

A PHENOMENOLOGICAL APPROACH EXPLORING VETERINARIANS' EXPERIENCE
PERFORMING EUTHANASIA ON A PET

by

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I would first like to thank my family. You believed in me when I did not. You encouraged me when I needed it most. You gave to me when you did not have to. And I believe you would love me all the same had I quit the very first day. Which is why I did not quit, because that kind of love and belief can only motivate and inspire one to do better. To achieve the difficult and challenging.

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TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES	ix
ABSTRACT	x
CHAPTER	
1. INTRODUCTION	1
Euthanasia	2
Euthanasia as a Contributing Factor Towards Stress	2
Compassion Fatigue	5
Suicide.....	6
Veterinarian Suicide.....	7
Euthanasia as a Possible Contributing Factor Towards Veterinarian Suicide	8
Lethal Means of Euthanasia as a Contributing Factor Towards Veterinarian Suicide	9
Statement of the Problem	10
Purpose of the Study.....	11
Implications	12
Limitations.....	13
Definitions of Terms	13
Summary	13
2. REVIEW OF THE LITERATURE	15
Types of Euthanasia	15
Veterinary Setting.....	17
Location of Performing Euthanasia.....	18
Mental Health Effects on Veterinarians	19
Academic Stress	20
Preparedness for Performing Euthanasia	21
Compassion Fatigue	22
Burnout.....	23
Stress from Owners	24

TABLE OF CONTENTS (Continued)

	Page
Suicide.....	25
Methods of Suicide	27
Prevention and Coping with Mental Health Issues	28
Summary	30
3. METHODOLOGY	31
Worldview	31
Qualitative Methodology.....	32
Research Design	33
Purpose of the Study.....	35
Data Collection.....	35
Recruitment Procedures	36
Sampling	37
Interviews	37
Research Question.....	38
Data Analysis	40
Trustworthiness	41
Credibility	42
Persistent Observation	42
Triangulation.....	43
Peer Debriefing.....	43
Negative Case Analysis	44
Referential Adequacy	44
Member Checking.....	44
Transferability	46
Dependability	46
Bracketing	47
Reflexivity.....	48
Ethical Concerns.....	49
Limitations.....	50
Implications	50
Summary	51

TABLE OF CONTENTS (Continued)

	Page
4. RESULTS.....	52
Methodology Review	52
Sample Description	53
Description of Participants	54
Central Themes.....	55
Moral Reasoning for Euthanasia	57
Concern for Quality of Life	57
Ending Suffering for Pets	59
Ending Suffering for Humans.....	60
Effects on Mental Health	63
Risk of Suicide.....	63
Burnout	65
Compassion Fatigue.....	67
Emotionally Difficult	68
Attending to the Emotions and Needs of Owners.....	69
Compartmentalization	73
Professionalism.....	74
Summary	75
5. DISCUSSION.....	76
Discussion of Results	76
Limitations.....	86
Recommendations	88
Future Research.....	88
Future Counseling Practice	89
Conclusion.....	90
REFERENCES	92
APPENDIX QUESTIONS	104

LIST OF TABLES

Table	Page
1. Central Themes	56

ABSTRACT

AUSTIN L. SHUGART

A PHENOMENOLOGICAL APPROACH EXPLORING VETERINARIANS' EXPERIENCE PERFORMING EUTHANASIA ON A PET

Under the direction of R. TYLER WILKINSON, PhD

The purpose of this phenomenological study was to explore veterinarians' experience performing euthanasia on a pet. Various mental health effects from veterinarians' performing euthanasia on pets have been discussed in the literature including risk of suicide, stress, compassion fatigue, and burnout (Bartram et al., 2009; Bartram & Baldwin, 2010; Hill et al., 2019; Miller, 2012). The objective of this phenomenological study was to further understand the experience that veterinarians have when performing the end-of-life procedure, euthanasia, and what themes may emerge as a result. Semi-structured interviews were used to understand veterinarians' experiences with performing euthanasia. The sample included 8 veterinarians who have performed at least one euthanasia. The findings of this study included four emerging central themes that were identified in the data analysis process, including several subthemes. The first central theme identified was moral reasoning for euthanasia with subthemes including concern for quality of life, ending suffering for pets, and ending suffering for humans. The second central theme was effects on the mental health of the veterinarian with subthemes including suicidal risk, burnout, and compassion fatigue. The third central theme was the experience of performing euthanasia being emotionally difficult for the veterinarian including a subtheme of attending to the emotions and needs of owners. The last central theme was compartmentalization including a subtheme of professionalism. These findings contributed to the existing literature as they showed that performing euthanasia on a pet is an experience that affects the veterinarian in various ways. Continue research is needed to better understand the experience of a veterinarian performing

euthanasia on a pet in order to better help veterinarians that may need help for their mental health.

CHAPTER 1

INTRODUCTION

Veterinarians are experts on animals (Wojtacka et al., 2020), and one of the responsibilities of their job is to perform euthanasia on a pet, a painless procedure that puts an animal to death (Rujoiu & Rujoiu, 2014b). It is a unique experience that veterinarians perform regularly throughout their careers (Dickinson & Hoffman, 2019). However, performing euthanasia multiple times throughout one's veterinarian career may have an impact on one's mental health. This study will present the experience of veterinarians performing euthanasia and how that experience may affect them in various ways. Specifically, issues which have been identified in the literature, such as mental health issues, stress, compassion fatigue, and suicide will be mentioned. The phenomenon of a veterinarian performing euthanasia on a pet will be explored to better understand how a veterinarian experiences the phenomenon and what that experience entails.

As of 2020, there were 118,624 counted veterinarians in the United States (U.S. veterinarians 2020, 2021) and the employment of veterinarians is projected to grow 16% from 2019 to 2029 (Occupational Outlook Handbook, 2020). Consumers' pet-related spending is a factor that is expected to help drive employment in the veterinary services industry (Occupational Outlook Handbook, 2020). Veterinarians are considered experts on animals and animal needs (Wojtacka et al., 2020). Considering how important pets have become to people as they become integral parts of the family (Yang, 2017; Maharaj et al., 2016), losing a pet can be an emotional experience for many pet owners. This seems to place a heavy weight of responsibility on veterinarians who are tasked with helping pet owners make care and end of life decisions about their pet (Cooney et al., 2020).

Euthanasia

According to the veterinary medical ethics that was formulated by the American Veterinary Medical Association (AVMA), “a veterinarian shall be influenced only by the welfare of the patient, the needs of the client, the safety of the public, and the need to uphold the public trust vested in the veterinary profession; and shall avoid conflict of interest or the appearance thereof” (AVMA, 2016, para. 3). Welfare considerations of an animal may include the absence of suffering, pain, distress, unpleasant sensations, anxiety, illness, abnormal behavior, or disease (Baggot, 2006). Given that veterinarians give a high degree of attention and focus on the welfare of their animal patients (AVMA, 2016), euthanasia can be considered an option for veterinarians to use in helping end the suffering of a pet.

The procedure of euthanasia involves the death of a pet without pain (Rujoiu & Rujoiu, 2014b). A pet owner may have different reasons for choosing euthanasia, such as for convenience purposes (Arkow, 1998; McVety, 2015) or for medical reasons (McVety, 2015). Convenience euthanasia poses potential ethical dilemmas for veterinarians, as it occurs when an owner does not look at other options that most people might consider (McVety, 2015), such as adoption or giving the pet away to another family member or friend. In other words, the procedure is performed out of mere convenience for the pet owner. Medical euthanasia is considered when medical alternatives to treat the pet have been tried and failed, leaving the pet in a painful, terminal state (Rujoiu & Rujoiu, 2014b).

Euthanasia as a Contributing Factor Towards Stress

People who own pets view them as companions that become part of the daily routine of the owners' life (Yang, 2017), giving the owner a structure, and often helping them cope with a personal loss (Hancock & Yates, 1989). One study sought to examine the experience of a person

living with a companion animal and discovered that one of the themes between the owner and pet could be described as a sacred type of relationship (Maharaj et al., 2016). The description of the sacred relationship derived from a sense of duty and obligation from the owners to provide their pets with a meaningful and positive life, viewing their pet as a gift, and sharing new experiences together, which helped to cement the bond (Maharaj et al., 2016). Pets provide a sense of security, as pet owners may experience more security in the relationships they have with their pets than in relationships with their romantic partners (Beck & Madresh, 2008). This strong sense of security becomes clearer when considering human relationships are much more complicated and demanding than relationships with pets (Beck & Madresh, 2008). A reason pets are often categorized in humanized roles is because they arouse behaviors and emotions that one would observe in attachment relationships between humans (Field et al., 2009). Pets are considered to be important relationships for people, as more than 85% of pet owners view them as members of the family (Cohen, 2002), and 99% of people who own dogs and cats, specifically, consider them to be a family member (Voith, 1985).

Research shows that veterinarians experience acceptable or moderate levels of stress (Meehan & Bradley, 2007; Ptacek et al., 2004; Welsch, 1998; & Wimberely, 1991). Some of the common stressors that veterinarians experience includes long working hours (Welsch, 1998; Kahn & Nutter, 2005; Gardner & Hini, 2006) and client relations (Elkins & Kearney, 1992; Gardner & Hini, 2006; & Hansez et al., 2008). After graduating from schools of veterinary medicine, veterinarians are challenged against the uncertainty of serving pet owners (Knights & Clarke, 2017). Veterinarians are faced with owners who have high expectations in the treatment of their pet, as well as high expectations for the veterinarians to respect them as clients (Lund et

al., 2009). A study found that about one-third of owners had problems with their veterinarians due to a lack of trust and poor communication (Lund et al., 2009).

One could infer that a veterinarian would feel prepared to deal with the end-of-life issues of a pet, considering one study found that veterinarians euthanized an average of 7.53 animals per month (Dickinson et al., 2011). One study found higher numbers with veterinarians averaging 239 euthanasia per year (Dickinson & Hoffman, 2019). However, a study found that only 33% of veterinarians felt well prepared to deal with end-of-life issues from their veterinary training, while a majority did not think their veterinary training and education prepared them to relate to owners of terminally-ill animals (Dickinson et al., 2011). A majority (52%) of veterinarians report ethical dilemmas as leading causes, or one of many equal causes, of work-related stress (Kipperman et al., 2018). Two of the major ethical dilemmas were categorized as owners who chose euthanasia based on a lack of means for further treatment and owners who chose euthanasia based on an unwillingness to pay for treatment (Kipperman et al., 2018).

Owners feel grateful when their veterinarian validated their feelings, questions, and concerns about the loss of their pet (Adams et al., 1999). Roughly 50% of pet owners have feelings of guilt about choosing euthanasia for their pet and desire empathic guidance and advice from their veterinarian (Adams et al., 2000). The many reasons for owners' dissatisfaction with euthanasia included their inability to be present during the euthanasia, too cold and quick attitude from the veterinarian, insufficient information about the procedure, inappropriate treatment by staff, and too detailed explanations (Fernandez-Mehler et al., 2013). A study found that a major issue for the owners was the veterinarian spending time to discuss death issues, such as making an informed decision for aftercare options like euthanasia (Adams et al., 1999).

Doka (1989) explains how disenfranchised grief occurs when the loss is not recognized as significant, specifically mentioning the death of companion animals. During the challenging time of losing a pet, pet bereavement is often invalidated by surrounding peers and loved ones (Packman et al., 2011). Veterinarians perceive that they do provide emotional support to clients who have lost or who may lose their pet (Pilgram, 2010). Some of the major support practices that veterinarians offer pet owners who have their pet euthanized include offering comfort items, sympathy, and empathy (Matte et al., 2020). However, empathetic veterinarians who are continuously exposed to emotionally challenging experiences may become internally exhausted (Butler et al., 2002).

Compassion Fatigue

Compassion fatigue is a combination of two variables called burnout and secondary traumatic stress (Stamm, 2005). A study found the stress from euthanasia and the number of situations working with cruelty and neglect cases led to an increase in compassion fatigue (Hill et al., 2019). Roughly 50% of veterinarians reported veterinary work as stressful, and 20% reported they would not enter the veterinary profession if they were able to start their career again (Robinson & Hooker, 2006). Polachek and Wallace (2018), found that veterinarians' relationships with their animal patients correlate to both compassion fatigue and compassion satisfaction, creating a paradox.

Burnout occurs when one experiences negative feelings about work over a long time that can lead to fatigue, irritability, and physical complaints (Figley, n.d.). A study conducted by the Canadian Veterinary Medical Association (CVMA) found that 51% believed they have suffered burnout, and 31% who had believed they suffered burnout found it necessary to stop working (Miller, 2012). Other research has found that 14.4% of veterinarians suffer from high burnout

(Hansez et al., 2008). Elkins and Kearney (1992) found that two-thirds of female veterinarians showed early signs of burnout, which was more than their male counterparts. Best et al., 2020, found that almost 37% of participants in the survey experienced burnout with females having a higher proportion (37.8%) than males (32.7%). Some literature suggests that stress could lead to increased suicidal thoughts and behaviors (Mann et al., 1999; Williams & Pollock, 2000; Williams, 2001).

Suicide

The problem of suicide and its complexity has been a growing epidemic throughout the world. Suicide is considered a major topic among the several mental health problems that people struggle with, and it is becoming a popular topic of research as well. Healthcare professionals having suicidal thoughts and attempting or completing suicide are a potential reality for all people. Suicide is often associated with depression but can sometimes be committed out of impulse. The World Health Organization estimates that about 800,000 people die a year by suicide and that it was the second leading cause of death among 15-29-year-olds globally in 2016 (Suicide, 2019). One study found that between 1999 and 2016, suicide rates significantly increased in 44 states (Stone et al., 2018).

Research is revealing that specific occupations struggling with mental health problems, such as suicide, is increasing by significant numbers (Skegg et al., 2010; Parish, 2000; Bartram et al., 2009; Bartram & Baldwin, 2010). Specifically, one study identified different occupation groups in New Zealand and found that standardized mortality ratios were elevated for nurses and female pharmacists (Skegg et al., 2010). Research has found that the nursing suicide rate was one and a half times more than the national average (Parish, 2000). Access to means may have an

influence, as nurses and pharmacists were more likely to self-poison compared to other employed people (Skegg et al., 2010).

Veterinarian Suicide

The problem expands to the veterinary profession as research shows that the suicide rate of veterinarians is more than twice that of the human medical profession counterparts, and almost twice that of the dental profession (Halliwell & Hoskin, 2005). About 66% of veterinarians from Alabama who participated in a survey reported that they had been clinically depressed, but 32% of those with depression had not sought treatment (Skipper & Williams, 2012). Research shows that veterinarians are at a greater risk of suicide compared to the general population (Bartram et al., 2009; Bartram & Baldwin, 2010) and their proportional mortality rate for suicide is one of the highest of any occupation (Bartram & Baldwin, 2010). According to research, during 1979-1980 and 1982-1983, veterinarians ranked first in occupations with the highest suicide rates (Roberts et al., 2012). A study conducted by the Canadian Veterinary Medical Association (CVMA) found that from 769 respondents, 135 (19%) respondents have previously thought about suicide and 9% had previously attempted suicide (Miller, 2012). About 49% of those who have thought about suicide feel at risk to repeat (Miller, 2012). These numbers are higher than national trends, which found an increase of suicidal ideation among young adults in the U.S. from 6.1% to 8.3% and suicide attempt increase from 1.1% to 1.6% from 2009 to 2015 (Han et al., 2018). In a survey of German veterinarians, it was found that current suicidal ideation was greater for these veterinarians (19.2%) as compared to the general population (5.7%) (Schwerdtfeger et al., 2020). Additionally, 32% of the German veterinarians were classified with increased suicide risk as compared to 6% of the general population (Schwerdtfeger et al., 2020). Epidemic Intelligent Service (EIS) investigators examining death

certificates and life insurance databases for veterinarians between 1979 and 2015, and found that 398 (3%) of deaths were due to suicide (“The Shocking Suicide Rate in Female Veterinarians,” 2018). The suicide rate for female veterinarians (12%) was much higher than male veterinarians (3%) (“The Shocking Suicide Rate in Female Veterinarians,” 2018).

Euthanasia as a Possible Contributing Factor Towards Veterinarian Suicide

Veterinarians are enacting the procedure of euthanasia regularly, performing on average 239 euthanasia procedures yearly (Dickinson & Hoffman, 2019). Evidence suggests that performing euthanasia on pets might alter one’s opinion on the value of human life, considering that 93% of veterinarians reported that they would euthanize a human, whereas only 33 percent of doctors reported that they would (Kirwan, 2005 cited in Halliwell & Hoskin, 2005). More participants in a survey agreed (45%) than disagreed (37%) when asked whether veterinarians will use euthanasia as a means in solving difficult cases, even when it is not in the best interest of the pet (Kipperman et al., 2018). The tendency for the veterinarians to lean towards euthanasia, whether as a means for solving difficult cases (Kipperman et al., 2018), or viewing euthanasia as an acceptable option for ending the suffering of a human (Kirwan, 2005 cited in Halliwell & Hoskin, 2005), could be a possible contributing factor for the high suicide rate in the profession. Bartram et al., (2009) suggest, “the high prevalence of suicidal ideation among veterinary surgeons may be associated with the profession’s acceptance of and familiarity with animal euthanasia which may change attitudes to suicide as a possible solution to their problems” (p. 1083), though no conclusions can be drawn about the direction of the causality. Interestingly, a correlation between intelligence and suicide mortality was discovered in a study. Voracek (2004) found that intelligence and suicide mortality are positively related, and considering that

veterinary school programs admit highly intelligent students (Halliwell & Hoskin, 2005), this may be a possible contributing factor for the high suicide rate in the veterinary profession.

Lethal Means of Euthanasia as a Contributing Factor Towards Veterinarian Suicide

An interesting aspect about the veterinary profession that stands out amongst others, in regards to suicide, is the accessibility to lethal means that veterinarians have readily available (Halliwell & Hoskin, 2005). Veterinarians having access to medicines and knowledge of medicines for self-poisoning may be possible contributing factors for the high suicide risk (Bartram & Baldwin, 2010). A study found that people who are in occupations with access to medicines or drugs, carbon monoxide, and firearms use these methods more frequently to commit suicide than those without access to these means (Milner et al., 2017). Females were found to be at greater risk (3.02 times greater) than males (1.24 times greater) (Milner et al., 2017). The often-used preferred method for a veterinarian to commit suicide is using poison by drugs (Mellanby, 2005; Jones-Fairnie, Ferroni, Silburn, & Lawrence, 2008) and barbiturates being a common method as well (Blair & Hayes, 1980, 1982). Specifically, self-poisoning has been revealed as the most common method of suicide by both male (76%) and female (89%) veterinarians (Kelly & Bunting, 1998).

The research in the literature indicates restricting access to lethal medications may be of no help at all in reducing suicide rates for veterinarians. A study conducted interviews of twenty-one veterinarians and four of the participants, unprompted, believed that restricting access to lethal medications would be of no help in reducing the suicide rate in the veterinary profession (Platt et al., 2012). Instead, they recommended a proper work-life balance for veterinarians, and for working conditions to allow for proper balance (Platt et al., 2012).

Statement of the Problem

The impact of veterinarians performing euthanasia on pets has been a topic of discussion in the research (Bartram et al., 2009; Bartram & Baldwin, 2010). Research has indicated that veterinarians' familiarity and acceptance of euthanasia may change attitudes of suicide being a solution to one's problems (Bartram et al., 2009). A lot of responsibility is placed on the veterinarian from the owner who desires empathic guidance and advice from their veterinarian about the process of euthanasia (Adams et al., 2000), yet only 33% of veterinarians feel well prepared to deal with the end-of-life issues they received from their veterinary training (Dickinson et al., 2011). About 50% of veterinarians already report that their work is stressful (Robinson & Hooker, 2006). Contributing to the work stress is the stress of performing euthanasia, which was found to lead to an increase in compassion fatigue (Hill et al., 2019).

The veterinary profession already has a greater risk of suicide compared to the general population (Bartram et al., 2009; Bartram & Baldwin, 2010), and their proportional mortality rate for suicide is one of the highest of any occupation (Bartram & Baldwin, 2010). Though, the research remains unclear as to why the problem of suicide exists in the veterinary profession, performing euthanasia has been noted as a possible contributing factor. Specifically, the tendency for veterinarians to lean toward euthanasia for solving difficult cases (Kipperman et al., 2018), and seeing it as an admissible option for ending human suffering (Kirwan, 2005 cited in Halliwell & Hoskin, 2005), could point to a possible contributing factor for the suicide problem in the veterinary profession.

The accessibility to lethal means that veterinarians have readily available (Halliwell & Hoskin, 2005) could be putting veterinarians' lives at risk, as research has shown that people who are in occupations with access to medicines or drugs use these methods more frequently to

commit suicide than those without access to means (Milner et al., 2017). Having access to medicines and knowledge of medicines for self-poisoning could be a possible contributing factor for the high suicide risk (Bartram & Baldwin, 2010). The most commonly used method for a veterinarian to commit suicide is using poison by drugs (Mellanby, 2005; Jones-Fairnie et al., 2008) and barbiturates (Blair & Hayes, 1980, 1982).

Efforts are beginning to be made to help the mental health of the veterinary profession at its beginning stages in veterinary school. Kydd et al. (2013) believe that the improvement of communication between pastoral support staff and veterinary students will help to identify the causes of stress, and the students being supported will help provide them with coping skills to use in the stressful clinical environments they will find themselves. A suicide awareness workshop (safeTALK) was presented to pre-veterinary undergraduates and found that a majority of the students reported they were more likely to recognize the signs of a person at risk of suicide and connect them with the help that they need (Mellanby et al., 2010). As great as these efforts are to help with the mental health issues of the veterinary profession, much more work needs to be done to understand why these problems happen. Better understanding of the veterinarians' experiences with performing euthanasia may help contribute to better understanding the very real mental health issues they are facing.

Purpose of the Study

The specific purpose of this phenomenological study is to explore veterinarians' experiences performing euthanasia on a pet. Many veterinarians currently practice in animal hospitals or act as mobile veterinarians with a wide range of job duties and responsibilities involving the treatment of pets. The overarching goal of the veterinary profession is to provide quality care and efficient services to animals. Quite regularly, the responsibility of a veterinarian

includes having to end the suffering of a sick or injured pet by performing euthanasia (Dickinson & Hoffman, 2019). The objective of this phenomenological study is to further understand the experience that veterinarians have when performing the end-of-life procedure, euthanasia, and what themes may emerge as a result. A semi-structured interview will be used to understand veterinarians' experiences with performing euthanasia. An interview that is conducted in a non-threatening, pressure free environment allows for the interviewee to open up about his or her experiences. Learning about this particular phenomenon will help contribute to the literature and give mental health counselors further knowledge and insight about the experience that veterinarians endure regularly.

Implications

Several implications from this phenomenological research study may emerge. The current phenomenological study will further expand upon the current research about veterinarians' experiences with performing euthanasia. The study will expand and better counselors' understanding of clients they have, who work as a veterinarian, and who have had the experience of performing euthanasia. The research reflects that the veterinary profession has a suicide problem, but there is a gap in the research as to why or what contributes to the problem of suicide. Though, as stated earlier, research suggests that the high prevalence of suicidal thoughts may be with the acceptance and familiarity with euthanasia, which may change attitudes toward suicide as a solution to one's problems, there is no conclusion on the direction of the causality (Bartram et al., 2009). Exploring veterinarians' experiences of performing euthanasia may provide some insight as to why the profession has a problem of suicide. By better understanding this particular experience, mental health counselors may be better able to provide effective and efficient treatment to those practicing veterinary medicine.

Limitations

Limitations for this study include sample size and the use of veterinarians in the state of Georgia only. Only practicing veterinarians in the state of Georgia will be recruited in the study creating a specific and limited sample size. Collecting data from a variety of veterinarians in other states throughout the country could have helped strengthen the generalizability of the study. However, due to limited time and access to veterinarians outside of the state of Georgia, this was not feasible.

Definitions of Terms

The following term is defined to help the reader understand the context of each term in this study.

Euthanasia: The procedure of euthanasia involves the death of a pet without pain (Rujoiu & Rujoiu, 2014b).

Summary

This study is seeking to understand the experiences that veterinarians have with performing euthanasia, using a qualitative phenomenological approach. Though the research is clear that the veterinary profession has a suicide problem, what is not clear is why this may be occurring. Some researchers suggest that familiarity and acceptance of euthanasia in the veterinary profession may be a contributing factor to the high risk of suicide, which is the reason for the researcher's curiosity in asking questions about the experience of the euthanasia process. This research study will add to the research and knowledge of better understanding the phenomenon of the high risk of suicide in the veterinary profession.

Four more chapters will follow. Chapter two is a review of the literature about veterinarians' experiences with suicide, suicidal thoughts, and performing euthanasia. Chapter

three will focus on the methodology and research design in regards to the specific details of how the study will be conducted. Chapter four will provide the results of the research study, resulting in a discussion and interpretation of the results that are found in Chapter five.

CHAPTER 2

REVIEW OF THE LITERATURE

Though euthanasia has more than likely been practiced throughout history, it was not until the end of the 19th century that it was openly discussed (Fye, 1978). Initially, in the literature and medical writings, euthanasia meant the state of mind at the time of death (Fye, 1978). Providing physical comfort and moral support to the dying person was to help them achieve feeling peace (Fye, 1978). The current study will focus on the euthanasia of a pet. Specifically, it will explore the experience of a veterinarian performing euthanasia on a pet.

The procedure of euthanasia involves the death of a pet without pain (Rujoiu & Rujoiu, 2014b). This type of death is unique because it is not a death by natural causes or some type of accident. Rather, it is a purposeful death, in which the veterinarian is responsible for enacting euthanasia. Euthanasia causes death by three means; hypoxia, direct depression of neurons necessary for life functions, or physical disruptions of brain activity necessary for life (Buhl et al., 2013). The result of euthanasia should result in the loss of consciousness, cardiac or respiratory arrest, and then loss of brain function (Buhl et al., 2013). It is one of the many job duties of a veterinarian that has, in many cases, become an almost daily routine in their work (Morris, 2012).

Types of Euthanasia

Considering an estimated 71.5 million U.S. households at year-end 2016 owned at least one pet (AVMA, 2018), it is safe to assume that euthanasia will always be a needed procedure for some pet owners who choose to put their pet down. One study noted that the average number of animals euthanized per veterinarian in a typical year was 239 (with a range between 4 and 1,000) (Dickinson & Hoffman, 2019). There is a lot that encompasses the euthanasia process, whether it

be different reasons for the euthanasia to occur (McVety, 2015), different demands from the clients about the euthanasia (Arkow, 1998), or the setting and location in which the euthanasia takes place (Dickinson & Hoffman, 2019).

It is important to highlight the different types of euthanasia because not all are performed for the same reasons. Medical euthanasia is the most common form of euthanasia, in which both the client and veterinarian deem euthanasia as the best possible option for the pet due to its current quality of life (McVety, 2015). Medical euthanasia is not just exclusive to cats and dogs but even occurs within a wide range of animals such as cattle (Shearer, 2018), chickens (Morris, 2012), ferrets, guinea pigs, hamsters, potbelly pigs, and parrots (Dickinson & Hoffman, 2019). 65% of veterinarians prefer the two-step method of sedation and euthanasia, whereas 18% of veterinarians prefer the three-step method of sedation, anesthesia, and euthanasia (Dickinson & Hoffman, 2019). The study reports that many of the respondents preferred the two-step process because it was “quick and easy” and it gave a “very smooth transition for the pet and the owner” (Dickinson & Hoffman, 2019, p. 59).

Euthanasia is often debated by people who love animals, as some see it as a crime to end the life of one, while others view it as necessary to end the suffering of a pet (Rujoiu & Rujoiu, 2014). Some clients ask veterinarians to euthanize their pet out of convenience (Arkow, 1998). Convenience euthanasia is defined as the client requests the putting down of their pet without looking at other options many other people might consider (McVety, 2015). For example, a pet owner may want to euthanize their pet out of mere convenience under whatever circumstance they are in, without looking at other options such as fostering or giving up for adoption. There is not total agreement between veterinarians when it comes to specific cases on performing euthanasia (Hartnack et al., 2016). One study found that veterinarians agreeing with convenience

euthanasia was partly explained by factors such as age, gender, and those who worked mostly in small animal practices (Hartnack et al., 2016). This will often create an ethical dilemma for the veterinarian (Arkow, 1998). However, veterinary students do not typically receive a lot of formal training in learning how to resolve ethical dilemmas (Arkow, 1998). The veterinary medical ethics that was formulated by the American Veterinary Medical Association (AVMA, 2016) directs veterinarians to be influenced by the welfare of the animal patient, where the benefit of the patient should be a top priority over monetary gain or a veterinarian's advantage (Arkow, 1998). A qualitative study interviewing 18 practicing veterinarians in the UK discovered that half (9) of the participants thought that convenience euthanasia could be upsetting (O'Connor, 2019).

Veterinary Setting

As of 2020, there were 118,624 counted veterinarians in the United States with the majority being female (75,900) (U.S. veterinarians 2020, 2021). The U.S. Bureau of Labor Statistics identifies three types of veterinarians: companion animal veterinarians, food animal veterinarians, and food safety and inspection veterinarians (Veterinarians: Occupational outlook handbook, 2020). Food animal veterinarians work with farm animals that are raised as sources of food for consumption (Veterinarians: Occupational outlook handbook, 2020). Much of these veterinarians' time is spent treating injured or sick animals, testing for and vaccinating against disease, and advising farm owners how to best take care of the animals (Veterinarians: Occupational outlook handbook, 2020). Food safety and inspection veterinarians inspect and test livestock and animal products for any type of major animal diseases, provide vaccines to treat the animals and help design programs that prevent and control diseases among animals and between animals and people (Veterinarians: Occupational outlook handbook, 2020). The current study will focus on exploring companion animal veterinarians, who treat pets in facilities such as

animal clinics and hospitals (Veterinarians: Occupational outlook handbook, 2020). Much of their work is treating house animals like cats and dogs, but also more unique pets like birds, rabbits, and ferrets (Veterinarians: Occupational outlook handbook, 2020). They provide diagnoses and treatment for sick animals, help mend injuries, carry out surgeries when necessary, and perform many other medical procedures (Veterinarians: Occupational outlook handbook, 2020).

In the context of private clinical practice, a majority of veterinarians (66.8%) practice exclusively with companion animals, while others identify working with companion animal predominant (8.4%), species unspecified (7.8%), equine (5.6%), food animal (5.6%), mixed animal (5.4%), and other (0.5%) trailing behind (U.S. veterinarians 2020, 2021). Though equine (5.6%) represents a small percentage, it is a growing practice for veterinarians (U.S. veterinarians 2020, 2021). Veterinarians who have a heart and passion for teaching and educating upcoming veterinary students can do so in higher education. Of the 17,113 veterinarians who work in the public and corporate sector, almost 41% of them hold a position in a college or university setting (U.S. veterinarians 2020, 2021). About 17% work in the federal, state, or local government (U.S. veterinarians 2020, 2021).

Location of Performing Euthanasia

The location for the veterinarian performing the euthanasia can vary. One survey found that 62% of veterinarians typically performed euthanasia in the client's home (mobile), 21% in the veterinary clinic, and 6% in an emergency veterinary clinic (Dickinson & Hoffman, 2019). There are veterinary services that offer both in-home euthanasia or euthanasia is performed in conjunction with animal hospice services such as Pet Loss at Home or Lap of Love (Gregersen,

2016). These services are due to the owner's demand and desire for their pets to pass away peacefully, surrounded in the comfort and familiarity of their own homes (Gregersen, 2016).

While local animal clinics or animal emergency hospitals are best known by the general public, one of the more unique settings a veterinarian may work in is rural veterinary practice (RVP). Veterinarians in RVP practice in a community where agriculture represents a significant part of the local economy (Villarroel et al., 2010). This study found that the factors that most influenced having an interest in RVP were the participants having relatives with a farm background, having a mentor who was a veterinarian in RVP, and exposure to RVP during veterinary school (Villarroel et al., 2010). These veterinarians will perform euthanasia on the animals in the area they practice, which may include animals such as cattle (Shearer, 2018).

Mental Health Effects on Veterinarians

Studies show that both male and female veterinarians experience acceptable or moderate levels of stress (Meehan & Bradley, 2007; Ptacek et al., 2004; Welsch, 1998; & Wimberely, 1991). Common stressors of veterinarians include long working hours (Welsch, 1998; Kahn & Nutter, 2005; Gardner & Hini, 2006) and client relations (Elkins & Kearney, 1992; Gardner & Hini, 2006; & Hansez et al., 2008). One study found that when levels of stress for veterinarians were compared to the general population, there were no differences (Kahn & Nutter, 2005). That does not imply that stress does not occur for veterinarians. A survey in the UK found that 90% of veterinarians reported their work to be stressful (Institute for Employment Studies, 2014). A majority (52%) of veterinarians report ethical dilemmas as leading causes, or one of many equal causes, of work-related stress (Kipperman et al., 2018). Two of the major ethical dilemmas were categorized as owners who chose euthanasia based on a lack of means for further treatment

and owners who chose euthanasia based on an unwillingness to pay for treatment (Kipperman et al., 2018).

Academic Stress

An application for veterinary school may involve numerous requirements such as a written application, a transcript of one's academic history, and interviews from the college faculty (Hudson et al., 2009). Hudson et al., 2009, reviewed seven United Kingdom veterinary schools' admissions processes and found that all schools evaluated both academic and non-academic history for applying students, and all used interviewing in some way during the selection process. A review of 4,052 applicants to veterinary programs from 2006 to 2016 found that rural background, written application score, number of applications, pre-entry academic history, and achievement significantly affected the chances of a student receiving an interview for veterinary school (Raidal et al., 2019). Receiving an actual offer and program entry were significantly influenced by academic background, interview score, and pre-entry academic achievement (Raidal et al., 2019). Interviews for school admission have been found to influence selection decisions and rankings of candidates (Hudson et al., 2013). Halliwell and Hoskin (2005), note that the high academic requirements of getting accepted into veterinary school could be associated with an increased risk of suicide. Rigorous requirements such as these, give insight as to how early students interested in veterinary school have to keep up with their academic studies to the highest caliber to succeed.

The literature reveals that veterinarians are experiencing mental health issues while they are enrolled in veterinary school. Those who are accepted into veterinary school find themselves in a place of high stress, where the internalized anxieties of high achievement are often endured by students during this time (Knights & Clarke, 2017). One study mentions how competitive the

social environment is in veterinary school, and the students feeling like they need to look like they know more than they do (Hughes et al., 2013). A study followed three veterinary cohorts from two universities through their first three semesters of study in veterinary school and found that academic stress had negatively impacted them in the areas of depression and anxiety symptoms, general health, perception of academic performance, life satisfaction, and grade point average (GPA) (Reisbig et al., 2012). Specifically, across all three semesters, 49%, 65%, and 69% of the participants reported clinical levels of depression symptoms, which is significantly higher than the depression levels that human medical students reported (23%) (Reisbig et al., 2012).

Preparedness for Performing Euthanasia

Veterinarians are more likely to encounter death compared to those in the medical field (Littlewood et al., 2020). This is, largely, due to veterinarians affecting the outcome of the animals' death by euthanasia and animals having short life spans (Marton et al., 2019). The American Society for the Prevention of Cruelty to Animals (ASPCA) estimates that 1.5 million shelter animals are euthanized each year (Pet Statistics, n.d.). However, this does not capture the true number of how many companion animals are euthanized each year, considering it does not account for what private animal hospitals do.

Though veterinarians are tasked with performing euthanasia regularly (Dickinson & Hoffman, 2019), they do not always feel fully equipped or prepared to handle and cope when performing euthanasia. One study found that only 33% of veterinarians felt prepared by their veterinary training to deal with end-of-life issues (Dickinson et al., 2011). A survey found that 71% were not satisfied with the education they had received in preparing them to deal with end-of-life issues (Dickinson & Hoffman, 2019). A qualitative study in the UK found that seven of

eighteen practicing veterinarians found it stressful when euthanasia procedures did not go smoothly (O'Connor, 2019). Dow, et al., (2019), discovered that 33.6% of veterinarians admitted to experiencing difficulty in performing euthanasia because of personal distress. About 42% of veterinarians reported their mental and physical health was adversely affected by performing euthanasia (Dow et al., 2019). Considering how often veterinarians encounter death (Littlewood, 2020) and perform euthanasia (Dickinson & Hoffman, 2019), there may be a need for veterinarians to become more equipped and educated on how to handle and prepare for end-of-life issues, specifically with performing euthanasia.

Compassion Fatigue

Compassion fatigue is a combination of two variables called burnout and secondary traumatic stress (CF-STS) (Stamm, 2005). According to Figley (n.d., para. 1), "Compassion fatigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper." The veterinary profession has been acknowledged as one of the most caring professions (Gavzer, 1989) because it is a field that cares for both humans and animals (Rank et al., 2009). However, care providers can become emotionally distressed when helping others in need (Radey & Figley, 2007).

One study found that the stress from euthanasia, the number of situations working with cruelty and neglect cases, and the higher number of hours worked per week led to an increase in compassion fatigue (Hill et al., 2019). Treating animals can bring about a unique experience that both helps and hurts the helper. Polachek & Wallace (2018) found that animal health care providers (veterinarians and animal health technologists) who form relationships with the animal patients correlates to both compassion fatigue and compassion satisfaction. A paradox occurs as

the helper gains satisfaction from the very thing that may also bring him or her compassion fatigue (Polachek & Wallace, 2018). It provides an example of how great the sacrifice is of those who work in this type of profession.

Burnout

Burnout can occur as a result of exposure to trauma (Figley, n.d.). Burnout occurs when a person has negative feelings about work over a long time that can lead to fatigue, irritability, and physical complaints (Figley, n.d.). A feeling of burnout continues to build over time and the result of prolonged high levels of stress (Figley, n.d.). Figley (2002) suggests that burnout is the “result of frustration, powerlessness, and inability to achieve work goals” (p. 19). Burnout can create symptoms of sleep disturbance, headaches, aggression, irritability, and physical and mental exhaustion (Figley, 2002).

About 51% of veterinarians have reported suffering from burnout (Miller, 2012). One study found that about two-thirds of female veterinarians exhibited early signs of burnout, which was more than the male counterparts (Elkins & Kearney, 1992). A questionnaire that was sent out to French-speaking veterinary surgeons found that 14.4% of the veterinarians surveyed suffered from high burnout (Hansez et al., 2008). Best et al., (2020) found that almost 37% of participants in their survey experienced burnout with females having a higher proportion (37.8%) than males (32.7%). A study conducted in Australia was interested in better understanding the workplace stress, mental health, and burnout of veterinarians (Hatch et al., 2011). Hatch et al., (2011) used the Copenhagen Burnout Inventory, a tool that measures burnout, and focuses on exhaustion in three life domains: personal burnout, work-related burnout, and client-related burnout (Kristensen et al., 2005). The results showed that veterinarians who identified working with

companion animals suffered all three categories of burnout compared to the reference percentages (Hatch et al., 2011).

Stress from Owners

The stress of being in the veterinary profession does not end upon graduation from veterinary school but continues to persist in the work environment. The high stress and anxiety continue upon graduating. When students become licensed veterinarians and enter the field, their high achievement mentality is challenged against the uncertainty of serving pet owners (Knights & Clarke, 2017). Veterinary medicine is client-focused, as opposed to patient-focused in human medicine (Sanders, 1995). Owners are not immune to the negative effects of losing a pet. One study found that the physical (functional status and disability, sleeping and working conditions), psychological (overall enjoyment of life), and relationship (relationship with others, friendship or support one receives from people around them) domains were significantly better for owners of live dogs compared to owners who had lost their dog (Tzivian et al., 2015). Also, social support, or lack of it, may play a factor in affecting the owner's grief reactions (Tzivian et al., 2015).

Veterinarians and their staff at the clinic or hospital help to play a large role in helping the euthanasia of the pet to be a good death (Schuurman, 2016). Fortunately, veterinarians are aware of the importance of being understanding when an owner has to euthanize their pet (Hartnack et al., 2016). Results from one study suggest that how veterinarians communicate with their clients can influence the grief of the owners and how they respond and deal with it (Testoni et al., 2019). A survey found that 41% of pet owners reported that their veterinarian discussed how they feel about euthanasia, and 21% reported the veterinarian explained the emotions that they may experience during or from the euthanasia process (Matte et al., 2020). Owners feel that receiving reassurance, being provided time alone, and receiving sympathy from the veterinarian were the

top three most important support practices (Matte et al., 2020). Interestingly, 49% of pet owners agreed or strongly agreed that they would appreciate a phone call from their veterinarian following the euthanasia (Matte et al., 2020). However, a majority of veterinarians (52%) reported that they did not feel their veterinary education had prepared them well for dealing with grieving pet owners (Dow et al., 2019). About 19% of veterinarians found it difficult to communicate with clients who were grieving (Dow et al., 2019). High responsibility and pressure are placed on the veterinarian to help the client through the euthanasia process, but this could lead to the veterinarian experiencing more stress.

Suicide

According to the World Health Organization, close to 800,000 people die by suicide each year. It is a problem that occurs throughout the lifespan making no one person immune (Suicide, 2019). A person struggling with suicidal ideation may not always be evident to others around them. 54% of people across 27 states in the year of 2015 who took their lives did not have a known mental health condition (Stone et al., 2018). Low- and middle-income countries made up 79% of global suicides that occurred in 2016 (Suicide, 2019). Suicide was found to be the second leading cause of death amongst 15-29 years-olds globally in 2016 (Suicide, 2019). Suicide rates do not appear to be slowing down, but instead, seem to be increasing. A study found that between the years of 1999 and 2016, suicide rates increased significantly in 44 states (Stone et al., 2018).

Some occupations are more affected by suicide than others (Parish, 2000; Bartram et al., 2009; Bartram & Baldwin, 2010). Specifically, occupations, such as nursing, in the medical professions that witness a lot of death, the suicide rate was more than one and a half times the national average (Parish, 2000). In a review of the literature, Platt et al., 2010, found that

veterinarians who are female, younger, and those who work alone rather than with others are more at risk of suicidal thoughts, mental health difficulties, and stress.

Studies have found that veterinarians are at a greater risk of suicide compared to the general population (Bartram et al., 2009; Bartram & Baldwin, 2010) and their proportional mortality rate for suicide is one of the highest of any occupation (Bartram & Baldwin, 2010). Veterinarians are at an increased risk of suicide in comparison to the population or to other professions (Bartram et al., 2009; Bartram & Baldwin, 2010). They have a low number of suicides compared with people who work in other healthcare professions, but their proportional mortality rate for suicide is one of the highest for any occupation (Bartram & Baldwin, 2010).

A study sought to assess proportionate mortality ratios (PMRs) for suicide among male and female US veterinarians from 1979 through 2015 (Tomasi et al., 2019). Reviewing 11,620 veterinarian deaths, approximately 398 deaths resulted from suicide, as 326 (82%) were male, 72 (18%) were female, and 298 (75%) of those veterinarians were 65 years of age or younger (Tomasi et al., 2019). Female veterinarians were found to be 3.5 times as likely, and male veterinarians 2.1 times as likely, to die from suicide as compared to the general population (Tomasi et al., 2019). The proportion of female veterinarians who died by suicide had remained stable (10%), but the number of deaths has begun to increase steadily (Tomasi et al., 2019). A survey was conducted and found 11 veterinarians had committed suicide from 1990 to 2002 from Western Australia to Victoria (Jones-Fairnie et al., 2008). Researchers found after they surveyed 11,627 US veterinarians, that 9% had current serious psychological distress, 31% had experienced depressive episodes, and 17% had experienced suicidal ideation since leaving veterinary school (Nett et al., 2015). All of these are more prevalent than in the general population. One study found that a veterinarian practicing in a low socioeconomic status area

nearly doubled the risk of being in the suicide-risk category (44.3%), compared with practicing in an average SES area (28.50%) (Tran et al., 2014). The problem of suicide in the veterinary profession is here and is continuing to grow. Tran et al., (2014) discovered that a greater number of average work hours per week for a veterinarian increased the likelihood of being in the at-risk of suicide category by 33%.

Methods of Suicide

A study found that people who are in occupations with access to medicines or drugs, carbon monoxide, and firearms use these methods more frequently to commit suicide than those without access to means (Milner et al., 2017). Females were found to be at greater risk (3.02 times greater) than males (1.24 times greater) (Milner et al., 2017). A study looking at people in South Korea found that suicide by hanging was found to be the most common method for those who completed suicide, while about 70% of people who attempted suicide but did not complete, used relatively non-lethal methods (Lim, Lee, & Park, 2014). Veterinarians have readily available access to lethal medications (Halliwell & Hoskin, 2005). Some of the most common methods of suicide for veterinarians was self-poisoning or poisoning by drugs (Mellanby, 2005; Jones-Fairnie et al., 2008) and barbiturates (Blair & Hayes, 1980, 1982), which causes one to wonder why most veterinarians choose to attempt suicide by these particular methods compared to others. One study found firearms (45%) and pharmaceuticals (39%) to be the most common methods of suicide amongst veterinarians (Tomasi et al., 2019).

Veterinarians' access and knowledge of medications for self-poisoning may be possible contributing factors for the high suicide risk (Bartram & Baldwin, 2010). One study suggests that access to lethal means may account for the high prevalence of suicidal thoughts among veterinarians (Bartram et al., 2009). The study goes on to report, "the high prevalence of suicidal

ideation among veterinary surgeons may be associated with the profession's acceptance of and familiarity with animal euthanasia which may change attitudes to suicide as a possible solution to their problems" (Bartram et al., 2009, p. 1083), however, no conclusions can be drawn about the direction of the causality.

Prevention and Coping with Mental Health Issues

As the uptick in suicide deaths by veterinarians continues to occur, efforts have been made to help cope with the realities of these tragedies. The American Foundation for Suicide Prevention, the American Veterinary Medical Association (AVMA), the National Association of Veterinary Technicians in America (NAVTA), the Veterinary Hospital Managers Association (VHMA), and the Veterinary Medical Association Executives (VMAE), created a free support guide called *After a Suicide: A Guide for Veterinary Workplaces* to help a veterinary workplace navigate and cope when a suicide has occurred with an employee (Moutier et al., 2020). The purpose of this *guide*, "provides guidance and tools for postvention, a term used to describe activities that help people cope with the emotional distress resulting from a suicide and prevent additional trauma and any potential for suicide contagion that could lead to further suicidal behavior and deaths, especially among people who may be at an elevated risk for suicide" (Moutier et al., 2020). It details immediate steps such as getting the facts and crisis response, short term steps like supporting staff and working the media, long term steps like memorialization, tools, and templates such as tips for talking about suicide, and additional sources to help those who have been affected (Moutier et al., 2020). Though the high risk of suicide in the veterinary profession is well documented, significant barriers to understanding, treating and preventing suicidal behavior for the profession still need more research (Fink-Miller & Nestler, 2018). There is still a stigma around mental health, which may be even more

prevalent in certain professions or occupations (Fink-Miller & Nestler, 2018). This stigma could be one of those barriers to understanding, treating, and preventing suicidal behavior in the veterinary profession.

A systematic review of suicidal behavior and psychosocial problems in veterinarians reported that restricting access to lethal agents would not be effective in preventing suicide (Platt et al., 2010). Instead, Platt et al., (2010) recommend an approach that acknowledges the importance of occupational and psychosocial factors that are associated with suicidal behavior would be most likely to be effective in helping the suicide problem in the veterinary profession. One study, in particular, found that participants recommended a proper work-life balance for veterinarians, and for working conditions to allow for that balance (Platt et al., 2012). Veterinarians rely more on work and home relationships for support compared to the general population (Kahn & Nutter, 2005). The majority of veterinarians who cope with their stress do so by talking with colleagues or other people, rather than seeking professional help (Moses et al., 2018; Dow et al., 2019).

High job engagement may be able to moderate levels of job strain with veterinarians (Hansez et al., 2008). Interestingly, age and more years of experience for a veterinarian were highly negatively correlated with burnout and STS (Hill et al., 2019). This may indicate that social support may be a contributing factor in alleviating high levels of burnout. Tran et al., (2014) suggest the highly frequent (>11) performance of euthanasia could be a protective factor against suicide risk in veterinarians who are depressed. The study suggests that the administration of and exposure to performing euthanasia allows a depressed veterinarian to witness the impact that death has on the loved ones that are left behind, and that euthanasia shows the finality of death that can be overlooked by those with depression (Tran et al., 2014).

Summary

The phenomenon of a veterinarian performing euthanasia involves many unique consequences to the profession. The literature reflects the mental health issues that veterinarians face as a profession, which include stress, compassion fatigue, burnout, and suicide. Though the literature points out possible reasons as to why the profession is facing these issues, more research is needed for further clarity and better understanding. It is the aim of the researcher that exploring the phenomenon of a veterinarian performing euthanasia on a pet will provide new insight and a better understanding of the mental health issues that the profession is plagued with today.

CHAPTER 3

METHODOLOGY

The purpose of this chapter is to introduce the research methodology for this phenomenological study exploring veterinarians' experience with performing euthanasia on a pet. The applicability of phenomenology and a constructivist approach will be discussed. This approach will allow for a better understanding of veterinarians' emotional experiences of performing euthanasia on a pet, which will better inform mental health counselors who work with this specific population. The research design of the study with a purpose statement will be presented. How the data is collected and analyzed will be mentioned in detail. The trustworthiness of the researcher, limitations, and implications of the study will be discussed as well. The chapter concludes with a summary.

Worldview

Worldview is defined as a "basic set of beliefs that guide action" (Guba, 1990, p.17). Social constructivism, a particular worldview, believes that people seek to understand the world in which they live and work (Creswell & Poth, 2018), and is a typical approach to qualitative research (Creswell & Creswell, 2018). Crotty (1998) describes social constructivism as a person's attempts to make sense of what he or she encounters when engaging with objects in the world. Social constructivism takes on the assumption that there can be no universal truth, as contextual perspectives and views are many (Hays & Singh, 2012). This philosophical viewpoint insinuates that each individual creates their subjective meaning in how they view or interpret the world, others, and objects around them. What an individual may experience is unique to them and them alone. Assuming the social constructivist approach, meanings become varied and numerous, which causes the researcher to look at the complexities and intricacies of these views

(Creswell & Creswell, 2018). This lens allows the researcher to steer away from limited thinking, narrow views, and simple ideas and rather opens the research up into vast and meaningful possibilities (Creswell & Poth, 2018). Approaching research with a constructivist worldview, the researcher relied heavily on the participants' views and meanings of the phenomenon that is being studied (Creswell & Creswell, 2018). The constructivist worldview is appropriate for the current study and its questions because the researcher is seeking to explore and better understand the phenomenon of veterinarians' experiences performing euthanasia on a pet. Each veterinarian will have his or her own unique, subjective experience with this phenomenon.

Losing a pet through the process of euthanasia, no matter how painless it is for the pet, can be a difficult experience for an owner to observe (Matte et al., 2020). This specific experience of enacting the euthanasia procedure on a pet is something veterinarians endure quite often (Dickinson & Hoffman, 2019; Dickinson et al., 2011; Morris, 2012), yet each veterinarian may have his or her own opinion about the experience of performing euthanasia on a pet (Hartnack et al., 2016; Morris, 2012). Furthermore, the researcher is interested to see what themes may emerge through the phenomenological process. A qualitative, phenomenological research design will best facilitate the exploration to better understand the phenomenon of veterinarians performing euthanasia on a pet.

Qualitative Methodology

The beginnings of qualitative research can be traced back to anthropology, sociology, the humanities, and evaluation (Creswell & Creswell, 2018). Individuals who conduct qualitative research observe things in their natural settings and attempt to understand or interpret the phenomenon they are studying (Denzin & Lincoln, 2011). The process of qualitative research is emergent, meaning the initial plan for the research study may change, adapt, or evolve

throughout the study, including after entering the field and collecting data (Creswell & Creswell, 2018; Creswell & Poth, 2018). This may include questions being changed, individuals and sites modified, and altering how data is collected (Creswell & Poth, 2018).

A quantitative approach, a method that often uses instruments such as surveys and written questionnaires to collect data (Creswell & Creswell, 2018), would not suffice in fully capturing the emotions the participants may describe when speaking about their experience of performing euthanasia. Whereas quantitative research transforms the data it receives into numbers (Tracy, 2020), qualitative research data can be collected through interviewing as a way to capture participants' views and opinions, which allows themes to emerge (Creswell & Creswell, 2018). Allowing space for a person to communicate their experience in a semi-structured interview setting created a more inviting atmosphere for the participant to feel comfortable enough in describing how they feel and think about their experience with performing euthanasia on a pet. The following sections will provide the methodological procedures that will be used in the study.

Research Design

For the current research study, the researcher used a phenomenological approach of qualitative research methodology to explore the lived emotional experiences of veterinarians performing euthanasia. The phenomenological approach is a method that seeks to describe the meaning of someone's particular lived experience (Hays & Sing, 2012; Creswell & Creswell, 2018; van Manen, 1990). For phenomenological research to be valid, four steps were implemented by the researcher: epoche, phenomenological reduction, imaginative variation, and syntheses of meanings and essences (Moustakas, 1994).

Epoche means to set aside one's prejudgments, biases, and preconceived ideas about particular things in life (Moustakas, 1994). It can be viewed as a clearing of one's mind about

what he or she thinks about a given subject, and preparation for deriving new knowledge (Moustakas, 1994). Van Manen (1990) argues that it is good to make evident of one's understandings, beliefs, biases, and assumptions, as it gives a chance for one to expose the shallowness of it. Phenomenological reduction involves examining a phenomenon and describing what one sees (Moustakas, 1994). The researcher's consciousness is to remain present with the thing before it, no matter how much one may turn to their internal experience happening at the same time (Moustakas, 1994).

Imaginative variation has the goal of seeking possible meanings and arriving at structural descriptions of the phenomenon being studied (Moustakas, 1994). It is a process that verifies which themes belong to the phenomenon being observed (van Manen, 1990). During this step, the researcher can contemplate as many objects or events as possible (Casey, 1977). The synthesis of meanings and essences is the final step of the phenomenological research process. In this step the researcher has a true understanding of the phenomenon being studied, though the essences of that experience are not exhausted, as the syntheses represent only a particular time and place from the perspective of the individual carrying out the research study (Moustakas, 1994). The essence of an experience is to be adequately described in a way that presents the lived quality and significance of the experience in a deep manner (van Manen, 1990). The phenomenological approach was selected, because the researcher was interested in gaining a deeper understanding of the emotional experiences of veterinarians performing euthanasia on a pet, by observing how veterinarians interpret and describe their experience.

Purpose of the Study

Performing euthanasia on a pet is one of the procedures that veterinarians are enacting at very high rates, averaging about 239 euthanasia per year per veterinarian (Dickinson & Hoffman, 2019). Research has indicated that performing such a procedure can have emotional impacts on a veterinarian. About 51% of veterinarians have reported they suffer from burnout (Miller, 2012), and research has found that the stress from performing euthanasia led to an increase in compassion fatigue (Hill et al., 2019). Veterinarians are at a greater risk of suicide compared to the general population (Bartram et al., 2009; Bartram & Baldwin, 2010), and research has suggested that the high prevalence of suicide ideation may be associated with how the veterinary profession has accepted and become familiar with euthanasia (Bartram et al., 2009). This study utilized a phenomenological, qualitative methodology to explore the emotional experience of veterinarians performing euthanasia. In exploring the emotional experience of veterinarians performing euthanasia on a pet, themes emerged from the data that reveal the emotional experience of veterinarians performing euthanasia.

Data Collection

The researcher began data collection by first gaining approval from the Institutional Review Board of Mercer University. Institutional review boards (IRBs) provide a review of research applications and help to ensure federal compliance with parts of the Belmont Report (Hays & Singh, 2012). Gaining IRB approval is required for those conducting research involving human subjects, as the primary goal is to protect humans that participate in a study (Hays & Singh, 2012). The researcher completed approval from the Institutional Review Board (IRB), so that this study which involves human subjects, more specifically, veterinarians, could be conducted.

Recruitment Procedures

An informed consent, a document that seeks permission from participants to engage in a study so that data can be collected (Hays & Singh, 2012) was emailed to participants who were interested in participating. The informed consent introduces the purpose of the research, the confidentiality of the participant and preserving anonymity throughout the entirety of the interview process, any ethical concerns or issues related to the research study, the criteria for participation, and the time commitment for the interviews and post-interview follow-up questions. Collaboration in a research study occurs when informed consent becomes an ongoing process (Hays & Singh, 2012). For example, the relationship between researcher and participant and the process of the study was actively discussed throughout the study from beginning to end. Specifically, the researcher kept an ongoing relationship between each participant in the current study about discussions and questions that a participant may have had.

As a qualitative researcher, it can be hard to determine the sample size before a study (Taylor et al., 2015). Creswell and Creswell (2018) recommend between 3 and 10 participants in a phenomenological study. Initially, 11 veterinarians across the state of Georgia were contacted through contact information from several veterinarians in the profession. Eight of the eleven veterinarians that were contacted agreed to participate in the study. The veterinarians' contact information was obtained by the researcher through his job's work relationships with the veterinarians. The veterinarians were informed that one's willingness to engage or decline to participate in the research study would not affect their business relationship with the researcher's company he works for. The criteria for participation included: each participant is a licensed veterinarian (DVM) with the experience of performing at least one euthanasia on a pet; each participant must be willing to participate in an interview for a minimum of 30-minutes;

participants will be informed that follow-up questions post-interview may be asked for further clarification. The participants were informed of the importance of the study emphasizing that there is more research needed on capturing veterinarians' experience of performing euthanasia on a pet. Participants were informed that their willingness to participate in the study would help contribute to the existing literature.

Sampling

The author used purposive sampling, an approach that seeks to select participants that can provide in great detail about a particular phenomenon (Hays & Singh, 2012). Specifically, heterogeneous purposeful sampling was used, which seeks to have maximum variation within a sample (Hays & Singh, 2012). For example, the selection of the participants did not have any focus on race or gender, but had the only criteria being a veterinarian who has performed at least one euthanasia, which created a larger sample for the study. This was the best strategy for sampling, because the research sought to understand, generally, the experience of a veterinarian performing euthanasia, without using race, gender, or other specific characteristics as a focus in the study. Utilizing purposeful sampling for selecting participants, participants were sought based upon the following criterion: a licensed veterinarian (DVM), has had experience with performing at least one euthanasia on any type of animal, and a willingness to participate in the study. These participants provided the best possible description of the phenomenon the researcher was seeking to better understand.

Interviews

In-depth qualitative interviewing is a face-to-face experience between interviewer and interviewee that seeks to better understand the participants' perspectives of their experiences in their own words (Taylor et al., 2015). Interviewing participants is the most widely used form of

data collection for qualitative research (Nunakoosing, 2005; Sandelowski, 2002), and considered a hallmark of qualitative research (Rossman & Rallis, 2012). This research study involves semi-structured interviews, which serves as the guide to the interview experience (Hays & Singh, 2012). Semi-structured interviews allowed the researcher flexibility, which means that not every question was asked, the order of questions asked changed, and additional questions were added during the interview process (Hays & Singh, 2012). Evidence that is gathered from phenomenological research is done by conducting first-person reports of life experiences (Moustakas, 1994). The evidence gathered can serve to gain a richer and deeper understanding of the phenomenon (van Manen, 1990).

The participants chosen were selected for either face-to-face interviews or over the phone interviews. Due to the Covid-19 pandemic, certain health restrictions have been set in place that have changed how animal hospitals allow people to enter the facilities. Considering some of the restrictions on interviewing participants face-to-face, an option for the participants to be interviewed over the phone was given. Face-to-face interviews, depending on what was more convenient for the participant, was conducted at either the participant's or interviewer's work location. Face-to-face and over the phone interviews were recorded with a recording device and safely secured in a locked cabinet in the researcher's locked office for increased confidentiality. Participants' names were changed and given pseudonyms to increase confidentiality.

Research Question

Research questions for a phenomenological study are constructed in a way that helps one better understand the lived experiences of individuals and what those particular experiences may mean to each individual (Creswell, 1998). Specifically, descriptive questions are best used to capture the experience an individual has encountered (Westby et al., 2003). Though Creswell &

Creswell (2018) recommend 5 to 10 questions or fewer, there is no required particular number. For the current study, I conducted semi-structured interviews that included some pre-determined questions that were asked of each participant. Based on the literature and phenomenological framework of the study, the questions asked during interviews guided my inquiry. The questions are also presented in the Appendix after the reference section. The questions are as follows:

1. Demographics: Sex, age, ethnicity, years of experience as a veterinarian.
2. What is your level of experience as a veterinarian?
3. Tell me about the decision-making process in deciding euthanasia for a pet and the factors that come into play for that decision.
4. How does it feel to discuss the euthanasia procedure with families?
5. Describe what you are feeling and thinking during the euthanasia procedure.
6. Explain what you are feeling and thinking after the euthanasia procedure is completed.
7. Describe the most difficult euthanasia experience you have had to perform on a pet.
8. In what ways have your views about death and dying been informed from performing euthanasia?
9. As a result of doing this work, have you ever experienced suicidal ideation or attempts, burnout, or compassion fatigue?
10. How many euthanasia do you perform on average?
11. What is your opinion about euthanasia as an option for people that are suffering or are in end-of-life care?
12. Is there anything else of importance about this interview that you would like to share?

Data Analysis

For the data analysis, Hays and Singh's (2012) recommendation of Moustakas's (1994) modification of van Kaam's (1959, 1966) phenomenological data analysis version was used. Hays & Singh (2012) presented the following outline for data analysis of phenomenological research:

- Used the process of horizontalization. This required coding large domains and categories of the text.
- Determined the invariant constituents. For this, the researcher identified statements of meaning and importance as it related to the phenomenon being examined and eliminated and reduced unnecessary data.
- Clustered and thematized the invariant constituents. Clustering the invariant constituents helped to identify the emerging themes of the study.
- Final identification of the invariant constituents and themes by application. These were checked to see if the emerged themes were valid by making sure they were either explicitly expressed in the transcription or compatible with the transcription.
- Constructed individual textual descriptions of the experience. These will be presented as verbatim examples of the validated invariant constituents and themes from the transcriptions.

After collecting the data by conducting in-depth interviews, analysis of the data occurred. Qualitative data analysis is heavily dependent upon a researcher's analytical intellect and style (Patton, 2002). Much of how the data was analyzed depended on how this researcher viewed and made sense of the phenomenon that the participants described. Organizing the data began by

making transcriptions of the in-depth interviews (Hays & Singh, 2012). The researcher used a company called Rev (2021), that transcribed the audio recordings into text documents.

Reading the transcripts several times was useful to help become familiar with the participants' narratives about the phenomenon. Writing notes or observations about the readings helped to create a clearer picture from the beginning of the process. After becoming familiar with the transcripts, a technique called winnowing, a process where a researcher focuses on certain parts of the data and dismisses other parts of it, was used (Creswell & Creswell, 2018). This helped to narrow the large amount of data collected into what was most useful in finding themes that emerged. A code represents a specific chunk of data that is usually descriptive or interpretive of data (Hays & Singh, 2012). Coding helped organize the data into bigger categories of meaning, which led to themes emerging from the research study.

It was important for member checking to occur, a process where the researcher communicates to the participants about the possible themes, he or she arrives at to check for accuracy (Hays & Singh, 2012). The researcher emailed some of the participants some of their answers to the questions to help ensure validity. Gibbs (2007) recommends checking transcripts for errors or mistakes and being aware of not having a drift in the definition of codes during the process of coding. Though, the transcription company, Rev, used to help transcribe interviews, going back to listen to the interviews and checking for any errors was implemented as well.

Trustworthiness

A challenge that lies within conducting qualitative research is the trustworthiness of the researcher. Lincoln and Guba (1985, p. 290) ask, "how can an inquirer persuade his or her audiences (including self) that the findings of the inquirer are worth paying attention to, worth

taking account of?” The criteria for trustworthiness can be operationalized into three characteristics: credibility, transferability, and dependability (Lincoln and Guba, 1985).

Credibility

Lincoln and Guba (1985) offer five techniques that help to create more credible findings and interpretations: 1) activities of prolonged engagement, persistent observation, and triangulation; 2) peer debriefing; 3) negative case analysis; 4) referential adequacy; 5) member checking. “Prolonged engagement is the investment of sufficient time to achieve certain purposes: learning the “culture,” testing for misinformation introduced by distortions either of the self or of the respondents, and building trust” (Lincoln & Guba, 1985, p. 301). The researcher is already quite familiar with the culture of the veterinary profession, considering his work experience with a business that provides aftercare options for veterinarians to recommend for their clients when pets pass away. Considering the researcher’s familiarity with the culture, care was taken to avoid possible distortions from assuming what may be found. Analyzing the researcher’s field notes to see if they were predictable from start to finish helped curb this. The challenge came with building a new trust with the veterinarians. The researcher had to make the transition from the working relationship with the veterinarians he currently has to a new researcher and participant relationship. This occurred by building rapport with the participants in the newer context of the relationship. The researcher had previously only met one out of eight of the participants prior to the study, which also helped greatly with this process.

Persistent Observation

“The purpose of persistent observation is to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail” (Lincoln & Guba, 1985, p. 304). The researcher sought to focus in great detail on the

important themes that emerged. It was tempting to explore other findings outside of the phenomenon, but the focus remained on characteristics and findings that were most relevant to the experience of veterinarians performing euthanasia on a pet.

Triangulation

Creswell and Creswell (2018), speak about triangulation, defined as using multiple data sources to build justification for the themes that emerge. It is a strategy that helps to ensure trustworthiness by using multiple forms of evidence to support and better describe findings (Hays & Singh, 2012). Specifically, triangulation was used of data sources, which involves interviewing multiple participants with similar perspectives (Hays & Singh, 2012) to help find and justify themes that emerge, adding further validity to the study. The researcher interviewed multiple participants varying in gender, age, and years of experience.

Peer Debriefing

Peer debriefing involves an outside peer reviewing the study and findings to give outside perspectives that, otherwise, the researcher may not have thought of (Creswell & Creswell, 2018). Colleagues, classmates, or expert individuals within this community can be considered peers (Hays & Singh, 2012). Peer debriefing can strengthen a qualitative study (Lincoln & Guba, 1985). This research study needed to be able to resonate with someone other than just the researcher and conducting peer debriefing contributed to this. The researcher involved senior supervisory personnel of professors from Mercer University, classmates, and expert individuals who know the veterinary profession well to ask questions and give interpretations about the study, which added further trustworthiness to the study.

Negative Case Analysis

Negative case analysis is when the researcher presents “negative or discrepant information that runs counter to the themes” (Creswell & Creswell, 2018, p. 201). Presenting different themes from all perspectives created a certain realness to the study, compared to having findings where all of the participants presented with the same or similar themes. Seeking data that might disconfirm or challenge the data is encouraged (Merriam & Tisdell, 2015). Any data that runs counter to the themes that emerged were presented in the study contributing to trustworthiness.

Referential Adequacy

Lincoln & Guba define referential adequacy as recorded materials used as a foundation to go back to as data analyses and interpretations are tested for adequacy (1985). All interviews for this research study were recorded and safely secured in the locked researcher’s office in a locked cabinet. They were depended upon and used when analyzing data and making interpretations of emerging themes. The researcher revisited the audio recordings and transcriptions of the recordings numerous times for analysis and interpretations.

Member Checking

Lincoln and Guba (1985) note that member checking is one of the most crucial techniques for establishing credibility in a research study. Member checking involves participants being able to examine the findings and themes and allowing the participants to comment on their thoughts (Creswell & Creswell, 2018). In other words, participants will be able to inform the researcher if the analysis of data rings true for them (Merriam & Tisdell, 2015). The researcher emailed participants some of the major themes, findings, and direct quotes of the

study allowing them to express their thoughts, comments, and whether they believed them to be accurate or not.

Dr. Manta was asked his thoughts and opinion was on the theme of veterinarians using moral reasoning for or against euthanasia for humans. His response affirmed this particular theme saying, “I will stick with my belief that God is in charge of ending human life. Modifying absolute truth gets humans in trouble every time.” Dr. Manta’s response reiterates his initial comments and uses his Christian beliefs to guide him on this topic. His Christian beliefs are used as his moral reasoning against euthanasia for humans. Dr. Barry reiterated in further detail about how he attends to the needs and emotions of owners. He stated, “If we have a client very distraught, we don’t push them and actually send some people home to spend another day or so with their pet. We don’t want to push them until they are absolutely ready for this procedure.”

Dr. Silver was asked his thoughts about the subtheme of veterinarians’ experiencing burnout. He spoke about how the veterinary medical profession is “critically judged and scrutinized on social media.” He gave further insight into his thoughts on the cause explaining, “burnout hits us the hardest attempting to please around 5-10% of the clients. Burnout hits hardest when you do everything you can for a patient, or help a client understand an ailment, and then are immediately criticized over a dollar sign versus results.” This helped inform the researcher that though, burnout, did not appear to be a direct result from performing euthanasia, it still occurs with veterinarians during their day-to-day routine workdays.

Dr. Luther gave further clarification on her comments about the subtheme concern for quality of life. Much of her assessment and concern for the pet’s quality of life was also for the owner. In other words, she wanted the owners to become more aware of how their pet was doing, in hopes that they would make the right and best decision for their pet when deciding whether to

euthanasia or not. She stated, “I walk through with the owners about quality of life so that they, the owners, can see and hopefully question how their pet is doing. By addressing the pet’s quality of life, this requires the owner to observe what they may have ignored or denied.” This gave further insight to the researcher, as it shows that the veterinarian is concerned for the quality of life of the pet and wants the owner to become aware of the concern by pointing out specific instances of suffering or poor quality of life through assessing the quality of life of the pet. Member checking informed the researcher of the accuracy of the data analysis and brought further detail and clarity to the central themes and subthemes.

Transferability

“The burden of proof lies less with the original investigator than with the person seeking to make an application elsewhere. The original inquirer cannot know the sites to which transferability might be sought, but the appliers can and do” (Lincoln & Guba, 1985, p. 298). Specifically, the researcher pursues the possibility of the results of the study to transfer to another setting (Merriam & Tisdell, 2015). Transferability is pursued through the technique of thick description, which details descriptions and perspectives of the findings (Creswell & Creswell, 2018). For example, in the current study, the researcher describes in detail the setting of the interview or different perspectives of the themes that can help the reader have a more vivid understanding of the experience. Thick descriptions of the findings and themes are presented in the subsequent chapters of the study.

Dependability

Dependability refers to the stability of the data (Ravitch & Carl, 2016) and is similar to the quantitative concept of reliability (Guba, 1981; Lincoln & Guba, 1985). It also refers to the track-ability of changes in instrumentation (Guba, 1981). For the current study, an organized list

will be kept by the researcher to keep track of the data collection and analysis procedures throughout the study. This list helped the researcher to condense the findings of the study into themes and subthemes.

Bracketing

The researcher is a key instrument in qualitative research, as the roles of a researcher include collecting data through examining documents, observing behavior, interviewing participants, and interpreting the data that is collected (Creswell & Creswell, 2018). The researcher in this current research study, carries a unique perspective, considering years of work in in a family-owned and operated pet cremation services company. Providing pet aftercare services to pet owners across many different communities in a Southeastern state, the company offers cremation and burial options for pet owners with pets who have passed away. The cremation and burial services are offered to a variety of species ranging from dogs, cats, birds, fish, horses, and many more. Many K-9 officers who have served over the years are buried in the cemetery at the company as well. Much of how the family business operates involves partnering alongside animal hospitals around various parts of the state. These animal hospitals that are partnered with the company will recommend the aftercare services to their clients if and when their pet passes away. This unique work experiences the researcher has accrued over the years has laid the foundation for his connection to the veterinary profession and informed the ideas for this research.

The constructivist worldview is the lens through which best fits best with the current study. Having the unique perspective of working for a business that partners with veterinarians and being able to view some of their working responsibilities and conditions in which they work

in, helped guide me through the process of exploring and better understanding veterinarians and their emotional experiences with performing euthanasia.

Reflexivity

Reflexivity requires the researcher to comment on his past experiences and how these past experiences may shape interpretations when analyzing the data (Creswell & Creswell, 2018). This strategy explains how the researcher affects the research process and how the research process affects the researcher (Probst & Berenson, 2014). From experience, the researcher knows how stressful and emotionally difficult dealing with sick and dying pets can be for a veterinarian. Pets do not always get better when they arrive sick, and the surgeries do not always go as planned. The most difficult aspect of the job seems to be having to perform euthanasia on someone's beloved pet. The veterinarian is in the room with the pet, sometimes without the owner (some owners do not want to be present), having to end the suffering of a pet alone. This is understandably emotionally complex and stressful for a veterinarian.

Because of my professional background with working for a business that partners alongside the veterinary profession, it is important to acknowledge the preconceived opinions and biases I had while conducting the study. Specifically, due to the past experiences of observing veterinarians' job duties, as well as speaking to many veterinarians about the ups and downs of their job throughout the years, there was a temptation to look for or assume certain themes would emerge from the interviews. I assumed that the experience of performing euthanasia on a pet would affect a veterinarian's mental health. I also assumed that performing euthanasia on a pet would increase a risk of suicide for a veterinarian. I was aware of these assumptions and biases and put effort towards protecting the research from their influence. As mentioned earlier, epoch gives me the framework of setting aside my prejudgments, biases, and

preconceived ideas (Moustakas, 1994) about veterinarians and their experiences with performing euthanasia. I made sure to be well aware of my assumptions and biases, which helped me to keep them in check.

Ethical Concerns

Authors have proposed six different principles that help to make up ethical codes of many different disciplines that include autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity (Kitchener, 1984; Meara, Schmidt, & Day, 1996). Autonomy means that a person has certain rights to choose and make decisions (Hays & Singh, 2012). In a qualitative study, this has several implications, the most important being that a participant has the ability and right to withdraw from the research study. The participants of the current study were informed that they may withdraw at any time with no penalty. Nonmaleficence means avoiding harm (Hays & Singh, 2012). Conducting qualitative research can sometimes include very real, emotional, and in-depth conversations during interviews. It is important to note that the researcher endeavored to prevent or minimize any potential harm during, or as a result of, the research study (Hays & Singh, 2012). This particular ethical principle was of utmost importance to the researcher, considering the heavy topics of death and dying during the interviews.

Beneficence means to do good for others (Hays & Singh, 2012). This research will provide valuable information to the public, as it will give a greater in-depth look at how veterinarians experience performing euthanasia. The implications of performing euthanasia on a pet are still not fully known, and the researcher is hopeful that the study will help to bring forth new information and insight into this phenomenon. Justice involves promoting good equally among individuals (Hays & Singh, 2012). All participants in this research study were treated equally without bias, so that the results were not skewed in a particular direction. Fidelity is defined as

an individual acting with honesty, trustworthiness, and integrity towards the people they are working with. In this case, it is the job of the researcher to share the perspectives of the veterinarians accurately and gather the information through creating a trustworthy relationship between interviewer and interviewee. This trustworthy relationship does not occur without veracity, which involves being truthful to the participants (Hays & Singh, 2012).

Limitations

Phenomenological research can dive deeper into a particular lived experience that is often difficult to examine with traditional research paradigms. A phenomenological approach seeks to understand social phenomena from a person's perspective of the experience, whereas a positivist may explore the social phenomena apart from the subjective states of people (Taylor et al., 2015). Having a small sample size of participants, conducting in-depth interviews, and having prior knowledge and experience of interacting with the veterinary profession, allowed the study to present a unique perspective on the phenomenon.

Implications

This study will shed further understanding and awareness to the phenomenon of a veterinarian performing euthanasia on a pet and what that experience entails emotionally for the veterinarian. The veterinary profession has a problem of suicide (Bartram et al., 2009; Bartram & Baldwin, 2010; Halliwell & Hoskin, 2005; Miller, 2012; Roberts et al., 2012), yet research remains unclear as to why the problem exists or what the contributing factors are. Though some research indicates that one of the possible contributing factors is the profession's acceptance and familiarity with euthanasia (Bartram et al., 2009) exploring and better understanding this phenomenon may shed light on the problem of suicide in the veterinary profession, better equipping mental health counselors to care for such clients in the veterinary profession.

Summary

The methodology of how this study was conducted was provided. Participation selection was purposeful to gather licensed veterinarians who have performed at least one euthanasia on a pet. Data was collected through in-depth interviews using an audio recording device that will be stored in a secure place. The data will then be transcribed using a transcription company called Rev (2021) and analyzed using coding techniques looking for emerging findings and themes of the phenomenon of a veterinarian performing euthanasia on a pet.

CHAPTER 4

RESULTS

The purpose of this phenomenological study was to explore and better understand veterinarians' experience performing euthanasia on a pet. The data was gathered by the researcher who conducted semi-structured interviews with veterinarians to capture what their experience was like performing euthanasia on a pet. This chapter presents findings from the data collection and analysis process of eight (8) participants to better understand the following research question: What is the experience of a veterinarian performing euthanasia on a pet. The findings of this phenomenological study include the emergent themes that were identified by the researcher based on the participants' responses to the interview questions that were asked to address this particular phenomenon.

Methodology Review

The purpose of this phenomenological study was to capture the experience of a veterinarian performing euthanasia on a pet. Creswell and Creswell (2018) explain that phenomenological research is a design of inquiry where the researcher describes the experiences of individuals about a particular phenomenon. The researcher collected data from the participants of the study by conducting semi-structured interviews, which allowed for flexibility of adding or subtracting questions during the study or changing the order of the questions that are asked (Hays & Singh, 2012).

The use of heterogeneous purposive sampling provided the researcher with participants who were able to provide in great detail about their experience of performing euthanasia on a pet. This type of sampling created maximum variation within the sample (Hays & Singh, 2012), as there was no focus on the race, gender, age or other specific characteristics of the participants.

Creswell and Creswell (2018) recommend 3 to 10 participants for a phenomenological study. Initially, the researcher recruited 11 potential participants for the study. Of the 11 veterinarians initially contacted by the researcher by phone or email, a total of 8 veterinarians responded with a willingness to participate in the study. Before the interviews were conducted, each participant was given a copy of the informed consent to read and sign, indicating consent to participate. The informed consent, a document seeking permission from participants to engage in the study (Hays & Singh, 2012), explained the purpose of the study, confidentiality of the participant, ethical concerns or issues related to the study, criteria for participation (a licensed veterinarian with the experience of performing at least one euthanasia on a pet), and the time commitment for the interview and follow-up questions. Six interviews were conducted face-to-face, while the remaining two were conducted over the phone.

Sample Description

All participants (8) identified with Caucasian ethnicity. Their ages ranged from 36 to 63 (M=54). A majority of the participants were males (N=5), while the remaining participants (N=3) identified as females. Years of experience as a veterinarian ranged from 6 to 38 years of experience (M=26.8). Six of the participants work in a small animal clinical practice, one participant works in a mobile practice, and one participant works at an emergency animal hospital setting. Seven of the eight participants own their own practice. The average number of euthanasia performed for 7 of the 8 participants per week (M=5.57) was far above the average that Dickson and Hoffman (2019) found in their study (M=7.53) per month, or (1.88) per week. One participant, Dr. Manta, was unable to give a number of euthanasia performed per week stating, “it’s one of those numbers you don’t want to look at, so I hesitate.” All eight participants were given pseudonym names to protect identity and ensure confidentiality.

Description of Participants

Dr. Cable is a 59-year-old white, male with twenty-four years of experience as a veterinarian. Dr. Cable graduated veterinary school as a non-traditional student, meaning he attended veterinary school years after completing his undergraduate degree. Upon graduating veterinary school, he decided to immediately purchase and become owner of his own veterinary clinic, a facility which offers medical care and treatment to animals, from 1997 to 2019. In 2019, he transitioned from the veterinary clinic to owning and operating his own mobile practice, where a veterinarian is able to perform health services to pets on the comfort of the owners' homes. He now solely provides end of life care for pets, strictly performing euthanasia through mobile services. Dr. Cable performs an average of 15 euthanasia weekly.

Dr. Barry is a 59-year-old white, male with thirty-five years of experience as a veterinarian. He began his veterinary career working through an internship program working in small animal medicine and surgery, which focuses on small animals such as dogs and cats. Then, after about five years, he transitioned to working in an animal emergency hospital environment, which focuses on helping animals who are in critical care and need more immediate care, procedures, or surgery. He is currently the owner of an animal emergency hospital. Dr. Barry performs an average of 6 euthanasia weekly.

Dr. Manta is a 63-year-old white, male who has thirty-eight years of experience as a veterinarian. He has experience working in small animal practice, animal control, and now owns his own animal hospital, which provides basic veterinary medicine and surgery for cats and dogs. Dr. Manta did not disclose how many euthanasia he performed weekly.

Dr. Silver is a 36-year-old white, male with six years of experience as a veterinarian. Graduating in 2015, he began working at a veterinary clinic. After five years of working for a

veterinary clinic, he found an opportunity for him to own his own animal hospital, where he currently works at. Dr. Silver performs an average of 4 euthanasia weekly.

Dr. Lang is a 55-year-old white, male with thirty-one years of experience as a veterinarian. He worked at a veterinary clinic for about eight years before becoming part-owner of his own veterinary clinic. The majority of his practice is small animal, specifically cats. Dr. Lang performs an average of 2.5 euthanasia weekly.

Dr. Cross is a 60-year-old white, female with thirty-four years of experience as a veterinarian. Dr. Cross has experience working in small animal and emergency environments. She has owned her own veterinary clinic for over twenty-five years. Dr. Cross performs an average of 2 euthanasia weekly.

Dr. Luther is a 47-year-old white, female who had the unique experience of graduating from veterinary school outside the United States. She has experience working at a zoo outside the United States, completed internships at animal emergency hospitals, experience working with equine, and now works at an animal hospital. Dr. Luther performs an average of 4 euthanasia weekly.

Dr. Sage is a 60-year-old white, female with thirty-two years of experience as a veterinarian. She began her work at a veterinary clinic, but eventually transitioned to starting up her own animal hospital where she currently works. Dr. Sage performs an average of 7 euthanasia weekly.

Central Themes

The researcher sought to better understand and explore the experience of a veterinarian performing euthanasia on a pet. Semi-structured interviews were conducted to help capture this particular experience. Audio recordings of the interviews were transcribed by a transcription

company called Rev. The researcher used Hays and Singh's (2012) recommendation of Moustaskas's (1994) modification of van Kaam's (1959, 1966), phenomenological data analysis. The data analysis steps included; horizontalization, which required coding large domains and categories of text, determining the invariant constituents, which involved identifying statements of meaning and importance as it relates to the phenomenon, clustering and thematizing the invariant constituents, which helped to identify the emerging themes of the study, final identification of the invariant constituents and themes by application, which checks to see if the emerged themes are valid by making sure they are either explicitly expressed in the transcriptions or compatible with the transcription, and lastly constructed individual textual descriptions of the experience, which will be presented as verbatim examples of the validated invariant constituents and themes from the transcriptions. After analysis of the data, a total of five central themes emerged. The themes identified are found below.

Table 1

Central Themes

Themes	<i>Subthemes</i>
Moral Reasoning for Euthanasia	<ul style="list-style-type: none"> a) <i>Concern for Quality of Life</i> b) <i>Ending Suffering for Pets</i> c) <i>Ending Suffering for Humans</i>
Effects on Mental Health	<ul style="list-style-type: none"> a) <i>Risk of Suicide</i> b) <i>Burnout</i> c) <i>Compassion Fatigue</i>
Emotionally Difficult	<ul style="list-style-type: none"> a) <i>Attending to the Emotions and Needs of Owners</i>
Compartmentalization	<ul style="list-style-type: none"> a) <i>Professionalism</i>

Moral Reasoning for Euthanasia

Moral reasoning for euthanasia was a central theme to emerge in the study. Though euthanasia is an emotional and difficult decision for a veterinarian to make, it is morally better to euthanize, rather than allowing a pet to suffer from illness or injury. Dr. Cross, explains, “when people are not able to euthanize and just let their pets suffer and waste away, that is much worse than euthanasia. It is sad, but it is the right thing to do, and it is a good decision.” Suffering is deemed as much worse than euthanasia, which makes euthanasia the morally better and right option. One of the participants, Dr. Luther, was guided by her oath as a veterinarian stating, “I have taken an oath as a veterinarian to not cause suffering and to alleviate suffering.” This theme encompassed three subthemes; a) concern for quality of life b) ending suffering for pets, and c) ending suffering for humans.

Concern for Quality of Life

The concern for a pet’s quality of life, speaks to the experience of the veterinarian having to assess, in detail, the quality of life of the pet. This allows the veterinarian to determine if the current quality of the pet’s life is deemed manageable or if euthanasia is necessary. There is a concern that if the quality of life of the pet is not good, then further measures such as euthanasia need to be considered. All 8 of the participants acknowledged that assessing the quality of life of a pet was a major factor in the decision-making process of performing euthanasia or not for a pet.

Sometimes, the assessment of quality of life can be a simple process that involves numerous questions about the current state of the pet. For example, Dr. Luther, stated that, I rely a lot on what the owners tell me. I will walk through a process of well, tell me what is your pet’s quality of life? Are we comfortable? Do we have comfort? Or are we in pain? Are we eating? Are we drinking? Are we getting up and doing our normal

movements, bowel movements, urination, and in general are they sheltered? Do they feel like they have a good quality of life?

Similarly, Dr. Sage explains,

Most of the time it is communication between us and the owner. My typical questions that I ask a lot of times is can they eat, sleep, pee, and poop comfortably? And if they can't do those basic functions...and typically when the people are starting to say we don't know or we think it might be time, then it is usually getting time and I just have to help them come to that decision.

Some of the participants feel that deciding euthanasia is clearer in certain instances. Dr. Barry stated, "our biggest thing are animals that are probably at the end of their life span that are suffering to a point that we feel it is best, actually, for them to be euthanized." Also, Dr. Cable, said, "euthanasia is a lot clearer when there is a serious life-ending disease at hand. But the other part is a little less clear because it's a quality of life issue."

However, one of the participants report feeling that assessing the quality of life of a pet to determine the need for euthanasia or not can be a difficult and challenging process. It is not always clear cut. Dr. Manta stated,

What everybody hopes for, including me, are the easy ones where there's something obviously horribly wrong and you don't have to think about it too much. The more difficult ones, the angst, is when a pet is existing and trying to decide if that existence is worthwhile and whether there's a quality of life, whether there's suffering. That's always a tough one, and it varies a little bit with who you're talking to because everybody's idea of quality and suffering is going to vary some. And I think for a veterinarian to be hardcore about what qualifies is a mistake. There's a lot of gray areas.

Ending Suffering for Pets

Ending the suffering of a pet, through means of euthanasia, is considered an ethical and moral duty of the veterinarian. Dr. Luther explains, “to relieve suffering is the oath that I took. And with this last act of humane kindness, we let them go peacefully.” Though, it is a process that leads to death, it can be viewed in a positive manner. Dr. Barry describes euthanasia as, “a blessing of veterinary medicine. In animals, we can stop the suffering. It is one part of my profession to stop or relieve pain.” Another participant, Dr. Sage, describes ending suffering as part of one her job duties as a veterinarian. She states, “I think the bottom line for me is to make sure that I am doing right by the pet and to not let the pet suffer. We are trained to save lives, but I think we are also very much trained to prevent suffering. So unfortunately, we know it is part of this job.” Performing euthanasia to end suffering is described as a good and right thing to do. Dr. Cross explains,

I find it gratifying to end pet suffering. When people are not able to euthanize and just let their pets suffer and waste away, that is much worse than euthanasia. It is sad, but it is the right thing to do, and it is a good decision. I just want to make it as peaceful for the animal and for the people as possible.”

Two of the participants specifically mentioned that euthanasia is only to be performed on pets that are suffering, not to be performed out of mere convenience for the pet owner. Dr. Lang says, “it is strange, but in some ways, there is a little bit of a relief once it is done. We don’t do convenience euthanasia. The pets we are euthanizing are in some way suffering. So, there we do feel that sense of relief that, okay, it is over for that pet. They don’t have to go through this now.” Similarly, Dr. Silver reports, “I have got my own, I guess, rules and guidelines to make sure it is

not a convenience euthanasia. I can draw the line in the sand and decide what I want to do.”

Euthanasia is used as a necessary means to end suffering for pets.

Ending Suffering for Humans

Ending the suffering of a life is a theme not only specific for pets, but translates over to humans as well. When asked their opinion on euthanasia for humans who were suffering or are at end of life care, six out of eight (75%) of the participants considered euthanasia a viable option for humans that are suffering or at end of life care, with certain conditions set in place. Dr. Cable reports, “I think that we treat, often, our pets much better than we take care of our own. I think that in time it should be made more and more available to people. I think that it should transfer over into people more and more.” Dr. Luther explains her reasoning of why euthanasia should be an option for humans who want it saying, “I am a huge proponent of human euthanasia since I am trained in the oath to do no harm and to relieve (and at times end) suffering, which I feel should apply to all creatures. Unfortunately, there are only a few states thus far that allow euthanasia for humans in this country.” There were a few conditions mentioned by the participants that need to be met for euthanasia for a human to occur. One participant, Dr. Cable, says, “I do think there should be an oversight committee. But I do think I am very pro-euthanasia.” Another, Dr. Silver reports, “I think there is a way to work in elective euthanasia for humans, but quality of life standards needs to apply.” Also, Dr. Barry, states, “Multiple doctors will have to sign off that the person is at the very end stage of their death and nothing else could be done. And if that is someone’s wishes.” Also, Dr. Lang, explains his reasoning of why conditions and parameters need to be in place, saying,

On the human side, it is kind of a sticky subject, because do I think it needs to be available? Absolutely. But at the same time, I think unlike our situation where we don’t

consult with the actual patient, what are you doing on the human side? Who gets to make that decision? This is a concern because a lot of situations the patient is not able to make that decision very well. We don't want to assist them where somebody else gets to make that decision for you. While I am open to human euthanasia, at the same time, we have to come up with a good way to allow the patients to be the ones to make that decision.

Some of the favor towards euthanasia for humans was based on personal experience of watching loved one's experience suffering before dying. Dr. Sage, reflects on her personal experience with her grandmother saying,

I watched my grandmother. She was 92-years-old. She had a ruptured diverticulum, which means her poop was going from her intestines into her belly. And they wouldn't even give her a pump until she got to hospice. She had to get to hospice. And then everybody sat there, and everybody had already said goodbye. She was at peace and she was ready to go. And they had to just sit there and let her pretty much starve to death or die of sepsis, instead of being just able to ease her suffering and give her an overdose of medication. I absolutely feel there is a time and place for that. And certainly not convenience, but to prevent suffering with terminal disease, especially when there is a lot of pain involved.

Dr. Barry, mentioned his grandmother's experience, saying, "almost every veterinarian I think I know would if it is done properly. But that is something in my personal feelings. Other doctors and people would not have those feelings, but I do. Going back to my experiences of watching my grandmother die a horrible death over a month, and watching people suffer that way." Also, Dr. Cable, expressed his view on human euthanasia recalling the challenging experience with his own mother, saying,

My mother was in hospice, and at three in the morning when she was moaning in pain, she was not going to get better. She was there to die. But she was there for six weeks, unable to eat, unable to hardly drink. And at three in the morning, I would think to myself, God, I have everything I need. I can go get that. It is a mile away. I could come back, and I could let her rest.”

Two of the participants were hesitant to be in support for euthanasia for humans. One of the participants, Dr. Manta, explained his reasoning against the idea of euthanasia for humans, because of the complex process and his Christian beliefs. He says,

I would say no. And partly it is related to the process and partly it is my Christian beliefs. That is God’s department as far as I am concerned. You think it is difficult making this decision for “Fido,” but try to make that decision for grandma. People really don’t know what they think they want. It sounds nice, but it presumes that everybody’s going to feel comfortable with the decision. And I can tell you in the room that the teenager isn’t necessarily on the same page as mom and dad. To make that big decision, I am not thinking people would like it as much as they think they would like it.

The other participant, Dr. Cross, reported that she did not necessarily have a strong opinion about the subject, but explained how complex such a decision could become. She says,

I do not have a strong opinion, just like I try and stay away from things like abortion. I do think if a loved one of mine was dying, I would want them to have all the morphine that they could have so that they would just not hurt. I can see all the legal ramifications of that, and people euthanizing because they are going to inherit money. I don’t think there is a simple answer to that. The euthanasia procedure is morally reasoned through concern for the quality of life of the pet, viewed as a means to end the suffering of a pet, and even

translates over into being an acceptable option to end suffering for humans who consent to it with certain conditions set in place.

Effects on Mental Health

Another central theme that emerged from the data was the effects on mental health that the participants' experience. Participants spoke about the hardships and difficulties they endure when performing euthanasia on a pet, as well as from the job of being a veterinarian. One of the participants disclosed to having past suicidal ideation from the job demands that come from being veterinarian, while two participants mentioned they had known a veterinarian who committed suicide. Many of the participants reported experiencing burnout and compassion fatigue from the stress and high-demands of the job. The subthemes of the central theme, effects on mental health, include; a) risk of suicide, b) burnout, and c) compassion fatigue.

Risk of Suicide

The participants were asked whether they or someone in the field they knew had experienced suicidal ideation as a result of performing euthanasia. One participant, Dr. Luther, disclosed having experienced suicidal ideation. However, the suicidal ideation was not a result from performing euthanasia, but rather the demands of the job of a veterinarian. Dr. Luther, explained, "I personally have had thoughts of suicide, but it was not actually due to euthanasia. It's not that that makes me have thoughts of suicide, strangely. The times I have had thoughts of suicide were generally because I was overworked and not able to take care of myself." The other two participants, Dr. Cable and Dr. Sage, disclosed having known other veterinarians who had committed suicide, but also thought that they did not believe it was a result from performing euthanasia. Dr. Cable stated, "the person that I bought my veterinary building from, he had committed suicide. And I think it was partly compassion fatigue related." Dr. Sage explained,

The only person I knew that committed suicide was Dr. Alpha (pseudonym). I'm not convinced that doing euthanasia is why we have the high suicide rate. My theory would be they selected the wrong type of person for this. They've got drive, type A people that want to be perfect all the time. And we can't. We are going to make mistakes. So, I'm not convinced that's what the cause is here.

The remaining participants did not endorse having experienced suicidal ideation as a result from performing euthanasia, but explained their opinions as to why there is a suicide problem in the veterinary profession. Dr. Barry said, "I never have. I know other veterinarians that have. In the critical emergency critical care world, it is becoming extremely sad. In the emergency world, the emergency critical college is looking at it big time." Dr. Manta, who reported he has never considered suicide because of his religious beliefs, spoke about how he could understand why someone would be in a desperate enough situation to resort to suicide if they were given a terminal diagnosis. Dr. Manta explains,

I've had just very recently a very practical discussion with a colleague of mine in regards to if you got that diagnosis and there wasn't any hope left, and whether or not we just go ahead and take care of it, because it's (euthanasia) such a smooth process as far as what we can see. My buddy and I, we can certainly see why people do it because it's easy and peaceful. But from the personal standpoint of ever thinking about it in any other regards other than that kind of diagnosis, I would say it's not crossed my mind. Again, it gets back to my Christian beliefs.

Lastly, Dr. Lang, explained his reasoning as to why there is a problem of suicide in the veterinary profession saying,

the suicide rate in veterinarians is ridiculously high, partially because the field attracts loners and those kinds of people, they're more prone to that. But also because of all that, again, the compartmentalization. We build it all up inside and hang on to those things. It becomes difficult to deal with. So, it is something you have to force yourself into distractions and other things, so that it doesn't build up so much.

Burnout

The participants were asked if they had experienced burnout as a result of performing euthanasia. Feelings of burnout was expressed by many of the participants, however burnout did not occur as a direct result from performing euthanasia. Rather, they expressed other various reasons as to why they have experienced burnout as a veterinarian. For example, sometimes it is the busyness of their schedule as a veterinarian. Dr. Silver explains,

if you are looking day to day, if you stay really busy, well, it gets you burned out and really, you don't have time to think about those things until you finally realize how backed up your life has been if you are focusing on everything. It's six days a week. I only get half a day on Saturday and Sunday. You have got family blowing up on the phone. But at the same time, this is a business and you got to keep some hours. You've got to keep some separation, otherwise you do hit the burnout.

At other times, it is the juggling act of being both a veterinarian and a business owner. For instance, Dr. Cross says, "yes, certainly burnout. Especially, being a practice owner, but I think every field has difficulties. Owning a practice is hard. Just trying to balance business with taking care of patients and staff." Dr. Manta recalled his earlier years of working in tougher settings as a veterinarian stating, "working with animal control, doing the humane society stuff, that sort of

period in my life, that (burnout and compassion fatigue) would happen.” However, Dr. Manta, also speaks about how he currently combats feelings of burnout. He says,

the day-to-day stuff I do now, for me, the instantaneous relief is the whole circle of life thing. I’ll go from one room of that (euthanasia) to a room with a new puppy and that helps me. Sometimes, I have to stop and just sit down and collect my thoughts a little bit, depending on the pet, how much I knew him and how much I knew the people, but usually no more than a few minutes because of the way the day will go.

One of the participants, Dr. Lang, mentioned that he knew many classmates that have experienced burnout. He reported,

I have classmates from school that no longer practice. They burned out early on, because it wasn’t what they expected. I have known plenty of people over the years that have burned out because of the stress. It’s easy to think about burnout because of the financial part. It’s not always that. It’s also very stressful. It’s the actual work.

However, one of the participants, Dr. Barry, did not report ever having experienced burnout as a veterinarian. Despite spending a majority of his veterinary career in the emergency sector of the profession, he explains that he has yet to experience it. He explains,

burnout is extremely high. One person, many, many years ago said that the average emergency doctor would leave the emergency career after five years. Well, I guess I’ve just learned how to tolerate and handle it. I can treat so many emergencies. I can treat and help so many pets. So, I never have been burned out after 35 years, but others do and they just can’t cope with everything.

Compassion Fatigue

Another one of the mental health effects that the participants reported experiencing was compassion fatigue. There are various reasons as to why this occurs, as each participant gave unique responses. One participant specifically mentioned that the compassion fatigue she experienced was a result from performing euthanasia on a pet. Dr. Luther, stated, “I’ve had compassion fatigue at the end of a day doing 5, 7, 10 euthanasia. It’s just simply an emotional exhaustion of being with the owner, being present, being sad, because you had to euthanize that puppy, or because it was an old dog you were familiar with and you had to let them go.” All other responses from participants about experiencing compassion fatigue were reasons that were not as a direct result from performing euthanasia on a pet. For example, Dr. Cable, said,

you’re always working with too few resources, typically being the financial end of things, and people asking the world of you. And it does get wear on you. I was able to compartmentalize things a lot. But I was tired. And I think that when I retired from clinical medicine, I gave a little bit of a sigh of relief because of the compassion fatigue.

Dr. Manta, reported feeling both burnout and compassion fatigue from the similar causes, stating, “working with animal control, doing the humane society stuff, that sort of period in my life, that (burnout and compassion fatigue) would happen.” However, one of the participant’s responses was in contrast to what the other participants reported. When asked whether she or colleagues she knew had experienced suicidal ideation, compassion fatigue, or burnout as a result of performing euthanasia, Dr. Cross stated,

I have not. I don’t know that any of my colleagues have. I think we’re all sad, but we all overall feel the same way. I think if we were euthanizing animals that really had a good chance of leading healthy lives, then that might be more of an issue, but we really strive

to not have that happen. I have never had suicidal thoughts, compassion fatigue, or burnout because of euthanasia.

Emotionally Difficult

One of the central themes that emerged is emotionally difficult with a subtheme including attending to the emotions and needs of owners. The central theme, emotionally difficult, speaks to the idea that the participants experience emotional difficulties while performing the euthanasia procedure on a pet. Many of the participants speak about the euthanasia procedure being a very emotionally difficult and sad experience. They acknowledge that, though, euthanasia is the best solution for ending a pet's suffering, it remains an emotional toll to be the one to take the life of a pet. Not only are the veterinarians in charge of taking the life of a pet by enacting the euthanasia procedure, they also feel a sense of responsibility for owners' emotions and feelings throughout the entirety of the euthanasia procedure.

Enacting euthanasia on a pet takes a toll on veterinarians. For example, Dr. Lang said, "it is obviously very emotional doing this. We are the only profession that is allowed to more or less euthanize or kill their patients. So, it is difficult for us. It does take a toll." The majority of the euthanasia performed by these participants are not performed on random animals, but pets that they have built relationships with over the years. Dr. Cross, explains, "if I have known the pet for a long time, it is sad for me. If I am emotionally attached to the pet, because I have taken care of it for a number of years, it can be sad for me." Dr. Manta, discussed how euthanizing a pet alone can be more emotionally difficult than when compared to having the owners in the room. He is left alone in the room to deal with the emotions that can arise when performing such a procedure. He states, "I have got to try to keep my eyes clear so I can see what I am doing, but I am not above shedding the occasional tear because it has never lost its significance to me. Those

(euthanizing a pet by himself) have been emotionally the toughest ones, because I am left with dealing with my own feelings rather than trying to suppress them for someone else.” Similarly, Dr. Sage, admits to becoming tearful at times during the procedure stating, “sometimes we’re all tearing up too because we appreciate the human and dog relationship or human and animal bond and how strong it is.”

However, there are some instances where the difficult emotions arise before the euthanasia procedure even begins. The difficult emotions that are attached to the euthanasia procedures become memories that are left with the participants, even as time goes on. One of the participants, Dr. Luther, spoke about a particular experience that she still remembers because of the severity of the pet’s condition. She stated,

I have taken an oath as a veterinarian to not cause suffering and to alleviate suffering. I have a particular situation that I can remember that, emotionally, I lost control. I had to leave the room, and I had to go find a place to cry because I had to gather my composure. When I walked into that room, the pet had chewed off all of its skin, down to the ligaments and the bones where everything was exposed. It looked like it was a walking skeleton from the wrist and the ankles down. In this instance, it was clear that the only humane thing to do was to let him go.

Attending to the Emotions and Needs of Owners

A subtheme that emerged from the central theme, emotionally difficult, is how veterinarians attend to the emotions and needs of the owners throughout the euthanasia process. There is a sense of responsibility that the participants feel to ensure that the owners’ emotions and needs are being met and attended to. The veterinarian views his or herself as the guide that helps owners navigate loss and end of life. Dr. Lang stated, “we try to remind ourselves that we

are there for the client. We have to be strong for them and get them through this.” Another participant, Dr. Sage, said similarly, “most of my concern is for the client and to help them through that very difficult time.” Dr. Barry, explained in more detail saying, “I make sure the owners are okay. I make sure they are sitting down. I have had people faint before. I know what to watch for.” Sometimes a gentle physical touch is offered to the grieving owner, as Dr. Cable explains, “it is clearly a very emotional time. After the animal’s passed, I want to reach over and lay my hand on a shoulder, or a hand to just give my support.”

In many instances, the veterinarian gives the owner time in the room alone with their pet to say their final goodbyes. For example, Dr. Barry says, “I want to make sure that pet owner has time to say their goodbyes. And then I give them plenty of time. We have rooms so we can let them have 20 to 30 minutes or longer. So, we leave the room.” Similarly, Dr. Manta elaborates,

One of the things that I realized over the years related to this, when I did not have the flexibility of multiple exam rooms is, I would hang around and basically hurry them up. I did not recognize that for the longest time, because people just seemed to want to get out of there. And it just struck me and bothered me that I probably rushed so many people that did not really want to get out of the room, but I just felt like I was standing there waiting for them to get out of the room. So, that is part of the reason I get out of the room is I do not want to intimidate and make them either feel embarrassed or make them feel like they are in a hurry.

Details of the environment and setting of the room are also accounted for as Dr. Silver explains, “my go-to is having a dim room. I turn off LEDs. I got this little light on the side, so the lighting helps. The ambience, I think, really helps the clients with just understanding things.” Logistics of staff members and their professional manner is accounted for as Dr. Barry explains, “I know to

make it a very calming room with no technicians or staff members. We have to make sure it is a very calm environment.”

Aftercare memorial items and cremation services are offered as well. Dr. Barry, ensures that him and his staff attend to the desires of the owners, saying, “we always ask if they want a clipping of the fur or a paw print, which we will make here for free as part of our procedure of euthanizing a pet. Many of our clients want private cremation. That is our number one thing that they would want.” Offering similar services, Dr. Sage explains, “to give them a little piece of their pet back, whether it be a clay paw print, or sometimes if it is a long-hair dog, I will take a piece of hair and put a little bow on it so they have some memorial from them. We try to help the owner realize this is a celebration of that pet’s life, even though we are ending that life.”

The participants emphasize a prioritization and focus on the emotions and needs of the owner, specifically by making sure the little things are thought of and offered during the process. Even the language that the veterinarian uses is purposeful to provide a warm and comforting feeling to the owner. Dr. Silver, explains his process of how he addresses the owners during the middle of the euthanasia procedure saying,

I will watch vitals and I will watch how they are reacting to everything and the sedation side of it, but I try to keep the conversation going with the clients during that time. It helps them ease through the transaction a little bit. We talk about favorite things that the pet liked to do or their favorite things to do with the pet. They like to bark or pee on different things. What they like to go chase. And that is to let them relive some of those memories. You have to coin different terms like “end of life,” “journey,” “tucked in,” just try to use soft terms for them.

Dr. Cable, explains how he attends to the owners' emotions and needs once the euthanasia procedure is completed by ensuring that the owners only see what he feels is appropriate for them to see. He says,

I try and step away for a few minutes and give them a little time alone. And once they have had some time, I need to get the remains ready for transport. I try and get the owner out of the room for that process because they do not need to see that. I take care of that. I get them tucked in under a blanket, and then I invite them back in. The owners, I think, are very appreciative.

Once the euthanasia procedure has been completed, Dr. Manta, explains his process of taking care of the owners' needs and requests, explaining,

usually if people come with family or friends, I try to get out of the way. I want to make sure it is done and I spend extra time even beyond what is necessary. If I have ever gotten any questions it's like, "are you sure?" So, I sit there and I spend a lot of extra minutes on the stethoscope and I am checking different things. Kind of doing theatrical things, making it look like I am really sure, because that's come up before.

Lastly, one participant spoke about how she attempts to personalize the moment as much as she can when having to perform euthanasia. It is what people remember and appreciate during such a difficult time. Dr. Luther says,

I know that everyone has a different background. Some may be religious, some may not, but I usually speak with the owner and with the pet saying you were loved. You have lived a good life. May you watch over this family. I do not put a religious component, but oftentimes I will add something personal, such as that my father and my little brother are no longer here, and they would be, in my view, on the other side welcoming them in. If

nothing else, my pets that have gone on would be there. And sometimes that personal touch, people appreciate.

Compartmentalization

The last central theme to emerge from the study includes compartmentalization with a subtheme of professionalism. Many of the participants reported attempts they make to compartmentalize by detaching from the emotional aspects of the euthanasia process, and remaining the professional in the room. Participants deem compartmentalizing their emotions as a necessary means to help them continue to do their job as a veterinarian in a professional manner throughout the rest of the work day. Dr. Cable, explains,

I try and stay pretty detached. That is a big part of it. Some veterinarians can't handle the process itself, and some can't handle the conversation to get there. I feel like I can take that and just pack it away somewhere, and I do not let it affect the rest of my day.

Sometimes, you get more emotional than others, but typically I stay pretty detached.

Compartmentalization occurs so that the veterinarian is not overwhelmed with the emotion of the euthanasia process. Dr. Silver, states, "emotionally, you have to make some of these just transactions. I can't put every soul into every bit. I have become more detached, I guess, emotionally detached to any procedures." Compartmentalization is viewed as a helpful skill that helps the veterinarian to deal and cope with the emotionally challenging parts of performing euthanasia. Particularly, it is used as a coping skill to help with one's own mental health. Dr. Lang, explains,

I don't want to say you get used to it, because you don't. You learn to deal with it better.

You do not take it all home with you every day. So, you learn how to separate those things. I do not know that you get emotionally stronger, but I hope that you do not stop

caring. I guess you just learn coping mechanisms over time, so you do not dwell on it the rest of the day as much. You can move on to the next thing.

Professionalism

Much of the act of compartmentalizing involves the veterinarian remembering their duty to be the professional. It is the responsibility of the veterinarian to be the professional in the room with the owners and families. As Dr. Luther states, “I approach every pet as if they were my own, like what would I do? And I do give them that personalized feedback of this is how I have approached it with my own pets, but at the same time explaining that there are different ways to go about this. I try to remain professional. I can’t deny that there is an emotional aspect to this.” Much of the compartmentalization process by the participants involves putting aside the emotion as much as possible by choosing to be the professional in the room. Dr. Lang reports, “You kind of have to hang on and continue to contain yourself a little bit, so you can stay focused on what you are trying to do. It sounds strange, but you are the strong one in the room so that you can get them through it. Be the one, more or less, in charge, I guess.” The veterinarian is tasked with making sure they do their job well for both the pet and the owner. Dr. Cross, states, “I just want to make it as peaceful for the animal and for the people as possible.

One of the participants spoke about how they do their best to remain professional during the process, so that they can do their job effectively and diligently. Dr. Cable explains,

My thought process during the procedure is making sure everything goes smoothly. I am trying to think two or three steps ahead. I am thinking about making it a very smooth process from a medical standpoint. I want to stay professional. I am thinking about the pet’s position, and how I am going to take the next step. What angle that pet is laying at so that which arm or leg or vessel can I reach without causing the owner to have to move

too much? Because they are right there hugging their pet and I am thinking about venous access. I want to make sure if there are any elimination issues that I am making sure that their home does not get messed up. I am making sure that I have got plenty of towels underneath.

Summary

The purpose of this study was to better understand a veterinarian's experience performing euthanasia on a pet. Chapter four presents the results of the data analysis of eight participants, who qualified and agreed to participate in the study. Six of the eight interviews were conducted face-to-face, with the remaining two conducted over the phone for scheduling reasons. Demographic information of each participant is given, including gender, age, race, and years of experience as a veterinarian (DVM). Included in this chapter were the four emerging central themes that were identified in the data analysis process, including several subthemes. The first central theme identified is moral reasoning for euthanasia with subthemes including concern for quality of life, ending suffering for pets, and ending suffering for humans. The second central theme is effects on mental health with subthemes including suicidal risk, burnout, and compassion fatigue. The third central theme is the experience of performing euthanasia being emotionally difficult including a subtheme of attending to the emotions and needs of owners. The last central theme is compartmentalization including a subtheme of professionalism. Chapter five, the discussion chapter of the research study, includes a detailed discussion and summary of the findings that were presented in the results chapter. Limitations of the research, future recommendations of counseling research and counseling practice, and a conclusion will also be included in chapter five.

CHAPTER 5

DISCUSSION

Euthanasia, a painless procedure that puts an animal to death (Rujoiu & Rujoiu, 2104b), is an act the veterinarians perform regularly throughout their career (Dickinson & Hoffman, 2019). In fact, one study reported that veterinarians euthanized an average of 7.53 animals per month (Dickinson et al., 2011). The different impacts on veterinarians' performing euthanasia on pets have been discussed in the literature (Bartram et al., 2009; Bartram & Baldwin, 2010). Only 33% of veterinarians feel well prepared to deal with end-of-life issues from their veterinarian training (Dickinson et al., 2011). Research indicates that veterinarians' familiarity and acceptance of euthanasia may change attitudes of suicide being a solution to one's own problems (Bartram et al., 2009), while the stress of performing euthanasia has been found to lead to an increase in compassion fatigue (Hill et al., 2019). Over half (51%) of veterinarians have reported suffering from burnout (Miller, 2012). The aim of this study was to explore veterinarians' experience performing euthanasia on a pet in hopes of better understanding what that experience is like for the veterinarian, and if or how that experience affects them emotionally. This chapter will provide a detailed discussion and summary of the research findings that were presented in chapter four. Then, implications of the research study and limitations of the research study will be reviewed. Finally, future recommendations for further research will be discussed with a conclusion.

Discussion of Results

This study contributed to the existing literature by conducting a qualitative study that interviewed eight veterinarians who have experience with performing euthanasia on a pet. Collecting data through conducting semi structured interviews, allowed for the researcher to

capture rich data of the unique experience of veterinarians' performing euthanasia on a pet. Interviews were recorded with an audio recording device and then transcribed using a transcription company called Rev (2021). Data was analyzed by the researcher using Hays and Singh's (2012) recommendation of Moustakas's (1994) modification of van Kaam's (1959, 1966) phenomenological data analysis. Findings from this study are based solely on the experiences of the eight veterinarians that were interviewed for this particular phenomenon.

The first central theme that emerged was moral reasoning for euthanasia with subthemes including concern for quality of life, ending suffering for pets, and ending suffering for humans. The moral reasoning that veterinarians use when deciding whether to euthanize a pet or not is encompassed by concern for the quality of life of a pet, and ending the suffering of a pet if suffering is present. All of the veterinarians mentioned and acknowledged that assessing the quality of life of a pet is a major factor in deciding whether to euthanize a pet or not. In order to properly assess the pet's quality of life, the veterinarian asks the owner for detailed information about the pet's current state which may include questions about the pet's ability to eat, drink, use the bathroom, and do normal day to day movements. This helps give the veterinarian clarity to the pet's current condition or state of being. There is concern behind the pet's quality of life, because veterinarians are trained to prevent suffering and end suffering when necessary. If the pet is currently suffering or suffering is imminent, then the veterinarian relies on their code of ethics to help guide them. Considering that veterinarians give a high degree of attention and focus on the welfare of their animal patients (AVMA, 2016), euthanasia is an acceptable option to use to end the suffering of the pet. Dr. Luther, specifically mentioned her oath as a veterinarian, stating, "I have taken an oath as a veterinarian to not cause suffering and to alleviate suffering."

In other words, when there is great concern about the quality of the life of the pet, and it is deemed that suffering is imminent or presently occurring, the veterinarians conduct medical euthanasia. Medical euthanasia the most common form of euthanasia, which involves the client and veterinarian deciding that euthanasia is the best possible option for the pet, because of its current quality of life (McVety, 2015). Research shows that veterinarians who are female, younger, and/or work in mostly small animal practice are more likely to disagree with convenience euthanasia (Hartnack et al., 2016), a type of euthanasia when the client requests the putting down of their pet without looking at other options people may consider (McVety, 2015). Four of the participants, including two females, Dr. Sage and Dr. Luther, and two males, Dr. Lang, and Dr. Silver, without prompt, specifically mentioned that they do not partake in performing convenience euthanasia for clients who request it. When referencing convenient euthanasia, Dr. Sage, stated, “that can be very difficult having that discussion. We have turned people away, and they’re mad at you.”

Suffering in life exists, whether it be emotional, physical, mental, or spiritual suffering. One of the more painful types of suffering is physical suffering, especially to witness the physical suffering of a pet or even another human being. One participant, Dr. Barry, explained how much of a blessing euthanasia was, because it is “a procedure that can end that suffering.” Rather than have a pet waste away, veterinarians view one part of their job as being able to alleviate or end a pet’s suffering. They are trained to prevent suffering, as it is part of the oath that they took as a veterinarian. From a veterinarian’s perspective, the suffering of a pet is viewed in a negative light, and euthanasia is the procedure or solution that brings an end to the suffering. In other words, it is a justified means to an end. This thought process agrees with the current veterinary medical ethics, formulated by the American Veterinary Medical Association

(AVMA), which directs veterinarians to be influenced by the welfare of the animal patient, where the benefit of the patient should be top priority over monetary gain or a veterinarian's advantage (Arkow, 1998). The veterinarians use moral reasoning for euthanasia by their concern for the pet's quality of life and using euthanasia as a solution to prevent or end the suffering of the pet.

Interestingly, this theme was not specific to just pets, but also transferred over to beliefs about euthanasia for humans that are suffering. The participants were asked by the interviewer their opinion about euthanasia as an option for people that are suffering or are in end of life care. Six out of eight (75%) of the veterinarians indicated that they agree with using euthanasia as an option for humans who are suffering or are at end of life care, with certain conditions and parameters being put in place. This is comparable to past studies which report veterinary healthcare workers (Kirwan, 2005 cited in Bartram & Baldwin, 2010) and veterinary surgeons (Lerner et al., 2011) having favorable attitudes to human euthanasia. Three of the veterinarians reported that much of their advocacy for euthanasia being an option for humans who want it was because of their own personal experiences with witnessing loved ones suffer. They described stories about their mother or grandmothers who had suffered at the end of their lives, and how those experiences affected the way they view euthanasia for humans. The moral rationale behind human euthanasia is that if pets, who are suffering, are allowed to be euthanized to prevent or end suffering, then euthanasia should be made available for humans who wish to end their own suffering.

However, two (25%) of the eight veterinarians did not agree with euthanasia as a viable option for humans who are suffering. One participant, Dr. Manta, reasoned his opinion was due to his religious beliefs and the complications that come with such a decision. He described that when multiple family members are involved, not everyone will feel comfortable with such a

decision. In other words, it is a much more heavily weighted decision than first appears. Ending human suffering by means of euthanasia may come at the cost of causing distress to others. The other participant, Dr. Cross, mentioned similar reasoning, reporting that the legal ramifications could become convoluted, and that there is really no simple answer to such a complex situation. Though, providing euthanasia as an option for a human who is suffering and consents to it sounds reasonable and simple, a decision that involves death can become quite complex involving emotions and ramifications.

The second central theme that emerged is the effects on a veterinarian's mental health with subthemes including risk of suicide, burnout, and compassion fatigue. A previous research study conducted a web-based questionnaire to 11,627 US veterinarians and reported 17% experience suicidal ideation, while 1% attempted suicide since leaving veterinary school (Nett et al., 2015). Another research study searched the death records for 11,620 veterinarians, and found that 398 (3%) died by suicide (Tomasi et al., 2019). One out of eight (12.5%) participants of the current study reported having past suicidal ideation. However, the participant who reported experiencing past suicidal ideation, Dr. Luther, did not report that the thoughts of suicide were caused from performing euthanasia. Instead, she believes that her thoughts of suicide, "were generally because I was overworked and not able to take care of myself." It is important to highlight that, though, her past suicidal thoughts were not directly caused from performing euthanasia, the long hours and lack of self-care did appear to contribute to this. Perhaps, the responsibilities that come with being a veterinarian can, at times, feel like too much for some. Lastly, two out of eight (25%) of the participants of the current study also reported knowing a veterinarian who committed suicide.

Three out of eight (38%) of the participants reported experiencing burnout. Two of the three participants were male, which is in contrary to research that has found that females suffer from burnout in higher proportions than their male counterparts (Elkins & Kearney, 1992; Best et al., 2020). However, the experiencing of burnout was not necessarily as a direct result from performing euthanasia. The experiences of burnout were reported to be from the busyness of the job of being a veterinarian. This included the responsibilities and roles that come with being a veterinarian, such as the difficulty of owning one's own veterinary practice or working with the humane society and animal control. Research has found that veterinarians have found it necessary to stop working because of burnout (Miller, 2012). One participant, Dr. Lang, mentioned he has classmates who have stopped practicing veterinary medicine because of burnout. Dr. Lang reported his classmates stopped, because they realized the job was not what they expected and from the stress of the actual work. A veterinarian appears to suffer from burnout because of the busyness and long hours of the job, the job not matching expectations, and working in tougher settings like animal control or the humane society.

Lastly, a few of the participants reported experiencing compassion fatigue. One participant, Dr. Luther, reported that the compassion fatigue she experienced was a direct result from performing multiple euthanasia in a day. Dr. Luther states, "it's just simply an emotional exhaustion of being with the owner, being present, being sad because you had to euthanize that puppy, or because it was an old dog you were familiar with and you had to let them go." This experience agrees with the literature that reports that care providers can become emotionally distressed when helping others in need (Radey & Figley, 2007), and the stress from euthanasia leads to an increase in compassion fatigue (Hill et al., 2019). The other reasons given by the participants for experiencing compassion fatigue were working with too few resources, high-

demanding clients, and working in high stress environments such as animal control facilities or animal humane societies. High stress working environments with demanding clients, while working with too few resources, can create a sense of compassion fatigue from the veterinarian. The veterinarian seeks to provide healing to the pets and comfort to the owners, but these things that give them fulfillment can also become wearing. It becomes a paradox where the helper gains satisfaction from the very thing that may also bring them compassion fatigue (Polachek & Wallace, 2018).

The third central theme that emerged from the study is the experience of performing euthanasia being emotionally difficult that includes a subtheme of attending to the emotions and needs of the owner. The participants acknowledge that performing euthanasia on a pet is emotionally difficult. Veterinarians are unique in the sense that they are the only profession that puts their patients to death. Dr. Lang, reports, “it is obviously very emotional doing this. We are the only profession that is allowed to more or less euthanize or kill their patients.” Veterinarians deem the euthanasia process to be emotional, whether it is because ending the life of an animal is sad, there has been an attachment to the pet for many years, or when children are involved in watching the procedure take place. The participants expressed their experiences of feeling sad about performing euthanasia, the process taking a toll on them, some shedding tears, and being left to deal with those feelings on their own. Though, the euthanasia procedure is used to prevent or alleviate suffering, the emotional distress that a veterinarian experiences from killing the pet is inevitable. Having the euthanasia procedure being medically acceptable and justifiable does not take away the sting of being the one responsible for the pet’s death. Euthanasia is a necessary means to a justified end, but the means remains emotionally difficult, impacting the veterinarian in various ways.

A subtheme of the euthanasia experience being emotionally difficult is attending to the emotions and needs of the owner. Research shows that pet owners' satisfaction with the emotional support they receive from the veterinarian has the greatest association with their overall satisfaction of the euthanasia process (Matte et al., 2020). Owners reported that the most important practices they could receive include reassurance, alone time with the pet, and sympathy from the veterinarian (Matte et al., 2020). A research study surveyed nonclinical hospital staff members, clinical staff members, veterinary technicians, veterinary students, and clients assessing satisfaction with various aspects of the euthanasia procedure (Martin et al., 2004). The respondents of the study most strongly agreed that clients should have an option to be present during the euthanasia, a private room was important, and that employees should be trained to attend to the emotional needs of the client (Martin et al., 2004).

In the current study, the participants focus and prioritize the owners' emotions and needs, from the beginning to the end of the euthanasia process. For example, the veterinarian makes sure that the environment of the room where the euthanasia is performed is peaceful and calming for the owner. This includes little details like having a room that is calm, quiet and dimly lit. Dr. Silver, reported, "my go-to is having a dim room. I turn off LEDs. I got this little light on the side, so the lighting helps." Dr. Barry, stated, "I know to make it a very calming room with no technicians or staff members. We have to make sure it is a very calm environment." Even once the animal has passed, a veterinarian may take extra time to double-check, at the owner's request, that the heartbeat of the pet is no longer there. Dr. Manta, when requested, will check the pet's heartbeat to provide comfort to the owner, saying, "I sit there and I spend a lot of extra minutes on the stethoscope and I am checking different things. Kind of doing theatrical things, making it look like I am really sure, because that's come up before." These small details are

thought of and implemented by the veterinarian to ensure that the owners have as good of an experience as is possible. Veterinarians play a big role in helping the euthanasia of a pet be a good death (Schuurman, 2016).

The owners are given substantive time in the room alone with the pet after the euthanasia procedure is completed. The veterinarian does not want the owners to feel rushed or hurried away once the procedure has been completed. Dr. Manta, says, “part of the reason I get out of the room is I do not want to intimidate and make them either feel embarrassed or make them feel like they are in a hurry.” A gentle touch or personal word of encouragement may be offered to the emotionally fragile owner once the euthanasia procedure has been completed. As the heartbeat is no more, the finality of the pet’s death begins to sink in. The veterinarian, realizing the gravity of the situation from the owner’s perspective, offers a gentle touch of comfort. For example, Dr. Cable, reports, “it is very clearly an emotional time. After the animal has passed, I want to reach over and lay my hand on a shoulder or a hand to just give my support.”

Memorial services such as paw prints, hair clips, or cremation are offered to the owners that help them to memorialize their pet. These memorial items are offered to be reminders of the loving memories owners have had with their pets. The veterinarian wants to do their part in having the owner walk away with something from their pet that they can physically hold on to. Some may offer a hairclip of the pet’s fur or a clay paw print impression of the pet’s paw. Dr. Sage, says, “to give them a little piece of their pet back, whether it be a clay paw print, or sometimes if it is a long-hair dog, I will take a piece of hair and put a little bow on it so they have some memorial from them.” All of these little details that are involved in the entirety of the euthanasia experience are thought of and implemented by the veterinarian. They feel it is part of their duty and responsibility as a veterinarian to attend to the owners’ emotions and needs during

this difficult process. They serve as gentle guides to the pet owners who experience the heartbreaking loss of a pet.

The last central theme that emerged in the current study is compartmentalization that includes a subtheme of professionalism. The participants acknowledge that the euthanasia process is emotionally difficult, however they also acknowledge their attempts to compartmentalize the difficult and sad emotions they experience during the entire euthanasia experience. Dr. Cable, reports, “I try and stay pretty detached. That is a big part of it. Some veterinarians can’t handle the process itself, and some can’t handle the conversation to get there. I feel like I can take that and just pack it away somewhere, and I do not let it affect the rest of my day.” Compartmentalizing the emotions that emerge from the euthanasia experience serves as a coping mechanism to the veterinarian that helps him or her not let it affect the rest of their day. Dr. Lang, summarizes this concept, stating, “you learn how to separate those things. I do not know that you get emotionally stronger, but I hope that you do not stop caring. I guess you just learn coping mechanisms over time, so you do not dwell on it the rest of the day as much. You can move on to the next thing.” Being too emotional or too focused on the emotional aspect of the euthanasia experience becomes counterproductive.

The veterinarian cannot allow every euthanasia he or she performs to become emotional. Some euthanasia procedures, simply, have to be viewed as a service transaction. Dr. Silver explains, “emotionally, you have to make some of these just transactions. I can’t put every soul into every bit. I have become more detached, I guess, emotionally detached to any procedures.” Though, an acknowledgement and felt emotion of sadness does occur within the veterinarian performing euthanasia, attempts are made to compartmentalize from the emotions being experienced by the veterinarian. Research shows that veterinarians are involved in a dual role

moving from the detached medical profession to the sympathetic moderator of the euthanasia procedure itself (Morris, 2012b). The veterinarian compartmentalizes the emotions, and chooses to remain the professional in the room as best as he or she can.

Compartmentalization includes the subtheme of professionalism. During the euthanasia procedure, it is the responsibility of the veterinarian to remain the professional in the room. Dr. Lang, describes his role saying, “it sounds strange, but you are the strong one in the room, so that you can get them through it. Be the one, more or less, in charge, I guess.” The veterinarians are the ones in charge of the procedure, making sure everything goes smoothly and peacefully for both the pet and the owner. The pet owners look to the veterinarian for guidance on how the process is supposed to work. Dr. Cross, describes her ultimate goal when performing euthanasia, saying, “I just want to make it as peaceful for the animal and for the people as possible.” There are certain details of the procedure that need to be thought of and enacted beforehand, during, and after. For example, Dr. Cable is already thinking two or three steps ahead about what to do, what should be done, and how it should be done. He explains, “I am trying to think two or three steps ahead. I am thinking about making it a very smooth process from a medical standpoint. I want to stay professional.” This theme is important, because it highlights the headspace of the veterinarian in the midst of the euthanasia experience. Despite the emotional aspects of the situation and the owners, they remember to be the professional in the room and ensure a positive and peaceful experience for both pet and owner.

Limitations

This study contributed to the existing literature of the experience that veterinarians have of performing euthanasia on a pet, however a few limitations exist. The first limitation to the study is due to its lack of generalizability, as the sample of participants were veterinarians who

only lived in a state in the southeastern United States. While the sample included a fairly representative sample of gender, including five males (63%) and three females (37%), all of the participants identified as Caucasian. Having a more ethnically diverse sample may have allowed for different findings of the study. Another limitation of the study included the researcher's relationship to the participants. The researcher's family business has a work relationship with all of the veterinarians that participated in the study. This relationship could have influenced some of the participants' responses in the interviews. Sampling participants with no relationship to the researcher's family business may have allowed for different responses to some of the questions that were asked during the interviews. Also, the average years of experience for the participants were roughly 26 years. Including in the sample veterinarians with less years of experience may have brought different perspectives of the experience of performing euthanasia on a pet. The average age of the participants was about 54-years-old. Having younger veterinarians participate in the study would have allowed for a broader spectrum of responses and experiences of performing euthanasia on a pet.

Despite the limitations noted above, there are a few factors that did help the generalizability of the study. The data collected from the participants included rich information about the experience of performing euthanasia on a pet and how a veterinarian can be affected emotionally from such a procedure. The population sample was fairly representative with gender with five males (63%) and three females (37%). Also, there was a diverse range of work environment settings in which the participants worked in, including small animal practice, mobile practice, and emergency animal practice. The age range of the participants were from thirty-six to sixty-three years old. Lastly the years of experience as a veterinarian for the current

study ranged from six to thirty-eight. The range in ages and years of experience created opportunity for a vast array of perspectives.

Recommendations

While the current study shed a light on what the experience of performing euthanasia on a pet is like for a veterinarian, a few recommendations for future research and practice should be mentioned.

Future Research

First, while some rich data was gathered, as the participants spoke about their experience with performing euthanasia, it was difficult for the interviewer to find ways for some of the participants to disclose more of the emotional aspects of the experience. A future study may want to include questions that speak specifically to the emotional nature of the experience. This will prevent participants from speaking about the technical or medical explanations of the euthanasia procedure.

Also, research shows that the most at risk of mental health difficulties, anxiety, and suicide are young, female veterinarians (Mellanby, 2005; Gardner & Hini, 2006; Bartram et al., 2009; Platt et al., 2010). Females represent about 63% of the veterinarians in the United States (U.S. veterinarians 2020, 2021). Female veterinarians are more likely than male veterinarians to die from suicide as compared to the general population (Tomasi et al., 2019). Conducting research that is geared towards exploring female veterinarians and their experience performing euthanasia may be more representative of the current profession demographics and beneficial in bridging the gap in the literature of what is causing these mental health difficulties for veterinarians. Lastly, considering the detail and preparation a veterinarian needs in order to perform euthanasia on a pet well, it would be interesting to explore if veterinarians do feel

prepared to handle end-of-life issues. A lack of preparedness could be leading to mental health difficulties that the veterinary profession is currently experiencing.

Future Counseling Practice

Given the mental health difficulties of the veterinary profession (Bartram et al., 2009; Bartram & Baldwin, 2010; Hill et al., 2019; Miller, 2012; Platt et al., 2010; Tomasi et al., 2019; Tran et al., 2014), it is imperative that mental health counselors become informed and equipped of how to approach and best serve this population. The veterinary profession is unique as they are more likely to encounter death compared to those in the medical field (Littlewood et al., 2020). Despite the high numbers of euthanasia that the average veterinarian performs each year (Dickinson & Hoffman, 2019), only 33% feel well prepared by their veterinary training to deal with end-of-life issues (Dickinson et al., 2011). Mental health professions should find ways to partner alongside veterinary schools in implementing mental health education about end-of-life issues, suicide, burnout, compassion fatigue, stress, depression, and other mental health difficulties. If certain mental health education classes are implemented early on in one's veterinary education, then it may help to prevent and mitigate such mental health issues that occur so frequently within the veterinary profession.

Another recommendation is that mental health school programs begin to implement their own courses to their students that provide best ways to help particular professions that deal with death, dying, and end-of-life issues. These include professions in similar fields such as physicians, nurses, hospice care, and EMT's. If mental health counselors are not adequately trained or equipped to handle such unique issues that the veterinary profession experience, then veterinarians are left with fewer options to seek mental health help when needed.

Conclusion

One of the aims of this study was to explore and better understand veterinarians' experience with performing euthanasia on a pet. The literature describes the mental health issues that veterinarians experience as a profession including stress, compassion fatigue, burnout, and suicide (Bartram et al., 2009; Bartram & Baldwin, 2010; Hill et al., 2019; Miller, 2012). Previous research has suggested that even though the high risk of suicide in the veterinary profession is well documented, there remains significant barriers to understanding, treating, and preventing suicidal behavior for the profession, and more research is needed (Fink-Miller & Nestler, 2018).

The current study resulted in a few findings that should be highlighted. First, veterinarians use moral reasoning for performing euthanasia that is encompassed by the concern for the pet's quality of life and ending the suffering of the pet if it is imminent or already present. The participants in this study do not participate in convenient euthanasia, but actually go through a decision-making process with the owner of assessing the quality of life to determine if euthanizing the pet is the best possible solution for the pet. Also, the majority of participants in this study are in favor for euthanasia for humans who consent, and with parameters and conditions. Though, mental health difficulties like risk of suicide, burnout, and compassion fatigue were not necessarily due to performing euthanasia on a pet, the participants did still experience mental health difficulties because of the high demands of the job. Compassion fatigue and burnout resulted from long work hours, balancing the dual roles of a business owner and veterinarian, high demands from owners, and having too few resources. One participant suffered from suicidal thoughts due to being overworked and lack of self-care.

Next, the veterinarian attends to the emotions and needs of the owner. The focus of the veterinarian is not on him or herself, but rather what the owner needs during the euthanasia

experience. This may come in the form of a gentle touch from the veterinarian displaying empathy and compassion, a dimly lit and quiet room to create a peaceful atmosphere for the pet and owner, or an offering of memorial care services for the owner to remember and memorialize their pet.

Veterinarians acknowledge that the process of euthanizing a pet is emotionally difficult. However, they also acknowledge that they do their best to compartmentalize the emotional aspect of euthanizing a pet in order to maintain composure throughout the remainder of their day. They acknowledge that they need to remain the professional in the room with the owners and families of the pet. They are the ones in charge of the euthanasia procedure and enacting it peacefully for both the pet and the owner. They have to be the strong ones in the room and do what they were taught and trained to do.

Limitations of this study included lack of generalizability, the researcher's previous relationship to some of the participants, and a lack of veterinarians with fewer years of experience. Recommendations for future research included questions more specifically geared to the emotional aspects of the euthanasia experience, sampling female veterinarians who represent a majority in the profession and exploring veterinarians' level of preparedness in handling end-of-life issues. Future counseling practice recommendations included mental health professions partnering alongside veterinary schools in implementing mental health education and implementing death, dying, and end-of-life topics in mental health school programs.

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APPENDIX
QUESTIONS

1. Demographics: Sex, age, ethnicity, years of experience as a veterinarian.
2. What is your level of experience as a veterinarian?
3. Tell me about the decision-making process in deciding euthanasia for a pet and the factors that come into play for that decision.
4. How does it feel to discuss the euthanasia procedure with families?
5. Describe what you are feeling and thinking during the euthanasia procedure.
6. Explain what you are feeling and thinking after the euthanasia procedure is completed.
7. Describe the most difficult euthanasia experience you have had to perform on a pet.
8. In what ways have your views about death and dying been informed from performing euthanasia?
9. As a result of doing this work, have you ever experienced suicidal ideation or attempts, burnout, or compassion fatigue?
10. How many euthanasia do you perform on average?
11. What is your opinion about euthanasia as an option for people that are suffering or are in end of life care?
12. Is there anything else of importance about this interview that you would like to share?
12. As a result of doing this work, have you ever experienced suicidal ideation or attempts?
13. Is there anything else of importance about this interview that you would like to share?