for participants. For certain participants, the decision to work in veterinary medicine appeared rooted in their childhood or adolescence, further suggesting that this career linked to their interests and personal values - in other words, a sense of vocation.

There was a disparity between the reality of veterinary medicine and how the profession was portrayed by the media and participants' veterinary schools. For some participants, this disparity made them feel unprepared for the reality of veterinary work, particularly when faced with clinical situations such as euthanasia and other complicated procedures. For other participants, the media's idealised view of veterinary medicine resulted in the general public having little awareness of the challenging realities of veterinary work. This, in turn, prompted

feelings of frustration for participants whilst simultaneously minimising (or repressing) their own lived difficulties.

Finally, many participants acknowledged that their profession formed a significant component of their identity. For some, this meant that potential career threats were also threatening their sense of self. In the context of psychological distress, this may mean that even when their profession contributes to their distress, participants may be reluctant to leave their career due to the strong sense of identity they gain from it. In addition, the vocational, values-driven nature of veterinary work may result in professionals experiencing distress when they witness or engage in practices that go against the overall aim of veterinary work.

The Cost: *'If you have to be perfect to do this job then… no one can do this job.'*

This super-ordinate theme explored participants' experiences of psychological distress and the meanings they attached to these experiences. Participants spoke about various forms of distress, including low mood, anxiety, feelings of suicidality, a deep sense of moral injury, and burnout. Participants reflected on the sources of their distress; this included specific situations they experienced at work, personal life circumstances, and occasions where participants blamed themselves or a combination of these factors. This super-ordinate theme is broken down into three subthemes that explore these experiences in more detail.

Subtheme One: 'I was very... sad. I was very stressed'

As per the inclusion criteria, all participants had experienced some form of psychological distress before participating in the study, though how they described their experiences differed. Samantha described her own experiences as a time defined by her unhappiness and loss of sense of self:

> *"I was desperately desperately unhappy when I worked there, my mental health was absolutely appalling. I really… I wasn't myself. …There were a number of days when…*

I… just could not face even getting out of bed, let alone going into the practice." (Samantha)

Samantha's account of her distress started with her emphasising the intensity of her unhappiness.. The subsequent pauses may have reflected Samantha's difficulties in expressing these experiences about how she felt at the time. She described how her difficulties culminated in her inability to leave her bed, perhaps suggesting that sharing the details of how her distress impacted her physically was easier than describing the emotionality of the distress itself.

Frankie's description of her own experience of depression also tapped into physical aspects:

"I began to experience… symptoms of… of… depression, I suppose. I was… very… tired. I lost interest in things… I lost my appetite… I lost weight… I was… very sad. I was very stressed" (Frankie)

Frankie's narrative emphasises how the distress she felt invaded several aspects of her life, including her mood, her body weight, her appetite and her interest in hobbies/activities.

Ruth labelled her difficulties as having been related to an experience of '*depression'*, rooted in the birth of her first child:

"I had a period of time… when… I had… I suppose… What was postnatal depression [shakes head] urm… I'm not entirely sure it's ever got classified as such… but postnatal <u>difficulties</u>" (Ruth)

Ruth appeared to struggle to describe her difficulties initially, demonstrated by her hesitations. After initially labelling this as '*postnatal depression'*, she shook her head and reworded this statement, eventually naming her experiences as '*postnatal <u>difficulties'</u>* instead. I wondered if Ruth was minimising her difficulties; I was curious whether this made it easier

to speak about or whether it reflected a genuine belief that her experiences had not been 'enough' to warrant the medical diagnosis of postnatal depression.

Leanne also seemed to minimise her experiences of distress:

"There's always this grumbling underlying… slightly uncomfortable feeling and I think over time, it just…. builds up... I... there's always like something in my head… that's slightly upsetting" (Leanne)

I noted Leanne's use of '*slightly'* before the words '*uncomfortable'* and '*upsetting'* when describing how she felt. This might have been a genuine reflection of her feelings, though it was also possible that this may reflect Leanne minimising the severity of her distress, perhaps because she believed she should not have such feelings.

Evelyn labelled her distress as a combination of anxiety and depression:

"I was anxious and there was probably… circling an area of depression" (Evelyn)

In Evelyn's account, the labelling of her anxiety can be compared to her description of '*circling an area of depression'.* Whilst she seemed able to verbalise her experience of the former, the latter appears to be more difficult for her to describe, which may indicate that speaking of anxiety came easier to her than speaking of depression

Subtheme Two: 'You just felt like everything was getting on top of you'

Participants spoke of having had feelings of being overwhelmed while working in veterinary medicine. These responses were especially related to the demands of their profession, and this was a particular experience noted by several participants, including Hazel:

"I was <u>rushing</u> I was running behind [sighs]... I was just very <u>stressed</u> and very <u>overwhelmed</u>" (Hazel)

Hazel's narrative seemed to mirror the frantic nature of her experience of feeling overwhelmed; she spoke very rapidly, pausing only in the middle of the statement to sigh. Within this account, Hazel described her experiences working in a busy clinic that was usually short-staffed and where appointments were often booked back-to-back, allowing for very little time between appointments. During this account, I felt that Hazel felt overwhelmed even in telling this story; several parts of this narrative were demanding to be told, which seemed reflective of the several demands Hazel felt overwhelmed by in the story itself.

Leanne, too, shared an account of when she felt overwhelmed:

> *"I'd think, 'please just let it be an okay day' and… 'Just let me be able to deal with everything' and I'd just find myself, like… in my consulting room feeling… just like… I just had to cry"* (Leanne)

I felt a sense of desperation in Leanne's account, and I wondered how she had managed to cope when uncertainty and unpredictability seemed so inherent to her job. Leanne emphasised certain words, perhaps to reflect the sense of desperation she experienced at the time.

Elizabeth spoke about her experiences of feeling overwhelmed:

> *"It seemed completely out of the blue that I would just feel completely overwhelmed and just… burst into tears. Urm… It could be doing… Just like, a routine vaccine appointment, it could be… you know, it could be doing things… quite mundane tasks"* (Elizabeth)

For Elizabeth, it appeared important to share that these sudden episodes of feeling overwhelmed occurred during '*mundane'* tasks. Perhaps this reflected the lack of control and predictability over her emotions at the time. Alternately, I wondered if Elizabeth had managed to cope during the more difficult procedures but struggled during more '*mundane'* tasks,

perhaps because more complicated tasks were more distracting for her and occupied her thoughts.

Providing an alternative account, Ruth discussed how she found the demands of her veterinary surgeon role helped her to manage her post-natal difficulties by focussing her time and attention:

> *"Sometimes there's... no time. [sighs] Maybe for me... that sense of just needing to carry on actually stops me from wallowing and stops me, uh, feeling"* (Ruth)

For Ruth, it seemed safer for her to manage the demands of her role rather than '*wallow'* in her distress. The final words of her statement '*stops me, uh, feeling'*, however, suggested that perhaps the demands of veterinary work allowed Ruth to disconnect from her emotions.

Evelyn described experiencing '*burnout'*. She additionally used the term '*compassion fatigue'* to describe the overall impact of the various work demands she experienced, which she said was concerning booking a high number of patients to see in one day:

> *"Burnout would be something I would say happened and compassion fatigue started to happen... it was the clinic, the culture in the clinic… relentless booking in of people"* (Evelyn)

This was somewhat akin to Frankie's account of running out of emotional connectedness with her work:

> *"I couldn't really give much more, you know, like the job takes a lot of... empathy, patience… And… it was like I was running out…"* (Frankie)

For Evelyn and Frankie, it appeared that compassion fatigue, burnout and feelings of apathy were prompted by the demands of veterinary work, including the number of clients, the short time given to each consultation, and the difficult decisions to be made for each animal.

Subtheme Three: 'I eventually had to… had to realize that it was… work that was making me sick'

When discussing their experiences of psychological distress, many participants spoke about where they believed this distress came from. Most described their distress as generally coming from their work, though participants also acknowledged that personal life events (e.g., bereavements, relationship breakdowns) had contributed to their difficulties. In addition, some participants felt that their distress came from within themselves.

Frankie described how she came to realise that it was her profession that was contributing to her distress and, with this realisation, was able to change how she saw quitting her job:

> *"I eventually had to… had to realize that it was… work that was making me sick and I had to leave… coming to the realization that 'Okay, I can't hack this. It's not because I'm bad, it's because this is asking too much'"* (Frankie)

Frankie spoke hesitantly and slowly, as if in trepidation, which may have reflected the complexity of her thought processes. The final sentence in her statement appeared to be the most confident, with no pauses or hesitations, which might have reflected her newfound confidence and surety that her difficulties were not due to her failures.

For Hazel, who had experienced psychological distress on two occasions during her career, a key difference between those two occasions was the clinic and type of work she was engaging with at the time:

> *"Before, I'd known it was a situational problem… and that the situation would pass and I would get through it… whereas this time I was like 'do you know what… I don't see an end to this torture'"* (Hazel)

Speaking of her initial episode of depression, Hazel recognised that it was linked closely to her fixed-term internship role, which was demanding in terms of having long working hours and switching across different services every few months. However, she recognised that this role would conclude after 12 months, which helped her cope. In comparison, her second episode of depression occurred after she travelled and worked as a locum veterinary surgeon in different clinics during the COVID-19 pandemic. In contrast to her first episode, this appeared to have exacerbated her difficulties and made her feel particularly hopeless.

When describing a point at which she recognised she was struggling, Evelyn related her difficulties to working in a specific clinic:

> *"The moment of… distress is… fairly… tangible… it was in a particular clinic where I had been for… several years."* (Evelyn)

For Evelyn, several changes occurred during her time at the clinic, including staffing problems, constant high workloads, limitations to her career progression, and difficult personal events. Before these, she described herself as '*robotic, I was… [a] hamster on a wheel'*, perhaps emphasising both her independence and autonomy and her role's never-ending, relentless nature.

A significant factor influencing how participants experienced distress related to their professional experience. Several participants identified particularly challenging events that occurred early in their careers, which they felt contributed to their psychological distress. Some participants recognised that if they were to experience the same situation now, they would manage it differently and possibly be less distressed. Hazel spoke about a specific event where a colleague ignored her instructions and subsequently caused suffering to a dog:

"I was a new grad so you don't really want to stand up to [colleague's job title] at that point, but if anyone did that in front of me now... I would give them a piece of my mind." (Hazel)

Hazel's account of this incident explored an alternate outcome to the original situation where she felt she would likely confront her colleague. There was an assumption in Hazel's narrative that newly qualified veterinary surgeons may avoid conflict with senior colleagues, even in situations where the colleague may be acting unethically, which itself may bring about a certain level of psychological distress. This may be reflective of how integral one's level of experience in veterinary medicine is in bringing about equitable professional relationships and good clinical outcomes.

Bella provided an account of her own experiences as a newly graduated veterinarian:

"You kind of just carry on doing things that are… out of your comfort zone... there was also like a pressure <u>to</u> get experience and learn things and develop my skills... and an acceptance that, as a new grad, you are going to... find things challenging" (Bella)

Bella's narrative related to the pressures felt by new graduates. She stated that new graduates were generally expected to find aspects of the profession challenging; there was a sense that this was unavoidable and perhaps the dominant (or only) way for newly qualified veterinary surgeons to learn. Her phrasing '*you just kind of carry on'* created an image of new graduates having no choice in their experiences, which might attest to a sense of powerlessness she experienced herself. I wondered how effective learning in such a high-pressured way could be. I was also curious about Bella's use of the word '*acceptance'*; was it that newly qualified veterinary surgeons could not acknowledge the difficulties related to their role, due to a belief that they had 'signed up' to the career, and the challenges inherent to it?

Frankie also felt that, shortly after qualifying as a veterinary surgeon, there was a level of expectation that new graduates would experience difficulties:

> *"There is a bit of an attitude that… new graduate vets just have to kind of… knuckle down and keep working… And… if you're not working hard… and [aren't] stressed… then maybe you're not working hard enough"* (Frankie)

Frankie's narrative provided an insight into the assumptions about working in veterinary medicine as a new graduate. However, in Frankie's account, a new graduate's stress level is reflective of their dedication or commitment to '*working hard'*, which may reinforce the idea that new graduates have no choice but to '*knuckle down'* despite experiencing distress. Frankie's pauses and hesitations might have reflected her hesitancy in sharing these beliefs out loud, especially if they typically remain unspoken within the veterinary culture.

Most participants acknowledged that there were events in their personal lives that had contributed to their psychological distress. Elizabeth attributed the combination of work pressures and certain personal life events as contributing to her depression:

> *"I had [sighs] two [shakes head] horrendous anaesthetic deaths... and... basically the owner's reaction was… definitely one factor... I had a not very nice breakup... and [sighs] I was also in the process of moving house... they all piled on top of me" (*Elizabeth*)*

Elizabeth's sighing and shaking her head might have demonstrated how difficult it was for her to put these experiences into words. Her emphases might have reflected the strong emotions still connected to the experiences.

Samantha, after a period of physical illness, spoke of how her distress was made significantly worse by her manager mishandling her reintegration into work. As a result,

Samantha felt that her manager was unwilling to coordinate a phased return or modified work plan:

> *"My [redacted] consultant called them… 'fucking ridiculous'… in terms of how he thought they were managing it urm... They kind of wanted… to… keep me… out of the clinic even when I'd been declared fit to go back to work."* (Samantha)

Ruth provided a somewhat different account from other participants; for her, it was the birth of her first child that resulted in her experiencing post-natal difficulties. The veterinary clinic she worked in at the time provided her with a '*safe place'* where she felt capable and more confident, which contrasted with her feelings of inadequacy related to motherhood. However, the strength and confidence she gained from work prompted her to self-harm, as she felt undeserving of making progress in one domain of her life when her experience of motherhood (and her perceived sense of hopelessness) was still highly distressing and difficult for her:

> *"…If I started feeling a little bit better, I would go and [self-harm] again [laughs]... I was doing it... to feel... unwell, urm... to, I don't know, punish myself"* (Ruth)

For Ruth, despite work providing opportunities to feel better, it nevertheless became part of a cycle that seemed to maintain her feelings of depression and her suicidality and self-harm. In her narrative, her profession had nothing to do with the onset of her difficulties.

Evelyn provided the following summary to describe how she felt working in veterinary medicine combined with personal life difficulties:

> *"I mean … we're going to experience… challenges in life and the problem to me, in the vet profession is that there is no… room for any of that… there's basically no room for you to be anything other than... bloody perfect" (*Evelyn*)*

Evelyn recognised the inevitability of experiencing difficulties in one's personal life, using one example from her own story – bereavement – as an example of one such life event that ultimate cannot be controlled. However, for Evelyn, a crucial challenge to veterinary work was the lack of '*room'* for such life events, which resulted in veterinary professionals being unable to cope with these difficult life events alongside their work. She later added to this statement with *'if you have to be perfect to do this job then… no one can do this job'*, which might reflect the impossibility of veterinary surgeons' role; live a perfect life to survive the profession.

Summary of Theme Two: The cost

This theme initially explored participants' accounts of psychological distress and how they made sense of these experiences. Participants spoke of having experienced different forms of distress, including burnout, depression, and anxiety. Some participants appeared to struggle to verbalise their feelings, whilst others seemed to minimise their distress, either in terms of the labels/words they used or how they described the impact of their distress on their lives.

Finally, participants spoke about where they felt their distress had come from. Most participants felt their psychological distress was linked to their occupation. For some participants, this realisation came after they had believed their distress was a result of something internal to themselves. This might suggest that veterinary surgeons may take too much personal responsibility for their distress (i.e., attributing this to something within themselves rather than the unrealistic work demands). Many participants felt that newly graduated veterinary surgeons might be at particular risk of distress due to the demands and expectations in the profession. In addition, participants also recognised that upsetting personal life events could also contribute to psychological distress.

The Impossible Task: *'It's never just the pet, it's everything else.'*

This super-ordinate theme explored the specific challenges to veterinary work that participants identified. Participants spoke about how colleagues can contribute to distress, or be sources of support. Pet owners were also identified as a unique, complex factor in veterinary work that could contribute to psychological distress. Participants spoke about particularly traumatic work, including examples where animals died unexpectedly, died despite significant efforts from participants and colleagues, or where participants had to perform particularly difficult surgeries. Finally, participants discussed the demanding nature of veterinary work. This super-ordinate theme is broken down into three subthemes that explore these experiences in more detail.

Subtheme One: 'He said he wanted to slit his wrists because of them'

All participants spoke of occasions where they had experienced complex relationships with colleagues, which contributed to their psychological distress at the time. Samantha spoke about a particularly challenging senior colleague:

> *"He would really undermine your opinion to clients which really made me cross... I knew that I wasn't wrong... I think it did really knock me back in terms of career development because eventually you start really questioning yourself"* (Samantha)

The individual in Samantha's story bullied Samantha's co-workers and, indeed, Samantha herself; in her interview, she recounted being advised not to enter the clinic building on one occasion because '*he was after me'*. Such accounts understandably had a significant impact on Samantha's wellbeing. I noted that this individual was a person of higher rank in the clinic than Samantha and her colleagues; this made me question the possibility of Samantha confronting this individual or making a complaint about his behaviour.

Later in her interview, Samantha shared another disturbing behaviour demonstrated by this individual:

> *"On a couple of occasions, he rang [colleagues' names]… at night and said that he wanted to slit his wrists because of them… so he was…. Horrible... there was just like a… an air of fear around the... [laughs] place because he just he was so volatile…"* (Samantha)

Samantha suspected that this individual was experiencing psychological distress, which appeared to prompt conflicting feelings within Samantha: she understandably disliked this colleague, though she also felt worried for his wellbeing. I wondered how veterinary professionals' psychological distress was generally communicated to colleagues and whether it was more acceptable to behave in the way of Samantha's senior colleague (i.e., by bullying) rather than verbally acknowledging one's difficulties.

Leanne shared an account of how colleagues engaged in passive-aggressive behaviours at times, including criticising colleagues in front of others:

> *"There were stories about… people, new grads, that have come before me… things like 'I can't believe she did that' about other vets. And I think it created a little bit of environment of… you know… if that's what they're saying about them… what are they saying about me?"* (Leanne)

For Leanne this behaviour from her colleagues exacerbated her pre-existing anxieties as a newly qualified veterinary surgeon. Later in her interview, Leanne reflected that these experiences may have contributed to her not seeking support from colleagues '*because I thought it would, I guess, show a bit of a weakness*'.

Frankie and Evelyn both described unhelpful or unsupportive colleagues. For Frankie, this related to a particularly upsetting clinical case where she euthanised a young puppy, whose life she and the colleague in question had tried to save throughout the day:

> *"I phoned her to tell her the outcome of the case… And she told me… that she couldn't come in to help me… because she couldn't bear to be there... It kind of felt like, 'Oh, you can opt out… But I can't'. You know, it's left to me."* (Frankie)

Evelyn, in comparison, spoke of several non-specific incidents where she felt her colleagues were purposefully avoidant in offering their support:

> *"An awful lot of passive aggression goes on… I've had that quite a lot where I go in, and… people are unhelpful, they're deliberately unhelpful so they will be avoidant... that's really subtle bullshit"* (Evelyn)

In both accounts, Frankie and Evelyn appeared to be left feeling unsupported by their colleagues, though the specific dynamics differed. For Frankie, the lack of support from her colleague intensified the distress she was already feeling about an upsetting clinical outcome. She used the phrase '*it's left to me'*, which may have reflected her sense of being abandoned by her colleague, and yet tied morally to performing the euthanasia (linked to the ethical values and sense of vocation in veterinary work, see 'More than a job'). For Evelyn, her colleagues' avoidance was experienced as passive aggression, which understandably prompted feelings of frustration for her.

I noted that colleagues were sometimes considered sources of support that helped participants cope with their psychological distress. Samantha viewed her colleagues as a crucial source of support whilst working a very demanding and exhausting job: '*the thing really that mitigated everything was... Everyone was really good friend to me*' (Samantha). After being off work due to sickness, Elizabeth described her colleagues as '*hugely supportive*'.

Evelyn spoke about her own experiences and the '*magic'* of team working:

> *"Just the team camaraderie that… you know, again it's all talking about this identity, this sense of belonging… that, the magic that… keeps you doing it"* (Evelyn)

Evelyn connected the identity of the veterinary profession (see 'More than a job') as being crucial to the sense of '*belonging'* and '*magic*' she described. Her emphases might have demonstrated Evelyn's emotionality and perhaps a hard-to-describe sense of togetherness she felt towards her colleagues.

Subtheme Two: 'It's probably managing the owners... that really is the stressful part'

With most participants working or having worked in companion animal practices, managing pet owners was a frequent theme in many of the participants' narratives. Elizabeth shared the details of a particular incident where pet owners became highly problematic, which she felt contributed largely to her depression. This centred around the death of their dog during a surgical procedure. The owners later became abusive toward Elizabeth on social media:

> *"It was the… campaign afterwards that was the… issue… you know, having my name all over [Social Media Platform]... you know, don't trust me, don't do this... in the town I work... then loads of people started joining in this, like, hate page against me… even people that weren't even registered at our practice"* (Elizabeth)

Elizabeth compared the online abuse to a campaign, reflecting the intentionality of the owners' actions and their weaponization of social media. She described how even people unknown to the veterinary practice joined in, possibly reflecting the volume of abuse she received online. In being the recipient of such a powerful and emotionally charged campaign, it appeared Elizabeth began to internalise the pet owner's evident distress at the death of their dog, in a possible example of projective identification from directed from the owners to

Elizbeth, who was left feeling depressed and attacked. When she told this story, I wondered if Elizabeth still felt wounded by these events.

Leanne spoke about her experiences of pet owners:

> *"They don't treat you like you're a person with feelings… they're just… something's gone wrong, they want revenge and I'm like 'well how far do you want to take this? Like, what you actually want from me?'"* (Leanne)

Leanne's emphases in this statement may have indicated her expressed need to be seen as a person (with feelings) by pet owners, suggesting that her experience was perhaps one of being dehumanised. There was a sense of frustration in Leanne as she recounted this experience, particularly in her final line ('*what do you actually want from me?'*).

Ruth shared a story of an elderly pet owner who complained following the death of his dog:

> *"He ranted at me out of hours, and then he complained to Royal College about me... [sighs] It's, it's the nature of the beast, people who are upset because... the dog was his everything."* (Ruth)

Ruth appeared to contextualise these difficult dynamics with pet owners as an unavoidable part of veterinary work, rooted in the owners' distress and upset. This appeared to provide her with a somewhat logical explanation for pet owners' challenging actions. Ruth later added to this when speaking about how pet owners often disclose details of their lives: "*the stuff that people share with you that we also have to... hold in mind... it's never just the isolated clinical care. Ever*". This statement perhaps reflected an often-hidden complexity of veterinary work; the clinical care of the animal is far from the only factor a veterinary professional must attend to. Instead, they become privy to various details of the owners' lives, such as financial difficulties, physical/mental health problems and relationship concerns.

In what could be suggested as another example of projective identification from pet owner to veterinary surgeon, Bella similarly shared her experiences of having to hold in mind both the animal and their owner/s, which resulted in her feeling over-burdened and responsible for the owners' distress:

> *"Yeah, taking things home with me, not being able to switch off. Urm… like having… like a lot of empathy… like that kind of burden… And I guess it's for some owners, really extending that to their situations as well… but taking that kind of responsibility myself."* (Bella)

Many participants discussed pet owners' expectations, often perceived as unreasonable and unrealistic. Hazel summarised her experiences with clients with unrealistic expectations related to the financial cost of care:

> *"They have such ridiculous expectations, and they can be so rude and they can… misjudge a situation so badly… and misunderstand things so much and not see the value in what we do for the money because they have no idea what it really costs"* (Hazel)

Hazel used emphasis to highlight the key difficulties for her: clients could be rude, misjudge their pet's health, misunderstand the information given to them and not understand the financial value of veterinary work. This lattermost point could perhaps be considered most salient for veterinary professionals working in the UK, where human medicine is provided free by the National Health Service (NHS). As a result, pet owners may underestimate the cost of medical tests and treatments due to not paying for their own healthcare. In turn, this may prompt feelings of resentment towards veterinary professionals for charging for pet medical care.

Evelyn provided an account of her own experience with demanding owners:

> *"The ravine between client expectation and relationship to the vet… has widened further and clients are far more demanding and… unpleasant… And I just think…is this I want to spend my time? No."* (Evelyn)

Evelyn demonstrated the significant disparity between pet owner expectations and their relationship with the veterinary surgeon using the metaphor of a ravine. This created the sense of this discrepancy being beyond Evelyn's control, despite the consequences (i.e., clients becoming '*unpleasant*') impacting her directly.

Subtheme Three: 'I just think there's only so many dead baby animals I can take'

All participants spoke about the challenging nature of clinical work in veterinary medicine. For some, this was in discussing specific clinical cases that they had found particularly traumatic. Frankie spoke about how, in a short period, she had a few highly distressing clinical cases that she felt contributed to her depression:

> *"The things that happened, were actually pretty traumatic and I was just refusing to admit it. So… Yeah, just getting up in the middle of the night, and… you know… killing baby animals... Eventually, is a problem, I think"* (Frankie)

I noted in Frankie's narrative that it took her time to recognise the traumatic nature of her clinical work. I wondered if Frankie's hesitations and pauses indicated that she may have been struggling with the aftermath of these events at the time of her interview. I felt shocked when I heard Frankie's words, particularly when she referred to '*killing baby animals'*. The concept of this itself was shocking, but I was most struck by the ease with which she spoke about this upsetting topic.

Elizabeth described a traumatic clinical case, this time relating to a puppy that did not recover from the anaesthetic:

"As we were waking it up from the anaesthetic, it just stopped breathing… <u>everyone</u> was trying <u>absolutely</u> everything… [shakes head] but there's just nothing we could do."

(Elizabeth)

Elizabeth's account revealed a certain sense of urgency and desperation, perhaps mirroring those same emotions felt by herself and her colleagues at the time of this incident. When the outcome of her story was revealed, Elizabeth shook her head, perhaps reflecting a sense of loss and sadness that was difficult to verbalise.

Ruth described her experiences of working as a veterinary student during the Foot and Mouth outbreak in the UK:

"I was... in charge of issuing farmers with notifications that their flocks were going to be slaughtered... I was... doing the logistics of organizing people… digging pits... The marksman going in and… shooting… spraying all the carcasses... It was… yeah, <u>really</u> foul... I basically... decided that I didn't wanna set foot on a farm again"

This account initially started with Ruth speaking about her specific role in the operation. She then discussed the process more generally; the mass slaughter of livestock, and the spraying of carcasses (before burning). This change in Ruth's narrative from the specific to the general may reflect how much she felt overwhelmed by the entire experience. When telling this story, I noted Ruth spoke slowly with lots of pauses, which was quite different from the rest of her interview when she spoke confidently and relatively quickly. She also spoke with her eyes closed for much of the above extract, making me question whether she still experienced flashbacks.

All participants recognised and acknowledged the reality of poor outcomes in veterinary medicine. After speaking of an incident where a horse broke its leg whilst recovering

from surgery, Samantha provided a rather blunt summary of veterinary work that was given to her by a senior colleague:

"All he said was 'shit happens' [laughs]... which is very true [laughs]"

I wondered if Samantha's laughter reflected genuine amusement. However, it was also possible this may have been an example of dark humour as a defence against difficult emotions, such as a sense of hopelessness or futility when faced with the reality that '*shit happens'*.

Samantha's laughter was somewhat akin to Hazel's own when she spoke about the reality of clinical work:

"There's always a week where you have to put down a patient that you really love… or get something wrong [laughs]..." (Hazel)

Hazel's extract referred to euthanasia as the colloquial term '*put down'*, which may also act as a further defence against the harsher reality of euthanising an animal she felt affection towards.

When speaking of clinical incidents that she found challenging, Evelyn referenced past errors and mistakes, which she considered an unavoidable part of life:

"Mistakes happen… Urm... they always do. I've not got too many… I've got a couple which I [shakes head] don't want to talk about."

Although she acknowledged the unavoidable nature of mistakes in veterinary medicine, Evelyn was unwilling to discuss specific incidents in her interview. This boundary might reflect Evelyn's use of avoidance as a way of coping; perhaps speaking about such incidents would provoke emotions for Evelyn that she would rather not re-experience. I wondered whether this avoidance was inherent to the veterinary profession in general and, if so, why this might be.

Subtheme four: 'It's just not sustainable'

All participants discussed the demands of veterinary work as contributing to or exacerbating their psychological distress. Samantha spoke of occasions when she found herself on-call (i.e., expected to be available to work at any time) for a particularly challenging length of time:

> *"At one point I was on call 24/7 for like, an extremely long period of time, like 6 weeks. And nobody [thought] that it wasn't acceptable."* (Samantha)

It was central in Hazel's narrative that not only was the level of demand unreasonable but that it was considered acceptable to her colleagues. Samantha later placed the exhaustion she felt as key in underpinning her psychological distress: "*exhaustion was probably the biggest factor for me in terms of how it made me feel"*. This may explain her emphasises in the latter half of her above statement, reflecting her frustration and anger at the situation she found herself in.

Hazel also discussed the long working hours in a previous role, and the impact of this:

> *"By the time you finish, you have to get up again… so my alarm will go off and I'd just feel dead."* (Hazel)

Hazel's account highlighted the seemingly endless cyclical nature of her working hours; she needed to go back to work almost immediately after she finished a shift, resulting in her feeling '*dead'*. Her emphasis in this final word perhaps reflected the severity of her exhaustion at the time.

Leanne's account was somewhat like Hazel's in accentuating the lack of time and space she felt:

"I'd be there at like seven, eight o'clock in the evening...then I'd go home and then I'd be back into work less than 12 hours later, and it just felt like there was never a… release point." (Leanne)

Leanne conveyed a sense of constant pressure building through her imagery of a release point. Leanne's narrative also centred on the idea of her not being able to escape or get relief from the pressurised demands of her work.

Evelyn added to this by demonstrating how she felt she had no choice but to manage the demands, though this became more difficult as she became increasingly distressed:

"You just had to accept it and most of the time you got on with it... But when you're having a hard time and you're struggling and you're… getting to burnout and compassion fatigue… urm, we can't do it." (Evelyn)

The demanding nature of clinical work was linked to a sense of limited time, space, or opportunity for participants to process their thoughts and feelings. Ruth and Leanne both commented on this:

"Clinic is so busy that there is this no space to process... Yeah, it doesn't happen. I know I can... internalize that and then... forget it and move on" (Ruth)

"You didn't have room to breathe... you just didn't have time for... the thoughts to even process through your brain" (Leanne)

Both participants connected the demands of clinical work as significantly limiting the space available for them to process thoughts and feelings. For Leanne, this lack of room appeared to feel suffocating, whilst Ruth spoke of adopting a way of coping by internalising her feelings.

Frankie connected this lack of space with occasions when she had experienced traumatic clinic cases (explored in subtheme two):

> *"Things like that would happen. Then on Monday morning, life would kind of just go back to normal in the practice... you would feel like you needed to debrief... but there was so much to do on a Monday everything just went back to normal and you didn't really get to talk about it"* (Frankie)

For Elizabeth, there appeared to be an expectation that she was required to monitor her emotions in front of pet owners, particularly if the previous appointment had been distressing:

> *"You have to keep your composure, and then the next [appointment] could be 'ah, I've got a new puppy' and you have to suddenly switch and be fine."* (Elizabeth)

Both Frankie and Elizabeth's narratives provided further examples of where the logistical and practicalities of clinical practice appeared to disallow them to process and manage their emotions. Instead, they appeared to feel a degree of pressure to cope with their difficult feelings independently and present themselves in a particular manner to pet owners (e.g., *'suddenly be fine'*).

Some participants also spoke about how mental health was typically not acknowledged in veterinary medicine, partly due to the high demands and lack of time/space for such discussions. For Bella, this appeared to be rooted in there being some level of stigma surrounding mental health in the veterinary profession:

> *"I wonder how much you tell people when you're in the practice I suppose. I guess it's like… how socially acceptable is it in those domains? I think maybe it's seen as that is part of the job type thing."* (Bella)

For Bella, there appeared to be an assumption within veterinary medicine that psychological distress is somewhat inevitable (*"that is part of the job*"). This may reinforce the stigma for veterinary professionals who experience psychological distress, as they may conceptualise their difficulties as symptomatic of them being unable to cope with what might be presented as inherent to their work. Ruth, who did not discuss her mental health difficulties with colleagues, recounted how none of her colleagues enquired about her wellbeing, despite her presenting with quite striking physical symptoms:

> *"I don't remember... Anybody asking how I was... commenting about the fact that I'd clearly I'd lost a shedload of weight, clearly I looked white as a sheet [laughs]... Clearly got out of breath walking upstairs..."* (Ruth)

Ruth's account could be considered the result of working in a profession that stigmatises mental health and does not allow adequate time/space to be available for professionals to process and manage their emotions. For Ruth, this culminated in her hiding her distress from colleagues, which maintained her distress and use of self-harm as a coping strategy.

Summary of Theme Three: The Impossible Task

This theme explored some of the challenges linked to the veterinary surgeon profession that participants felt may have contributed to their psychological distress. All participants spoke about their relationships with colleagues; some had experienced bullying, and others reported having had difficult working relationships. In both instances, participants seemed to feel that this had contributed to their distress. Some participants also recognised that their colleagues might also be experiencing psychological distress, including stress and suicidal ideation; this

appeared to prompt tension within participants as they considered the reasons behind their colleagues' sometimes distressing behaviours.

Participants spoke about the challenges they experienced during interactions with pet owners. For some participants, difficult situations and relationships with pet owners were perceived as directly causing or exacerbating their psychological distress. Some participants framed these dynamics as an inevitable aspect of the job. Nevertheless, this seemed to result in a certain level of the burden felt by participants when considering a pet owner's distress and difficulties.

Participants also spoke about the distressing clinical aspects of their job. This included specific traumatic clinical cases and clinical errors and mistakes. As with the other subthemes, some participants considered these incidents unavoidable within veterinary work; however, participants appeared to link these incidents to the distress they experienced. There also appeared to be limited space or availability for participants to process these events, which may further exacerbate their distress and encourage a culture of minimising and internalising difficult experiences.

Finally, participants spoke about the demanding nature of veterinary work. This linked closely to the second subtheme ('*You just felt like everything was getting on top of you'*) of Theme Two (The Cost), which explored participants' experiences of feeling overwhelmed, burnt-out, and experiencing compassion fatigue. Arguably these experiences could be the consequences of the demands of veterinary work discussed in the current theme. A crucial point raised by participants was the lack of time and space for veterinary professionals to process their emotions, underpinned by the demands of veterinary work. This may also maintain a stigma of mental health in veterinary work, which in turn could exacerbate the psychological distress experienced by some professionals.

Death as a Gift: *'We know how to give animals a nice death'*

Death was a frequent experience observed and witnessed by participants, most commonly in the form of euthanasia. For some participants, this 'gift' that they could give animals was translated to themselves, whilst others considered death via suicide as a potential way to exit the veterinary profession. This super-ordinate theme reflected how participants conceptualised and made sense of death. Unlike the previous themes, this theme is not divided into subthemes.

Participants appeared to be frequently exposed to euthanasia, with Elizabeth describing it as a '*normal'* part of her day at work:

> *"You know we're putting animals to sleep is in our… like a normal part of our day… Urm… You know, is literally booked into the middle of a consult slot, urm… so… you know… it's just slotted in the middle, it's not… There's no time to stop and just… process… It's not just dealing with putting the animal to sleep, you've got all the human emotions there."* (Elizabeth)

Whilst this connected to the finding that euthanasia is inevitable in veterinary work (as explored in Theme One, 'More than a Job'), Elizabeth's narrative provided a stark reminder of how euthanasia is often '*slotted in'* amongst her other day-to-day tasks. I was struck by the casualness with which the end of an animal's life was organised into Elizabeth's day. Her inclusion of '*there's no time to stop and just… process'* implied that Elizabeth recognised the significance of performing euthanasia, though she felt a degree of pressure to abide by the strict appointment times.

The impact of witnessing death so frequently was spoken about by several participants. Evelyn summarised how she felt this impacted her wellbeing:

> *"There are some animals that come in and you're desperate to [euthanise] them [nods]… desperate to ease that suffering, it is a relief to do so... And, it's a privilege to do so… The, the, the challenge emotionally is the cumulative… urm, you know, being part of the end of an animal's life… on a repeated basis"* (Evelyn)

I felt there was an almost element of tragic irony in Evelyn's account; though she felt a sense of relief in ending an animal's suffering, she ultimately suffered herself due to the cumulative impact of witnessing so many deaths. I had the image of the suffering not being removed by euthanasia but merely shifting from the animal to Evelyn.

For Samantha, who worked in equine medicine, performing euthanasia on horses was also a frequent part of the job. Though she recognised this could be emotionally challenging at times, it was the lack of support that she found more difficult:

> *"Actually putting animals to sleep is sad… But you know why you're doing it and it's very, very often, for a very good reason, but actually what makes the job stressful is all this other nonsense about… lack of support, isolation… and being very tired rather than the event itself."* (Samantha)

I noticed there seemed to be a binary between Samantha's sense of duty to do right by the animal ("*you know why you're doing it… for a very good reason"*) and the noticeable lack of duty from her colleagues/managers in supporting her to perform this task. I wondered how Samantha had processed the sadness that she described during euthanasia and the stress she felt when faced with little support and tiredness. In addition, this was one of the few occasions when Samantha's work in equine medicine was held in contrast to other roles in veterinary work, such as companion animal medicine. She later directly compared the two: "*if you're working small animal clinic inevitably there's someone else on site to help you… in farm and equine work… you're just driving around by yourself… it's entirely another to just be totally*

by yourself in the middle of a field in the dark". I felt a distinct sense of loneliness in this account, mixed with some envy towards those who work in companion animal medicine (though I later noted that participants working in such clinics also often felt a lack of support).

The frequency with which they had witnessed animals' deaths was spoken about by Frankie, Ruth and Hazel:

> *"The, the dead, the dead puppies and the dead… things and… [nods] there was a lot of death."* (Frankie)

> *"It's shit quite a lot of the time [laughs]. Urm… it's shit because it's grief and loss, and… It's a shit disease… at a… young age, or whatever... But that's bad luck... Uh... And the euthanasia's the right thing to do... 99.9% of the time. Sooo... [sighs] I'm oka-a-ay with it…. yes."* (Ruth)

> *"There's [sighs] always a week where you have to… put down a patient that you really love… [shakes head]"* (Hazel)

In all three accounts, there was a sense of death being inevitable in veterinary medicine. All three participants used pauses and non-verbal cues in their respective extracts, which may reflect a difficulty in acknowledging and talking about death. I was curious about how death was discussed in veterinary medicine, particularly as an event that frequently occurs. I wondered if veterinary surgeons felt a certain degree of pressure to become desensitised to death because of the inevitability of witnessing it in their roles. None of the three participants acknowledged their feelings in the above extract (Ruth's acknowledgement of '*it's shit*' seemed more connected to the general state of the work rather than her personal feelings or emotional responses). Despite this, all three extracts were populated with non-verbal cues, including sighing, shaking the head, nodding, and long pauses; I wondered what these non-verbal cues communicated for participants, and what words they were replacing.

Some participants shifted the function of death as alleviating suffering from animals to themselves. Elizabeth named this transition and linked it to her past suicide attempts:

> *"When an animal's quality of life is not good enough… a very reasonable option is to put them to sleep… And I got to the point where… I didn't feel like I had a quality of life, so why would I not follow my own advice? You start putting it for you and not just animals… we know how… to give animals a nice death… I see… how peaceful it can be, how quick and… easy"* [Elizabeth]

I noted that in her suicide attempts, Elizabeth had used the same drugs used in euthanasia. Her description of euthanasia struck me: '*peaceful'*, '*quick'* and '*easy'*, which seemed a significant contrast to the difficulties she was experiencing at the time.

Frankie spoke about how she, too, had briefly considered death to be an easier experience than her life at a time of acute distress:

> *"I was taking a bath that I actually considered just drowning myself because I… it would be better… That was that was kind of a bit of a jolt… It was like 'ooh, if, if it's better to be dead, then… maybe I need to rethink… this' [laughs]"* (Frankie)

Frankie's laughter appeared to be a way for her to share these details and perhaps to inject light-heartedness into her narrative. I felt that Frankie found a sense of dark humour in her story, in that suicide (arguably an extreme behaviour) seemed '*better'* than her life at the time. By describing her realisation as a '*jolt'*, I wondered if Frankie was sharing the shock she felt when she noticed her own suicidality; it seemed the thought had appeared out of nowhere for her.

Samantha, when discussing a difficult colleague (as mentioned in Theme Three, 'The Impossible Task'), expressed her concerns that this individual might attempt suicide due to their difficulties:

"I just remember thinking like as much as I absolutely hate him… he's got a wife and kids and I really worried about what he might do one day… he quite clearly wasn't managing, and it felt like anything could tip him over the edge…"

In Samantha's expression of her concerns, it seemed that she recognised that suicide was a potential outcome for her colleague. I wondered whether the increased suicide rate in the profession was discussed within veterinary teams – and how easy or challenging it would be for someone like Samantha to share her concerns with her senior management or co-workers.

Hazel also acknowledged suicide as a possibility for veterinary professionals. After discussing a colleague who had ended their life by suicide, she stated:

"There is always that understanding of how bad does it have to get before someone does something stupid?" (Hazel)

There seemed to be some degree of suicide being unavoidable in Hazel's statement; if someone happened to experience a certain level of difficulty or distress ('*how bad does it have to get'*), they would inevitably end their lives ('*something stupid'*). It seemed this inevitability was largely unspoken, hence her use of the word '*understanding'*, as if this was an implicit expectation of those in veterinary surgery. I was surprised Hazel used the phrase '*something stupid'* to describe suicide, especially considering she had just spoken about the memorial service for the colleague who had ended their life. I wondered if this reflected anger from Hazel, perhaps at the colleague who had killed themselves, or the felt inevitability of suicide in her profession.

Evelyn expressed a sense of suicide being an inevitable outcome for some veterinary surgeons:

"I wonder is it part of that's what vet's do when times get tough... So is it… Is that part of the narrative that we need to change? You know, like that suicide is something that is an option Urm… I don't know" (Evelyn)

Similarly to Hazel, Evelyn described a sense of suicide as '*what vets do'*, suggesting a degree of inevitability for suicide in the profession. I was struck by her choice of words, particularly as Evelyn used the same phrase 'what vets do' when talking about veterinary work as central to her identity (subtheme three of Theme One, 'More Than a Job'). By repeating this phrase concerning two different concepts, I felt a deep sense of fear and concern from Evelyn; suicide appeared to be as inherent to the veterinary profession as caring for animals.

Leanne was the only participant who provided an account where the increased suicide rate in veterinary surgeons was talked about openly. She described an occasion when she attended a university interview:

"Somebody said 'you know the job's really hard, it's stressful… blah blah blah… do you know how vets have higher rate of suicide…' and yet here we are, however many years on… And it's still the case" (Leanne)

There was a sense of frustration and anger from Leanne at the lack of progress and change about the increased suicidality of her profession. I was curious about the function of informing university applicants about the suicide rate. I wondered whether there was a sense that if applicants were made aware of the increased suicidality, there was a presumption from the university that applicants had 'accepted' the risks associated with the profession. Thus, the responsibility was shifted to the students, rather than the university, to keep themselves safe. As with Hazel and Evelyn's accounts, there seemed to be a sense of suicide in veterinary surgeons being inevitable and an additional sense of futility in trying to make changes.

Theme summary

This super-ordinate theme explored how participants conceptualised and made sense of death. Many participants referred to the inevitability of experiencing death in the veterinary profession, mainly through euthanasia. For some participants, this repeated exposure to death appeared to impact their mental health and psychological distress directly. As explored in Theme One ('More Than a Job'), participants generally viewed euthanasia as providing care for animals suffering from pain and a way to remove that pain. Some participants appeared to consider suicide as similar in terms of being a way to remove their suffering. This shift might be linked to the continued exposure of '*nice deaths'* in veterinary medicine, making veterinary surgeons contemplate the possibility of a '*nice death'* for themselves. Finally, some participants spoke about suicide as unavoidable or implicit in the veterinary profession. Again, I was curious whether this was underpinned by the continuous exposure to death and the perception of death via euthanasia as an acceptable means to remove suffering.

Chapter Five: Discussion

Chapter Overview

This chapter begins by reviewing the research question and aims, before connecting these to the main findings. Links to existing literature are explored throughout. The strengths and limitations of the current research are also presented. The recommendations and implications of this study are discussed, as are my reflections on the overall work. Finally, the conclusion of this research is presented.

Summary of Research Aims

The current research aimed to explore the psychosocial aspects of the veterinary surgeon profession due to the high levels of suicide in the profession, which may indicate psychological distress. This was achieved by exploring veterinary surgeons' experiences of their profession at a time when they were experiencing psychological distress. The research question of this study was:

- How do veterinary surgeons make sense of their experiences of psychological distress within the context of their profession?

In addition, the following aims were addressed:

- To explore veterinary surgeons' experiences of psychological distress during a time when they were working in veterinary medicine
- To explore the personal and social meanings of veterinary work within veterinary surgeons' life worlds
- To develop an understanding of possible social defences that are present within the veterinary surgeon profession

Overview of Findings

To my knowledge, this is the first study to apply a psychosocial approach to the veterinary surgeon profession. Therefore, this research contributes to the body of literature exploring the veterinary profession and the increased risk of suicide and psychological distress associated with it (Bartram et al., 2009a; Howard et al., 2021; Platt, Hawton, Simkin, Dean, et al., 2012; Roberts et al., 2013).

In using a qualitative approach, this study has highlighted: the multifaceted relationship between veterinary surgeons and their profession (Theme One: More than a Job); the types of psychological distress participants experienced and the meanings they attached to this distress (Theme Two: The Cost); the specific challenges participants experienced in their veterinary surgeon roles (Theme Three: The Impossible Task) and how participants conceptualised death within the context of their work (Theme Four: Death as a Gift).

By using BNIM interviews, it was possible to explore three components of participants' experiences; their stories (i.e., their biographies), how they told their stories (i.e., their narratives) and how their narratives were interpreted by themselves and myself (Corbally & O'Neill, 2014). As the way that participants tell their narratives is believed to reflect their interpretations of their life events, using this technique meant that the resulting data is likely to reflect both conscious and unconscious processes and assumptions (Howard et al., 2021; Moran et al., 2022; Platt, Hawton, Simkin, Dean, et al., 2012; Roberts et al., 2013).

The finding that veterinary surgeons identified their job as deeply vocational, underpinned by their interests in animals and science ('*I loved the animals, I loved science')*, and subsequently closely tied to their identities ('*My sense of identity and belonging… was huge*'), mirrored the central concept 'Veterinary Professionals as animal advocates' identified in the meta-ethnographic review (see Chapter Two). Veterinary work has been identified as a

key component of veterinary surgeons' identities in the previous literature as well (Armitage-Chan & May, 2018; Morris, 2018; Witte et al., 2020). The current study also identified that certain participants experienced a sense of threat to their self-identity during occasions when the potential of them leaving the veterinary profession was considered.

In allowing participants to describe their experiences of distress (as per the BNIM method), this study adds to the existing literature by providing an account of what veterinary surgeons identify as psychological distress. Participants in the current study described their experiences of psychological distress using various terms, including 'unhappy', 'symptoms of depression' 'postnatal depression', 'anxious' and 'circling an area of depression', among others. This is somewhat different to previous studies, which have typically provided psychometric measures to assess distress, or used certain diagnostic terms within their inclusion criteria (Bartram et al., 2009a; Dawson, 2015; Deacon & Brough, 2017; Hatch et al., 2011) The approach used in this study enabled me to also explore participants' perceptions of where their distress came from; for some, this was inherently linked to their work, whilst others linked their distress to causes external to their occupation.

That participants understood their distress in the different contexts of their lives reflects the fourth central concept ('Veterinary Professionals as humans') identified in the literature review in Chapter Two. Certain elements that participants identified as contributing to their distress could also be mapped onto the Lines-of-Argument Synthesis (Figure 3, pg. 56). For example, Evelyn, Elizabeth and Ruth's respective experiences of bereavements, birth, and break-ups could perhaps be classified as distal factors that directly impacted their wellbeing. Alternatively, the demanding nature of veterinary work, including long hours, shift work and time pressures, could be considered proximal factors (i.e., working conditions) that also directly impact on participants' wellbeing.

All participants identified challenging relationships with colleagues as a stressful occurrence; of particular note were occasions when colleagues were bullies (‘*Horrible... there was just like a… an air of fear’*) or acted in passive-aggressive ways (‘*…they're deliberately unhelpful*’). The findings of the literature review (Chapter 2) indicated that colleagues could be sources of support for veterinary professionals, and this appears to mirror participants’ own experiences in the current study of the ‘*camaraderie’* they felt with colleagues. However, there were no accounts of workplace bullying or actively unhelpful colleagues in the literature review, which may indicate that these current findings are novel to the field.

Dealing with pet owners was another factor that directly impacted participants’ psychological distress; again, this appears to be reflective of the Lines-of-Argument synthesis developed in Chapter 2 (Figure 3), which indicated that pet/animal owners can directly impact on veterinary professional wellbeing when engaging in rudeness or abusive/aggressive behaviours. Several participants spoke about occasions when pet owners had been rude or held unrealistic expectations, which impacted on how they could then subsequently effectively treat the animal in question. These findings in the current study mirror those identified in other studies (Irwin et al., 2021; Richards et al., 2020; Springer et al., 2019; Waters et al., 2019).

A particularly novel finding suggested there was an expectation that veterinary surgeons, particularly newly qualified individuals, are often expected to ‘*just carry on’* even if they feel overwhelmed or distressed. In addition, it appeared that stress was sometimes used to indicate hard work and was celebrated as such (‘*if you’re not… stressed… then maybe you’re not working hard enough’*). This may be linked to another finding identified from participants’ interviews; that there is very limited time or space available for veterinary surgeons to reflect and process their emotions and distress. Whilst this was usually referred to in the context of euthanasia and traumatic clinical work, it seemed that participants often felt a sense of pressure to cope with their distress autonomously, in order to cope with the logistical and high-pressured

demands of their jobs. Such a demanding work environment (which may be considered reflective of defensive work in itself, see 'Reality Bites', below) may mean that when veterinary surgeons have difficult affective experiences (e.g., sadness, anger, guilt, anxiety), there is limited availability for them to appropriately process these experiences. This is likely to be far removed from what veterinary surgeons expect from their work (see 'Reality Bites'), which itself may bring about further experiences of loss and sadness.

The fourth theme in this research related to participants' experiences of death in their profession, typically in the form of euthanasia but also having known other veterinary professionals who had ended their lives. Death via euthanasia was conceptualised as a '*gift*' that participants could give to suffering animals. Despite this framing of death being a '*gift*', there was sometimes a sense of intense sadness when participants spoke about their frequent exposure to death ('*it's shit because it's grief and loss'*). However, participants sometimes did not acknowledge this, suggesting a professional culture of stoicism (again, somewhat underpinned by the lack of available time/space to process these experiences). Death as a function of alleviating suffering (i.e., the purpose of euthanasia) appeared to link with some participants' own histories of suicide attempts or ideation, in that they considered suicide as equivalent to euthanasia ('*I didn't feel like I had a quality of life, so why would I not follow my own advice?*'). Finally, some participants appeared to wonder whether suicide was becoming '*what vets do when times get tough'*; possibly suggesting a sense of suicide in the profession becoming a normalised aspect of veterinary work. Veterinary surgeons' exposure to death via euthanasia was suggested by Waters et al. (2019) to result in professionals experiencing attachment loss, which contributed to their psychological distress. However, the authors suggested that this was generally ignored or stigmatised within the profession, prompting their participants to internalise their feelings. A similar suggestion may be made within the context

of the current study. Dawson (2015) also identified the significance of frequent exposure to death as a contributor to their participants' experiences of depression.

Ultimately, this research attempted to reflect the complexity of the veterinary surgeon role; the meanings that participants attach to their work; their experience of psychological distress and the causes of this; the specific challenges of veterinary work, and finally, their frequent exposure to death.

The following discussion focuses on two major themes interpreted from participants' narratives. The first relates to the vocational nature of veterinary work, the often-idealised f/phantasies* of this profession (held by the general public and professionals alike) and the disparity between these ideals and the distressing reality of veterinary practice. In turn, this is suggested to result in the workforce developing a series of social defences that eventually become embedded in the culture of veterinary practice and procedure.

The second major theme relates to death and revisits the impact of veterinary surgeons' frequent exposure to euthanasia and suicide. This unique element of veterinary work is frequently distressing and is suggested to touch on professionals' anxieties related to death, dying and suffering. It is suggested that veterinary surgeons eventually become desensitised to death through their frequent exposure, which may result in them reconceptualising suicide as equivalent to euthanasia. I suggest that this, combined with the general profession-wide knowledge of the increased risk of suicidality, results in death becoming 'hyper-normalised' within the veterinary workforce, which may link to the increased risk of suicide in the profession.

Given the complexity of the veterinary surgeon role, there are likely to be additional factors and considerations not included in this hypothesis. Nevertheless, in my attempt to summarise what I have learnt from participants, I hope I have successfully condensed two

*: Where fantasy relates to conscious fantasies and phantasy relates to unconscious phantasies

aspects of the veterinary surgeon profession. The two themes discussed below are considered to be interlinked and overlapping.

Reality Bites: Idealisation, Anxiety & Social Defences in Veterinary Surgery

This research highlighted veterinary work's often vocational, values-led nature (Theme One: More Than a Job). Those working in veterinary surgery are usually invested in animal welfare and care deeply about animals. For certain participants, the decision to work in veterinary medicine was rooted in moments in their childhoods or adolescence, which further attests to the vocational 'calling' of this work (Dik & Duffy, 2009). This compliments past research findings that explored the vocational nature of veterinary work (Cardwell & Lewis, 2017; Zamfirache, 2020).

The extent and degree of the vocational nature of veterinary work, as shared by participants, appeared to link with what they identified as the goal of veterinary medicine: to provide '*the best care for animals'* (Theme One, subtheme '*I really love Dogs and science'*). This goal complimented participants' underlying interests in, and care for, animals and appeared to be linked to the powerful sense of identity participants gained from their profession ('*Most people go into it because they want to help the animal', 'We want the best outcome for the animal')*. Indeed, in organisations that provide care to people, the identified primary task and the identity of the workforce are often interlinked (Roberts, 2019). The current research suggested that similar links might be found in veterinary surgery

This goal identified by the participants might be considered to reflect the primary task of veterinary medicine more generally; to provide care to animals. Indeed, the RCVS standard tasks veterinary surgeons to provide '*veterinary care that is appropriate and adequate'* and ensure that they '*make animal health and welfare their first consideration when attending to animals*' (RCVS, 2019).

However, I have suggested that veterinary surgeons may become fixated not with the primary task outlined by the RCVS (i.e., '*appropriate and adequate'* care) but with a self-assigned impossible task (Roberts, 2019) of providing the '*best'* care for animals. This shift to a self-assigned impossible task is underpinned by veterinary surgeons' idealised beliefs about their profession, which are underpinned by their inherent interests in, and care for, animals. As a result of these beliefs, veterinary surgeons may see it as their responsibility to provide the '*best'* care for animals, as was observed in the current study ('*I saw it as my role to help [the owners] to do the right thing for the animal')*.

According to this suggestion, veterinary surgeons often choose their career due to caring deeply about animals and being interested in their welfare, as well as holding an interest in science/medicine ('*loved dogs, loved animals, loved science')*. Through this deep interest and vocational 'calling' to veterinary medicine, they feel a sense of being '*destined'* to do this work, as spoken about by participants in the current study.

Culture-wide fantasies about veterinary work (such as those from the mass media) can shape the ideological beliefs of the general public, in addition to those who later pursue a career in veterinary medicine. The idealistic beliefs of the general public were spoken about by participants in the current study as underpinning pet owners' often unrealistic expectations of veterinary medicine, which participants in turn acknowledged were a difficult part of their roles ('*Everyone thinks you've got the dream job… I think the general public have no idea what we really do').*

Veterinary training courses may exacerbate this idealisation of veterinary work by focussing primarily on medical/scientific teaching and largely ignoring the more difficult/distressing aspects of veterinary work, which include euthanasia, discussing finances with pet owners, and mental health in the workforce. This disparity between what is taught at

their training, and the reality of clinical practice, may later give rise to, and accentuate, anxieties within the workforce, particularly within newly qualified veterinary surgeons. In the face of these anxieties and the disparities, individuals may begin to question whether their distress is located within themselves (i.e., they may blame themselves, as per Frankie's account).

It is suggested that this disparity between veterinary training and practice could be considered as both being rooted in defensive practices, and contributing/exacerbating social defences within the workforce. The reported lack of teaching on the distressing elements of veterinary surgery might be perceived as a bid to minimise the emotionality of veterinary work, as well as the level of distress and melancholia within the workforce generally. In doing so, the training reinforces the idealistic expectations of veterinary work, and thus further perpetuate the distress that such teaching practices originally were attempting to defend against.

More specifically, by neglecting to educate students on how to perform euthanasia, the frequent exposure to death typical in veterinary work is largely hidden from veterinary students (see '*Death work'*, below). As has been suggested with medical doctors and nurses (Johnson, 1991; Marchini et al., 2021; Mikkelsen et al., 2020), I have suggested that these ideals of veterinary work, combined with the focus on medical/scientific teaching, can lead veterinary surgeons to develop phantasies of omnipotence in the face of death and disease.

As a result of holding these phantasies of omnipotence and society-wide fantasies about veterinary work, veterinary surgeons find themselves in a profession that is very different from their idealised expectations, or indeed the expectations from the media and their training institutions. The nature of veterinary work is often inherently distressing: Long-working hours, frequent shifts on-call, and back-to-back appointments ('*I was just very stressed and very overwhelmed'*). The nature of the work can be traumatic ('*The dead puppies and the dead… things'*), and veterinary surgeons are frequently confronted with highly emotional pet owners

(‘*He ranted at me out of hours’*) and difficult colleagues (‘*He wanted to slit his wrists because of them’*).

It is possible that as a result of the disconnect between the expected and the reality, veterinary surgeons may experience professional melancholia over the loss of their (idealised) f/phantasies of their work (Bokanowski, 2018; Clewell, 2004). Given the highly vocational nature of veterinary work, this may be a significant loss experienced by the workforce. The anxiety and distress already experienced by veterinary surgeons in response to the distressing elements of their work may therefore be further compounded.

In response to this distress and professional melancholia, veterinary surgeons may assign themselves an impossible task that connects them back to their idealisations of veterinary work and facilitates a sense of omnipotence in the face of death and disease. The task: *‘to provide the best care for animals’* is impossible due to a complex set of intersecting pressures/dynamics, including (though not limited to): the ability/willingness of the pet’s owner to pay; clinical/technical skill of the veterinary surgeon; overall health of the animal; availability of tests/treatments.

Euthanasia (i.e., death) becomes another way to provide ‘*the best care’* in some scenarios, the impact of which is also significant (see ‘Death work’, below). In addition, the definition of ‘*best care*’ is hard to operationalise, making this task even more impossible. Certain participants in the current study referred to their roles as veterinary surgeons as the ideal position to identify the ‘*best outcome*’, which firmly placed the meaning of ‘*best care’* as largely dependent on the veterinary surgeon, perhaps further reinforcing phantasies of omnipotence.

Over time, veterinary surgeons co-create a work culture dependent on a group of unconscious ‘social defences’ (see Chapter One, ‘A Psychoanalytic Lens’) (Krantz, 2010;

Menzies Lyth, 1960) to protect them from the anxieties that are inherent to their work. Participants in the current study spoke about the presence of a professional culture that unreasonable work demands were expected, unavoidable and generally accepted (‘*You just had to accept it and most of the time you got on with it’*). Work-related stress was regarded as a sign that one was working appropriately hard; a lack of stress indicated a lack of hard work (‘*if you're not… stressed… then maybe you're not working hard enough’*). There was recognition that ‘*shit happens’* (e.g., poor outcomes, distressing clinical cases), and, again, this was an inevitable part of veterinary medicine that participants were expected to accept and manage autonomously (‘*You kind of just carry on… You are going to find things challenging*’). This may be comparable to the denial of feelings in nurses that Menzies Lyth (1960) identified as a key social defence. Findings from the current study suggest that veterinary surgeons similarly deny their distressing feelings, which are prompted by the inherently distressing nature of their work, to maintain their ability to perform in their roles. The celebration of stress may also be considered another social defence, allowing veterinary surgeons to acknowledge some level of distress but re-conceptualised in such a way that connects the stress as a symbol of hard work and thus to be celebrated, rather than as a symptom of unrealistic work demands. As their profession is closely tied to their identities, veterinary surgeons may be prone to reinforce and enable these defences, as the alternative of leaving the profession would risk a significant part of their self-identity (‘*if I then couldn't do my job, it would have been a ‘Who am I?’*).

These social defences mean that the veterinary workforce may not question culture-bound practices that further deny the anxieties prompted by their work. The lack of peer supervision and in-house staff support might be a prime examples of this. Participants spoke about their respective clinics advocating VetLife for mental health support (e.g., by placing VetLife posters in staff areas). However, by externalising the (often one and only) source of support for staff to a service outside the clinic, it might be argued that veterinary services

locate/identify psychological distress as external to the workplace and, therefore, the work. In turn, this may reinforce and exaggerate the apparent gap between the anxieties produced by veterinary work and the distress experienced by veterinary surgeons. In short, this could reinforce the idea that the distress felt by veterinary surgeons is localised 'within' them rather than as a product of their work.

Certain policies and procedures used by veterinary surgeries may also be considered to enact and enable these social defences. The frequent back-to-back booking of clinical appointments, limiting the time a veterinary surgeon has with each animal, is somewhat reminiscent of what Menzies Lyth (1960) identified in her paper on the social defences within nursing. Like the nurses of Menzies Lyth's study, such practices enable a degree of separation between the veterinary surgeon, their animal patient, and the pet owner. In Menzies Lyth's study, nurses dehumanised patients as a result, identifying them largely by their diagnosis or bed number. A parallel process may happen in veterinary medicine, whereby animals become identified primarily by features such as their appointment time (e.g., '*my 11 o'clock'*) or their diagnosis (e.g., '*the broken leg in pen three*'). This might reflect occasions when participants told stories about specific cases and referred to the animal as their diagnosis (e.g., '*this cat that came in… so dehydrated*' and '*Romanian import dog that came in with Brucella*'). In theory, these practices allow veterinary surgeons to separate themselves from some of the anxieties prompted by the distressing nature of their work.

However, as Menzies Lyth (1960) discussed, this practice has the opposite effect of protecting the veterinary surgeon from potential distress. The time-limited, high turnover of appointments means that veterinary surgeons are even less likely to complete their self-identified impossible task and may struggle to contain their distress and anxieties due to the back-to-back booking of appointments ('*Clinic is so busy that there is this no space to process*'). Like the nurses in Menzies-Lyth's study, such practices ultimately drain away from

the meaning of the work, conflicting with the very reason an individual might join the profession in the first place. This may further exacerbate experiences of professional melancholia, as veterinary surgeons might grieve the loss of the personal meaning in their work and the vocational nature of the profession, both of which may have been important factors in their decision to work in veterinary medicine. The result is a highly defended, highly distressed workforce that seems trapped in their profession due to the strong sense of identification with their work.

Death Work: Euthanasia and Suicide in Veterinary Surgery

In the current research, participants were frequently exposed to death through their veterinary work, predominantly through euthanasia but also through the knowledge and experience of the high suicide rate within the profession. Euthanasia was framed as a way participants could care for animals by alleviating their suffering and thus providing them with '*the best care'* ('*The kindest thing is to put them to sleep'*, '*some animals that come in and you're… desperate to ease that suffering'*).

Participants' frequent exposure to euthanasia and death was noted to have a cumulative impact on them ('*it's shit because it's grief and loss'*). It appeared that their frequent exposure to euthanasia also shifted some participants' conceptualisation of death via suicide, such that they considered it comparable to euthanasia in being an effective way to ease their suffering: ('*I didn't feel like I had a quality of life, so why would I not follow my own advice?*', '*I actually considered just drowning myself because I… it would be better'*). I have suggested that this unique element of veterinary work exacerbates professionals' distress and may make them more likely to consider death (via suicide) as a means to end their suffering.

In human medicine, there appears to be a firm divide between two main approaches of working concerning ill health and death: there is the curative 'life work', where the primary

task is to typically avoid death and move the patient away from death and towards life and healing; and 'death work', where the primary task might be to provide relief from pain and other symptoms, but with the context that death is not to be postponed, avoided nor hastened. Such are the aims of palliative medicine, recognised as a specialist medical discipline in the UK in 1987 (Stevens et al., 2009). Indeed, medical literature recognises that the shift from curative to palliative care is significant for the patient, their family, and medical teams (Schofield et al., 2006). Crucially, in the UK, specialist teams typically provide palliative care across community and inpatient settings, further emphasising the shift and disparity between 'life work' and 'death work (Gardiner et al., 2011).

I would argue that veterinary medicine, unlike human medicine, features both 'life work' and 'death work', with the former focussing on practices that cure and heal and the latter focussing on the practice of euthanasia. Unlike medical doctors, who can purposefully choose to work in human 'death work' (i.e., palliative care), veterinary surgeons are typically unable to avoid performing euthanasia. It is one of the primary roles of veterinary surgeons to relieve suffering by way of euthanasia, according to the RCVS (RCVS, 2019) and thus is an unavoidable part of veterinary medicine.

There are crucial differences between human 'death work' (i.e., palliative care, hospices, end-of-life treatment) and animal 'death work', making it somewhat tricky to apply any theoretical understanding of 'death work' from human medicine to the veterinary surgery context. This is partly because in the UK, physician-assisted dying[*] – arguably the medical act most like euthanasia performed in veterinary medicine - is illegal.

In addition, there is a paucity of writing that explores the impact of assisted dying on staff – unsurprising given that it is legal only in 28 countries at the time of writing (Briggs et al., 2020). Nevertheless, it is recognised that assisted dying is highly complex, touching on the

[*]: There are several terms that are used interchangeably to describe the human equivalent of animal euthanasia. For the sake of this paper, I am referring strictly to what is termed 'assisted dying' or indeed 'euthanasia', whereby a doctor administers a fatal dose of medication to end the life of a patient. To avoid confusion with that performed by veterinary surgeons, I will refer to this act when performed on a human patient as 'assisted dying'.

core fear of the human experience (death) for all individuals involved, whilst also potentially putting health practitioners in the role of 'playing God', connecting with phantasies of omnipotence explored previously (Sabbadini, 2015) (see '*Reality Bites'*, above). More generally, working closely with those who are dying can provoke anxieties within professionals. Indeed, organisations such as palliative care services have been considered to develop unconscious social defences in response, which then have become ingrained in the work culture, policy and practice (Ramsay, 1995). Professionals who care for those who are dying may be confronted with their own fear of death and suffering (Ramvi et al., 2021; Rodin & Zimmermann, 2008). Whilst no research could be identified exploring whether palliative care/hospice staff had an increased risk of suicide, existing research does indicate that professionals in these disciplines identify the availability of informal/formal staff debriefs as a source of support (Moody, 2022; Smith et al., 2020).

Despite the disparity between human 'death work' and animal 'death work' outlined above, I have suggested that, through their frequent exposure to euthanasia, veterinary surgeons experience similar phenomena to their counterparts working in human hospice/palliative care. This may include anxiety related to their own death/suffering and phantasies of omnipotence over their ability to provide a '*good death'*. Participants in the current study spoke about their ability to *'ease that suffering'* which may indicate that veterinary surgeons perceive themselves as having a God-like ability to relieve pain by ending life ('*it needed to go to heaven'*). This may be comparable to the phantasies of omnipotence observed in medical professionals involved in assisted dying (Sabbadini, 2015).

There were also similarities between the narratives of participants in this study and professionals involved in assisted dying regarding the impact of their frequent exposure to death touching on participants' own personal histories of bereavements ('*I have been bereaved... And… it is <u>hard…</u> to <u>live</u> that with people. Again… it sort of feels a <u>little</u> bit like it's*

micro-hitting that [grief] button every time') (Briggs et al., 2020; Pesut et al., 2020). This might further suggest that veterinary surgeons' experiences of euthanasia (i.e., animal 'death work') may be comparable to assisted dying (i.e., human 'death work').

Participants spoke about death being a '*gift'* that they felt they could give to an animal to end its suffering. This may connect to participants' phantasies of omnipotence, somewhat reminiscent of medical professionals involved in assisted dying (Sabbadini, 2015). This conceptualisation of death as a '*gift'* was also mirrored in RCVS policy, which stated that veterinary surgeons '*have the privilege of being able to relieve an animal's suffering*' via euthanasia (RCVS, 2019). I have considered whether this profession-wide framing of death as a gift/privilege might represent a social defence provoked by the very nature of veterinary 'death work'. I would argue that booking pre-planned euthanasia into the same routine back-to-back appointments, like any other appointment, also represents a social defence aimed at reducing and denying the emotionality of veterinary 'death work' ('*It's just slotted in the middle*'). The limited availability of debriefs or support after euthanasia also reinforces the illusion that veterinary surgeons should not feel distressed or emotional after performing euthanasia ('*There's no time to stop and just… process…*').

Overtime veterinary surgeons may begin to see death as a '*gift'* that ends suffering for themselves, similar to how they perceive it for animals ('*You start putting it for you and not just animals… we know how… to give animals a nice death… I see… how peaceful it can be, how quick and… easy'*). This shift may be underpinned by what I would describe as a 'hyper-normalisation' of death and euthanasia in veterinary work, whereby nearly all of the emotional significance related to euthanasia is denied. This, again, was suggested to be partly underpinned by the policies and practices of veterinary clinics that minimise the emotionality euthanasia (e.g., booking in euthanasia throughout the day), plus the reframing of death as a '*privilege'* by the RCVS (which was also echoed by Evelyn in the current research).

I have suggested that, as veterinary surgeons experience increasing levels of psychological distress prompted by the inherently distressing nature of their work and personal life events (e.g., bereavements, illness, etc.), they may begin to perceive death as a suitable means to remove their own suffering. Death was described as a '*better'* or '*reasonable*' alternative to psychological distress by certain participants, suggesting they considered death via suicide as an equivalent means to end suffering as euthanasia. I have considered that this may lead to an overall increased risk of suicide for veterinary surgeons. The evidence of veterinary surgeons completing suicide by injecting the same drugs used for euthanasia (Jones-Fairnie et al., 2008; Tomasi et al., 2019), might suggest that they decide to use a 'tried and tested' method of suicide that they know is effective and can bring about a '*good death'*.

Finally, participants spoke about their own awareness of the high risk of suicide in their profession; for some, this was due to having known colleagues who had ended their lives, whilst others were informed of this during their training. This awareness within the profession might indicate that suicide in the profession is becoming increasingly normalised, in a process somewhat parallel to the 'hyper-normalisation' of death and euthanasia suggested earlier. Indeed, Evelyn's query of '*is it part <u>of</u> that's what <u>vet's do</u> when times get tough*' indicated a certain level of expectation, or normalisation, that veterinary surgeons engage in suicidal behaviours after experiencing a certain level of distress.

Evidence suggests that individuals exposed to suicide or suicide attempts made by others may be at greater risk of suicide themselves (Hill et al., 2020). I have posited that participants' awareness of the increased risk of suicide in their profession (and, for some, their experiences of colleagues ending their lives) may contribute to the overall risk of suicidality in veterinary surgeons. I have suggested that this further underpins the conceptualisation of death as a '*gift'* that can end suffering, such that, without intervention, suicide may eventually become a normalised aspect of the veterinary profession.

Strengths and Limitations

Research Paradigm

A relativist ontology and constructionist epistemology underpinned the current study. As such, I assumed that participants' narratives were reflective of their co-existing, individual realities and experiences rather than reflective of a single, objective reality. In producing this research, I have contributed an additional account of 'reality' through my analysis and interpretation of participants' stories. Using this approach has enabled me to hold in mind several 'truths', all as valid as each other. Contradictions between one participant narrative and another provided me with an opportunity to consider the nuances in participants' lived experiences that may have contributed to this disparity, rather than regarding them as opposing ends of a single 'truth' (or, indeed, perceiving one narrative as 'truer' than the other).

A prime example of this was Ruth's experience of psychological distress, which she located as solely being due to the birth of her first child ('*I had… I suppose… What was postnatal depression*'). Whereas all other participants located part of their distress as rooted in their profession, Ruth perceived her work as a '*safe place'* that helped her manage her postnatal depression. This disparity allowed me to consider the different meanings participants attached to their work and how they located this in relation to their psychological distress.

To maintain transparency of my own contributions and interpretations throughout this research, I have provided detailed accounts of the decision-making process and rationale for this approach (see Chapter Three, Methods). I have additionally evidenced my analysis process and ensured that the findings outlined above are positioned such that I have taken ownership of my interpretations and findings rather than presenting them as objective truths.

Study sample

This research used purposive sampling to capture veterinary professionals with previous experience of psychological distress whilst working in veterinary medicine. The final sample size was eight participants, which is well placed within sample size recommendations for both BNIM and IPA (Flowers et al., 2009; Wengraf, 2011; Wengraf & Chamberlayne, 2006).

A limitation of the current study is the lack of diversity in this sample, particularly regarding gender and racial identity. All eight participants were female and white British, which reflected the dominant population of the veterinary profession in the UK (60% female, 96.5% white). In this way, this research echoed the majority of academic research using the often-termed WEIRD (Western, educated, industrialised, rich, and democratic) sample that is typical in academic research, despite being largely unrepresentative of the global population (Ceci et al., 2010).

The current research was also limited in its representation of discourses related to LGBTQ+ experiences within veterinary surgery, despite evidence that veterinary professionals belonging to LGBTQ+ groups experience higher levels of suicidality and suicidal ideation compared to their counterparts (Witte et al., 2020). Exploring such experiences could have shed further light on the level and types of support available to members of such marginalised groups.

The current sample also consisted only of veterinary surgeons; potential explanations for this were covered previously (see Chapter Four, Findings). This could be considered a limitation of the study in that the experiences of only one veterinary profession were captured, despite the evidence that burnout and distress are also evident in other professionals within veterinary medicine (Heyder-Kitching, 2021; Kogan et al., 2020; Varela & Correia, 2022).

However, by focussing on only one profession, the current study explored the specificities of the veterinary surgeon role in greater detail than what may have been possible had other professions also participated.

Interview Process & Data Analysis

During data collection for this study (April – November 2021), face-to-face interviewing was not permitted according to guidelines from both the University of Essex and the UK Government due to the COVID-19 pandemic. All interviews were therefore completed via video call on Zoom. The use of such platforms increased significantly in the aftermath of COVID-19 (Oliffe et al., 2021). Potential benefits of using online programmes to conduct research interviews include improved accessibility, improved convenience for participant and researcher alike, and participants feeling more comfortable being interviewed in their homes, thus enabling more in-depth participation (Gray et al., 2020; Oliffe et al., 2021). Nevertheless, there are possible concerns regarding participants' levels of privacy when engaging in research this way and the potential absence of the more subtle non-verbal cues, which may be missed during video interviews (Boland et al., 2021).

Given the context of COVID-19, such potential limitations of this research were unavoidable. However, I attempted to partially overcome the lattermost of these limitations by video recording all eight interviews and rewatching each one in its entirety to capture some of the non-verbal cues that I may have missed at the time of the interview. Researchers completing BNIM interviews online have reported a greater sense of intimacy between researcher and participant, which might have otherwise been absent had the interviews taken place face-to-face (Campbell, 2021).

I opted to use IPA as my method of data analysis for the current study. As was explored in Chapter Three, this was due to the BNIM analysis method traditionally taking place face-to-

face due to the use of panel members to complete the analysis. Although BNIM and IPA have been combined before in previous research, the potential limitations of this approach must be acknowledged. By not using panel members, the current study's findings rely solely on my interpretations of participants' narratives; this might result in me missing (or misinterpreting) certain stories participants shared. One key feature of the BNIM panels is the presence of a panel member similar to the research sample (i.e., a female, white British, veterinary surgeon panel member). For the current study, this may have highlighted key aspects of participants' narratives missed/misinterpreted by me due to the professional experiences shared between the panel member and participants. However, I presented my findings to both my supervisors and key informants, including an organisational consultant and a counselling psychologist who had previously researched this field.

Implications and Recommendations

Clinical & Practical

The current research highlighted the experiences of veterinary surgeons concerning their profession and their experiences of psychological distress. The complex nature of veterinary work means that many aspects are inherently distressing. There appeared to exist a culture within the veterinary profession of minimising the emotionality of the work. This culture was reflected in several procedures reported by participants, including the '*relentless'* back-to-back booking of appointments, resulting in veterinary surgeons having no time to debrief or manage their emotions. Therefore, an initial recommendation of this research is for veterinary practice managers to consider limiting the number of appointments per day or extending the time allocated to each appointment. Whilst I acknowledge the likely financial impact of this recommendation on veterinary clinics, I feel this change could be a significant improvement in the work-life of veterinary surgeons, accounted for by what participants shared in this research.

Whilst there was an awareness of the increased risk of distress and suicide in the profession, often the only source of support offered by veterinary clinics was VetLife; an external organisation that ultimately reinforces the notion that psychological distress is located outside the work. A key recommendation from the results of this research is for veterinary practices to consider introducing a regular space for all professionals to reflect on the difficult aspects of their job.

One example of such a regular reflective space seen in human healthcare is Schwartz Rounds, which are regular meetings where all staff (clinical and non-clinical) are invited to reflect on the emotional challenges of the work, generally every month (Pepper et al., 2012). During Schwartz Rounds, a select group of staff share a story about a recent experience that had impacted them. These stories are then used to generate further conversation with the wider

group, guided by a group facilitator (Pepper et al., 2012). Many reviews have evidenced the positive impact of Schwartz Rounds; staff psychological wellbeing has been evidenced to increase, as has appreciation for colleagues (Chadwick et al., 2016; Flanagan et al., 2020). Perhaps most promising for veterinary surgery, the introduction of Schwartz Rounds encouraged staff to recognise and label the emotions they experienced in response to the work, rather than minimising or denying these emotions (Thompson, 2013). Indeed, the potential benefit of Schwartz Rounds in veterinary medicine has been acknowledged previously, though there was no evidence at the time of writing of Schwartz Rounds being applied (Blum, 2018).

Though it was not an immediate aim, this research highlighted some participants' experiences that their veterinary training had not prepared them for certain aspects of their qualified roles. This was particularly true for euthanasia (per Elizabeth's account), the demanding working hours (per Samantha's account), having to face particularly traumatic clinical situations (per Frankie's account), and the complexity of clinical practice (per Leanne's account). It is therefore additionally recommended that veterinary courses ensure that these elements are included in their teaching to provide students with a realistic and accurate representation of their future careers. Failure to do so may result in the workforce being unprepared for the complicated realities of clinical practice, which could exacerbate the distress already inherent to the profession.

In addition, it is recommended that newly qualified veterinary surgeons are offered additional support when joining a veterinary practice. It was recognised by several participants that there were unique challenges experienced by new graduates in veterinary medicine, particularly in terms of there being '*pressure <u>to</u> get experience and learn things*' alongside an '*acceptance that, as a new grad, you are going to... find things challenging*', which may exacerbate psychological distress. Those transitioning from university to employment in

veterinary medicine may benefit from support from their senior veterinary colleagues, in addition to attending regular reflective spaces as suggested previously.

Finally, Elizabeth provided an account of several changes her veterinary clinic made in response to her suicide attempt. She reported that the clinic changed to working a four-day week, with no expectation of on-call work, and employed a separate team to cover the night shifts. These changes encouraged Elizabeth to return to work and appeared to help her feel supported and valued by her employers. These changes were significant and would almost certainly have had a financial cost to the practice. I would celebrate this clinic for prioritising its employees' health (albeit only after Elizabeth's own attempt on her life). I strongly recommend that other practices follow suit; the cost of animal care should not be human lives.

Research

This research put forward a preliminary psychosocial model of veterinary surgery concerning the increased risk of suicide and psychological distress reported by those in the profession. As an exploratory study, this study has highlighted the need for further research in the area.

Firstly, future research should prioritise exploring the experiences of other veterinary professionals, including veterinary nurses, technicians, clinic managers and receptionists. Although this research originally aimed to recruit a variety of professionals, ultimately, the study's final sample included only veterinary surgeons. Nevertheless, the accounts provided by participants highlighted the importance of other professionals in veterinary medicine and the impact colleagues could have on their wellbeing (see 'The Impossible Task', Chapter Four). Although the conclusions put forward by this study relate specifically to veterinary surgery, the cultural aspects of this professional group may represent the wider culture of veterinary medicine as a whole. As such, future research could corroborate the findings and conclusions drawn here.

Secondly, there is limited research exploring pet owners' experiences of veterinary practices, with most existing research exploring limited areas of this dynamic (e.g., financial aspects of decision making, assessing owner satisfaction with veterinary practices) (Coe et al., 2007; Gregório et al., 2016; Kogan et al., 2021; Küper & Merle, 2019). Participants frequently spoke about difficult experiences with pet owners contributing to their distress. As a result, it is suggested that future research conduct equivalent enquiries into pet owners' experiences with veterinary medicine. This may also shed further light on the theorised idealised fantasies of veterinary medicine held by the general public (and reported by participants), including what shaped these beliefs and what expectations pet owners have for their veterinary teams.

Thirdly, additional research is suggested to be completed exploring the vocational nature of veterinary work, with those applying to veterinary schools, current veterinary medicine students, and/or current professionals. Many participants in this research spoke about the vocational nature of veterinary work and formed a crucial part of the model outlined above. However, relatively little is known about the decision-making process of those who apply for/attend veterinary school. Occupation is nevertheless a crucially important aspect of one's identity (Dik & Duffy, 2009) and appears to be even more so for veterinary surgeons (Armitage-Chan & May, 2018). It would be beneficial to better understand the meanings attached to veterinary work by those entering the profession, as this may shed further light on their idealisations, beliefs, and f/phantasies about the work.

Finally, additional research should make all possible attempts to include a diverse sample of participants to ensure that marginalised groups within the veterinary profession are represented (e.g., racialised groups, LGBTQ+ communities). This is particularly crucial when considering how professional/community marginalisation may be experienced by these groups, and the impact of this on their overall wellbeing.

Personal Reflections

'It all started with a photo of a dog on a PowerPoint presentation.'

This is usually how I begin telling the story of how (and why) I started this research. For those who know me very well, no further explanation is needed. For those who are less familiar, I go on to share various aspects of my life that feel relevant: only child, growing up in the countryside, intense love for animals, interest in veterinary medicine, wariness of a profession that frequently features the death of animals, turning to clinical psychology as an alternative career, and finally a return to my first choice of profession, albeit in a different manner: veterinary surgery.

This research is highly personal for me – I think most research conducted by most researchers is. But I don't think I truly realised how personal it *was* until I was firmly invested, reading about the complexities of veterinary work, and speaking to many wonderful people involved in it in many different ways. I was touched, inspired, shocked, disgusted, speechless, amazed, frustrated and maddened by the stories I was hearing, and not yet from my participants. Several times I said to my supervisor, '*we need to get Panorama on this'* and when things were even *more* shocking and disturbing, I pulled out the metaphorical big guns: '*We need a two-part Louis Theroux documentary'*.

I was shocked at hearing the extent of the distress within the veterinary community. I felt a strong pull to 'do right' by this group of people, a handful of whom had shared their stories with me from a place of helping me develop this research. I became aware of how aspects of myself – my female sex, my feminine gender, my white British race, my trainee clinical psychologist profession, my late-20s-turning-30 age, and my working-class - might be perceived by participants. I was aware that I represented the majority of veterinary professionals relatively well, being a white female. However, I wondered if my role of being a psychologist would place me 'outside' the veterinary world and, therefore, somewhat alien, not

to be trusted. In talking to many key informants at the early stages of this study, I realised that veterinary medicine did feel a little like a club; and I was distinctly *not* a member.

However, I rather found the opposite; I was surprised by the number of people who registered to participate in my study, how many people appeared willing to share their difficult experiences with me. When I began my interviews, there was still a sense, I felt, of me not being 'in the club', but I was at least being invited to look into the clubhouse through a murky window whilst the curtains were held open by eight very generous club members.

My position of being 'outside the club' did not change throughout the scope of this project. At times, this made me question whether I could ever truly understand what my participants had experienced, and indeed whether I was even well positioned to study a profession so separate from my own. This was especially true when I considered the alternative of, had I used BNIM analysis, having a panel member who was distinctly 'in the club', as it were. There was, and remains, no doubt in my mind that having the involvement of more veterinary professionals as research advisors would have perhaps shed light on areas not explored in this thesis. That is not to undermine the findings and thoughts generated by this project, nevertheless, my own sense of being 'outside of the club' weighed on my mind throughout the process of completing this project, and therefore it has been important to reflect upon.

One thing I noticed throughout my interviews was a desire to convince my participants that I understood. That I understood their distress, anxiety, worry, frustration, anger, and love for animals that had started them on this professional journey. My feeling of not being in the 'club' made me almost desperate to maintain a connection with those within it. If they felt I was too much of an outsider, that I might never appreciate or understand their experiences, I feared they might close those metaphorical curtains. I, therefore, never wanted my participants

to *feel* like they were participants in a study. I wanted them to feel like their experiences meant something beyond their lives. In return, I gained some sense of righteous self-satisfaction, that something was broken, and I was trying to figure out why.

When it came to interpreting my findings and writing up the themes, I struggled with knowing how much of *my* experience of the interviews was worth inserting. I noticed a pull in me to focus on what my participants said, didn't say, or how they said it, rather than what I was left thinking and feeling. To place my own 'stuff' in the same paragraph as someone telling me their very distressing experiences felt very different to what I had expected. This was a significant learning curve for me and made me perceive my position in the study differently. I was a ninth participant, and there was a certain degree of discomfort within me about turning attention to myself and my responses to what participants were saying.

I also tried to be conscious of how my role as a trainee clinical psychologist might place me in an assumed position of authority, power, and knowledge. Particularly with participants and key informants within the veterinary profession, I wanted to avoid any implication or suggestion that I would know what was 'wrong' with the veterinary world and how to 'fix' it. At times an interview with a participant felt a little like a clinical assessment interview, and I was mindful to not step into the role of therapist and remain positioned purely as a researcher. I felt privileged that participants were sharing their stories with me. Though I did not want to inflict any sense of influence or clinical power, I was conscious that I wanted to authentically validate their struggles.

Conclusion

I hope that this research has offered some insights into the veterinary surgeon profession, as told by those working in the profession during a time of psychological distress. By interviewing this sample about a specific time in their life stories, I explored psychological, social, and occupational factors related to veterinary surgery that might contribute to the increased risk of distress and suicidality observed in the workforce. Data were obtained by completing narrative interviews with eight veterinary surgeons, the transcripts of which were then analysed using IPA. This yielded four themes: More than a job, the cost, the impossible task, and death as a gift.

Participants reported that their profession was linked to their interest in, and care for, animals and an interest in science/medicine. For certain participants, this decision was rooted in meaningful encounters with animals in childhood and adolescence. Due to the vocational nature of veterinary work and the close ties to their values, the participants' profession often became a dominant (or only) aspect of their identities.

Participants also reflected that certain idealistic beliefs about veterinary work, often from the mass media, did not match with the reality of clinical practice. Participants felt that pet owners often held unrealistic expectations about veterinary work too, which may also have been shaped by these dominant discourses of veterinary work. I have suggested that participants also develop similarly idealistic phantasies about their roles, in part due to exposure to the mass media portrayals of veterinary medicine and the inherently vocational nature of this work.

Some participants felt their university training courses had not prepared them for the reality of clinical practice. Training courses tended to focus more on the medical/practical side of the work (though missing key practices such as euthanasia) whilst largely ignoring veterinary surgery's distressing and emotional nature. Over time, I have suggested that this may

also shape certain idealistic beliefs about veterinary medicine, resulting in veterinary surgeons developing phantasies of omnipotence.

As a culmination of the idealistic fantasies posed by the media and their training, the phantasies held by themselves, and their underlying care for animals, I have suggested that veterinary surgeons identify the goal of veterinary work as providing '*the best'* care for animals. However, in reality, this is an impossible task that can never be achieved due to various logistical and practical reasons.

Participants reported that when newly qualified veterinary surgeons enter clinical practice, the reality is quite different to what is expected and is often highly distressing. This may prompt significant feelings of anxiety in the workforce, which adopts several conscious and unconscious strategies (social defences) to manage their anxieties. Examples may include denying their distress, celebrating signs of stress as indicating hard work, and separating the veterinary professional from the animal patient and their owner (e.g., by limiting the time of each appointment).

Over time, these strategies become part of the workplace culture. As a result, veterinary surgeons are encouraged to engage in these defences. They largely deny and ignore their feelings and instead focus on the clinical aspects of the work (mirroring the same bias observed in their training). There is little peer support, and often the only source of mental health support for the workforce is an external charity, which may reinforce the idea that distress is located outside the clinic and the work. Veterinary clinics often have back-to-back appointments throughout the day, encouraging the workers to ignore their emotions and focus on providing care to animals. Ultimately this may remove a large proportion of the meaning of veterinary work for professionals, taking them even further away from achieving their impossible task

and adding to the growing sense of pressure to perform and feel alienated from their idealised vet-selves.

In addition to this, veterinary surgeons are often exposed to death by euthanasia, which is framed as a '*privilege'* by the RCVS. Working with death and dying is believed to provoke anxieties within healthcare professionals about pain, suffering, and their own deaths. I have suggested that veterinary work is no different. However, I have suggested that the professional culture often minimises the emotionality of euthanasia. In university, euthanasia may not be formally taught; in clinic, pre-planned euthanasia is booked into regular appointment slots, thus removing all significance from them. This results in what I have termed a 'hyper-normalisation' of death within the veterinary surgery workforce, which over time results in a shift in veterinary surgeons' conceptualisation of death and euthanasia, such that euthanasia becomes a suitable way to escape from suffering. As they experience stressors and psychological distress, they may consider euthanasia (i.e., suicide) a solution to, or best care for, their own suffering.

Veterinary surgeons have been evidenced to demonstrate a higher risk of suicide and psychological distress compared to other professional groups and the general population. By exploring the stories of veterinary surgeons who have experienced psychological distress during their work, this research has attempted to shed light on this statistic using a psychosocial approach. This study ultimately attempted to illustrate the highly complex nature of veterinary surgery as a profession. This study uncovered novel findings and hypotheses to explore further with future research. Several recommendations have been made based on the findings of this study.

Hopefully, this research has contributed to an understanding of the veterinary surgeon profession, hopefully leading to developments and changes that will mean that the cost of animal care is never a human life.

References

Ackerknecht, E. H. (2016). A short history of medicine. JHU press.

Adams, J., Hillier-Brown, F. C., Moore, H. J., Lake, A. A., Araujo-Soares, V., White, M., & Summerbell, C. (2016). Searching and synthesising 'grey literature' and 'grey information' in public health: critical reflections on three case studies. Systematic Reviews, 5(1), 164. https://doi.org/10.1186/s13643-016-0337-y

Ådland, A. K., Gripsrud, B. H., Lavik, M. H., & Ramvi, E. (2021). "They Stay With You": Nursing Home Staff's Emotional Experiences of Being in a Close Relationship With a Resident in Long-Term Care who Died. Journal of Holistic Nursing, 08980101211017766.

Anderson, A., & Hobson-West, P. (2022). "Refugees from practice"? Exploring why some vets move from the clinic to the laboratory. Veterinary Record, 190(1), no-no.

Anon. (2014). Managing expectations. The Veterinary Record, 175(4), 78-78.

Arbe Montoya, A. I., Hazel, S., Matthew, S. M., & McArthur, M. L. (2019). Moral distress in veterinarians. Veterinary Record, 185(20), 631-631.

Arbe Montoya, A., Hazel, S., Hebart, M., & McArthur, M. (2021). Risk factors associated with veterinary attrition from clinical practice: a descriptive study. Australian Veterinary Journal, 99(11), 495-501.

Armitage-Chan, E., & May, S. A. (2018). Identity, environment and mental wellbeing in the veterinary profession. The Veterinary record, 183(2), 68. https://doi.org/10.1136/vr.104724

Armstrong, A. (2014). " I'm a better manager": A biographic narrative study of the impact of personal trauma on the professional lives of managers in the UK. Aston University,

Armstrong, D. (2018). Social defences against anxiety: Explorations in a paradigm. Routledge.

Baca-Garcia, E., Perez-Rodriguez, M. M., Keyes, K. M., Oquendo, M. A., Hasin, D. S., Grant, B. F., & Blanco, C. (2010). Suicidal ideation and suicide attempts in the United States: 1991–1992 and 2001–2002. Molecular psychiatry, 15(3), 250-259.

Bartram, D. J., & Baldwin, D. S. (2010). Veterinary surgeons and suicide: a structured review of possible influences on increased risk. Veterinary Record, 166(13), 388-397.

Bartram, D. J., Yadegarfar, G., & Baldwin, D. S. (2009). A cross-sectional study of mental health and well-being and their associations in the UK veterinary profession. Social psychiatry and psychiatric epidemiology, 44(12), 1075-1085. https://doi.org/10.1007/s00127-009-0030-8

Bartram, D. J., Yadegarfar, G., & Baldwin, D. S. (2009). Psychosocial working conditions and work-related stressors among UK veterinary surgeons. Occupational medicine, 59(5), 334-341.

Batchelor, C., & McKeegan, D. (2012). Survey of the frequency and perceived stressfulness of ethical dilemmas encountered in UK veterinary practice. Veterinary Record, 170(1), 19-19.

Batool, S. S., & Abtahi, A. (2017). Psychosocial impact of childhood sexual abuse: Perspective of victims. Journal of Arts and Social Sciences, 4(2), 36-48.

Black, A. F., Winefield, H. R., & Chur-Hansen, A. (2011). Occupational stress in veterinary nurses: Roles of the work environment and own companion animal. Anthrozoös, 24(2), 191-202. https://doi.org/10.2752/175303711X12998632257503

Blaikie, N. (2007). Approaches to social enquiry: Advancing knowledge. Polity.

Blum, N. R. (2018). Professional development groups help physicians; why not veterinarians? Journal of the American Veterinary Medical Association, 253(6), 704-708.

Böckelmann, I., Pohl, R., Darius, S., & Thielmann, B. (2022). Causes and consequences of psychological stress in the working life and emergency services of veterinary professionals in the Federal Republic of Germany: A protocol for a nationwide cross-sectional study. F1000Research, 11(42), 42.

Boland, J., Banks, S., Krabbe, R., Lawrence, S., Murray, T., Henning, T., & Vandenberg, M. (2021). A COVID-19-era rapid review: using Zoom and Skype for qualitative group research. Public Health Research & Practice, 1-9.

Borraz, S., Zeitoun, V., & Dion, D. (2021). Subjectivity and reflexivity: The contributions of countertransference to interpretative research. Recherche et Applications en Marketing (English Edition), 36(1), 65-81. doi:10.1177/2051570720942384

Boxer, P. (2017). Working with defences against innovation: the forensic challenge. Organisational and Social Dynamics, 17(1), 89-110.

Briggs, S., Lindner, R., Goldblatt, M. J., Kapusta, N., & Teising, M. (2020). Psychoanalysis and the request for assisted suicide. International Journal of Psychoanalysis, 7(1), 1-32.

Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta ethnography to synthesise qualitative research: a worked example. Journal of health services research & policy, 7(4), 209-215.

Brscic, M., Contiero, B., Schianchi, A., & Marogna, C. (2021). Challenging suicide, burnout, and depression among veterinary practitioners and students: text mining and topics modelling analysis of the scientific literature. BMC veterinary research, 17(1), 1-10.

Buckner, S. (2005). Taking the debate on reflexivity further: Psychodynamic team analysis of a BNIM interview. Journal of Social Work Practice, 19(1), 59-72.

Burke, C. (2020). “Repeat after me”: Gestalt, fluency and biographical research. In Social Research and Disability (pp. 153-163). Routledge.

Campbell, L. R. (2021). Doctoral research amidst the Covid-19 pandemic: Researcher reflections on practice, relationships, and unexpected intimacy. Qualitative Social Work, 20(1-2), 570-578.

Cardwell, J. M., & Lewis, E. G. (2017). Vocation, belongingness, and balance: a qualitative study of veterinary student well-being. Journal of Veterinary Medical Education, 44(1), 29-37.

Cardwell, J. M., & Lewis, E. G. (2019). Stigma, coping, stress and distress in the veterinary profession-the importance of evidence-based discourse. Veterinary Record.

Ceci, S. J., Kahan, D. M., & Braman, D. (2010). The WEIRD are even weirder than you think: Diversifying contexts is as important as diversifying samples. Behavioral and Brain Sciences, 33(2-3), 87.

Chadwick, R. J., Muncer, S. J., Hannon, B. C., Goodrich, J., & Cornwell, J. (2016). Support for compassionate care: Quantitative and qualitative evaluation of Schwartz Center Rounds in an acute general hospital. JRSM open, 7(7), 2054270416648043.

Clarke, S., & Hoggett, P. (2019). Researching beneath the surface: Psycho-social research methods in practice. Routledge.

Coe, J. B., Adams, C. L., & Bonnett, B. N. (2007). A focus group study of veterinarians' and pet owners' perceptions of the monetary aspects of veterinary care. Journal of the American Veterinary Medical Association, 231(10), 1510-1518.

Cole, E. (2019). Narrative approaches for behaviour that challenges post-injury. In Psychological Therapy for Paediatric Acquired Brain Injury (pp. 134-150). Routledge.

Connolly, C., Norris, K., Martin, A., Dawkins, S., & Meehan, C. (2022). A taxonomy of occupational and organisational stressors and protectors of mental health reported by veterinary professionals in Australasia. Australian veterinary journal.

Convery, I., Mort, M., Bailey, C., & Baxter, J. (2007). Role stress in front line workers during the 2001 foot and mouth disease epidemic: The value of therapeutic spaces. Australasian Journal of Disaster and Trauma Studies.

Corbally, M., & O'Neill, C. (2014). An introduction to the biographical narrative interpretive method. Nurse researcher, 21(5), 34-39.

Corley, T., & Godley, A. (2011). The veterinary medicine industry in Britain in the twentieth century 1. The Economic history review, 64(3), 832-854.

Crane, M., Phillips, J., & Karin, E. (2015). Trait perfectionism strengthens the negative effects of moral stressors occurring in veterinary practice. Australian veterinary journal, 93(10), 354-360.

Critical Appraisal Skills Programme. (2018). CASP Qualitative Studies Checklist. Retrieved 21/02/2022 from https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

Curth, L. H. (2009). The Care of brute beasts: a social and cultural study of veterinary medicine in early modern England. Brill.

Curth, L. H. (2013). 'A plaine and easie waie to remedie a horse': Equine Medicine in Early Modern England. Brill.

Dalum, H. S., Tyssen, R., & Hem, E. (2022). Prevalence and individual and work-related factors associated with suicidal thoughts and behaviours among veterinarians in Norway: a cross-sectional, nationwide survey-based study (the NORVET study). BMJ open, 12(1), e055827.

Dawson, S. E. (2015). "It really was like a black hole" : an interpretive phenomenological analysis of veterinary surgeons' experiences of depression [Electronic Thesis or Dissertation, ddu. http://search.ebscohost.com/login.aspx?direct=true&db=ddu&AN=1F97D13735866804&site=ehost-live

Deacon, R. E., & Brough, P. (2017). Veterinary nurses' psychological well-being: The impact of patient suffering and death. Australian Journal of Psychology, 69(2), 77-85.

Deacon, R. E., & Brough, P. (2019). Companion animal death and client bereavement: A qualitative investigation of veterinary nurses' caregiving experiences. Death studies, 1-12. https://doi.org/10.1080/07481187.2019.1696424

Denzin, N. K., & Lincoln, Y. S. (2008). Introduction: The discipline and practice of qualitative research.

Devriese, L. (2012). From mules, horses and livestock to companion animals: a linguistic-etymological approach to veterinary history, mirroring animal and (mainly) human welfare. Vlaams Diergeneeskundig Tijdschrift, 81(4), 237-246.

Dik, B. J., & Duffy, R. D. (2009). Calling and vocation at work: Definitions and prospects for research and practice. The counseling psychologist, 37(3), 424-450.

Dodgson, J. E. (2019). Reflexivity in qualitative research. Journal of Human Lactation, 35(2), 220-222.

Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2012). Epidemiology of psychological distress. Mental illnesses-understanding, prediction and control, 69(2), 105-106.

Duncan, C. M., & Elias, S. R. S. T. A. (2020). (Inter)subjectivity in the research pair: Countertransference and radical reflexivity in organizational research. Organization, June 2020(0), 1350508420928524. doi:10.1177/1350508420928524

Dunne, B., Pettigrew, J., & Robinson, K. (2016). Using historical documentary methods to explore the history of occupational therapy. British Journal of Occupational Therapy, 79(6), 376-384.

Eskin, M., Sun, J.-M., Abuidhail, J., Yoshimasu, K., Kujan, O., Janghorbani, M., Flood, C., Carta, M. G., Tran, U. S., & Mechri, A. (2016). Suicidal behavior and psychological distress in university students: a 12-nation study. Archives of Suicide Research, 20(3), 369-388.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. American journal of theoretical and applied statistics, 5(1), 1-4.

Fahie, D. (2014). Doing sensitive research sensitively: Ethical and methodological issues in researching workplace bullying. International Journal of Qualitative Methods, 13(1), 19-36.

Fairnie, H. M. (2005). Occupational injury, disease and stress in the veterinary profession. In.

Finefter-Rosenbluh, I. (2017). Incorporating Perspective Taking in Reflexivity:A Method to Enhance Insider Qualitative Research Processes. International Journal of Qualitative Methods, 16(1), 1609406917703539. doi:10.1177/1609406917703539

Finlay, L. (2011). Phenomenology for therapists: Researching the lived world: John Wiley & Sons.

Flanagan, E., Chadwick, R., Goodrich, J., Ford, C., & Wickens, R. (2020). Reflection for all healthcare staff: a national evaluation of Schwartz rounds. Journal of interprofessional care, 34(1), 140-142.

Flowers, P., Larkin, M., & Smith, J. A. (2009). Interpretative phenomenological analysis. In: SAGE Publications.

Fonken, L. (2021). Healthy people, healthy practice. American Association of Bovine Practitioners Proceedings of the Annual Conference,

France, E. F., Uny, I., Ring, N., Turley, R. L., Maxwell, M., Duncan, E. A., Jepson, R. G., Roberts, R. J., & Noyes, J. (2019). A methodological systematic review of meta-ethnography conduct to articulate the complex analytical phases. BMC Medical Research Methodology, 19(1), 1-18.

Fritschi, L., Morrison, D., Shirangi, A., & Day, L. (2009). Psychological well-being of Australian veterinarians. Australian veterinary journal, 87(3), 76-81.

Fudge, E. (2017). What was it like to be a cow. The Oxford handbook of animal studies, 258-278.

Galpin, D. (2012). The role of social defences and organisational structures in facilitating the abuse and maltreatment of older people. The Journal of Adult Protection.

Gardiner, A. (2009). The Animal as Surgical Patient: a Historical Perspective in the 20th Century. History and Philosophy of the Life Sciences, 355-376.

Gardiner, A. (2014). The ‘dangerous’ women of animal welfare: How British veterinary medicine went to the dogs. Social History of Medicine, 27(3), 466-487.

Gardiner, A. (2020). It shouldn’t happen to a veterinary profession: the evolving challenges of recruitment and retention in the UK. The Veterinary Record, 187(9), 351-353.

Gardiner, C., Ingleton, C., Gott, M., & Ryan, T. (2011). Exploring the transition from curative care to palliative care: a systematic review of the literature. BMJ Supportive & Palliative Care, 1(1), 56-63.

Gardner, D., & Hini, D. (2006). Work-related stress in the veterinary profession in New Zealand. New Zealand veterinary journal, 54(3), 119-124.

Gates, M., McLachlan, I., Butler, S., & Weston, J. (2020). Experiences of recent veterinary graduates in their first employment position and their preferences for new graduate support programmes. New Zealand veterinary journal, 68(4), 214-224.

Gray, L. M., Wong-Wylie, G., Rempel, G. R., & Cook, K. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. The Qualitative Report, 25(5), 1292-1301.

Gregório, H., Santos, P., Pires, I., Prada, J., & Queiroga, F. L. (2016). Comparison of veterinary health services expectations and perceptions between oncologic pet owners, non-oncologic pet owners and veterinary staff using the SERVQUAL methodology. Veterinary world, 9(11), 1275.

Grix, J. (2018). The foundations of research. Macmillan International Higher Education.

Hagan, T., & Smail, D. (1997). Power-mapping—I. Background and basic methodology. Journal of Community & Applied Social Psychology, 7(4), 257-267.

Hagen, J. R., Weller, R., Mair, T. S., & Kinnison, T. (2020). Investigation of factors affecting recruitment and retention in the UK veterinary profession. Veterinary Record, 187(9), 354-354.

Halliwell, R., & Hoskin, B. (2005). Reducing the suicide rate among veterinary surgeons: how the profession can help. Veterinary Record, 157(14), 397-398.

Hanrahan, C., Sabo, B. M., & Robb, P. (2018). Secondary traumatic stress and veterinarians: Human–animal bonds as psychosocial determinants of health. Traumatology, 24(1), 73.

Hatch, P., Winefield, H., Christie, B., & Lievaart, J. (2011). Workplace stress, mental health, and burnout of veterinarians in Australia. Australian veterinary journal, 89(11), 460-468.

Hawton, K., Agerbo, E., Simkin, S., Platt, B., & Mellanby, R. J. (2011). Risk of suicide in medical and related occupational groups: a national study based on Danish case population-based registers. Journal of affective disorders, 134(1-3), 320-326.

Hendin, H. (1998). Seduced by death: doctors, patients, and assisted suicide. WW Norton & Company.

Heyder-Kitching, T. (2021). Veterinary Nurses' Well-Being and Resilience: Educational and Practice Leadership Opportunities University of Charleston-Beckley.

Heymering, H. (2009). Veterinarian or farrier? Veterinary heritage: bulletin of the American Veterinary History Society, 32(2), 42-43.

Hill, N. T., Robinson, J., Pirkis, J., Andriessen, K., Krysinska, K., Payne, A., Boland, A., Clarke, A., Milner, A., & Witt, K. (2020). Association of suicidal behavior with exposure to suicide and suicide attempt: A systematic review and multilevel meta-analysis. PLoS medicine, 17(3), e1003074.

Hines, L. M. (2003). Historical perspectives on the human-animal bond. American Behavioral Scientist, 47(1), 7-15.

Hollway, W., & Jefferson, T. (2000). Doing qualitative research differently: Free association, narrative and the interview method. Sage.

Hollway, W., & Jefferson, T. (2012). Doing qualitative research differently: A psychosocial approach. Sage.

Howard, M. C., Follmer, K. B., Smith, M. B., Tucker, R. P., & Van Zandt, E. C. (2021). Work and suicide: An interdisciplinary systematic literature review. Journal of Organizational Behavior.

Hunter, P. (2016). Veterinary medicine: a guide to historical sources. Routledge.

Irwin, A., Hall, D., & Ellis, H. (2021). Ruminating on rudeness: Exploring veterinarians' experiences of client incivility. Veterinary Record, e1078. https://bvajournals.onlinelibrary.wiley.com/doi/epdf/10.1002/vetr.1078

Irwin, A., Vikman, J., & Ellis, H. (2019). 'No-one knows where you are': veterinary perceptions regarding safety and risk when alone and on-call. Veterinary Record, 185(23), 728-728.

Ison, J. (2022). Over the Rainbow Bridge: Animals and Euthanasia.

Jimenez, J. P. (2017). Unconscious fantasy (or phantasy) as clinical concept. The International Journal of Psychoanalysis, 98(3), 595-610.

Johnson, W. (1991). Predisposition to emotional distress and psychiatric illness amongst doctors: the role of unconscious and experiential factors. British Journal of Medical Psychology, 64(4), 317-329.

Jones, K. (2003). The turn to a narrative knowing of persons: One method explored. NT Research, 8(1), 60-71.

Jones-Fairnie, H., Ferroni, P., Silburn, S., & Lawrence, D. (2008). Suicide in Australian veterinarians. Australian veterinary journal, 86(4), 114-116.

Kemp, H. R., Jacobs, N., & Stewart, S. (2016). The lived experience of companion-animal loss: A systematic review of qualitative studies. Anthrozoös, 29(4), 533-557.

Kessler, R. C., Birnbaum, H., Bromet, E., Hwang, I., Sampson, N., & Shahly, V. (2010). Age differences in major depression: results from the National Comorbidity Survey Replication (NCS-R). Psychological medicine, 40(2), 225-237.

Kinlen, L. (1983). Mortality among British veterinary surgeons. Br Med J (Clin Res Ed), 287(6398), 1017-1019.

Kinnison, T., May, S. A., & Guile, D. (2014). Inter-professional practice: from veterinarian to the veterinary team. Journal of Veterinary Medical Education, 41(2), 172-178.

Klein, M. (2002). Love, guilt and reparation: and other works 1921-1945 (Vol. 1). Simon and Schuster.

Knesl, O., Hart, B. L., Fine, A. H., & Cooper, L. (2016). Opportunities for incorporating the human-animal bond in companion animal practice. Journal of the American Veterinary Medical Association, 249(1), 42-44.

Kogan, L. R., Accornero, V. H., Gelb, E., & Slater, M. R. (2021). Community veterinary medicine programs: pet owners' perceptions and experiences. Frontiers in Veterinary Science, 8, 587.

Kogan, L. R., Wallace, J. E., Schoenfeld-Tacher, R., Hellyer, P. W., & Richards, M. (2020). Veterinary technicians and occupational burnout. Frontiers in veterinary science, 7, 328. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7303959/pdf/fvets-07-00328.pdf

Kramer, U. (2010). Coping and defence mechanisms: What's the difference?–Second act. Psychology and psychotherapy: theory, research and practice, 83(2), 207-221.

Krantz, J. (2010). Social defences and twenty-first century organizations. British Journal of Psychotherapy, 26(2), 192-201. https://doi.org/10.1111/j.1752-0118.2010.01173.x

Kuhn, T. S. (2012). The structure of scientific revolutions. University of Chicago press.

Küper, A. M., & Merle, R. (2019). Being nice is not enough-exploring relationship-centered veterinary care with structural equation modeling. A quantitative study on German pet owners' perception. Frontiers in Veterinary Science, 6, 56.

Lamb, H. (2019). Have we got over 'James Herriot syndrome'? The Veterinary Record, 185(6), 177.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. Qualitative research in psychology, 3(2), 102-120.

Lewis, G. (2019). James Herriot is not responsible for the profession's current woes. The Veterinary Record, 185(15), 486.

Loeb, J. (2019). Herriot's way–not fit for modern practice. The Veterinary Record, 184(17), 514.

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. Research Methods in Medicine & Health Sciences, 1(1), 31-42.

Magalhães-Sant'Ana, M., More, S. J., Morton, D. B., & Hanlon, A. J. (2017). Challenges facing the veterinary profession in Ireland: 1. clinical veterinary services. Irish Veterinary Journal, 70(1), 1-8.

Maltsberger, J. T. (2004). The descent into suicide. The International Journal of Psychoanalysis, 85(3), 653-668.

Malvaso, V. (2015). Le suicide dans la profession vétérinaire: étude, gestion et prévention. Bulletin de l'Académie Vétérinaire de France.

Marchini, F., Caputo, A., Convertino, A., & Napoli, A. (2021). Psychodynamics in diabetes: the relevance of deepening the symbolic in treatment adherence. Frontiers in psychology, 12.

Matte, Khosa, Coe, & Meehan. (2019). Impacts of the process and decision-making around companion animal euthanasia on veterinary wellbeing. Veterinary Record, 185(15), 480-480.

McKenzie, A., Allister, R., Humphrey, D., Moore, K., Greenberg, K., & Greenberg, N. (2020). An evaluation of a veterinary-specific mental health service. Occupational medicine, 70(3), 169-175.

Meldrum, M. L. (2000). A brief history of the randomized controlled trial: From oranges and lemons to the gold standard. Hematology/oncology clinics of North America, 14(4), 745-760.

Meldrum, M. L. (2000). A brief history of the randomized controlled trial: From oranges and lemons to the gold standard. Hematology/oncology clinics of North America, 14(4), 745-760.

Mellanby, R. J. (2005). Incidence of suicide in the veterinary profession in England and Wales. Veterinary Record, 157(14), 415.

Mellanby, R., & Herrtage, M. (2004). Survey of mistakes made by recent veterinary graduates. Veterinary Record, 155(24), 761-765.

Menzies Lyth, I. (1960). A Case-Study in the Functioning of Social Systems as a Defence against Anxiety: A Report on a Study of the Nursing Service of a General Hospital. Human Relations, 13(2), 95-121. https://doi.org/10.1177/001872676001300201

Menzies Lyth, I. (1990). Social Systems as a Defense Against Anxiety: An Empirical Study of the Nursing Service of a General Hospital. In E. Trist & H. Murray (Eds.), The Social Engagement of Social Science, Volume 1: A Tavistock Anthology: The Socio-Psychological Perspective (Vol. 1, pp. 439 - 462). The Universiy of Pennsylvania Press.

Mikkelsen, E. N., Gray, B., & Petersen, A. (2020). Unconscious processes of organizing: Intergroup conflict in mental health care. Journal of Management Studies, 57(7), 1355-1383.

Miller, J. M., & Beaumont, J. J. (1995). Suicide, cancer, and other causes of death among california veterinarians, 1960-1992. American journal of industrial medicine, 27(1), 37-49.

Milner, A., Niven, H., Page, K., & LaMontagne, A. (2015). Suicide in veterinarians and veterinary nurses in Australia: 2001–2012. Australian veterinary journal, 93(9), 308-310.

Mitchener, K. L., & Ogilvie, G. K. (2002). Understanding compassion fatigue: keys for the caring veterinary healthcare team. In (Vol. 38, pp. 307-310): American Animal Hospital Association.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. Annals of internal medicine, 151(4), 264-269.

Moir, F., & Van den Brink, A. (2020). Current insights in veterinarians' psychological wellbeing. New Zealand veterinary journal, 68(1), 3-12.

Moody, C. D. (2022). Exploring the Impact and Lived Experiences of Hospice Staff Working in End-of-Life Care: An Interpretative Phenomenological Analysis (IPA). OMEGA-Journal of Death and Dying, 00302228221085467.

Moore, I. C., Coe, J. B., Adams, C. L., Conlon, P. D., & Sargeant, J. M. (2014). The role of veterinary team effectiveness in job satisfaction and burnout in companion animal veterinary clinics. Journal of the American Veterinary Medical Association, 245(5), 513-524.

Moran, L. (2020). Artistry, Analysis and Un-anticipating Anticipations: Critical Reflections on Researcher Positionality, Reflexivity, and Self-Care using the Biographical Narrative Interpretive Method (BNIM). Waterford Institute of Technology: Postgraduate Research Forum,

Moran, L., Green, L., & Warwick, L. (2022). Exploring Ethical Dimensions Associated with 'Pushing for PINs' and Probing: A Critical Commentary on Key Features of the Biographical Narrative Interpretive Method (BNIM) with 'Vulnerable'and Other Populations. International Journal of Qualitative Methods, 21, 16094069221085791.

Moravcsik, A. (2020). Transparency in qualitative research. SAGE Publications Limited.

Morris, G. (2018). Identity Conflicts and Emotional Labour in the Veterinary Profession University of Westminster.

Morris, P. (2009). Encounters with "death work" in veterinary medicine: an ethnographic exploration of the medical practice of euthanasia.

Mort, M., Convery, I., Baxter, J., & Bailey, C. (2008). Animal disease and human trauma: The psychosocial implications of the 2001 UK foot and mouth disease disaster. Journal of Applied Animal Welfare Science, 11(2), 133-148.

Moses, L., Malowney, M. J., & Wesley Boyd, J. (2018). Ethical conflict and moral distress in veterinary practice: A survey of North American veterinarians. Journal of veterinary internal medicine, 32(6), 2115-2122. https://doi.org/10.1111/jvim.15315

Moyer, A., Schneider, S., Knapp-Oliver, S. K., & Sohl, S. J. (2010). Published versus unpublished dissertations in psycho-oncology intervention research. Psycho-Oncology, 19(3), 313-317. https://doi.org/10.1002/pon.1561

Murray, W., & Sinnreich, R. H. (2006). The past as prologue: The importance of history to the military profession. Cambridge University Press.

Nett, R. J., Witte, T. K., Holzbauer, S. M., Elchos, B. L., Campagnolo, E. R., Musgrave, K. J., Carter, K. K., Kurkjian, K. M., Vanicek, C. F., & O'Leary, D. R. (2015). Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. Journal of the American Veterinary Medical Association, 247(8), 945-955.

Nicholls, L. (2010). Putting it into words': A psychoanalytically orientated ethnographic study of hospital based clinical occupational therapy departments in the UK and South Africa. Unpublished doctoral thesis, University of the West of England, Bristol, UK.

Nicol, D. (2012). Corporate practice and the expansion of group clinics. Veterinary 395 Business Journal, 109, 8-10.

Noblit, G. W., & Hare, R. D. (1988). Meta-ethnography: Synthesizing qualitative studies (Vol. 11). sage.

Obholzer, A., & Roberts, V. Z. (2019). The unconscious at work: A Tavistock approach to making sense of organizational life. Routledge.

Ochieng, P. A. (2009). An analysis of the strengths and limitation of qualitative and quantitative research paradigms. Problems of Education in the 21st Century, 13, 13.

O'Connor, E. (2019). Sources of work stress in veterinary practice in the UK. Veterinary Record, 184(19), 588. https://doi.org/10.1136/vr.104662

Oliffe, J. L., Kelly, M. T., Gonzalez Montaner, G., & Yu Ko, W. F. (2021). Zoom interviews: benefits and concessions. International Journal of Qualitative Methods, 20, 16094069211053522.

Orr, D. W. (1954). Transference and countertransference: A historical survey. Journal of the American Psychoanalytic Association, 2(4), 621-670.

Palmu, R., Koskinen, S., & Partonen, T. (2020). Suicidality and psychological distress in adults aged 18 to 29 years in a population-based study in Finland. Psychiatry research, 290, 113073.

Pamboukian, S. (2022). James Herriot and burnout. HEKTOEN International, 14(1).

Papadopoulos, N. (2018). Reconceptualizing social defences for the purpose of organizational change: causes, consequences, and the contribution of cultural theory. In Social defences against anxiety (pp. 88-107). Routledge.

Paris, J. (2021). Can we predict or prevent suicide?: An update. Preventive medicine, 152, 106353.

Patterson, D. F. (2000). Companion animal medicine in the age of medical genetics. Journal of Veterinary Internal Medicine, 14(1), 1-9.

Payton, A. R. (2009). Mental health, mental illness, and psychological distress: same continuum or distinct phenomena? Journal of health and Social Behavior, 50(2), 213-227.

Pepper, J. R., Jaggar, S. I., Mason, M. J., Finney, S. J., & Dusmet, M. (2012). Schwartz Rounds: reviving compassion in modern healthcare. In (Vol. 105, pp. 94-95): SAGE Publications Sage UK: London, England.

Perelberg, R. J. (2005). Psychoanalytic understanding of violence and suicide.

Perret, J. L., Best, C. O., Coe, J. B., Greer, A. L., Khosa, D. K., & Jones-Bitton, A. (2020). Prevalence of mental health outcomes among Canadian veterinarians. Journal of the American Veterinary Medical Association, 256(3), 365-375.

Pesut, B., Thorne, S., Storch, J., Chambaere, K., Greig, M., & Burgess, M. (2020). Riding an elephant: a qualitative study of nurses' moral journeys in the context of medical assistance in dying (MAID). Journal of clinical nursing, 29(19-20), 3870-3881.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. Psychological journal, 20(1), 7-14.

Platt, B., Hawton, K., Simkin, S., & Mellanby, R. J. (2010). Systematic review of the prevalence of suicide in veterinary surgeons. Occupational Medicine, 60(6), 436-446. https://doi.org/10.1093/occmed/kqq044

Platt, B., Hawton, K., Simkin, S., & Mellanby, R. J. (2012). Suicidal behaviour and psychosocial problems in veterinary surgeons: a systematic review. Social psychiatry and psychiatric epidemiology, 47(2), 223-240.

Plowman, D. A., & Smith, A. D. (2011). The gendering of organizational research methods: Evidence of gender patterns in qualitative research. Qualitative Research in Organizations and Management: An International Journal.

Polachek, A. J., & Wallace, J. E. (2018). The paradox of compassionate work: a mixed-methods study of satisfying and fatiguing experiences of animal health care providers. Anxiety, Stress, & Coping, 31(2), 228-243.

Ramsay, N. (1995). Sitting close to death: observation on a palliative care unit. Group analysis, 28(3), 355-365.

Ramvi, E., Lavik, M. H., & Gripsrud, B. H. (2021). Who thinks about death? A psychoanalytically informed interpretive study of communication about death among nursing home staff. Journal of Social Work Practice, 1-14.

Rangell, L. (1955). On The Psychoanalytic Theory Of Anxiety1: A Statement of a Unitary Theory. Journal of the American Psychoanalytic Association, 3(3), 389-414.

RCVS. (2018). RCVS Facts (Facts and Figures from The Royal College of Veterinary Surgeons, Issue. R. C. o. V. Surgeons.

RCVS. (2019). Code of professional conduct for veterinary surgeons.

RCVS. (2021). Recruitment, retention and return in the veterinary profession. R. C. o. V. Surgeons.

RCVS. (2022). Mind Matters Initiative Research Symposium 2021. R. C. o. V. Surgeons.

Reijula, K., Räsänen, K., Hämäläinen, M., Juntunen, K., Lindbohm, M. L., Taskinen, H., Bergbom, B., & Rinta-Jouppi, M. (2003). Work environment and occupational health of Finnish veterinarians. American journal of industrial medicine, 44(1), 46-57.

Reisch, M., & Andrews, J. (1999). Uncovering a silent betrayal: Using oral history to explore the impact of McCarthyism on the profession of social work in the United States. The Oral History Review, 26(2), 87-106.

Restivo, L., Julian-Reynier, C., & Apostolidis, T. (2018). Performing interpretative phenomenological analysis: A perspective for psychosocial investigation. Pratiques psychologiques, 24(4), 427-449.

Rice, A. (1963). The enterprise and its environment: a system theory of management organization. Routledge.

Richards, L., Coghlan, S., & Delany, C. (2020). “I Had No Idea That Other People in the World Thought Differently to Me”: Ethical Challenges in Small Animal Veterinary Practice and Implications for Ethics Support and Education. Journal of Veterinary Medical Education, 47(6), 728-736.

Richardson, A. (2013). After Darwin: Animals, Emotions, and the Mind (Vol. 93). Rodopi.

Riessman, C. K. (1990). Strategic uses of narrative in the presentation of self and illness: A research note. Social science & medicine, 30(11), 1195-1200.

Roberts, S. E., Jaremin, B., & Lloyd, K. (2013). High-risk occupations for suicide. Psychological Medicine, 43(6), 1231-1240. https://doi.org/10.1017/S0033291712002024

Roberts, V. Z. (2019). The self-assigned impossible task. In The unconscious at work (pp. 127-135). Routledge.

Rodin, G., & Zimmermann, C. (2008). Psychoanalytic reflections on mortality: a reconsideration. Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, 36(1), 181-196.

Rollin, B. E. (2011). Euthanasia, moral stress, and chronic illness in veterinary medicine. Veterinary Clinics: Small Animal Practice, 41(3), 651-659.

Rollin, B. E. (2014). Euthanasia and moral stress. In Suffering (pp. 115-126). Routledge.

Routly, J., Dobson, H., Taylor, I., McKernan, E., & Turner, R. (2002). Support needs of veterinary surgeons during the first few years of practice: perceptions of recent graduates and senior partners. Veterinary Record, 150(6), 167-171.

Ruch, G. (2014). Beneficence in psycho-social research and the role of containment. Qualitative Social Work, 13(4), 522-538.

Russell, K. (2015). Psychosocial concerns and individual anxieties for fathers with testicular cancer. University of East London.

Rustin, M. (2015). Anxieties and defences: normal and abnormal. Organisational & Social Dynamics, 15(2), 233-247.

Sabbadini, A. (2015). The Bitterness of Honey. Reflections on Miele. Rivista di Psicoanalisi, 61(2), 515-525.

Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. d. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. PloS one, 12(10), e0185781.

Sarchiapone, M., Mandelli, L., Iosue, M., Andrisano, C., & Roy, A. (2011). Controlling access to suicide means. International journal of environmental research and public health, 8(12), 4550-4562.

Schafer, R. (1968). The mechanisms of defence. International Journal of Psycho-Analysis, 49, 49-62.

Schofield, P., Carey, M., Love, A., Nehill, C., & Wein, S. (2006). ‘Would you like to talk about your future treatment options?’Discussing the transition from curative cancer treatment to palliative care. Palliative medicine, 20(4), 397-406.

Segal, J. (2018). Phantasy in everyday life: A psychoanalytic approach to understanding ourselves. Routledge.

Silverman, D. (1993). Beginning research. Interpreting qualitative data. Methods for analysing talk, text and interaction. In: London: Sage Publications.

Skegg, K., Firth, H., Gray, A., & Cox, B. (2010). Suicide by occupation: does access to means increase the risk? Australian & New Zealand Journal of Psychiatry, 44(5), 429-434.

Smail, D. (1996). How to survive without psychotherapy. Routledge.

Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis: American Psychological Association.

Smith, J. A., Flowers, P., & Larkin, M. (2021). Interpretative phenomenological analysis: Theory, method and research: sage.

Smith, P., Vasileiou, K., & Kagee, A. (2020). Experiences of work-related stress and coping among palliative care staff in South Africa: a qualitative study. South African Journal of Psychology, 50(3), 425-437.

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. Journal of business research, 104, 333-339.

Springer, Sandøe, Bøker Lund, & Grimm. (2019). “Patients’ interests first, but…” Austrian Veterinarians’ Attitudes to Moral Challenges in Modern Small Animal Practice. Animals, 9(5), 241.

Stamenova, K., & Hinshelwood, R. D. (2018). Methods of research into the unconscious: Applying psychoanalytic ideas to social science: Routledge.

Stevens, E., Jackson, S., & Milligan, S. (2009). Palliative nursing: Across the spectrum of care. John Wiley & Sons.

Suppes, P., & Warren, H. (1975). On the generation and classification of defence mechanisms. International Journal of Psycho-Analysis, 56, 405-414.

Swabe, J. (2002a). Animals, disease and human society: human-animal relations and the rise of veterinary medicine. Routledge.

Swabe, J. (2002b). Pandering to pets: pet-keeping and the emergence of small-animal practice. In Animals, Disease and Human Society (pp. 123-149). Routledge.

Tanji, F., Tomata, Y., Zhang, S., Otsuka, T., & Tsuji, I. (2018). Psychological distress and completed suicide in Japan: A comparison of the impact of moderate and severe psychological distress. Preventive medicine, 116, 99-103.

Tannenbaum, J. (1993). Veterinary medical ethics: A focus of conflicting interests. Journal of Social Issues, 49(1), 143-156.

Taylor, W. T. T., Bayarsaikhan, J., Tuvshinjargal, T., Bender, S., Tromp, M., Clark, J., Lowry, K. B., Houle, J.-L., Staszewski, D., & Whitworth, J. (2018). Origins of equine dentistry. Proceedings of the National Academy of Sciences, 115(29), E6707-E6715.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. BMC medical research methodology, 8(1), 1-10.

Thompson, A. (2013). How Schwartz rounds can be used to combat compassion fatigue. Nursing Management, 20(4).

Tomasi, S. E., Fechter-Leggett, E. D., Edwards, N. T., Reddish, A. D., Crosby, A. E., & Nett, R. J. (2019). Suicide among veterinarians in the United States from 1979 through 2015. Journal of the American Veterinary Medical Association, 254(1), 104-112.

Tompson, A. (2021). Understanding antimicrobial use in pet dogs: An anthropologically informed mixed-methods study London School of Hygiene & Tropical Medicine].

Tower, L. E. (1956). Countertransference. Journal of the American Psychoanalytic Association, 4(2), 224-255.

Treanor, L., & Marlow, S. (2021). Paws for thought? Analysing how prevailing masculinities constrain career progression for UK women veterinary surgeons. Human Relations, 74(1), 105-130.

Turner, D. (2013). Telling the Story: What can be learned from parents' experience of the professional response following the sudden, unexpected death of a child? University of Sussex.

Varela, M., & Correia, I. (2022). Empathy and Burnout in Veterinarians and Veterinary Nurses: Identifying Burnout Protectors. Anthrozoös, 1-20.

Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and well-being in general populations. Journal of consulting and clinical psychology, 51(5), 730.

Wadsworth, L. P., Van Kirk, N., August, M., Kelly, J. M., Jackson, F., Nelson, J., & Luehrs, R. (2021). Understanding the overlap between OCD and trauma: development of the OCD trauma timeline interview (OTTI) for clinical settings. Current Psychology, 1-11.

Wager, N. (2011). Researching sexual revictimisation: associated ethical and methodological issues, and possible solutions. Child Abuse Review, 20(3), 158-172.

Wahyuni, D. (2012). The research design maze: Understanding paradigms, cases, methods and methodologies. Journal of applied management accounting research, 10(1), 69-80.

Waters, D., Barnhart, G., Cowan, J., Randall, C., Wright, L., Zinn, B., & Woehler, L. (2019). Attachment loss and trauma: A descriptive phenomenological analysis of suicidality and depression in veterinarians. Psychological Trauma: Theory, Research, Practice, and Policy.

Wengraf, T. (2001). Qualitative research interviewing: Biographic narrative and semi-structured methods: Sage.

Wengraf, T. (2011). Interviewing for life-histories, lived situations and ongoing personal experiencing using the Biographic-Narrative Interpretive Method (BNIM): The BNIM Short Guide bound with The BNIM Detailed Manual. In: Version.

Wengraf, T., & Chamberlayne, P. (2006). Interviewing for life-histories, lived situations and personal experience: The Biographic-Narrative Interpretive Method (BNIM). Short Guide to BNIM interviewing and interpretation.

White, M. J. (2012). Anthropocentrism and Its Bearing on Veterinary Medicine.

White. (2018). Veterinarians' Emotional Reactions and Coping Strategies for Adverse Events in Spay-Neuter Surgical Practice [Article]. Anthrozoös, 31(1), 117-131. https://doi.org/10.1080/08927936.2018.1406205

Whittaker, A. (2011). Social defences and organisational culture in a local authority child protection setting: Challenges for the Munro Review? Journal of Social Work Practice, 25(4), 481-495.

Willig, C., & Rogers, W. S. (2017). The SAGE handbook of qualitative research in psychology. Sage.

Witte, T. K., Kramper, S., Carmichael, K. P., Chaddock, M., & Gorczyca, K. (2020). A survey of negative mental health outcomes, workplace and school climate, and identity disclosure for lesbian, gay, bisexual, transgender, queer, questioning, and asexual veterinary

professionals and students in the United States and United Kingdom. Journal of the American Veterinary Medical Association, 257(4), 417-431. https://doi.org/10.2460/javma.257.4.417

Witte, T. K., Spitzer, E. G., Edwards, N., Fowler, K. A., & Nett, R. J. (2019). Suicides and deaths of undetermined intent among veterinary professionals from 2003 through 2014. J Am Vet Med Assoc, 255(5), 595-608. https://doi.org/10.2460/javma.255.5.595

Wolstein, B. (1987). Anxiety and the psychic center of the psychoanalytic self. Contemporary psychoanalysis, 23(4), 631-658.

Woods, A. (2018). Between human and veterinary medicine: the history of animals and surgery. In The Palgrave Handbook of the History of Surgery (pp. 115-131). Springer.

Woods, A., & Matthews, S. (2010). “Little, if at all, removed from the illiterate farrier or cow-leech”: the English veterinary surgeon, c. 1860–1885, and the campaign for veterinary reform. Medical History, 54(1), 29-54.

Yardley, L. (2000). Dilemmas in qualitative health research. Psychology and health, 15(2), 215-228.

Appendices

Appendix A: Literature Review completed in January 2020

Oh, the Hu-manatee: What are veterinary professionals' experiences of psychosocial factors and occupational risk factors on their emotional wellbeing? A Meta-Ethnographic Synthesis.

Introduction

Studies from several countries indicate that the rate of suicide and psychological distress in veterinary professionals are significantly elevated compared to the general population and other professional groups. Veterinary professionals may be at increased risk depression, stress, and burnout.

A systematic review completed in 2010 highlighted several factors that contribute to veterinarians becoming more susceptible to distress and suicidal behaviour. These risk factors included trait perfectionism, anxiety and fearlessness about death (Bartram & D. S. Baldwin, 2010). In addition, occupational risk factors, including long working hours, clinical outcomes and skill transferability have been associated with elevated distress and suicidality in veterinarians (Bartram et al., 2009).

There is evidence suggesting that veterinarians are more at risk of physical injury than other medical professionals. Injuries sustained by veterinary professionals are usually delivered by the animal that they are treating, with bites and kicks being the most common injuries (Fowler et al., 2015). In addition, due to the risk of physical injury and exposure to chemical/biological hazards, female veterinary staff's reproductive health may also be at risk (Scheftel et al., 2017). This finding is particularly salient as veterinary medicine has been a female-dominated profession since the 1980s (Tomasi et al., 2019). It would be reasonable to

suggest that exposure to such risks may have a negative impact on veterinarians' wellbeing, though this is an under-researched area (Parkin et al., 2018).

The duty that is arguably most unique to the veterinary profession is performing euthanasia (the practice of intentionally ending an animal's life to relieve pain/suffering). The practice of euthanasia has been associated with increased levels of depression stress and overall poor mental health in veterinarians. (Tran et al., 2014).

The role of a veterinarian can therefore be considered dynamic and variable, given the array of duties they perform and especially when considering the potential physical risks. As a result, despite the growing body of research in this area, potential links between psychosocial and occupational risk factors and emotional wellbeing in the veterinary profession remain somewhat tenuous (Bartram & D. S. Baldwin, 2010; Tomasi et al., 2019).

It is also of note that only a small body of qualitative research has focused on the subjective experience of veterinary professionals. This may be an important aspect to consider for several reasons. Firstly, it is suggested that it is an individual's interpretation of a situation that can prompt emotional distress, rather than the situation itself. Indeed, this theory underpins Cognitive Behavioural Therapy (CBT), the most common psychotherapy in the UK (Craske, 2010). In line with this thinking, it is the veterinary professionals' perceptions of work-related challenges, rather than the challenges themselves, that may contribute to explaining the increased risk of suicidality and emotional distress in this professional group.

Secondly, Merriam and Grenier (2019) argue that qualitative methods allow researchers to gain a more detailed insight into participants' experiences. Finally, qualitative methods, such as interviews and focus groups, can allow more participant-led discoveries to be made, as

opposed to potential findings being limited to researcher-developed surveys that focus on only a specific factor or variable (Holloway & Galvin, 2016).

The qualitative research completed on veterinary professionals' experiences has not previously been subjected to a synthesis. Therefore, the aim of this review is to conduct a meta-ethnography of the research exploring veterinary professionals' experiences of psychosocial and occupational risk factors and the impact of these of their wellbeing.

Method

Design

Meta-ethnographies, developed by Noblit and Hare (1988), attempt to synthesize the findings of qualitative research by producing new interpretations that go above and beyond the findings of individual studies. This process was described by the original authors as 'making a whole into something more than the parts alone imply' (Noblit & Hare, 1988, p. 28). The result, according to Britten et al. (2002), is the creation of so-called 'third order constructs' (i.e., the meta-ethnography author's interpretations of the selected articles). These constructs are separate to, but build upon, the 'second order constructs' (the themes/findings made by the original author/s), and the 'first order constructs' (the original participants' perceptions of their experiences) (Britten et al., 2002).

There are typically seven stages to completing a meta-ethnography, each of which was observed in the synthesis, though it is important to note that these stages often overlap in practice. The stages are: getting started; describing what is relevant to initial interest; reading studies; determining how the studies are related; translating the studies into each other; synthesizing translations; expressing the synthesis (Noblit & Hare, 1988).

In regard to translating studies into each other, Noblit and Hare outline three relationships between studies that guide the translation process: reciprocal, whereby studies can be directly compared; refutational, whereby studies conflict each other; and lines-of-argument, whereby findings of studies can be used to construct an interpretation ('lines-of-argument') about an overall phenomenon (Noblit & Hare, 1988).

Inclusion & Exclusion Criteria

The current review included studies that: a) used qualitative methods (focus groups, interviews) b) included participants who were veterinary professionals, including veterinary nurses, surgeons and technicians and c) explored participants' perceptions of psychosocial and occupational factors and the impact of these on their emotionally wellbeing.

As the review progressed, and articles were selected for the synthesis, it became apparent that several studies used open-ended questions on online surveys to collect data. In order to ensure that a full range of veterinarian professionals' experiences were captured in the synthesis, these studies were included in the review. The impact of including these studies is discussed further in 'Results'.

The review included a variety of veterinary professionals, rather than limiting participants to just veterinary surgeons. This is due to the evidence that occupational stressors in the veterinary profession effect all staff, not just those ascribed to a certain role (Bedford & Anscombe-Skirrow, 2018). Furthermore, it has been suggested that a coherent veterinary team can buffer the impact of work-related stressors on professionals' wellbeing (Cake et al., 2017); thus it was deemed relevant to include various staff members' experiences in the review.

Articles were excluded if they explored the work-related difficulties of a separate profession. Articles were also not included in the synthesis if the topic was focused on the medical/practical side of the veterinary profession (e.g., veterinarians' opinions of new surgical

techniques). In some studies, veterinary professionals were one of several participant groups to be interviewed. In this instance, the review synthesised data related only to the veterinary professionals.

Due to there being a recognised bias toward quantitative research in peer-reviewed literature (Adams et al., 2016), Doctoral theses were also included in the electronic search. It was considered that research conducted at this level would be equitable to research found in peer reviewed journals, and would have been adequately assessed prior to publication (Moyer et al., 2010).

Search Strategy

An electronic search was conducted on the following databases: CINAHL Complete, MEDLINE, PubMED, PsychARTICLES and PsychINFO in November 2019. A search was also completed on the British Library EThOs (https://ethos.bl.uk) website to access Doctoral theses. In all searches, the following search terms were utilised:

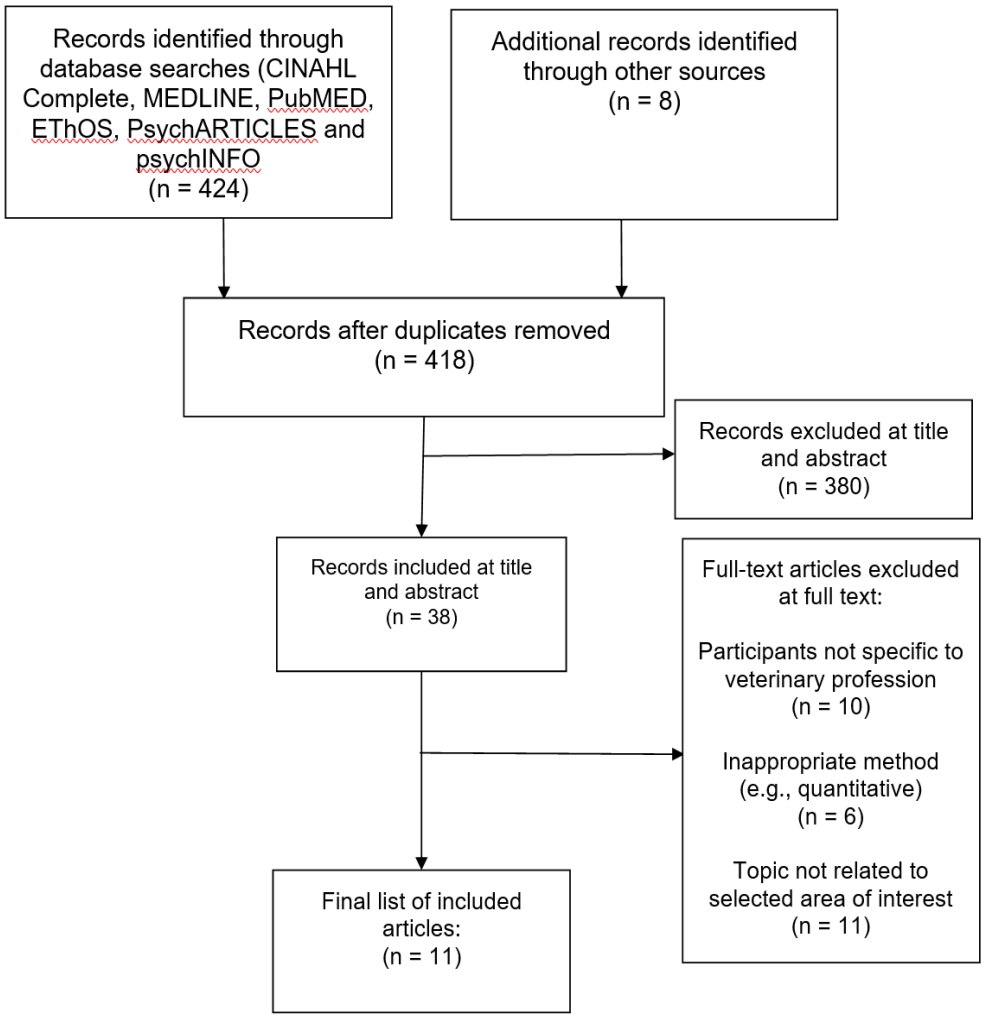
1. (veterinar* surgeon*) OR (veterinar* nurse*) OR (veterinar* technician*) OR (veterinar* profession*)
2. Psychosocial OR stressor* OR ‘emotional labo#r’ OR ‘compassion fatigue’ OR well#being OR suicid*
3. Profession* OR occupation* OR work#related
4. Interview OR focus group OR qualitative
5. #1 AND #2 AND #3 AND #4

Article Selection

A total of 424 articles were found from the preliminary database searches. After removal of duplicates, abstracts and titles were initially screened. For all relevant articles, full

texts were found, and their reference lists examined for any suitable papers that were not identified through the original searches. An additional 8 papers were identified through these alternate sources. Figure 1 illustrates the selection process for the synthesis.

Fig. 1. PRISMA diagram of search strategy (Moher et al., 2009)



A total of 11 articles were identified for the review (Dawson, 2015; Gizem, 2018; Irwin et al., 2019a; Magalhaes-Sant'Ana et al., 2017; A. R. Matte et al., 2019; Moses, Malowney, & Boyd, 2018; O'Connor, 2019; Platt, Hawton, Simkin, Dean, et al., 2012; J. E. Routly et al., 2002; S. Springer et al., 2019; S. C. White, 2018).

Assessing Article Quality

The current review utilised the Critical Appraisal Skills Programme (CASP) Qualitative Checklist to assess the quality of the 11 articles identified as relevant to the synthesis (Public Health Resource Unit, 2006). All studies were assessed with the following criteria: clear statement of aims/s; appropriate qualitative methodology; appropriate recruitment strategy; evidence of reflexivity; consideration of ethical issues; rigorous data analysis; clear statement of finding/s. For each criterion, studies were rated as either 'Strong', 'Moderate' or 'Weak', depending on the degree to which these concepts were evidenced in the original articles.

There are currently no guidelines on whether meta-ethnography syntheses should exclude studies based on quality (Brookfield et al., 2019). Indeed, published meta-ethnographies vary on their approach to this (Priestley & McPherson, 2016; Sanders et al., 2019). As a result, the review included all studies identified as relevant to the synthesis, regardless of quality.

Results

Overview of Included Studies

Characteristics of the included studies are outlined in Appendix 1.

The number of participants in the selected studies ranged from 5 (Dawson, 2015) to 889 (Moses, Malowney, & Boyd, 2018), yielding a total sample of 1291 participants across the 11 included articles. Participants in most studies were generally heterogenous, with different job roles within the veterinary profession and working in a range of clinical settings (Dawson, 2015; Gizem, 2018; Irwin et al., 2019a; Magalhaes-Sant'Ana et al., 2017; A. R. Matte et al., 2019; Moses, Malowney, & Boyd, 2018; S. Springer et al., 2019).

Critical Appraisal of ArticlesAll articles selected for the synthesis were appraised by the lead author. Table 1 summarises the scores and ratings each study was given according to the CASP tool (Public Health Resource Unit, 2006).

Whilst all included articles did explicitly state the research aim/s, all other indicators of quality were mixed. It was noted that a number of papers did not include details regarding recruitment, data collection and analysis, resulting in the dependability of these studies being questioned (Routly, Taylor, Turner, McKernan, & Dobson, 2002; Irwin, Vikman, & Ellis, 2019; Moses et al., 2018).

Table 1: Appraisal of articles included in the review

Study	Clear Statement of Aim	Appropriate qualitative methodology	Appropriate recruitment strategy	Evidence of reflexivity	Consideration of Ethical issues	Rigorous data analysis	Clear statement of findings
Routly et al., 2002	S	W	M	W	W	W	M
Platt et al., 2012	S	S	S	W	W	M	M
Dawson, 2015	S	S	S	S	S	S	S
Magalhaes-Sant'Ana et al., 2017	S	S	S	W	S	M	M
Moses et al., 2018	S	M	M	W	W	W	S
Gizem, 2018	S	S	S	S	S	S	S
White, 2018	S	M	M	S	M	S	S
Matte et al., 2019	S	M	S	W	M	S	M
Irwin et al., 2019	S	M	S	M	M	M	M
O'Connor, 2019	S	S	S	W	W	S	S
Springer et al., 2019	S	S	S	M	M	S	M

S = Strong, M = Moderate, W = Weak

Four studies utilised opened-ended questions on online/postal surveys, either independently or in combination with interviews, as their means of data collection (Irwin et al., 2019a; Moses, Malowney, & Boyd, 2018; J. E. Routly et al., 2002; S. C. White, 2018). The use of open-ended questions in surveys has been challenged due to variability in the quality of data (Jackson & Trochim, 2002). Responses on surveys lack important (non-verbal) aspects of participants' responses which can impact on the credibility of the research (Nowell et al., 2017).

Of all ten studies, the two doctoral theses (Dawson, 2015; Gizem, 2018) rated highest across the appraisal criteria. This was particularly evident in regards to authors' evidencing reflexive practice, which is considered crucial in order to maintain trustworthiness. With the exception of three other studies (Irwin, Vikman, & Ellis, 2019; Springer et al., 2019; White, 2018), where the authors briefly noted reflexivity, none of the original articles explicitly evidenced reflexive practice. Reflexivity allows audit trails to be created in research. Without this, it is challening for readers to follow or replicate the original authors' decisions and conclusions (Lincoln & Guba, 1982).

Only a few of the included studies recorded the process by which the credibility of their findings were checked. White et al., (2018) presented their findings to veterinarian professionals and psychologists for feedback. O'Connor et al., (2019), alternatively, invited their interviewees to comment on their final themes. Such practices increase the chances that the authors' findings are reflective of their participants' experiences. When this information is not included, however, it cannot be confirmed that the authors' themes are representative of what their participants' intended (Lincoln & Guba, 1982).

The majority of studies took place in the United Kingdom (Dawson, 2015; Gizem, 2018; Irwin et al., 2019a; O'Connor, 2019; Platt, Hawton, Simkin, Dean, et al., 2012; J. E. Routly et al., 2002), with the remaining studies set in Ireland, Canada, America and Austria

(Magalhaes-Sant'Ana et al., 2017; A. R. Matte et al., 2019; Moses, Malowney, & Boyd, 2018; S. Springer et al., 2019; S. C. White, 2018). However, it is important to note that none of the studies included details of the ethnicity/nationality of their participants. By omitting these details, the transferability of the original articles, and therefore the current synthesis, may be impacted (Nowell et al., 2017).

Synthesis

Determining how the Studies are related

The original papers were examined in order to identify central themes and concepts that were common among all 11 studies. Six central concepts emerged, which were: (1) Animal Advocates, (2) Caring for the patient, (3) Human clients (4) Experiences as Employees (5) Work culture (6) Vets as Humans.

Following guidance from Britten et al. (2002), a table for each study was created, documenting the themes and second-order constructs from the original authors, as well as the related central concepts that emerged from the synthesis. Appendix 2 illustrates an example of one such table used.

Translating the studies into on another

The translation process was completed by comparing the core concept tables for all articles and ensuring that at least one key concept identified in the synthesis thus far was encompassed by each study. By keeping the themes identified by the original authors in these tables, it was possible to identify a relationship between each of the original studies and their respective themes and second-order constructs.

Following this stage, another table was created, into which the concepts from each paper were entered onto separate rows, allowing for cross comparisons of the studies (and their related concepts) to be made (illustrated in Table 2, overleaf).

Table 2: Comparison of studies by key concept

Concepts	(Routly, Taylor, Turner, McKernan, & Dobson, 2002)	(Platt, Hawton, Simkin, Dean, & Mellanby, 2012)	(Dawson, 2015)	(Magalhaes-Sant'Ana, More, Morton, & Hanlon, 2017)	(Gizem, 2018)	(White, 2018)	(Matte, Khosa, Coe, & Meehan, 2019)	(Moses, Malowney, & Boyd, 2018)	(Irwin, Vikman, & Ellis, 2019)	(O'Connor, 2019)	(Springer, Sandoe, Boker Lund, & Grimm, 2019)
Vets as Animal Advocates		*	*	*	*	*	*	*	*	*	*
Vets and their (Human) Clients	*		*	*	*		*	*	*	*	*
Vets as Workers	*	*	*	*	*	*		*	*	*	*
Vets as Scientists	*	*	*	*	*	*	*				*
Vets as Humans		*	*	*	*	*	*	*		*	

Synthesising the Translations

It was evident that the relationship between the studies was not refutational. In instances where a central concept did not emerge within an original article (blank cells in Table 2), it was considered to be due to the studies exploring different aspects of the veterinary profession, rather than due to contradictory findings. Instead, the relationship between the studies appeared to be reciprocal, from which it is possible to develop a lines-of-argument synthesis (Britten et al., 2002).

The original six key concepts were synthesised into five broader interpretations: Vets as Animal Advocates; Vets and their (Human) clients; Vets as Workers; Vets as Scientists; Vets as Humans. These concepts were titled as 'Vets as/and…' to reflect the various roles veterinary professionals have within their occupation, which itself was a common over-arching theme arising from the selected articles. These concepts were subsequently linked together, along with the second-order interpretations made by the original authors, to develop an over-arching lines-of-argument synthesis.

Expressing the Synthesis

Vets as Animal Advocates

With the exception of J. E. Routly et al. (2002), all studies identified that a central role of veterinary work was acting in the best interests of animals. S. Springer et al. (2019) noted that their participants felt that the 'patient should come first' (p. 7); this was considered by participants as a key belief within the profession. Platt et al., (2012) identified that most of their participants wanted to be veterinarians from a young age, whilst Moses, Malowney and Boyd (2018) indicated that veterinarians' experienced stress when they were unable to do the 'right thing' (p. 2120) for their animal patient.

This goal of acting in the animal's best interest extended to providing a humane death via euthanasia. Matte et al., (2019) described that 'a good death was seen as a positive act' (p. 3) by their participants. The act of euthanasia alone, particularly when veterinarians believed it was the best/only outcome, did not appear to have a negative impact on their wellbeing (Gizem, 2018; A. R. Matte et al., 2019; O'Connor, 2019).

However, several studies described situations where euthanasia did become a challenge for veterinary professionals. Convenience euthanasia, where a healthy animal is euthanised, was described as challenging for veterinary professionals by several authors (Dawson, 2015; A. R. Matte et al., 2019; O'Connor, 2019; S. Springer et al., 2019). In their study investigating veterinarians' experiences of depression, Dawson (2015) found that performing euthanasia on multiple healthy animals conflicted with participants' professional judgement and values, which contributed to their feelings of low mood. Furthermore, Matte et al., (2019) noted that coming to the decision to euthanise an animal was the hardest part of the process, especially if the decision was driven by owners' lack of ability to finance alternate treatment for the animal (Matte et al., 2019).

Veterinary professionals also reported difficulties following adverse events in their work. White (2018) documented that participants recognised that caring for animals was the primary goal of their profession. On occasions where their work conflicted with this goal (i.e., during adverse clinical events), veterinary professionals experienced emotional reactions including guilt, remorse and self-doubt. Over time, these appeared to manifest on occasion and result in burnout, depression and suicidal ideation (White, 2018).

Vets and their (Human) Clients

The majority of the included studies made reference to how human clients (owners) influence veterinary staff's ability to achieve their goal (i.e., providing the best care for the

animal). J. E. Routly et al. (2002) noted that newly qualified veterinarians found communicating with owners a challenge that could result in barriers to the veterinarian's ability to care for the animal. Moses et al., (2018) found that veterinarians reported feeling moderate to severe distress in situations where owners disagreed with their professional opinion.

Managing owner expectations was another challenge reported by several authors (Dawson, 2015; Magalhaes-Sant'Ana et al., 2017; A. R. Matte et al., 2019; Moses, Malowney, & Boyd, 2018). O'Connor (2019) found that clients with high, or unrealistic, expectations of the veterinarian were a source of stress for their participants. Gizem (2018) noted client expectations were often aligned with the commercial needs of the clinic (i.e., by maintaining client satisfaction, the business is sustained). As a consequence, veterinarians' professional expectations and goals were sacrificed, in order to best please the owner of the animal and thus ensure their future business (Gizem, 2018).

Finally, seven of the 11 articles referred to client finances as another stressor for veterinary professionals, particularly in instances where the outcome was dictated by the owner's inability to afford treatment, which at times resulted in convenience euthanasia, or less effective treatments to be delivered to the animal (Dawson, 2015; Gizem, 2018; Magalhaes-Sant'Ana et al., 2017; Moses, Malowney, & Boyd, 2018; O'Connor, 2019b; J. E. Routly et al., 2002; S. Springer et al., 2019).

Vets as workers

A number of studies indicated that the volume of work participants are expected to manage was a difficulty for professionals in the veterinary field (Dawson, 2015; Gizem, 2018; Magalhaes-Sant'Ana, More, Morton, & Hanlon, 2017; O'Connor, 2019; Platt et al., 2012; Routly, Taylor, Turner, McKernan, & Dobson, 2002). Magalhaes-Sant'Ana et al., (2017) noted that participants felt it was not possible to work their contracted hours and maintain a healthy

work-life balance. Their participants also recognised that certain demands of veterinary work could not be planned, for example emergency call-outs, thus it was difficult to feel in control of their workload (Magalhaes-Sant'Ana, More, Morton, & Hanlon, 2017).

Veterinary professionals also reported feeling variable levels of support in their workplaces. In some cases, this related to physical distance, particularly in rural clinics (Irwin, Vikman, & Ellis, 2019; Routly, Taylor, Turner, McKernan, & Dobson, 2002). However, in other instances, this was considered to be due to limited supervision availability and fear of repercussion from managers (Dawson, 2015; Irwin, Vikman, & Ellis, 2019; Moses et al., 2018; O'Connor, 2019; Platt et al., 2012;).

White (2018) postulated that effective work-place support was an important factor that moderated the impact of adverse clinical events on veterinarians' wellbeing; where veterinarians failed to receive adequate support, their outcomes and mental health were typically worse off. Indeed, other authors found that participants who shared their concerns with colleagues found it helpful (Dawson, 2015; Gizem, 2018).

Vets as Scientists

Veterinary professionals expressed that another crucial part of their professional identity was that of a scientist (Gizem et al., 2018; O'Connor, 2019; Springer, Sandoe, Boker Lund, & Grimm, 2019; White et al., 2018). Participants from Gizem (2018) described an 'ideal' veterinarian as someone who can transform from 'the image of an emotionally neutral scientist expert into a relative self that seems like a friendly service provider' (p. 137).

It is of note that many participants reported difficulties in managing this dual-identity. For example, Springer et al., (2019) noted that participants, though excited about developing technologies, felt that this sometimes resulted in unnecessary diagnostic tests, which caused conflict between the 'scientist' identity and the 'animal advocate' identity they held within

their profession. Such experiences were echoed by similar accounts in other studies (Gizem, 2018; Magalhaes-Sant'Ana, More, Morton, & Hanlon, 2017; O'Connor, 2019; Springer, Sandoe, Boker Lund, & Grimm, 2019).

Vets as Humans

As has been evidenced in previous studies, certain psychosocial traits were noted in the synthesis to be linked to veterinarian wellbeing.

During their interviews with veterinarians who had previously contemplated or attempted suicide, Platt et al., (2012) noted that several participants described trait perfectionism as having contributed to their difficulties, by exaggerating unrealistic expectations, which then exacerbated their feelings of failure. O'Connor (2019) suggested that evaluative concerns (EC), a component of perfectionism characterised by critical self-evaluation, might put veterinary professionals at risk. This was particularly salient when managing unrealistic owner expectations and complications following surgery (O'Connor, 2019). In support of this idea, White (2018) noted that participants perceived themselves as being unrealistically responsible for adverse events during spay/neuter surgeries, despite reporting an understanding that these events often occurred randomly. Gizem (2018) also noted that participants described having high expectations of themselves, particularly when trying to become the 'perfect' vet, which despite being recognised as unrealistic, they nevertheless continued to strive toward.

Line-of-Argument Synthesis

A line-of-argument synthesis results in the development a new interpretation that both links and explains the findings and second-order constructs from a set of individual studies to create a new 'whole' (Noblit & Hare, 1988).

The current synthesis illustrated a number of factors found in the veterinary profession that can impact upon the wellbeing of veterinary professionals. These factors ranged from the broad context of the work environment, to specific personality characteristics found 'within' some veterinary professionals. According to the model, there are two board ways that these factors influence veterinary wellbeing; directly and indirectly.

Factors with direct influence on veterinary wellbeing include availability of support in the workplace and psychosocial factors (such as perfectionism). It should be noted that perfectionism itself is one such factor that is considered 'internal' to the veterinary profesional, along with the separate, but co-existing, identities of the animal advocate and scientist. Perfectionism appears to play a moderating role between these 'selves' , where the veterinary profesional, due to perfectionistic traits, attempts to abide by these two identities. At times when this becomes impossible, the veterinary professional may interpret this as a personal failure on their behalf. This in turn prompts feelings of guilt, low mood and burnout.

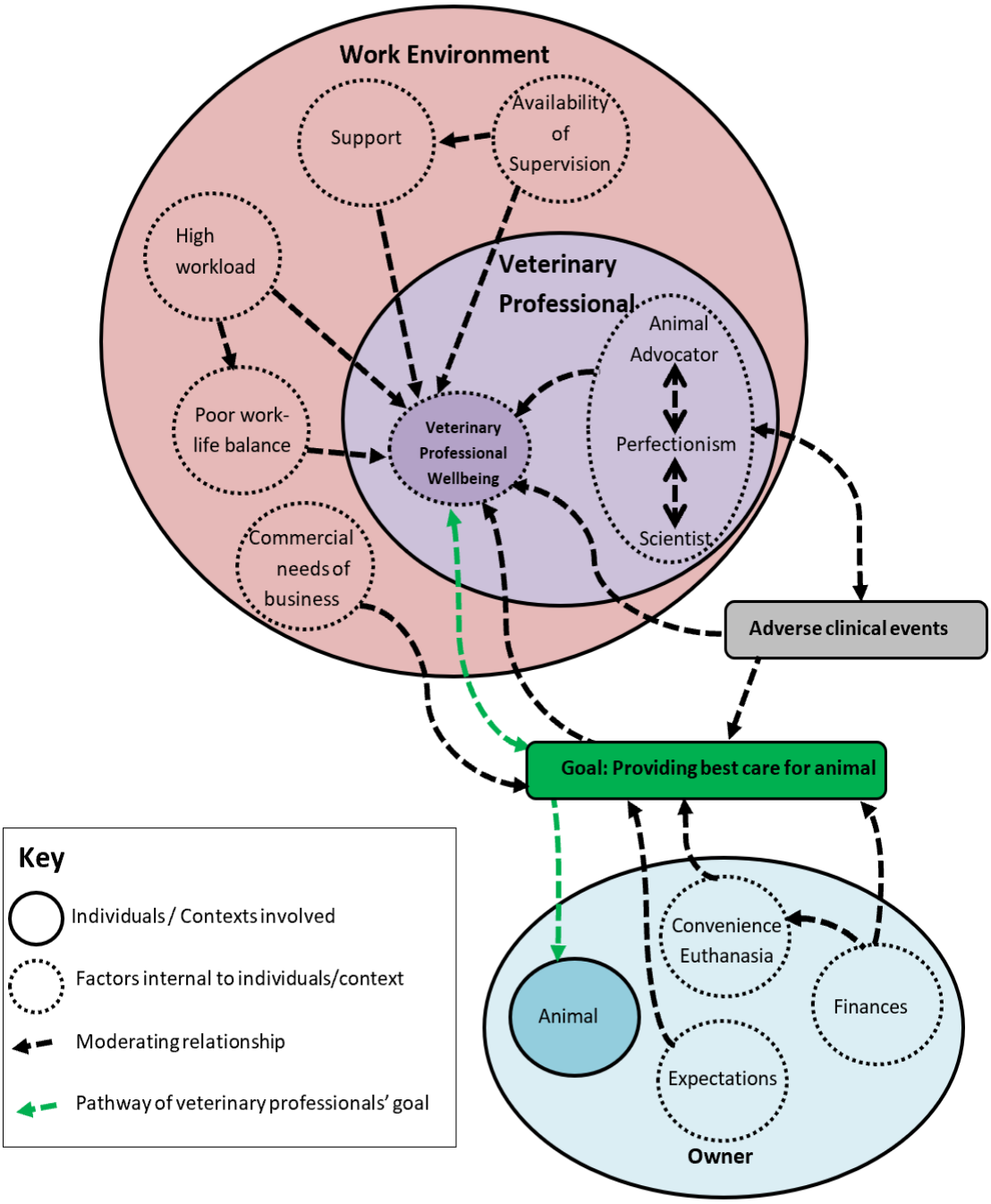
Indirect influences include the commerical needs of the buisess, owner expectations and owner finances. These variables appear to have a direct impact on veterinary professionals' ability to achieve the overall goal of their work, which is typically to provide the best care for the animal in question. The successful or unsucessful achievement of this goal then has either a positive or negative impact on the wellbeing of veterinary professionals, respectively. Adverse clinical events are considered to be random, external situations that have both a direct impact on veterinary wellbeing, as well as an indirect impact via challenging the chances of them achieving their professional goal.

It is worth noting that in the current model, both veterinary professionals and the animal patient are considered to be be contained 'within' the contexts of the work environment and the owner, respectively. This is to account for the overarching influence that the work

environment appears to have on veterinary professionals and how their clinical work is conducted. Equally, the animal patient itself has little control in how it is treated; instead the wellbeing of the animal ultimately depends on the owner.

Figure 2 (overleaf) demonstrates the line-of-argument synthesis generated in the current review.

Fig 2. Line-of-argument synthesis: Experiences of veterinary professionals of psychosocial and occupational challenges and the impact on their wellbeing.



Discussion

The current review attempted to conduct a meta-ethnographic synthesis on the existing literature exploring veterinary professionals' experiences of psychosocial factors and occupational challenges and how these impact on their emotional wellbeing. The synthesis illustrated five key concepts that were common across the included studies.

The resulting line-of-argument synthesis suggested a model that attempts to integrate and combine the reported experiences of veterinary professionals and link these together. The model illustrates that a central and identifying characteristic of the veterinary profession is an 'animal advocate' identity, which is typically expressed by professionals' aim to provide the best care for their animal patient. A number of factors can impact the attainment of this goal, however, and in cases where such variables inhibit goal achievement (e.g., through a lack of owner finances/adverse clinical events), the wellbeing of veterinary professionals is negatively impacted (Dawson, 2015; Gizem, 2018; Irwin, Vikman, & Ellis, 2019; Magalhaes-Sant'Ana, More, Morton, & Hanlon, 2017; Matte et al., 2019; Moses et al., 2018; O'Connor, 2019; Platt et al., 2012; Springer, Sandoe, Boker Lund, & Grimm, 2019; White, 2018).

The synthesis also posits that certain factors directly impact veterinary professional wellbeing, such as the availability of support in the workplace and having an unmanageably high workload (Dawson, 2015; Gizem, 2018; Magalhaes-Sant'Ana, More, Morton, & Hanlon, 2017; O'Connor, 2019; Platt et al., 2012; Routly, Taylor, Turner, McKernan, & Dobson, 2002).

Psychosocial factors, in particular trait perfectionism, also impacts upon veterinary professional wellbeing. In the current model, perfectionism plays a moderating role between the two co-existing 'animal advocate' and 'scientist' identities. Whilst a veterinary professional may be able to manage both of these identities in general practice, in certain challenging circumstances (e.g., when repeatedly performing convenience euthanasia), the identities

conflict with each other such that the veterinary professional may have to align themselves with one over the other. As a result of the perfectionistic trait, the veterinary professional may then perceive this as a personal/professional failure of themselves rather than the unobtainable demands of their job. This may further exacerbate poor emotional wellbeing in veterinary professionals (Dawson, 2015; Gizem, 2018; Moses, Malowney, & Boyd, 2018; O'Connor, 2019b; Platt, Hawton, Simkin, Dean, et al., 2012; S. C. White, 2018).

The findings of the synthesis suggest that work-related factors, including availability of supervision, support, high workload and poor work-life balance, all impact upon the wellbeing of veterinary professionals. These factors, existing within the context of the 'work environment' in the synthesis, are arguably the most accessible for change. For example, greater emphasis should be given on the importance of providing staff support and supervision for veterinary professionals and those in training. This is particularly crucial following adverse clinical events, which can have an almost immediate impact on veterinary wellbeing (S. C. White, 2018). It may also be of benefit if veterinary professionals are trained on managing conflict with clients, as this may assist them in navigating challenging relationships with owners that can impact on their ability to provide care for the animal, and thus their wellbeing (Moses, Malowney, & Boyd, 2018).

The current review is the first to apply a synthesis to the qualitative literature investigating veterinary professionals' experiences. Therefore, the resulting line-of-argument synthesis goes above and beyond the findings of the included individual studies (Noblit & Hare, 1988). This provides the current review with the benefit of overcoming the tenutity of previously explored links between psychosocial and occupational risk factors, and the wellbeing of veterinary professionals (Bartram & D. S. Baldwin, 2010; Tomasi et al., 2019).

The current synthesis has limitations that are important to consider. Firstly, articles were appraised on their quality by only one author, which may impact on the rigour of the appraisal given. In addition, by including all articles, regardless of quality, it is possible that the credibility of the synthesis can also be questioned. Furthermore, it is questionable whether it is even possible to synthesise the findings of studies utilising different qualitative methods (i.e., interviews/focus groups/open ended questions) (Jackson & Trochim, 2002). This latter issue, in particular, may have a significant impact on the dependability of the findings of the synthesis.

Finally, Hollway and Jefferson (2008) would argue that the methodologies utilised by the included articles are limited in their ability to generate findings that are truly representative of participants' experiences, due to assuming that participants can 'tell it like it is' (p. 314), which cannot be guaranteed in research. They suggest the use of free association narrative interviews (FANI) as a method that allows participants' to reveal unconscious connections and meanings within their experiences (Hollway & Jefferson, 2008). FANI has been used in a range of contexts previously (Gordon, 2017; Honkasilta et al., 2016) and future research in this area should consider utilising this alternate technique, in order to allow greater understanding of veterinary professionals' experiences.

Appendices

Appendix 1: Papers included in the review

Author/s	Location	Aim	Methodology	Data Analysis Method	Sample	Clinical Setting of Participants
Routly et al., 2002	UK	To examine the problems facing newly graduate veterinarians; to examine specific problems faced by employers	18 graduates and 15 senior partners were assessed by semi-structured interviews; 58 graduates and 34 senior partners completed postal questionnaires	Unclear from paper	76 veterinary graduates, 49 senior partners from the same veterinary practices (demographics not included in original study)	Unclear from paper
Platt et al., 2012	UK	To investigate the contributory factors, coping mechanisms and preventative factors associated with suicidality in the veterinary profession	Semi-structured Focus groups; participants in Group 1 also completed the SIS	Thematic Analysis	21 veterinarians (76% female); nine who had attempted suicide (Group 1) and 12 who had reported suicidal ideation in the past 12 months (Group 2)	Unclear from paper
Dawson, 2015	UK	To elicit veterinary surgeons' lived experiences of distress and to understand this in the wider context of their lives and veterinary practice.	Semi-structured interviews	Interpretive Phenomenological Analysis (IPA)	5 veterinary surgeons (60% female)	Small Animal practice; mixed practice; specialist teaching animal hospital; charitable organisation; corporate veterinary practice
Magalhaes-Sant'Ana et al., 2017 [1]	Ireland	To provide a detailed account of the constraints and opportunities of two veterinary clinicals in Ireland	Focus Groups	Thematic Analysis	8 participants; 5 veterinary surgeons (40% female) and 3 non-veterinary professionals	Small animal practice; equine practice; mixed practice; farm practice
Moses et al., 2018	United States of America and Canada	To investigate whether veterinarians frequently encounter ethical conflicts during the practice of medicine that cause moral distress	Open-ended questions on an online survey sent to registered veterinarians.	Thematic Analysis	889 veterinarians (demographics not included in original study)	Companion animal medicine, equine medicine, exotic animal medicine.
Gizem, 2018	UK	To understand how recent changes have affected veterinarians' professional identity; to explore the causes of tensions and conflicts in the veterinary profession to identify elements of	Semi-structured interviews	Thematic Analysis	50 veterinary professionals (50% female). Roles	Small animal practice; corporate veterinary practice; charitable organisation; animal hospital; research hospital; second opinion clinic

		professional emotional labour that trigger conflict in veterinary professional identity.				
White, 2018	United States of America	To explore the experiences and reactions of spay-neuter veterinarians after serious adverse events related to spay-neuter.	Open-ended questions on an online survey posted on online veterinary forums.	Thematic Analysis	32 HQHVSN veterinarians (94% female)	Animal shelters; specialist spay/neuter clinics.
Matte et al., 2019	Canada	To explore how the practices of euthanasia-related care and the processes leading up to euthanasia impacts on the wellbeing on veterinary professionals.	Nine focus groups and one individual interview	Thematic Analysis	38 participants (87% female) including 14 veterinary surgeons, 9 veterinary technicians, 8 veterinary assistants, 8 practice managers, 3 receptions and 1 client car specialist.	Small animal hospital
Irwin et al., 2019	UK and Ireland	To examine veterinary perceptions of safety climate, lone working and on-call tasks to gain a deeper understanding of the risks involved.	Six qualitative (open ended) questions on an online survey sent to veterinary clinics	Thematic Analysis	76 participants (69% female) including 62 veterinarians; 14 practice partners	Small animal practice; farm practice; equine practice; mixed practice
O'Connor, 2019	UK	To identify sources of stressors in veterinary practice	Semi structured interviews	Thematic Analysis	18 veterinarians (50% female)	Small animal practice; farm animal practice; equine practice; mixed animal practice; military animal practice; zoo animal practice; charitable organisations
Springer et al., 2019	Austria	To identify the patient-centred factors which veterinarians see as relevant during patient care; to investigate other contextual factors that influence the decision-making process; to explore these factors and their effects	Focus Groups	Thematic Analysis	32 veterinarians (53%), including: specialist veterinarians, managers and clinic owners, general veterinary practitioners	Small animal practice

SIS = Suicidal Intent Scale, [1] = in studies where veterinary professionals formed only part of the sample, only data from veterinary professionals have been included in the review. For purposes of this table, information of all participants been included.

Appendix 2: Example of tabulated key concept and study details.

Study	O'Connor, 2019
Characteristics	
Location	United Kingdom
Aim	To identify sources of stressors in veterinary practice
Method	Interviews
Participants	18 veterinarians
Key Emerging Concepts	
Animal Advocates	Facing animal abuse/neglect Putting animals first Veterinary work as a calling
Caring for the patient	Euthanasia Balancing human client finances vs. best for animal
Human clients	Unrealistic expectations Client demands and restrictions Client education
Experiences as Employees	Supervision Relationships with Colleagues Training (or lack of)
Work culture	Control (or lack of) Job Security High workload Injury risk
Vets as Humans	Perfectionism High Achievers
Second Order Constructs	Veterinarians identify high workload, poor work-life balance and difficult client interactions as occupational stressors. Euthanasia (especially convenience euthanasia), injury risk, and poor animal welfare may also contribute to veterinary stress, but the impact of these is complex and modulated by other factors. These difficulties might be perpetuated by trait perfection, particularly critical self-evaluation.

References

Adams, J., Hillier-Brown, F. C., Moore, H. J., Lake, A. A., Araujo-Soares, V., White, M., & Summerbell, C. (2016). Searching and synthesising 'grey literature' and 'grey information' in public health: critical reflections on three case studies. Systematic Reviews, 5(1), 164. doi:10.1186/s13643-016-0337-y

Bartram, & Baldwin, D. S. (2010). Veterinary surgeons and suicide: a structured review of possible influences on increased risk. Veterinary Record, 166(13), 388-397. doi:10.1136/vr.b4794

Bartram, Yadegarfar, G., & Baldwin, D. S. (2009). A cross-sectional study of mental health and well-being and their associations in the UK veterinary profession. Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services, 44(12), 1075-1085. doi:10.1007/s00127-009-0030-8

Bedford, S., & Anscombe-Skirrow, E. (2018). Bullying and disillusionment in veterinary nursing. Veterinary Nursing Journal, 33(9), 250-256.

Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta ethnography to synthesise qualitative research: a worked example. Journal of health services research & policy, 7(4), 209-215.

Brookfield, S., Fitzgerald, L., Selvey, L., & Maher, L. (2019). The Blind Men and the Elephant: Meta-Ethnography 30 Years On. Qualitative health research, 1049732319826061.

Cake, M. A., McArthur, M. M., Matthew, S. M., & Mansfield, C. F. (2017). Finding the Balance: Uncovering Resilience in the Veterinary Literature. J Vet Med Educ, 44(1), 95-105. doi:10.3138/jvme.0116-025R

Craske, M. G. (2010). Cognitive–behavioral therapy. Washington, DC, US: American Psychological Association.

Dawson, S. E. (2015). "It really was like a black hole" An interpretive phenomenological analysis of Veterinary Surgeons' Experiences of Depression. (Professional Doctorate in Counselling Psychology), University of Manchester, University of Manchester.

Fowler, H. N., Holzbauer, S. M., Smith, K. E., & Scheftel, J. M. (2015). Survey of occupational hazards in Minnesota veterinary practices in 2012. Journal of the American Veterinary Medical Association, 248(2), 207-218. doi:10.2460/javma.248.2.207

Gizem, M. (2018). Identity Conflicts and Emotional Labour in the Veterinary Profession. (Doctor of Philosophy), University of Westminster, University of Westminster.

Gordon, S. F. (2017). Narratives of resistance and resilience: Exploring stories of violence against women. Agenda, 31(2), 34-43.

Holloway, I., & Galvin, K. (2016). Qualitative research in nursing and healthcare: John Wiley & Sons.

Hollway, W., & Jefferson, T. (2008). The free association narrative interview method.

Honkasilta, J., Vehkakoski, T., & Vehmas, S. (2016). 'The teacher almost made me cry'Narrative analysis of teachers' reactive classroom management strategies as reported by students diagnosed with ADHD. Teaching and Teacher Education, 55, 100-109.

Irwin, A., Vikman, J., & Ellis, H. (2019). 'No-one knows where you are': veterinary perceptions regarding safety and risk when alone and on-call. Veterinary Record.

Jackson, K. M., & Trochim, W. M. (2002). Concept mapping as an alternative approach for the analysis of open-ended survey responses. Organizational Research Methods, 5(4), 307-336.

Lincoln, Y. S., & Guba, E. G. (1982). Establishing Dependability and Confirmability in Naturalistic Inquiry Through an Audit.

Magalhaes-Sant'Ana, M., More, S. J., Morton, D. B., & Hanlon, A. J. (2017). Challenges facing the veterinary profession in Ireland: 1. clinical veterinary services. Ir Vet J, 70, 17. doi:10.1186/s13620-017-0096-7

Matte, A. R., Khosa, D. K., Coe, J. B., & Meehan, M. P. (2019). Impacts of the process and decision-making around companion animal euthanasia on veterinary wellbeing. The Veterinary Record, 185(15), 480-480. doi:10.1136/vr.105540

Merriam, S. B., & Grenier, R. S. (2019). Qualitative research in practice: Examples for discussion and analysis: John Wiley & Sons.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. Annals of internal medicine, 151(4), 264-269.

Moses, L., Malowney, M. J., & Boyd, J. W. (2018). Ethical conflict and moral distress in veterinary practice: A survey of North American veterinarians. Journal of Veterinary Internal Medicine, 32, 2115 – 2122.

Moyer, A., Schneider, S., Knapp-Oliver, S. K., & Sohl, S. J. (2010). Published versus unpublished dissertations in psycho-oncology intervention research. Psycho-Oncology, 19(3), 313-317. doi:10.1002/pon.1561

Noblit, G. W., & Hare, R. D. (1988). Meta-ethnography: Synthesizing qualitative studies (Vol. 11): sage.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. International Journal of Qualitative Methods, 16(1), 1609406917733847.

O'Connor, E. (2019). Sources of work stress in veterinary practice in the UK. The Veterinary Record, 184(19), 588-588. doi:10.1136/vr.104662

Parkin, T. D. H., Brown, J., & Macdonald, E. B. (2018). Occupational risks of working with horses: A questionnaire survey of equine veterinary surgeons. Equine Veterinary Education, 30(4), 200-205. doi:10.1111/eve.12891

Platt, B., Hawton, K., Simkin, S., Dean, R., & Mellanby, R. J. (2012). Suicidality in the veterinary profession: Interview study of veterinarians with a history of suicidal ideation or

behavior. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 33(5), 280-289. doi:10.1027/0227-5910/a000143

Priestley, J., & McPherson, S. (2016). Experiences of adults providing care to a partner or relative with depression: A meta-ethnographic synthesis. Journal of Affective Disorders, 192, 41-49.

Routly, J. E., Taylor, I. R., Turner, R., McKernan, E. J., & Dobson, H. (2002). Support needs of veterinary surgeons during the first few years of practice: perceptions of recent graduates and senior partners. Vet Rec, 150(6), 167-171. doi:10.1136/vr.150.6.167

Sanders, C. J., Lindenmeyer, A., & Marriott, J. (2019). Meta-ethnography of smokers' tobacco dependency medication adherence behaviours. Journal of Advanced Nursing.

Scheftel, J. M., Elchos, B. L., Rubin, C. S., & Decker, J. A. (2017). Review of hazards to female reproductive health in veterinary practice. Journal of the American Veterinary Medical Association, 250(8), 862-872.

Springer, S., Sandoe, P., Boker Lund, T., & Grimm, H. (2019). "Patients' interests first, but ... "(-)Austrian Veterinarians' Attitudes to Moral Challenges in Modern Small Animal Practice. Animals (Basel), 9(5). doi:10.3390/ani9050241

Tomasi, S. E., Fechter-Leggett, E. D., Edwards, N. T., Reddish, A. D., Crosby, A. E., & Nett, R. J. (2019). Suicide among veterinarians in the United States from 1979 through 2015. Journal of the American Veterinary Medical Association, 254(1), 104-112.

Tran, L., Crane, M. F., & Phillips, J. K. (2014). The Distinct Role of Performing Euthanasia on Depression and Suicide in Veterinarians. Journal of Occupational Health Psychology, 19(2), 123-132. doi:10.1037/a0035837

White, S. C. (2018). Veterinarians' emotional reactions and coping strategies for adverse events in spay-neuter surgical practice. Anthrozoös, 31(1), 117-131. doi:10.1080/08927936.2018.1406205

Appendix B: CASP table for studies included in literature review (n=16)

Study	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Platt et al., 2012	Yes	Yes	Somewhat	Yes	Somewhat	Somewhat	No	Somewhat	Somewhat	Yes
Dawson, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Magalhaes-Sant'Ana et al., 2017	Yes	Yes	Somewhat	Yes	Somewhat	No	Yes	Somewhat	Somewhat	Yes
Moses et al., 2018	Yes	Somewhat	Somewhat	Somewhat	No	No	No	No	Somewhat	Yes
Morris, 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
White, 2018	Yes	Somewhat	Somewhat	Somewhat	No	Yes	Somewhat	Yes	Yes	Yes

Matte et al., 2019	Yes	Somewhat	Somewhat	Yes	Somewhat	No	Somewhat	Yes	Somewhat	Yes
O'Connor, 2019	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Springer et al., 2019	Yes	Yes	Somewhat	Yes	Somewhat	Somewhat	Somewhat	Yes	Somewhat	Yes
Richards, Coghlan, and Delany, 2020	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Waters et al., 2019	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Polachek and Wallace, 2018	Yes	Somewhat	Yes	No	Yes	No	Somewhat	Yes	Yes	Yes
Deacon and Brough, 2019	Somewhat	Yes	Yes	Yes	Yes	Somewhat	Somewhat	Yes	Yes	Yes
Fairnie, 2005	Yes	Yes	Can't Tell	Yes	Somewhat	No	Somewhat	No	Yes	Yes
Irwin, Hall, and Ellis, 2021	Yes	Somewhat	Somewhat	Somewhat	Yes	Somewhat	Somewhat	Yes	Yes	Yes
Anderson and Hobson-West, 2022	No	Somewhat	Somewhat	Somewhat	Somewhat	No	Somewhat	Somewhat	Yes	Yes

Appendix C: Example of tabulated core concepts and study characteristics.

Study	Waters et al., 2019
Characteristics	
Location	USA
Aim	To explore and identify the factors contributing to veterinary distress, depression, suicidality, and lack of coping.
Method	Interviews with Descriptive Phenomenological Analysis
Participants	8 veterinarians (all female)
Key Emerging Concepts	
Animal Advocates	Empathy for animals Doing the Right Thing
Caring for the patient	Sense of Loss Attachment, Affection
Human clients	Pet owner distress Pet owner anger Complaints
Work Culture	Colleagues as support Work culture as crucial for support Mental health stigmatized Culture of ignoring feelings Death is common Lack of institutional boundaries
Vets as Humans	Personality, internalisation of difficult feelings Empathy for Animals Rejecting Therapy
Second Order Constructs	Veterinarians experience trauma and attachment loss in their work, relating to eight subthemes: personality, euthanasia, loss, coping, stress, mental health, suicide, and distinctions in licensure (comparing medical doctors to veterinary surgeons). Veterinarians who experience psychological distress may internalise their feelings rather than seek support, partly due to the stigma surrounding mental health in veterinary medicine.

Appendix D: Comparison of studies by core concept

Concepts	Platt et al., 2012	Dawson, 2015	Magalhaes-Sant'Ana et al., 2017	Morris, 2018	White, 2018	Matte et al., 2019	Moses et al., 2018	O'Connor, 2019	Springer et al., 2019	Richards, Coghlan, and Delany, 2020	Waters et al., 2019	Polachek and Wallace, 2018	Deacon and Brough, 2019	Fairnie, 2005	Irwin, Hall, and Ellis, 2021	Anderson and Hobson-West, 2022
Animal Advocates	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Caring for the patient	*	*	*	*	*	*	*	*	*	*	*	*	*			
Animal Owners		*	*	*		*	*	*	*	*	*	*	*	*	*	*
Work culture	*	*	*	*	*		*	*	*	*	*			*		*
Vets as Humans	*	*	*	*	*	*	*	*		*	*	*	*	*	*	*

Appendix E: Examples of reflexive log

21/11/21

Have just completed latest interview. Very interesting, as ever, to hear Pa's experiences. This one felt more like a discussion really, rather than interview… don't know if that means I strayed too far from BNIM method or if I'm actually doing it 'right'? Pa talking about length of experience in work and changes over the years. Also asking about what I think could be changed… slightly put on the spot! Managed to hash out a reply I think, but did make me wonder what motivations Pa's have to take part… Definitely have a sense that Vet profs are highly aware of problems in the profession and quite desperate for change.

11/01/22

Struggling a bit with all this analytic wording. Makes sense eventually, buts feels like lots of lingo to overcome initially… which is slightly frustrating and ironic given 'club' of veterinary profs and now 'club' of psychoanalytic research. Don't necessarily WANT to be in the club, but would be nice to know what's being spoken about sometimes.

8/03/2022

Starting to pull together ideas re: themes now, but struggling with how to make sense of Pa's experiences without relying on clinical formulation… I keep noticing I'm going back to the 5 P's formulation… Presenting problem (suicide and distress); predisposing (interest in working with animals, wanting to do 'best care' etc.; precipitating (distressing work, hours, colleagues, stressful situations etc.); perpetuating (limited appt times, no support); protective (…less clear on this one).

Hard to know what Im identifying based on 'formulating' vs. what participants are actually sharing with me.. Does this matter?

Appendix F: Example of post-interview process notes

Post-interview process notes for [redacted] 24/11/20

I might be feeling more confident in the BNIM SQUIN (just about...), but there is still a very real sense of me feeling overwhelmed as soon as I stop speaking and Pa starts. [redacted] in particular = longest-serving surgeon (so far) and so most/longest length experience of vet work and the trouble with it. Definitely had a sense of 'okay, here we go....' and bracing self for onslaught of 20-odd years of experience at the beginning of the interview.

[redacted] also has also stopped working in vet medicine and very honest about reasons why... Seemed exhausted? Tired? A bit sad? Having worked for so long in a career as specialist as veterinary surgeon and then to 'have' to leave for own wellbeing and sanity... can't be easy

Was interested to have [redacted] 'pull back' some information re: incident with animal... Fear of 'being found out?' – why? [redacted] has left veterinary work and so what consequences might they be fearing? Still seemed to have a sense of 'put up and shut up' – talking is not common in vet world? Keep calm and carry on for as long as you can, then leave or suicide?

I noticed feeling frustrated sometimes: with [redacted] or on [redacted]'s behalf? I wonder If [redacted] has shared this info with others, sometimes felt they were processing through this information for the first time in the interview and therefore some ideas seemed half-formed before they were discarded and corrected. All part of the process, I know, but does make me feel uncertain whether I left some avenues unexplored that could revealed really interesting new ideas.

[redacted] also very interested in me and my role.. which is a first but not unexpected? I rather hoped more participants would be interested in the project but [redacted] so far is the only one to talk about it beyond their own participation – what will the findings be used for, what changes I hope to make, etc. Ahh! As if I know? Still optimistic that [redacted] seems to think this study COULD lead to change (reality might be different though).

Less 'animal-y' talk this time round, more about the people and problems. Wonder if this is because [redacted] has left vet work and 'cut ties' to the more emotional side of things? How is it to reflect on a vocation you've left, especially if 'vocation' means sense of duty/destiny/love/etc.? Seems very different to 'just work', which [redacted] talks about re: their current job.

Appendix G: Anonymised examples of follow-up questions for sub-session two

You said that you had [redacted] horrendous [redacted] deaths… do you remember that incident particularly strongly?

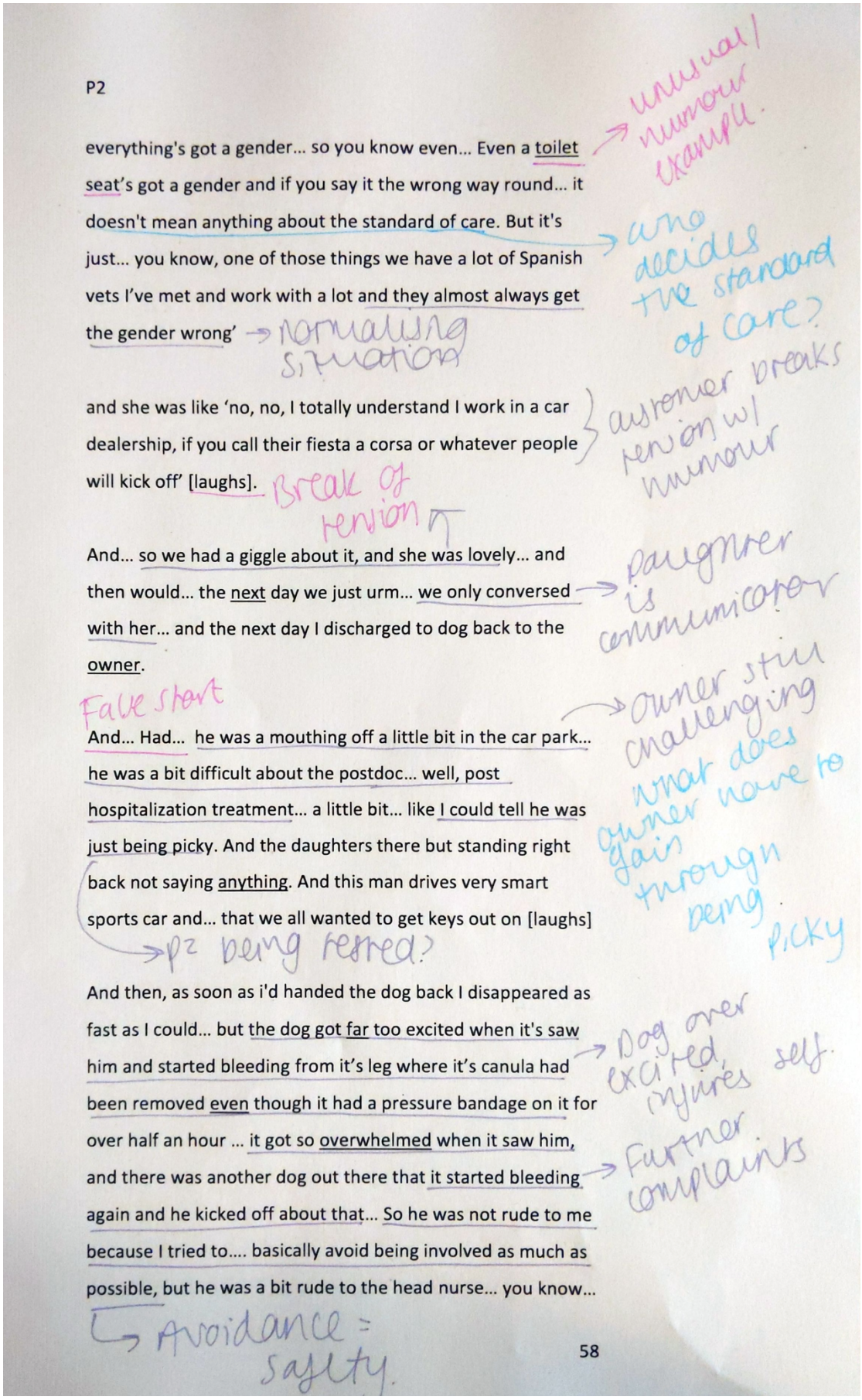
You said that you started to struggle with your mental health during your first job… do you remember any day particularly strongly?

You said you felt destined to be a vet… do you remember that time particularly strongly?

You said that you felt thrown in at the deep end… do you remember any particular moment particularly strongly?

You said that you started to notice the balance tipping at work… do you remember that time, how it all happened?

Appendix H: Example of initial notes made on transcripts



P2

everything's got a gender... so you know even... Even a toilet seat's got a gender and if you say it the wrong way round... it doesn't mean anything about the standard of care. But it's just... you know, one of those things we have a lot of Spanish vets I've met and work with a lot and they almost always get the gender wrong' → normalising situation

and she was like 'no, no, I totally understand I work in a car dealership, if you call their fiesta a corsa or whatever people will kick off' [laughs]. Break of tension

And... so we had a giggle about it, and she was lovely... and then would... the next day we just urm... we only conversed with her... and the next day I discharged to dog back to the owner.

False start

And... Had... he was a mouthing off a little bit in the car park... he was a bit difficult about the postdoc... well, post hospitalization treatment... a little bit... like I could tell he was just being picky. And the daughters there but standing right back not saying anything. And this man drives very smart sports car and... that we all wanted to get keys out on [laughs]

→ P2 being tested?

And then, as soon as i'd handed the dog back I disappeared as fast as I could... but the dog got far too excited when it's saw him and started bleeding from it's leg where it's canula had been removed even though it had a pressure bandage on it for over half an hour ... it got so overwhelmed when it saw him, and there was another dog out there that it started bleeding again and he kicked off about that... So he was not rude to me because I tried to.... basically avoid being involved as much as possible, but he was a bit rude to the head nurse... you know...

↳ Avoidance = safety

58

unusual / humour example.

who decides the standard of care?

customer breaks tension w/ humour

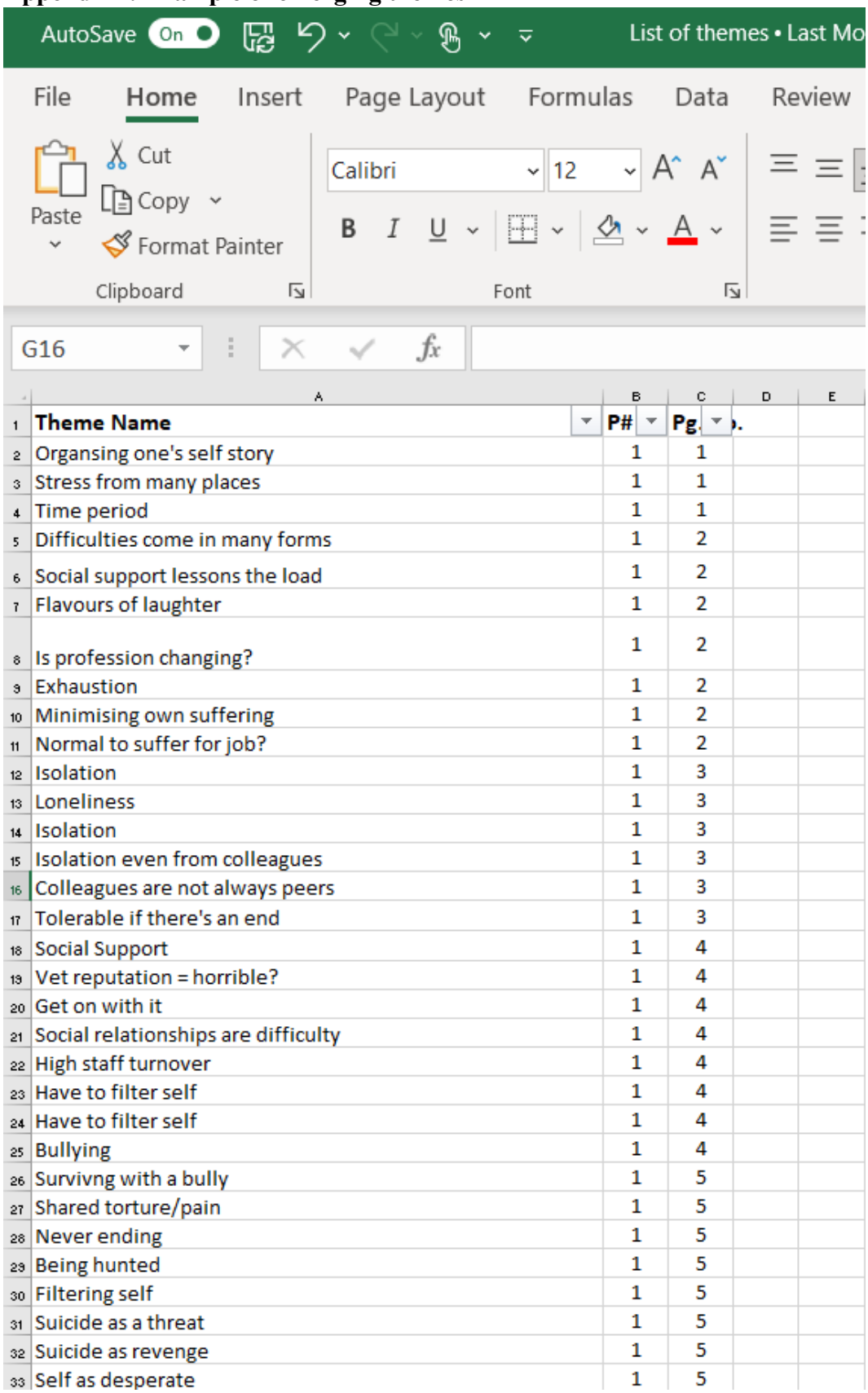
partner is communicator

owner still challenging what does owner have to gain through being picky

Dog over excited, injures self.

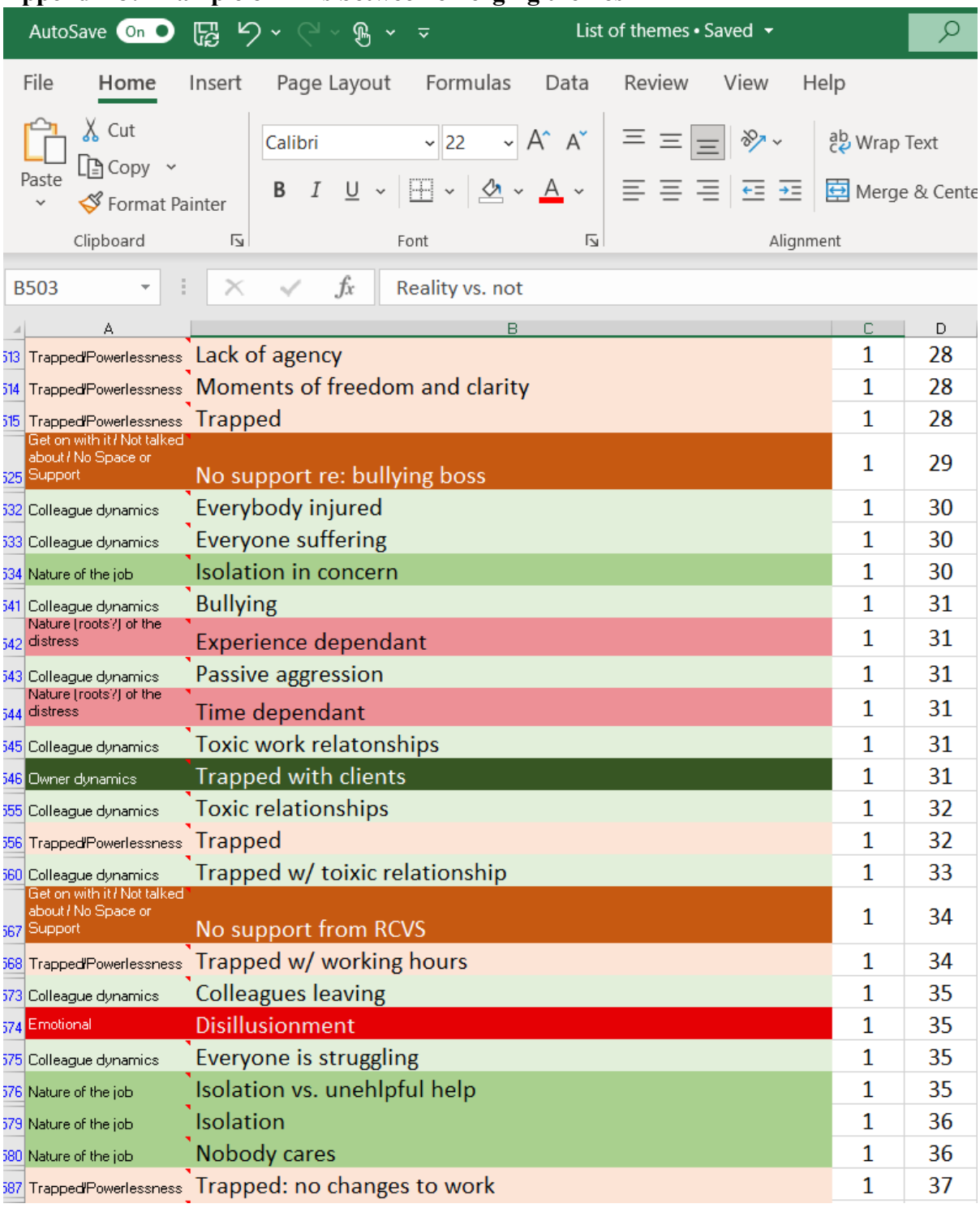
Further complaints

Appendix I: Example of emerging themes



	A	B	C	D	E
1	**Theme Name**	**P#**	**Pg**		
2	Organsing one's self story	1	1		
3	Stress from many places	1	1		
4	Time period	1	1		
5	Difficulties come in many forms	1	2		
6	Social support lessons the load	1	2		
7	Flavours of laughter	1	2		
8	Is profession changing?	1	2		
9	Exhaustion	1	2		
10	Minimising own suffering	1	2		
11	Normal to suffer for job?	1	2		
12	Isolation	1	3		
13	Loneliness	1	3		
14	Isolation	1	3		
15	Isolation even from colleagues	1	3		
16	Colleagues are not always peers	1	3		
17	Tolerable if there's an end	1	3		
18	Social Support	1	4		
19	Vet reputation = horrible?	1	4		
20	Get on with it	1	4		
21	Social relationships are difficulty	1	4		
22	High staff turnover	1	4		
23	Have to filter self	1	4		
24	Have to filter self	1	4		
25	Bullying	1	4		
26	Survivng with a bully	1	5		
27	Shared torture/pain	1	5		
28	Never ending	1	5		
29	Being hunted	1	5		
30	Filtering self	1	5		
31	Suicide as a threat	1	5		
32	Suicide as revenge	1	5		
33	Self as desperate	1	5		

Appendix J: Example of links between emerging themes



AutoSave On | List of themes • Saved

File Home Insert Page Layout Formulas Data Review View Help

Paste Cut Copy Format Painter | Calibri 22 | Wrap Text | Merge & Cente

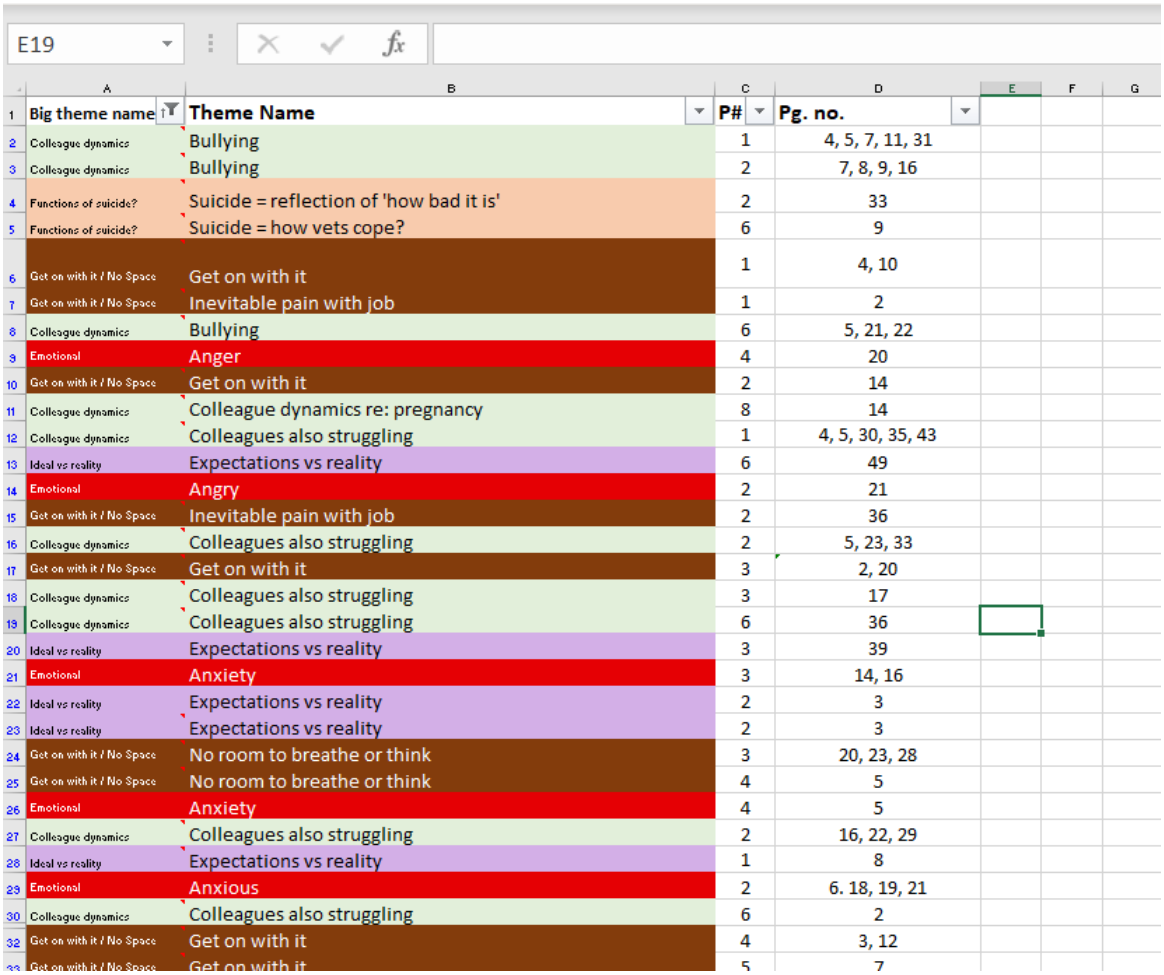
Clipboard Font Alignment

B503 | Reality vs. not

	A	B	C	D
513	Trapped/Powerlessness	Lack of agency	1	28
514	Trapped/Powerlessness	Moments of freedom and clarity	1	28
515	Trapped/Powerlessness	Trapped	1	28
525	Get on with it / Not talked about / No Space or Support	No support re: bullying boss	1	29
532	Colleague dynamics	Everybody injured	1	30
533	Colleague dynamics	Everyone suffering	1	30
534	Nature of the job	Isolation in concern	1	30
541	Colleague dynamics	Bullying	1	31
542	Nature (roots?) of the distress	Experience dependant	1	31
543	Colleague dynamics	Passive aggression	1	31
544	Nature (roots?) of the distress	Time dependant	1	31
545	Colleague dynamics	Toxic work relatonships	1	31
546	Owner dynamics	Trapped with clients	1	31
555	Colleague dynamics	Toxic relationships	1	32
556	Trapped/Powerlessness	Trapped	1	32
560	Colleague dynamics	Trapped w/ toixic relationship	1	33
567	Get on with it / Not talked about / No Space or Support	No support from RCVS	1	34
568	Trapped/Powerlessness	Trapped w/ working hours	1	34
573	Colleague dynamics	Colleagues leaving	1	35
574	Emotional	Disillusionment	1	35
575	Colleague dynamics	Everyone is struggling	1	35
576	Nature of the job	Isolation vs. unehlpful help	1	35
579	Nature of the job	Isolation	1	36
580	Nature of the job	Nobody cares	1	36
587	Trapped/Powerlessness	Trapped: no changes to work	1	37

Note in the above example, the heading in column A indicates the emerging superordinate theme name.

Appendix K: Superordinate themes and subthemes for all participants



	A	B	C	D
1	Big theme name	Theme Name	P#	Pg. no.
2	Colleague dynamics	Bullying	1	4, 5, 7, 11, 31
3	Colleague dynamics	Bullying	2	7, 8, 9, 16
4	Functions of suicide?	Suicide = reflection of 'how bad it is'	2	33
5	Functions of suicide?	Suicide = how vets cope?	6	9
6	Get on with it / No Space	Get on with it	1	4, 10
7	Get on with it / No Space	Inevitable pain with job	1	2
8	Colleague dynamics	Bullying	6	5, 21, 22
9	Emotional	Anger	4	20
10	Get on with it / No Space	Get on with it	2	14
11	Colleague dynamics	Colleague dynamics re: pregnancy	8	14
12	Colleague dynamics	Colleagues also struggling	1	4, 5, 30, 35, 43
13	Ideal vs reality	Expectations vs reality	6	49
14	Emotional	Angry	2	21
15	Get on with it / No Space	Inevitable pain with job	2	36
16	Colleague dynamics	Colleagues also struggling	2	5, 23, 33
17	Get on with it / No Space	Get on with it	3	2, 20
18	Colleague dynamics	Colleagues also struggling	3	17
19	Colleague dynamics	Colleagues also struggling	6	36
20	Ideal vs reality	Expectations vs reality	3	39
21	Emotional	Anxiety	3	14, 16
22	Ideal vs reality	Expectations vs reality	2	3
23	Ideal vs reality	Expectations vs reality	2	3
24	Get on with it / No Space	No room to breathe or think	3	20, 23, 28
25	Get on with it / No Space	No room to breathe or think	4	5
26	Emotional	Anxiety	4	5
27	Colleague dynamics	Colleagues also struggling	2	16, 22, 29
28	Ideal vs reality	Expectations vs reality	1	8
29	Emotional	Anxious	2	6. 18, 19, 21
30	Colleague dynamics	Colleagues also struggling	6	2
32	Get on with it / No Space	Get on with it	4	3, 12
33	Get on with it / No Space	Get on with it	5	7

Note in the above example, column A indicates the emerging superordinate theme name; column B relates to superordinate themes; column C relates to the number used to identify participant transcripts; and column D relates to the specific page number the theme appeared in the participant transcript.

Appendix L: Participant recruitment poster for social media platforms

Twitter advert:
CALL FOR PARTICIPANTS: We are looking for current or ex- veterinary professionals who have previously experienced psychological distress whilst at work, to take part in a study exploring the stressors of working in veterinary medicine.

Facebook post:
Hello,
My name is Danielle Bream, a Trainee Clinical Psychologist at the University of Essex.
I am currently recruiting participants for a study that is exploring some of the multi-layered issues that can lead to veterinary professionals becoming at increased risk of psychological distress and experiencing mental health difficulties.
I plan to conduct interviews with up to 5 people who have previously experienced some form of psychological distress whilst working in veterinary medicine. Participants can be currently employed in this field, or have left working in veterinary medicine in the last 5 years.
I am interested in talking to all professionals, including surgeons, nurses, technical staff as well as administrators/receptionists.
The interviews will last no longer than 90 minutes and will take place on Zoom.
Further information and details how to participate can be found on this
URL: https://essex.eu.qualtrics.com/jfe/form/SV_emPBjJlupWQd4cS
This study has been approved by the Ethics Committee at the University of Essex
(ref: ETH1920-1326.)

Danielle Bream
Trainee Clinical Psychologist
University of Essex

Appendix M: Participant Information Sheet (PIS)

The Human Cost of Animal Care: An Exploration of Psychosocial Stressors in the Veterinary Profession.

My name is Danielle Bream and I am a Trainee Clinical Psychologist from the School of Health and Social Care at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

What is the purpose of the study?

This study is investigating psychosocial stressors in veterinary professionals. Whilst it is recognised that veterinary professionals are an occupational group with an elevated risk of psychological distress and suicide, it is still unclear why this might be.

The aim of this project is to gain an insight into possible psychosocial stressors in veterinary medicine. 'Psychosocial stressors' is a term used to define social and environmental circumstances that are challenging and stressful. These situations can evoke a variety of psychological responses in individuals, such as low mood, worry, burnout, and panic. Over time, these may develop into more serious mental health difficulties.

To achieve this, I will be conducting remote interviews (via Zoom) with individuals who:

- Are currently employed in veterinary medicine; **OR** have stopped working in veterinary medicine in the last 5 years.
- Have previously experienced psychological/emotional distress whilst working in veterinary medicine.

The interviews will provide participants an opportunity to talk about their experiences of psychological/emotional distress as a veterinary professional. This will help to expand our understanding of what aspects of veterinary work may be associated with increased risk of distress in professionals.

Please note: The purpose of this study is **NOT** to provide therapy or counselling to participants. Given the nature of the study, it is possible that participants' will be talking about upsetting topics, and any distress experienced during the interview will be met with sensitivity. Details of where to access therapy/counselling will be shared with all participants prior to their interview taking place.

Why have I been invited to participate?

You have been invited to take part in this study because:

- You are currently employed in veterinary medicine; **OR** you stopped working in veterinary medicine in the last 5 years (since 2015).
- You are employed/were employed:

o As a veterinary surgeon
o As a veterinary nurse
o As a veterinary technician
o In any area of veterinary medicine, including small animal/equestrian/farming/exotic/etc.

- You have **previously** experienced psychological distress during your employment in veterinary medicine.
- You are/were employed as a veterinary professional within the UK

Please note: A formal diagnosis of a mental health condition is not required for you to take part in this study.

What are the exclusion criteria?

Unfortunately, I am unable to conduct interviews with anyone who is **currently** experiencing psychological distress. This is due to a variety of ethical reasons, with participant wellbeing and safety being the top priority of this project.

Do I have to take part?

It is entirely up to you to decide whether or not you wish to take part in this research study. If you do decide to take part, you will be asked to provide written consent via email. You are free to withdraw at any time, without giving a reason. All data and information collected in the research study is anonymised at the completion of data collection (i.e., when all interviews are completed).

Your decision to participate in this study has no impact on your current or future employment, or registration with any veterinary regulatory bodies.

Should you wish to withdraw your participation, please inform me (Danielle Bream) either in person or in writing (db19917@essex.ac.uk). Should you withdraw your consent prior to the completion of data collection, all information related to yourself will be destroyed and will not be used in the project. Should you withdraw your consent after the completion of data collection, it might not be possible to identify your data in order to destroy it.

What will happen to me if I take part?

If you decide to take part in this project, I will contact you to arrange a time at your convenience for us to meet remotely (via Zoom) to complete the interview. After we have arranged a time and date, I will send you a copy of the opening question I will ask. This will allow you to consider what experiences you may want to talk about when we meet.

The interviews are expected to last for approximately 90 minutes.

I will ask all participants the exact same opening question, a copy of which you would have received prior to the interview. This question is designed to help participants tell their story of working in veterinary medicine and experiencing psychological distress. I will then ask follow-up questions to gather more details about your unique experiences.

At the conclusion of the interview, you will have the opportunity to complete a short review of your experiences of taking part. You will also receive additional information about sources of support available to veterinary professionals.

I will be audio recording the interview in order to allow me to replay our conversation and transcribe what was discussed.

What are the possible disadvantages and risks of taking part?

During the interviews, it is possible that participants may become upset or distressed. Should this occur, the interview will be paused and, if preferred, be rearranged for a later date. You will also be free to refuse to answer questions you do not want to explore, without giving a specific reason. You will receive additional information about sources of support available to veterinary professionals at the conclusion of the interview.

What are the possible benefits of taking part?

This study will hopefully add to our understanding and insight into what it is like being a veterinary professional. By taking part, you will be helping us to further our understanding of the psychosocial risk factors related to this profession. Whilst I cannot guarantee specific results, it is possible that your participation may contribute to the development of more support for veterinary professionals.

What information will be collected?

During the interviews, I will use an audio recorder to record our interview and I will also be taking written notes. This information will be anonymised using pseudonyms and any identifying information will be redacted from the final transcripts. Following the completion of all interviews, I will transcribe all of the interviews verbatim and subsequently analyse them.

Will my information be kept confidential?

All information related to all participants will remain confidential, with the exception of where a participant discloses information that leads me to believe that they or others are at risk of harm. In this instance, I may have a duty of care to inform the appropriate authorities, though I will always inform you should this occur.

All data gathered from participants will be anonymised and stored securely. Electronic data (e.g., recordings of interviews) will be stored in encrypted files on a University of Essex share drive. Handwritten notes made by myself will be anonymised and scanned onto a password-protected PC, where they will be saved on an encrypted file on a University of Essex share drive. Hard copies of these notes will then be destroyed.

I will have access to your data for the duration of the project. After the conclusion of the research project, all data will be stored securely for a period of at least ten years in line with the University of Essex's Research Data Management Policy. At the end of this period, all data will be destroyed electronically

What is the legal basis for using the data and who is the Data Controller?

Written and signed consent will be gained from all people willing to take part in the research project (please see Consent Form version 1.1, dated 28/01/2021). This will be collected by Danielle Bream via email prior to your participation in the interview.

The Data Controller for the project will be the University of Essex and the contact will be Sara Stock, University Information Assurance Manager (dpo@essex.ac.uk).

What will happen to the results of the research study?

The results of this study will be written up as part of my thesis for my Doctoral certificate in Clinical Psychology. There is also the possibility that the results of the study may be published in academic journal articles and/or be presented as a conference paper or presentation. Regardless of publications, all findings will be anonymised and will not be identifiable to participants.

All participants who take part in the study are welcome to request a copy of the findings from Danielle Bream (db19917@essex.ac.uk)

Who has reviewed the study?

This project has been reviewed by the University of Essex Ethics Committee. The reference number of this project is ETH1920-1326.

Concerns and Complaints

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project, Danielle Bream, using the contact details below. If are still concerned or you think your complaint has not been addressed to your satisfaction, or you feel that you cannot approach the principal investigator, please contact Dr. Frances Blumenfled, Clinical Director of the Doctorate in Clinical Psychology (email: fblume@essex.ac.uk). If you are still not satisfied, please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (e-mail: sarahm@essex.ac.uk). Please include the ERAMS reference which can be found at the foot of this page.

What should I do if I want to take part?

If you would like to take part in the research project, please enter your details in the space at the bottom of this page and I will contact you via email.

Name of the Researcher/Research Team Members

The principle investigator of the project is:

- Danielle Bream, Trainee Clinical Psychologist, db19917@essex.ac.uk

The supervisors for this project are:

- Dr. Lindsey Nicholls, Senior Lecturer, lindsey.nicholls@essex.ac.uk

- Dr. Frances Blumenfeld, Clinical Director of Doctorate in Clinical Psychology, fblume@essex.ac.uk

Appendix N: Consent Form

Title of the Project: The Human Cost of Animal Care: An Exploration of Psychosocial Stressors in the Veterinary Profession.

Research Team:

- Danielle Bream, Trainee Clinical Psychologist, db19917@essex.ac.uk
- Prof. Lindsey Nicholls, Senior Lecturer, lindsey.nicholls@essex.ac.uk
- Dr. Frances Blumenfeld, Clinical Director of Doctorate in Clinical Psychology, fblume@essex.ac.uk

	Please initial box
1. I confirm that I have read and understand the Participant Information Sheet dated 28/01/2021 for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily.	☐
2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I understand that any data collected up to the point of my withdrawal will be destroyed wherever possible	☐
3. I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained.	☐
4. I understand that by consenting to part in this study, I will be remotely interviewed by Danielle Bream (Trainee Clinical Psychologist) for approximately 90 minutes	☐
5. I understand that my fully anonymised data will be written up as part of a thesis for the principal investigator's Doctoral certificate in Clinical Psychology. I understand that my fully anonymised data may also be used in publications and/or conference papers or presentations.	☐
6. I understand that the data collected about me will be used to support other research in the future and may be shared anonymously with other researchers.	☐
7. I agree to take part in the above study.	☐

Participant Name	Date	Participant Signature
_____	_____	_____

Researcher Name	Date	Researcher Signature
_____	_____	_____

Appendix O: University of Essex research Ethics approval

University of Essex ERAMS

16/07/2020

[redacted]

Ethics Committee Decision

I am writing to advise you that your research proposal entitled "The Human Cost of Animal Care: An Exploration of Psychosocial Stressors in the Veterinary Profession." has been reviewed by the Science and Health Ethics Sub Committee.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

[redacted]

Appendix P: University of Essex Research Ethics approval for significant amendments to research method

University of Essex

08/02/2021

Miss Danielle Bream

[redacted]

Dear Danielle,

Ethics Committee Decision

I am writing to advise you that your amendment to the research proposal entitled "The Human Cost of Animal Care: An Exploration of Psychosocial Stressors in the Veterinary Profession." has been reviewed by the Ethics Sub Committee 1.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

[redacted]

Appendix Q: Participant advice sheet

Support Services for Participants

Thank you for taking part in this study. I understand that your participation may have bought up some difficult themes and feelings. In the first instance, please speak to your GP about any concerns you have regarding your mental health. In the meantime, I have provided this guidance sheet for all participants, with information on various support services available to veterinary professionals.

Unless otherwise specified, these services are available 24 hours a day, every day.

If you feel you are unable to keep yourself safe, or have harmed yourself:

Dial 999 OR Go to A&E

- **For urgent medical help**
  - 111 Support line

- **Vetlife (Support for all people involved in the veterinary profession)**
  - Telephone: 0303 040 2551
  - Email: Available via www.helpline.vetlife.org.uk

- **Samaritans**
  - Telephone: 116 123
  - Email: jo@samaritans.org
  - www.samaritans.org/

- **Papyrus - for people under the age of 35 years**
  - Telephone: 0800 068 41 41 (Monday to Friday 9am to 10pm, weekends and bank holidays 2pm to 10pm)
  - Text: 07860 039967
  - Email: pat@papyrus-uk.org

- **Campaign Against Living Miserably (CALM) – men only**
  - Telephone: 0800 58 58 58 (5pm to midnight every day)
  - Webchat: www.thecalmzone.net/help/get-help/

- **Mind**
  - Telephone: 0300 123 3393 (9am – 6pm, Monday-Friday)
  - Text: 86463

- **Survivors of Bereavement by Suicide**
  - Telephone: 0300 111 5065 (9am – 9pm, Mondays to Fridays)
  - Email: email.support@uksobs.org

- **Alcoholics Anonymous**
  - Telephone: 0800 9177 659
  - Email: help@amail.org

- **Narcotics Anonymous**
  - Telephone: 0300 999 1212 (10:00am – midnight)

Ackerknecht, E. H. (2016). *A short history of medicine*. JHU press.

Adams, J., Hillier-Brown, F. C., Moore, H. J., Lake, A. A., Araujo-Soares, V., White, M., & Summerbell, C. (2016). Searching and synthesising 'grey literature' and 'grey information' in public health: critical reflections on three case studies. *Systematic Reviews*, *5*(1), 164. https://doi.org/10.1186/s13643-016-0337-y

Ådland, A. K., Gripsrud, B. H., Lavik, M. H., & Ramvi, E. (2021). "They Stay With You": Nursing Home Staff's Emotional Experiences of Being in a Close Relationship With a Resident in Long-Term Care who Died. *Journal of Holistic Nursing*, 08980101211017766.

Anderson, A., & Hobson-West, P. (2022). "Refugees from practice"? Exploring why some vets move from the clinic to the laboratory. *Veterinary Record*, *190*(1), no-no.

Anon. (2014). Managing expectations. *The Veterinary Record*, *175*(4), 78-78.

Arbe Montoya, A., Hazel, S., Hebart, M., & McArthur, M. (2021). Risk factors associated with veterinary attrition from clinical practice: a descriptive study. *Australian Veterinary Journal*, *99*(11), 495-501.

Armitage-Chan, E., & May, S. A. (2018). Identity, environment and mental wellbeing in the veterinary profession. *The Veterinary record*, *183*(2), 68. https://doi.org/10.1136/vr.104724

Armitage-Chan, E., & May, S. A. (2018). Identity, environment and mental wellbeing in the veterinary profession. *Veterinary Record*, *183*(2), 68-68.

Armstrong, A. (2014). *" I'm a better manager": A biographic narrative study of the impact of personal trauma on the professional lives of managers in the UK* Aston University].

Armstrong, D. (2018). *Social defences against anxiety: Explorations in a paradigm*. Routledge.

Baca-Garcia, E., Perez-Rodriguez, M. M., Keyes, K. M., Oquendo, M. A., Hasin, D. S., Grant, B. F., & Blanco, C. (2010). Suicidal ideation and suicide attempts in the United States: 1991–1992 and 2001–2002. *Molecular psychiatry*, *15*(3), 250-259.

Bartram, D. J., & Baldwin, D. S. (2010). Veterinary surgeons and suicide: a structured review of possible influences on increased risk. *Veterinary Record*, *166*(13), 388-397.

Bartram, D. J., Yadegarfar, G., & Baldwin, D. S. (2009a). A cross-sectional study of mental health and well-being and their associations in the UK veterinary profession. *Social psychiatry and psychiatric epidemiology*, *44*(12), 1075-1085.

Bartram, D. J., Yadegarfar, G., & Baldwin, D. S. (2009b). Psychosocial working conditions and work-related stressors among UK veterinary surgeons. *Occupational medicine*, *59*(5), 334-341.

Batchelor, C., & McKeegan, D. (2012). Survey of the frequency and perceived stressfulness of ethical dilemmas encountered in UK veterinary practice. *Veterinary Record*, *170*(1), 19-19.

Black, A. F., Winefield, H. R., & Chur-Hansen, A. (2011). Occupational stress in veterinary nurses: Roles of the work environment and own companion animal. *Anthrozoös*, *24*(2), 191-202. https://doi.org/10.2752/175303711X12998632257503

Blaikie, N. (2007). *Approaches to social enquiry: Advancing knowledge*. Polity.

Blum, N. R. (2018). Professional development groups help physicians; why not veterinarians? *Journal of the American Veterinary Medical Association*, *253*(6), 704-708.

Böckelmann, I., Pohl, R., Darius, S., & Thielmann, B. (2022). Causes and consequences of psychological stress in the working life and emergency services of veterinary professionals in the Federal Republic of Germany: A protocol for a nationwide cross-sectional study. *F1000Research*, *11*(42), 42.

Bokanowski, T. (2018). *On Freud's Mourning and melancholia*. Routledge.

Boland, J., Banks, S., Krabbe, R., Lawrence, S., Murray, T., Henning, T., & Vandenberg, M. (2021). A COVID-19-era rapid review: using Zoom and Skype for qualitative group research. *Public Health Research & Practice*, 1-9.

Boxer, P. (2017). Working with defences against innovation: the forensic challenge. *Organisational and Social Dynamics*, *17*(1), 89-110.

Briggs, S., Lindner, R., Goldblatt, M. J., Kapusta, N., & Teising, M. (2020). Psychoanalysis and the request for assisted suicide. *International Journal of Psychoanalysis*, *7*(1), 1-32.

Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta ethnography to synthesise qualitative research: a worked example. *Journal of health services research & policy*, *7*(4), 209-215.

Brscic, M., Contiero, B., Schianchi, A., & Marogna, C. (2021). Challenging suicide, burnout, and depression among veterinary practitioners and students: text mining and topics modelling analysis of the scientific literature. *BMC veterinary research*, *17*(1), 1-10.

Buckner, S. (2005). Taking the debate on reflexivity further: Psychodynamic team analysis of a BNIM interview. *Journal of Social Work Practice*, *19*(1), 59-72.

Burke, C. (2020). "Repeat after me": Gestalt, fluency and biographical research. In *Social Research and Disability* (pp. 153-163). Routledge.

Campbell, L. R. (2021). Doctoral research amidst the Covid-19 pandemic: Researcher reflections on practice, relationships, and unexpected intimacy. *Qualitative Social Work*, *20*(1-2), 570-578.

Cardwell, J. M., & Lewis, E. G. (2017). Vocation, belongingness, and balance: a qualitative study of veterinary student well-being. *Journal of Veterinary Medical Education*, *44*(1), 29-37.

Cardwell, J. M., & Lewis, E. G. (2019). Stigma, coping, stress and distress in the veterinary profession-the importance of evidence-based discourse. *Veterinary Record*.

Ceci, S. J., Kahan, D. M., & Braman, D. (2010). The WEIRD are even weirder than you think: Diversifying contexts is as important as diversifying samples. *Behavioral and Brain Sciences*, *33*(2-3), 87.

Chadwick, R. J., Muncer, S. J., Hannon, B. C., Goodrich, J., & Cornwell, J. (2016). Support for compassionate care: Quantitative and qualitative evaluation of Schwartz Center Rounds in an acute general hospital. *JRSM open*, *7*(7), 2054270416648043.

Clarke, S. (2018). Psycho-social research: relating self, identity, and Otherness. In *Object relations and social relations* (pp. 113-135). Routledge.

Clarke, S., & Hoggett, P. (2019). *Researching beneath the surface: Psycho-social research methods in practice*. Routledge.

Clewell, T. (2004). Mourning beyond melancholia: Freud's psychoanalysis of loss. *Journal of the American Psychoanalytic Association*, *52*(1), 43-67.

Coe, J. B., Adams, C. L., & Bonnett, B. N. (2007). A focus group study of veterinarians' and pet owners' perceptions of the monetary aspects of veterinary care. *Journal of the American Veterinary Medical Association*, *231*(10), 1510-1518.

Cole, E. (2019). Narrative approaches for behaviour that challenges post-injury. In *Psychological Therapy for Paediatric Acquired Brain Injury* (pp. 134-150). Routledge.

Connolly, C., Norris, K., Martin, A., Dawkins, S., & Meehan, C. (2022). A taxonomy of occupational and organisational stressors and protectors of mental health reported by veterinary professionals in Australasia. *Australian veterinary journal*.

Convery, I., Mort, M., Bailey, C., & Baxter, J. (2007). Role stress in front line workers during the 2001 foot and mouth disease epidemic: The value of therapeutic spaces. *Australasian Journal of Disaster and Trauma Studies*.

Corbally, M., & O'Neill, C. (2014). An introduction to the biographical narrative interpretive method. *Nurse researcher*, *21*(5), 34-39.

Corley, T., & Godley, A. (2011). The veterinary medicine industry in Britain in the twentieth century 1. *The Economic history review*, *64*(3), 832-854.

Crane, M., Phillips, J., & Karin, E. (2015). Trait perfectionism strengthens the negative effects of moral stressors occurring in veterinary practice. *Australian veterinary journal*, *93*(10), 354-360.

Critical Appraisal Skills Programme. (2018). *CASP Qualitative Studies Checklist*. Retrieved 21/02/2022 from https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

Curth, L. H. (2009). *The Care of brute beasts: a social and cultural study of veterinary medicine in early modern England*. Brill.

Curth, L. H. (2013). *'A plaine and easie waie to remedie a horse': Equine Medicine in Early Modern England*. Brill.

Dalum, H. S., Tyssen, R., & Hem, E. (2022). Prevalence and individual and work-related factors associated with suicidal thoughts and behaviours among veterinarians in Norway: a cross-sectional, nationwide survey-based study (the NORVET study). *BMJ open*, *12*(1), e055827.

Dawson, S. E. (2015). *"It really was like a black hole" : an interpretive phenomenological analysis of veterinary surgeons' experiences of depression* [Electronic Thesis or Dissertation, ddu. http://search.ebscohost.com/login.aspx?direct=true&db=ddu&AN=1F97D13735866804&site=ehost-live

Deacon, R. E., & Brough, P. (2017). Veterinary nurses' psychological well-being: The impact of patient suffering and death. *Australian Journal of Psychology*, *69*(2), 77-85.

Deacon, R. E., & Brough, P. (2019). Companion animal death and client bereavement: A qualitative investigation of veterinary nurses' caregiving experiences. *Death studies*, 1-12. https://doi.org/10.1080/07481187.2019.1696424

Denzin, N. K., & Lincoln, Y. S. (2008). Introduction: The discipline and practice of qualitative research.

Animal Welfare Act, (2006).

Devriese, L. (2012). From mules, horses and livestock to companion animals: a linguistic-etymological approach to veterinary history, mirroring animal and (mainly) human welfare. *Vlaams Diergeneeskundig Tijdschrift*, *81*(4), 237-246.

Dik, B. J., & Duffy, R. D. (2009). Calling and vocation at work: Definitions and prospects for research and practice. *The counseling psychologist*, *37*(3), 424-450.

Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, *35*(2), 220-222.

Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2012). Epidemiology of psychological distress. *Mental illnesses-understanding, prediction and control*, *69*(2), 105-106.

Dunne, B., Pettigrew, J., & Robinson, K. (2016). Using historical documentary methods to explore the history of occupational therapy. *British Journal of Occupational Therapy*, *79*(6), 376-384.

Eskin, M., Sun, J.-M., Abuidhail, J., Yoshimasu, K., Kujan, O., Janghorbani, M., Flood, C., Carta, M. G., Tran, U. S., & Mechri, A. (2016). Suicidal behavior and psychological distress in university students: a 12-nation study. *Archives of Suicide Research*, *20*(3), 369-388.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, *5*(1), 1-4.

Fahie, D. (2014). Doing sensitive research sensitively: Ethical and methodological issues in researching workplace bullying. *International Journal of Qualitative Methods*, *13*(1), 19-36.

Fairnie, H. M. (2005). Occupational injury, disease and stress in the veterinary profession. In.

Finefter-Rosenbluh, I. (2017). Incorporating Perspective Taking in Reflexivity:A Method to Enhance Insider Qualitative Research Processes. *International Journal of Qualitative Methods*, *16*(1), 1609406917703539. https://doi.org/10.1177/1609406917703539

Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. John Wiley & Sons.

Flanagan, E., Chadwick, R., Goodrich, J., Ford, C., & Wickens, R. (2020). Reflection for all healthcare staff: a national evaluation of Schwartz rounds. *Journal of interprofessional care*, *34*(1), 140-142.

Flowers, P., Larkin, M., & Smith, J. A. (2009). Interpretative phenomenological analysis: Theory, method and research. In: SAGE Publications.

Fonken, L. (2021). Healthy people, healthy practice. American Association of Bovine Practitioners Proceedings of the Annual Conference,

France, E. F., Uny, I., Ring, N., Turley, R. L., Maxwell, M., Duncan, E. A., Jepson, R. G., Roberts, R. J., & Noyes, J. (2019). A methodological systematic review of meta-ethnography conduct to articulate the complex analytical phases. *BMC Medical Research Methodology*, *19*(1), 1-18.

Fritschi, L., Morrison, D., Shirangi, A., & Day, L. (2009). Psychological well-being of Australian veterinarians. *Australian veterinary journal*, *87*(3), 76-81.

Fudge, E. (2017). What was it like to be a cow. *The Oxford handbook of animal studies*, 258-278.

Galpin, D. (2012). The role of social defences and organisational structures in facilitating the abuse and maltreatment of older people. *The Journal of Adult Protection*.

Gardiner, A. (2009). The Animal as Surgical Patient: a Historical Perspective in the 20 th Century. *History and Philosophy of the Life Sciences*, 355-376.

Gardiner, A. (2014). The 'dangerous' women of animal welfare: How British veterinary medicine went to the dogs. *Social History of Medicine*, *27*(3), 466-487.

Gardiner, A. (2020). It shouldn't happen to a veterinary profession: the evolving challenges of recruitment and retention in the UK. *The Veterinary Record*, *187*(9), 351-353.

Gardiner, C., Ingleton, C., Gott, M., & Ryan, T. (2011). Exploring the transition from curative care to palliative care: a systematic review of the literature. *BMJ Supportive & Palliative Care*, *1*(1), 56-63.

Gardner, D., & Hini, D. (2006). Work-related stress in the veterinary profession in New Zealand. *New Zealand veterinary journal*, *54*(3), 119-124.

Gates, M., McLachlan, I., Butler, S., & Weston, J. (2020). Experiences of recent veterinary graduates in their first employment position and their preferences for new graduate support programmes. *New Zealand veterinary journal*, *68*(4), 214-224.

Gray, L. M., Wong-Wylie, G., Rempel, G. R., & Cook, K. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. *The Qualitative Report*, *25*(5), 1292-1301.

Gregório, H., Santos, P., Pires, I., Prada, J., & Queiroga, F. L. (2016). Comparison of veterinary health services expectations and perceptions between oncologic pet owners, non-oncologic pet owners and veterinary staff using the SERVQUAL methodology. *Veterinary world*, *9*(11), 1275.

Grix, J. (2018). *The foundations of research*. Macmillan International Higher Education.

Hagan, T., & Smail, D. (1997). Power-mapping—I. Background and basic methodology. *Journal of Community & Applied Social Psychology*, *7*(4), 257-267.

Hagen, J. R., Weller, R., Mair, T. S., & Kinnison, T. (2020). Investigation of factors affecting recruitment and retention in the UK veterinary profession. *Veterinary Record*, *187*(9), 354-354.

Halliwell, R., & Hoskin, B. (2005). Reducing the suicide rate among veterinary surgeons: how the profession can help. *Veterinary Record*, *157*(14), 397-398.

Hanrahan, C., Sabo, B. M., & Robb, P. (2018). Secondary traumatic stress and veterinarians: Human–animal bonds as psychosocial determinants of health. *Traumatology*, *24*(1), 73.

Hatch, P., Winefield, H., Christie, B., & Lievaart, J. (2011). Workplace stress, mental health, and burnout of veterinarians in Australia. *Australian veterinary journal*, *89*(11), 460-468.

Hawton, K., Agerbo, E., Simkin, S., Platt, B., & Mellanby, R. J. (2011). Risk of suicide in medical and related occupational groups: a national study based on Danish case population-based registers. *Journal of affective disorders*, *134*(1-3), 320-326.

Hendin, H. (1998). *Seduced by death: doctors, patients, and assisted suicide*. WW Norton & Company.

Heyder-Kitching, T. (2021). *Veterinary Nurses' Well-Being and Resilience: Educational and Practice Leadership Opportunities* University of Charleston-Beckley].

Heymering, H. (2009). Veterinarian or farrier? *Veterinary heritage: bulletin of the American Veterinary History Society*, *32*(2), 42-43.

Hill, N. T., Robinson, J., Pirkis, J., Andriessen, K., Krysinska, K., Payne, A., Boland, A., Clarke, A., Milner, A., & Witt, K. (2020). Association of suicidal behavior with exposure to suicide and suicide attempt: A systematic review and multilevel meta-analysis. *PLoS medicine*, *17*(3), e1003074.

Hines, L. M. (2003). Historical perspectives on the human-animal bond. *American Behavioral Scientist*, *47*(1), 7-15.

Hollway, W. (2018). The importance of relational thinking in the practice of psycho-social research: Ontology, epistemology, methodology, and ethics. In *Object relations and social relations* (pp. 137-161). Routledge.

Hollway, W., & Jefferson, T. (2000). *Doing qualitative research differently: Free association, narrative and the interview method*. Sage.

Hollway, W., & Jefferson, T. (2012). *Doing qualitative research differently: A psychosocial approach*. Sage.

Howard, M. C., Follmer, K. B., Smith, M. B., Tucker, R. P., & Van Zandt, E. C. (2021). Work and suicide: An interdisciplinary systematic literature review. *Journal of Organizational Behavior*.

Hunter, P. (2016). *Veterinary medicine: a guide to historical sources*. Routledge.

Irwin, A., Hall, D., & Ellis, H. (2021). Ruminating on rudeness: Exploring veterinarians' experiences of client incivility. *Veterinary Record*, e1078. https://bvajournals.onlinelibrary.wiley.com/doi/epdf/10.1002/vetr.1078

Irwin, A., Vikman, J., & Ellis, H. (2019). 'No-one knows where you are': veterinary perceptions regarding safety and risk when alone and on-call. *Veterinary Record*, *185*(23), 728-728.

Ison, J. (2022). Over the Rainbow Bridge: Animals and Euthanasia.

Jimenez, J. P. (2017). Unconscious fantasy (or phantasy) as clinical concept. *The International Journal of Psychoanalysis*, *98*(3), 595-610.

Johnson, W. (1991). Predisposition to emotional distress and psychiatric illness amongst doctors: the role of unconscious and experiential factors. *British Journal of Medical Psychology*, *64*(4), 317-329.

Jones-Fairnie, H., Ferroni, P., Silburn, S., & Lawrence, D. (2008). Suicide in Australian veterinarians. *Australian veterinary journal*, *86*(4), 114-116.

Jones, K. (2003). The turn to a narrative knowing of persons: One method explored. *NT Research*, *8*(1), 60-71.

Kemp, H. R., Jacobs, N., & Stewart, S. (2016). The lived experience of companion-animal loss: A systematic review of qualitative studies. *Anthrozoös*, *29*(4), 533-557.

Kessler, R. C., Birnbaum, H., Bromet, E., Hwang, I., Sampson, N., & Shahly, V. (2010). Age differences in major depression: results from the National Comorbidity Survey Replication (NCS-R). *Psychological medicine*, *40*(2), 225-237.

Kinlen, L. (1983). Mortality among British veterinary surgeons. *Br Med J (Clin Res Ed)*, *287*(6398), 1017-1019.

Kinnison, T., May, S. A., & Guile, D. (2014). Inter-professional practice: from veterinarian to the veterinary team. *Journal of Veterinary Medical Education*, *41*(2), 172-178.

Klein, M. (2002). *Love, guilt and reparation: and other works 1921-1945* (Vol. 1). Simon and Schuster.

Knesl, O., Hart, B. L., Fine, A. H., & Cooper, L. (2016). Opportunities for incorporating the human-animal bond in companion animal practice. *Journal of the American Veterinary Medical Association*, *249*(1), 42-44.

Kogan, L. R., Accornero, V. H., Gelb, E., & Slater, M. R. (2021). Community veterinary medicine programs: pet owners' perceptions and experiences. *Frontiers in Veterinary Science*, *8*, 587.

Kogan, L. R., Wallace, J. E., Schoenfeld-Tacher, R., Hellyer, P. W., & Richards, M. (2020). Veterinary technicians and occupational burnout. *Frontiers in veterinary science*, *7*, 328. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7303959/pdf/fvets-07-00328.pdf

Kramer, U. (2010). Coping and defence mechanisms: What's the difference?–Second act. *Psychology and psychotherapy: theory, research and practice*, *83*(2), 207-221.

Krantz, J. (2010). SOCIAL DEFENCES AND TWENTY-FIRST CENTURY ORGANIZATIONS. *British Journal of Psychotherapy*, *26*(2), 192-201. https://doi.org/10.1111/j.1752-0118.2010.01173.x

Kuhn, T. S. (2012). *The structure of scientific revolutions*. University of Chicago press.

Küper, A. M., & Merle, R. (2019). Being nice is not enough-exploring relationship-centered veterinary care with structural equation modeling. A quantitative study on German pet owners' perception. *Frontiers in Veterinary Science*, *6*, 56.

Lamb, H. (2019). Have we got over 'James Herriot syndrome'? *The Veterinary Record*, *185*(6), 177.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, *3*(2), 102-120.

Lewis, G. (2019). James Herriot is not responsible for the profession's current woes. *The Veterinary Record*, *185*(15), 486.

Loeb, J. (2019). Herriot's way–not fit for modern practice. *The Veterinary Record*, *184*(17), 514.

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, *1*(1), 31-42.

Magalhaes-Sant'Ana, M., More, S. J., Morton, D. B., & Hanlon, A. J. (2017). Challenges facing the veterinary profession in Ireland: 1. clinical veterinary services. *Ir Vet J*, *70*, 17. https://doi.org/10.1186/s13620-017-0096-7

Magalhães-Sant'Ana, M., More, S. J., Morton, D. B., & Hanlon, A. J. (2017). Challenges facing the veterinary profession in Ireland: 1. clinical veterinary services. *Irish Veterinary Journal*, *70*(1), 1-8.

Malvaso, V. (2015). Le suicide dans la profession vétérinaire: étude, gestion et prévention. *Bulletin de l'Académie Vétérinaire de France*.

Marchini, F., Caputo, A., Convertino, A., & Napoli, A. (2021). Psychodynamics in diabetes: the relevance of deepening the symbolic in treatment adherence. *Frontiers in psychology*, *12*.

Matte, Khosa, Coe, & Meehan. (2019). Impacts of the process and decision-making around companion animal euthanasia on veterinary wellbeing. *Veterinary Record*, *185*(15), 480-480.

McBride, E. A., & Baugh, S. (2022). Animal Welfare in Context: Historical, Scientific, Ethical, Moral and One Welfare Perspectives. In *Human/Animal Relationships in Transformation* (pp. 119-147). Springer.

McCracken, P. (2017). *In the skin of a beast: Sovereignty and animality in medieval France*. University of Chicago Press.

McKenzie, A., Allister, R., Humphrey, D., Moore, K., Greenberg, K., & Greenberg, N. (2020). An evaluation of a veterinary-specific mental health service. *Occupational medicine*, *70*(3), 169-175.

Mellanby, R., & Herrtage, M. (2004). Survey of mistakes made by recent veterinary graduates. *Veterinary Record*, *155*(24), 761-765.

Mellanby, R. J. (2005). Incidence of suicide in the veterinary profession in England and Wales. *Veterinary Record*, *157*(14), 415.

Menzies Lyth, I. (1960). A case-study in the functioning of social systems as a defence against anxiety: A report on a study of the nursing service of a general hospital. *Human Relations*, *13*(2), 95-121.

Mikkelsen, E. N., Gray, B., & Petersen, A. (2020). Unconscious processes of organizing: Intergroup conflict in mental health care. *Journal of Management Studies*, *57*(7), 1355-1383.

Miller, J. M., & Beaumont, J. J. (1995). Suicide, cancer, and other causes of death among california veterinarians, 1960-1992. *American journal of industrial medicine*, *27*(1), 37-49.

Milner, A., Niven, H., Page, K., & LaMontagne, A. (2015). Suicide in veterinarians and veterinary nurses in Australia: 2001–2012. *Australian veterinary journal*, *93*(9), 308-310.

Mitchener, K. L., & Ogilvie, G. K. (2002). Understanding compassion fatigue: keys for the caring veterinary healthcare team. In (Vol. 38, pp. 307-310): American Animal Hospital Association.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of internal medicine*, *151*(4), 264-269.

Moir, F., & Van den Brink, A. (2020). Current insights in veterinarians' psychological wellbeing. *New Zealand veterinary journal*, *68*(1), 3-12.

Moody, C. D. (2022). Exploring the Impact and Lived Experiences of Hospice Staff Working in End-of-Life Care: An Interpretative Phenomenological Analysis (IPA). *OMEGA-Journal of Death and Dying*, 00302228221085467.

Moore, I. C., Coe, J. B., Adams, C. L., Conlon, P. D., & Sargeant, J. M. (2014). The role of veterinary team effectiveness in job satisfaction and burnout in companion animal veterinary clinics. *Journal of the American Veterinary Medical Association*, *245*(5), 513-524.

Moran, L. (2020). Artistry, Analysis and Un-anticipating Anticipations: Critical Reflections on Researcher Positionality, Reflexivity, and Self-Care using the Biographical Narrative Interpretive Method (BNIM). Waterford Institute of Technology: Postgraduate Research Forum,

Moran, L., Green, L., & Warwick, L. (2022). Exploring Ethical Dimensions Associated with 'Pushing for PINs' and Probing: A Critical Commentary on Key Features of the Biographical Narrative Interpretive Method (BNIM) with 'Vulnerable'and Other Populations. *International Journal of Qualitative Methods*, *21*, 16094069221085791.

Moravcsik, A. (2020). *Transparency in qualitative research*. SAGE Publications Limited.

Morris, G. (2018). *Identity Conflicts and Emotional Labour in the Veterinary Profession* University of Westminster].

Mort, M., Convery, I., Baxter, J., & Bailey, C. (2008). Animal disease and human trauma: The psychosocial implications of the 2001 UK foot and mouth disease disaster. *Journal of Applied Animal Welfare Science*, *11*(2), 133-148.

Moses, L., Malowney, M. J., & Boyd, J. W. (2018). Ethical conflict and moral distress in veterinary practice: A survey of North American veterinarians. *Journal of Veterinary Internal Medicine*, *32*, 2115 – 2122.

Moses, L., Malowney, M. J., & Wesley Boyd, J. (2018). Ethical conflict and moral distress in veterinary practice: A survey of North American veterinarians. *Journal of Veterinary Internal Medicine*, *32*(6), 2115-2122.

Moyer, A., Schneider, S., Knapp-Oliver, S. K., & Sohl, S. J. (2010). Published versus unpublished dissertations in psycho-oncology intervention research. *Psycho-Oncology*, *19*(3), 313-317. https://doi.org/10.1002/pon.1561

Nett, R. J., Witte, T. K., Holzbauer, S. M., Elchos, B. L., Campagnolo, E. R., Musgrave, K. J., Carter, K. K., Kurkjian, K. M., Vanicek, C. F., & O'Leary, D. R. (2015). Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. *Journal of the American Veterinary Medical Association*, *247*(8), 945-955.

Nicholls, L. (2010). Putting it into words': A psychoanalytically orientated ethnographic study of hospital based clinical occupational therapy departments in the UK and South Africa. *Unpublished doctoral thesis, University of the West of England, Bristol, UK*.

Nicol, D. (2012). Corporate practice and the expansion of group clinics. *Veterinary 395 Business Journal*, *109*, 8-10.

Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: Synthesizing qualitative studies* (Vol. 11). sage.

O'Connor, E. (2019a). Sources of work stress in veterinary practice in the UK. *Veterinary Record*, *184*(19), 588. https://doi.org/10.1136/vr.104662

O'Connor, E. (2019b). Sources of work stress in veterinary practice in the UK. *Veterinary Record*, *184*(19), 588-588.

O'Connor, E. (2019c). Sources of work stress in veterinary practice in the UK. *The Veterinary Record*, *184*(19), 588-588. https://doi.org/10.1136/vr.104662

Obholzer, A., & Roberts, V. Z. (2019). *The unconscious at work: A Tavistock approach to making sense of organizational life*. Routledge.

Ochieng, P. A. (2009). An analysis of the strengths and limitation of qualitative and quantitative research paradigms. *Problems of Education in the 21st Century*, *13*, 13.

Oliffe, J. L., Kelly, M. T., Gonzalez Montaner, G., & Yu Ko, W. F. (2021). Zoom interviews: benefits and concessions. *International Journal of Qualitative Methods*, *20*, 16094069211053522.

Olley, L. (2021). Legal implications of euthanasia without owner consent. *The Veterinary Nurse*, *12*(1), 4-6.

Palmu, R., Koskinen, S., & Partonen, T. (2020). Suicidality and psychological distress in adults aged 18 to 29 years in a population-based study in Finland. *Psychiatry research*, *290*, 113073.

Pamboukian, S. (2022). James Herriot and burnout. *HEKTOEN International*, *14*(1).

Papadopoulos, N. (2018). Reconceptualizing social defences for the purpose of organizational change: causes, consequences, and the contribution of cultural theory. In *Social defences against anxiety* (pp. 88-107). Routledge.

Paris, J. (2021). Can we predict or prevent suicide?: An update. *Preventive medicine*, *152*, 106353.

Patterson, D. F. (2000). Companion animal medicine in the age of medical genetics. *Journal of Veterinary Internal Medicine*, *14*(1), 1-9.

Payton, A. R. (2009). Mental health, mental illness, and psychological distress: same continuum or distinct phenomena? *Journal of health and Social Behavior*, *50*(2), 213-227.

Pepper, J. R., Jaggar, S. I., Mason, M. J., Finney, S. J., & Dusmet, M. (2012). Schwartz Rounds: reviving compassion in modern healthcare. In (Vol. 105, pp. 94-95): SAGE Publications Sage UK: London, England.

Perret, J. L., Best, C. O., Coe, J. B., Greer, A. L., Khosa, D. K., & Jones-Bitton, A. (2020). Prevalence of mental health outcomes among Canadian veterinarians. *Journal of the American Veterinary Medical Association*, *256*(3), 365-375.

Pesut, B., Thorne, S., Storch, J., Chambaere, K., Greig, M., & Burgess, M. (2020). Riding an elephant: a qualitative study of nurses' moral journeys in the context of medical assistance in dying (MAID). *Journal of clinical nursing*, *29*(19-20), 3870-3881.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological journal*, *20*(1), 7-14.

Platt, B., Hawton, K., Simkin, S., Dean, R., & Mellanby, R. J. (2012). Suicidality in the veterinary profession: Interview study of veterinarians with a history of suicidal ideation or behavior. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *33*(5), 280-289. https://doi.org/10.1027/0227-5910/a000143

Platt, B., Hawton, K., Simkin, S., & Mellanby, R. J. (2010). Systematic review of the prevalence of suicide in veterinary surgeons. *Occupational Medicine*, *60*(6), 436-446. https://doi.org/10.1093/occmed/kqq044

Platt, B., Hawton, K., Simkin, S., & Mellanby, R. J. (2012). Suicidal behaviour and psychosocial problems in veterinary surgeons: a systematic review. *Social psychiatry and psychiatric epidemiology*, *47*(2), 223-240.

Plowman, D. A., & Smith, A. D. (2011). The gendering of organizational research methods: Evidence of gender patterns in qualitative research. *Qualitative Research in Organizations and Management: An International Journal*.

Polachek, A. J., & Wallace, J. E. (2018). The paradox of compassionate work: a mixed-methods study of satisfying and fatiguing experiences of animal health care providers. *Anxiety, Stress, & Coping*, *31*(2), 228-243.

Ramsay, N. (1995). Sitting close to death: observation on a palliative care unit. *Group analysis*, *28*(3), 355-365.

Ramvi, E., Lavik, M. H., & Gripsrud, B. H. (2021). Who thinks about death? A psychoanalytically informed interpretive study of communication about death among nursing home staff. *Journal of Social Work Practice*, 1-14.

Rangell, L. (1955). On The Psychoanalytic Theory Of Anxiety1: A Statement of a Unitary Theory. *Journal of the American Psychoanalytic Association*, *3*(3), 389-414.

RCVS. (2018). *RCVS Facts* (Facts and Figures from The Royal College of Veterinary Surgeons, Issue. R. C. o. V. Surgeons.
RCVS. (2019). Code of professional conduct for veterinary surgeons.
RCVS. (2021). *Recruitment, retention and return in the veterinary profession*. R. C. o. V. Surgeons.
RCVS. (2022). *Mind Matters Initiative Research Symposium 2021*. R. C. o. V. Surgeons.
Reijula, K., Räsänen, K., Hämäläinen, M., Juntunen, K., Lindbohm, M. L., Taskinen, H., Bergbom, B., & Rinta-Jouppi, M. (2003). Work environment and occupational health of Finnish veterinarians. *American journal of industrial medicine*, *44*(1), 46-57.
Reisch, M., & Andrews, J. (1999). Uncovering a silent betrayal: Using oral history to explore the impact of McCarthyism on the profession of social work in the United States. *The Oral History Review*, *26*(2), 87-106.
Richards, L., Coghlan, S., & Delany, C. (2020). "I Had No Idea That Other People in the World Thought Differently to Me": Ethical Challenges in Small Animal Veterinary Practice and Implications for Ethics Support and Education. *Journal of Veterinary Medical Education*, *47*(6), 728-736.
Richardson, A. (2013). *After Darwin: Animals, Emotions, and the Mind* (Vol. 93). Rodopi.
Riessman, C. K. (1990). Strategic uses of narrative in the presentation of self and illness: A research note. *Social science & medicine*, *30*(11), 1195-1200.
Roberts, S. E., Jaremin, B., & Lloyd, K. (2013). High-risk occupations for suicide. *Psychological Medicine*, *43*(6), 1231-1240. https://doi.org/10.1017/S0033291712002024
Roberts, V. Z. (2019). The self-assigned impossible task. In *The unconscious at work* (pp. 127-135). Routledge.
Rodin, G., & Zimmermann, C. (2008). Psychoanalytic reflections on mortality: a reconsideration. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, *36*(1), 181-196.
Rollin, B. E. (2011). Euthanasia, moral stress, and chronic illness in veterinary medicine. *Veterinary Clinics: Small Animal Practice*, *41*(3), 651-659.
Routly, J., Dobson, H., Taylor, I., McKernan, E., & Turner, R. (2002). Support needs of veterinary surgeons during the first few years of practice: perceptions of recent graduates and senior partners. *Veterinary Record*, *150*(6), 167-171.
Ruch, G. (2014). Beneficence in psycho-social research and the role of containment. *Qualitative Social Work*, *13*(4), 522-538.
Russell, K. (2015). *Psychosocial concerns and individual anxieties for fathers with testicular cancer* University of East London].
Rustin, M. (2015). Anxieties and defences: normal and abnormal. *Organisational & Social Dynamics*, *15*(2), 233-247.
Sabbadini, A. (2015). The Bitterness of Honey. Reflections on Miele. *Rivista di Psicoanalisi*, *61*(2), 515-525.
Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. d. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PloS one*, *12*(10), e0185781.
Sarchiapone, M., Mandelli, L., Iosue, M., Andrisano, C., & Roy, A. (2011). Controlling access to suicide means. *International journal of environmental research and public health*, *8*(12), 4550-4562.
Schafer, R. (1968). The mechanisms of defence. *International Journal of Psycho-Analysis*, *49*, 49-62.
Schofield, P., Carey, M., Love, A., Nehill, C., & Wein, S. (2006). 'Would you like to talk about your future treatment options?'Discussing the transition from curative cancer treatment to palliative care. *Palliative medicine*, *20*(4), 397-406.
Segal, J. (2018). *Phantasy in everyday life: A psychoanalytic approach to understanding ourselves*. Routledge.
Silverman, D. (1993). Beginning research. Interpreting qualitative data. Methods for analysing talk, text and interaction. In: London: Sage Publications.
Skegg, K., Firth, H., Gray, A., & Cox, B. (2010). Suicide by occupation: does access to means increase the risk? *Australian & New Zealand Journal of Psychiatry*, *44*(5), 429-434.

Smail, D. (1996). *How to survive without psychotherapy*. Routledge.
Smith, & Shinebourne. (2012). *Interpretative phenomenological analysis*. American Psychological Association.
Smith, J. A., & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. American Psychological Association.
Smith, P., Vasileiou, K., & Kagee, A. (2020). Experiences of work-related stress and coping among palliative care staff in South Africa: a qualitative study. *South African Journal of Psychology*, *50*(3), 425-437.
Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of business research*, *104*, 333-339.
Springer, Sandøe, Bøker Lund, & Grimm. (2019). "Patients' interests first, but…" Austrian Veterinarians' Attitudes to Moral Challenges in Modern Small Animal Practice. *Animals*, *9*(5), 241.
Stamenova, K., & Hinshelwood, R. D. (2018). *Methods of research into the unconscious: Applying psychoanalytic ideas to social science*. Routledge.
Stevens, E., Jackson, S., & Milligan, S. (2009). *Palliative nursing: Across the spectrum of care*. John Wiley & Sons.
Suppes, P., & Warren, H. (1975). On the generation and classification of defence mechanisms. *International Journal of Psycho-Analysis*, *56*, 405-414.
Swabe, J. (2002a). *Animals, disease and human society: human-animal relations and the rise of veterinary medicine*. Routledge.
Swabe, J. (2002b). Pandering to pets: pet-keeping and the emergence of small-animal practice. In *Animals, Disease and Human Society* (pp. 123-149). Routledge.
Tanji, F., Tomata, Y., Zhang, S., Otsuka, T., & Tsuji, I. (2018). Psychological distress and completed suicide in Japan: A comparison of the impact of moderate and severe psychological distress. *Preventive medicine*, *116*, 99-103.
Taylor, W. T. T., Bayarsaikhan, J., Tuvshinjargal, T., Bender, S., Tromp, M., Clark, J., Lowry, K. B., Houle, J.-L., Staszewski, D., & Whitworth, J. (2018). Origins of equine dentistry. *Proceedings of the National Academy of Sciences*, *115*(29), E6707-E6715.
Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology*, *8*(1), 1-10.
Thompson, A. (2013). How Schwartz rounds can be used to combat compassion fatigue. *Nursing Management*, *20*(4).
Tomasi, S. E., Fechter-Leggett, E. D., Edwards, N. T., Reddish, A. D., Crosby, A. E., & Nett, R. J. (2019). Suicide among veterinarians in the United States from 1979 through 2015. *Journal of the American Veterinary Medical Association*, *254*(1), 104-112.
Tomasi, S. E., Fechter-Leggett, E. D., Edwards, N. T., Reddish, A. D., & Nett, R. J. (2022). All causes of death among veterinarians in the United States during 1979 through 2015. *Journal of the American Veterinary Medical Association*, *1*(aop), 1-10.
Tompson, A. (2021). *Understanding antimicrobial use in pet dogs: An anthropologically informed mixed-methods study* London School of Hygiene & Tropical Medicine].
Treanor, L., & Marlow, S. (2021). Paws for thought? Analysing how prevailing masculinities constrain career progression for UK women veterinary surgeons. *Human Relations*, *74*(1), 105-130.
Trust, R. C. o. V. S. (2010). *British veterinary medicine timeline*. Retrieved 18/01/2022 from
Varela, M., & Correia, I. (2022). Empathy and Burnout in Veterinarians and Veterinary Nurses: Identifying Burnout Protectors. *Anthrozoös*, 1-20.
Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and well-being in general populations. *Journal of consulting and clinical psychology*, *51*(5), 730.
Wadsworth, L. P., Van Kirk, N., August, M., Kelly, J. M., Jackson, F., Nelson, J., & Luehrs, R. (2021). Understanding the overlap between OCD and trauma: development of the OCD trauma timeline interview (OTTI) for clinical settings. *Current Psychology*, 1-11.

Wager, N. (2011). Researching sexual revictimisation: associated ethical and methodological issues, and possible solutions. *Child Abuse Review*, *20*(3), 158-172.

Wahyuni, D. (2012). The research design maze: Understanding paradigms, cases, methods and methodologies. *Journal of applied management accounting research*, *10*(1), 69-80.

Waters, D., Barnhart, G., Cowan, J., Randall, C., Wright, L., Zinn, B., & Woehler, L. (2019). Attachment loss and trauma: A descriptive phenomenological analysis of suicidality and depression in veterinarians. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. Sage.

Wengraf, T. (2011). Interviewing for life-histories, lived situations and ongoing personal experiencing using the Biographic-Narrative Interpretive Method (BNIM): The BNIM Short Guide bound with The BNIM Detailed Manual. In: Version.

Wengraf, T., & Chamberlayne, P. (2006). Interviewing for life-histories, lived situations and personal experience: The Biographic-Narrative Interpretive Method (BNIM). *Short Guide to BNIM interviewing and interpretation*.

White. (2018). Veterinarians' Emotional Reactions and Coping Strategies for Adverse Events in Spay-Neuter Surgical Practice [Article]. *Anthrozoös*, *31*(1), 117-131. https://doi.org/10.1080/08927936.2018.1406205

White, M. J. (2012). *Anthropocentrism and Its Bearing on Veterinary Medicine*.

Whittaker, A. (2011). Social defences and organisational culture in a local authority child protection setting: Challenges for the Munro Review? *Journal of Social Work Practice*, *25*(4), 481-495.

Willig, C., & Rogers, W. S. (2017). *The SAGE handbook of qualitative research in psychology*. Sage.

Witte, T. K., Kramper, S., Carmichael, K. P., Chaddock, M., & Gorczyca, K. (2020). A survey of negative mental health outcomes, workplace and school climate, and identity disclosure for lesbian, gay, bisexual, transgender, queer, questioning, and asexual veterinary professionals and students in the United States and United Kingdom. *Journal of the American Veterinary Medical Association*, *257*(4), 417-431. https://doi.org/10.2460/javma.257.4.417

Witte, T. K., Spitzer, E. G., Edwards, N., Fowler, K. A., & Nett, R. J. (2019). Suicides and deaths of undetermined intent among veterinary professionals from 2003 through 2014. *J Am Vet Med Assoc*, *255*(5), 595-608. https://doi.org/10.2460/javma.255.5.595

Wolstein, B. (1987). Anxiety and the psychic center of the psychoanalytic self. *Contemporary psychoanalysis*, *23*(4), 631-658.

Woods, A. (2012). The history of veterinary ethics in Britain, ca. 1870–2000. Veterinary & Animal Ethics: Proceedings of the First International Conference on Veterinary and Animal Ethics, September 2011,

Woods, A. (2018). Between human and veterinary medicine: the history of animals and surgery. In *The Palgrave Handbook of the History of Surgery* (pp. 115-131). Springer.

Woods, A., & Matthews, S. (2010). "Little, if at all, removed from the illiterate farrier or cow-leech": the English veterinary surgeon, c. 1860–1885, and the campaign for veterinary reform. *Medical History*, *54*(1), 29-54.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and health*, *15*(2), 215-228.

Zamfirache, I. (2020). Stress as a vocation. Veterinarians' perception of work-related stress. *Journal of Comparative Research in Anthropology and Sociology*, *11*(01), 69-77.