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Scotland's Rural College

An exploration of how vets cope with the daily challenges of farm animal practice and how best these coping mechanisms might be developed into tools which can be easily accessed by the livestock veterinary community.

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www.howfarmvetscope.co.uk

PROJECT REPORT

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Acknowledgements

Farm Vets

This project has relied heavily on the input of farm animal vets, from the initial concept through to the development of the web based resources outlined in Stage 3 of this report and available at: www.howfarmvetscope.co.uk.

We would like to acknowledge BCVA for their interest and for supporting the recruitment of Congress attendees to the project, not least James Russell.
We would like to thank Westpoint Vets for their interest and for promoting the study to their staff.
We would like to thank every farm vet who was interviewed, those who took part in the workshop and who provided feedback at the alpha testing stage.
It has been an immense privilege for our team to have been given such an insight into the very personal, sometimes painful experiences which were described during interviews.
We hope that the outputs of the project, now and in the future, will be useful to others in the profession as a result of the contribution of participating vets.

For more information

For more information about the project and post project plans, please contact Dr Kate Stephen, SRUC An Lochran, Inverness Campus, INVERNESS IV2 5NA. E: kate.stephen@sruc.ac.uk

Photos:
patrick-hendry-0_prHYcxSdc-unsplash
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Background

This proposal was inspired by vets recounting their experiences in relation to the control of livestock disease[1] as well as published research about stress and mental health in the veterinary profession and the challenges of farm animal veterinary practice (O'Connor, 2019; McCann et al., 2019; Bartram & Baldwin, 2010; Bartram et al., 2010; Platt et al., 2012; Stoewen, 2015).

Eleven farm animal vets practicing in Scotland were interviewed in 2018 about their experiences and perceived role in managing livestock diseases. They described being 'flat to the boards' just keeping up with what they have to do and a sense that they are 'running to stand still'[1]. They described the challenge of just getting through the day, especially when this involves routine tasks such as large herd vaccinations. Having been motivated to join the profession to help keep animals healthy, they described how, at times, they found dealing with disease and its consequences as disheartening[1]. The descriptions resonate with the findings of O'Connor (2019) in her study of the sources of work stress in veterinary practice in the UK.

Vets interviewed described sometimes feeling a sense of dread when responding to a request for a farm visit to see a sick animal and the personal impact of witnessing the effects of disease[1]. They have described anxiety in relation to the fear of being misunderstood and of making a mistake, compounded by the knowledge that farming businesses are so reliant on their input[1]. They can feel that they are being directly or indirectly blamed, may blame themselves when cattle are affected by disease and can question the efficacy of their role[1] (McCann et al., 2019).

Along with these challenges, the vets also described how satisfying and rewarding it is when they see the positive impacts of their work[1]. The findings are similar to those of Cake et al. (2015) in that vets are motivated to make a difference and take pride in their work. However, feedback relating to the positive impacts of their work is often received by chance or belatedly through the success and satisfaction of farmers, only observed when a farm is revisited to find an improvement in the health of the livestock[1].

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[1] Transcripts of interviews with UK vets conducted by SRUC ERU as part of Objective 2.2(iv) of Research Deliverable (RD) 2.2.6 of the Strategic Research Programme 2016-2021 between January and March 2018

It is clear from the literature (Bartram & Baldwin, 2010; Platt et al., 2012; Stoewen, 2015) and from our own findings (McCann et al., 2019) that vets experience a range of challenges which can have a negative impact on their mental health and wellbeing. To compound these challenges, they often work alone and, depending on the size, culture and ethos of the practice in which they are based, may find it difficult to share how they feel with their colleagues. As well as the challenges of workload and being on call, it can also be difficult for vets living in rural communities to separate their professional and social identities. In common with other rural professionals, vets can be approached by members of the community with work-related questions when they are off duty which can make it difficult to switch off and relax.

Veterinary school graduates have been characterised as high achieving individuals; levels of competition for places and entry qualifications are high (Cardwell & Lewis, 2017). Veterinary graduates have been described as having "tendencies to perfectionism, conscientiousness, and neuroticism … with a preference for working with animals rather than people" (Stoewen, 2015). These tendencies, which can contribute to social isolation, are risk factors for mental illness (Bartram & Baldwin, 2010). As a consequence, the development of coping resources for vets has been recommended (Wallace, 2017).

A systematic review of suicidal behaviour in veterinary surgeons recommended that "prevention strategies should take a holistic approach" (Platt et al., 2012).   A policy report from the Mental Health Foundation (Goldie et al., 2016) recommended that mental health improvement should be "integrated into daily work" and that messages and interventions should be "tailored to meet specific needs". This suggests that any initiative to support mental wellbeing in farm animal vets should involve farm animal vets, drawing from and focussing on their own positive experiences, and harnessing factors that can support wellbeing (Bartram et al., 2010).

Mobile phones "lend themselves to mental health care" (Proudfoot, 2013) and although more research is needed, "the evidence to date points to mHealth programs being acceptable and are effective at assisting individuals to effectively monitor and manage their mental health, leading to improved outcomes" (Proudfoot, 2013). A number of apps for wellbeing and mental health are available but the authors have found none tailored to meet the specific needs of vets, let alone farm animal vets.

Aims

By gathering the views and experiences of farm animal vets, the project aimed to identify mechanisms which could be used to (a) promote job satisfaction and (b) to break the cycle of negative thoughts that occur during periods of poor mental wellbeing or in response to setbacks and failure.

The project aimed to adopt a co-production approach to ensure vets were involved at every stage.

Methods

Stage 1

Telephone interviews were used to gather data relating to the routine activities in farm animal veterinary practice and to capture the language used by vets to describe their experiences, both negative and positive. Vets were asked to describe how they coped with the challenges they faced and how they would advise others facing similar challenges.

There were three broad interview questions:

1) What routine activities give you job satisfaction / what are the best bits about your job?
2) What routine activities / aspects of the job do you find demotivating or demoralising and what helps you to cope with challenges, setbacks, failures, and mistakes?
3) What do you think would help vets to cope & to support their mental health and wellbeing? (A list of potential options was available to interviewers to use as a prompt.)

Stage 2

A workshop was held where initial analysis of interviews was presented. Potential interventions which could be developed and tested within the project timeframe were discussed. The workshop concluded by capturing feedback and deciding the priorities for Stage 3.

Stage 3

A proof of concept shiny app was built based on content and input provided by vets in Stages 1 and 2. This was tested by vets and a final version was built based on feedback received.

Results

The SRUC Social Science Ethics Committee gave approval for the study.

Stage 1 INTERVIEWS

Recruitment of participants for interviews included the use of direct messages on Twitter, email and phone contact with vets who previously indicated a willingness to participate and through 'sign up' fliers at the BCVA Congress in October 2019. In addition, some veterinary practices and groups of farm veterinary practices shared information about the project to their staff.

A total of 85 individual expressions of interest were received and information about the project provided to each. 32 interviews were consented for, and 31 were successfully arranged. The majority of participants were male (n=18/31).

Vets were not asked about their current employment status or location but many shared this information during their interviews. All but one of the participating vets were based in the UK; one vet was currently working abroad but had previously worked in the UK. Most were currently working in farm animal practices, some were in mixed practice, others had retired or were working for government agencies or industry.

The interviews were undertaken and recorded[2], transcribed[3] and thematically analysed[4] using nVivo software. Three interviews were just under half an hour, most were between 30 and 60 minutes, four lasted over 1 hour.

Stage 2 WORKSHOP

Data from research interviews were presented under the following categories:
- Experiences of job satisfaction
- Experiences of challenges
- Experiences of not coping / negative experiences
- Experiences of coping and advice to others.

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[2] Kate Stephen & Madeleine Henry
[3] Jo Baughan
[4] Kate Stephen & Jo Baughan

Workshop participants were asked to write (post it) notes to express their responses and views about each of these categories, as they were discussed. The post it notes were then attached to a relevant flip chart sheet adhered to the wall. This facilitated participants' feedback efficiently and discreetly.

During the workshop, interventions which had been discussed or suggested by vets during the telephone interviews were presented. These included the options presented in Table 1 below, some of which were considered by the project team to be beyond the scale and remit of this project.

Table 1 Suggested options for interventions that would help farm vets which were considered to be beyond the project's scale and remit.

- Develop a fully developed mobile phone app
- Provide an interactive regional map of anonymised on-duty vets (with communications option)
- Provide clinical checklists to assist vets to prepare / refresh their memory ahead of a farm visit or to reflect logically when there are negative outcomes
- Encourage management training for practice partners
- Work towards a profession-wide acceptance of H&S standards and facilities on farms for vets
- Work towards a profession-wide acceptance of working time guidance / limitations for vets
- Address gender bias in veterinary school recruitment
- Ensure adequate farm experience for would-be farm vets
- Acknowledge and address the gender pay gap
- Address negative attitudes to maternity leave
- Work towards a profession-wide acceptance of minimum standards of staffing levels, on call and rota management

The following options were discussed in more detail: A) The development and provision of podcasts which could be accessed en route to and from farms, B) The provision of a mechanism to recognize the individual contribution of vets to the bigger picture (disease eradication), C) The provision of self-administered standardised questionnaires to test and raise self-awareness of symptoms of stress, anxiety or depression, D) The provision of advice from other vets about coping strategies, E) Proof of concept for Interactive regional map of anonymised on-duty vets (with illustration of communications option).

There was a recognition that the project had limited resources and was therefore unable to tackle many of the underlying issues which were considered to be the root cause of poor mental health, particularly in younger vets. This was a source of considerable frustration amongst the workshop participants. However, there was a consensus that the data collected was rich and should be used as a basis to influence change.

The steer / guidance from workshop participants related to 'what not to do' and 'what to focus on in Stage 3 of the project'. It was agreed that there was no need for further interviews; information was likely to be at saturation point so further interviews would not necessarily glean new insight. In order to avoid negative impacts on those already struggling, it was agreed that simplistic solutions (which only focus on the positives, without acknowledging the negatives) should not be provided. It was agreed not to provide self-diagnosis stress scales which may result in vets withdrawing further rather than seeking support. Modelling of economic/epidemiological impact was not felt to be useful as it would not capture many of positives (associated with job satisfaction) and was likely to bias in favour of practices with large farms as clients.

The workshop concluded by making some recommendations on the future focus for Stage 3 and post-project. Workshop participants were interested in the idea of podcasts with vets recounting experiences of negative outcomes and mistakes, both serious and amusing. An online resource which made telephone interview quotes by vets more widely available was also felt to be useful. In addition, workshop participants suggested the use of audio quotes – based on the recordings of vets' comments in interviews. Finally, the workshop concluded that an interactive map of on duty or on call vets was a positive method of reinforcing the notion that individual vets on call in remote rural geographies outwith office hours and through the night were not alone, but part of a farm vet workforce. As a result, the creation of a 'mock-up' of an interactive regional map was recommended.

As interview data was considered to be a valuable resource, further analysis and dissemination of results through the wider veterinary and farming community was recommended. This was considered to have the potential impact of changing culture and addressing some root causes of poor wellbeing.

Workshop conclusions and recommendations informed the development of Stage 3 of the project.

Stage 3 WEB-BASED MATERIALS

In response to the guidance and steer given by workshop participants, a test sample of materials was developed which incorporated some of the data from the interviews and could be used as a proof of concept for what vets would find useful. This was tested by vets and a final version was built based on feedback received.

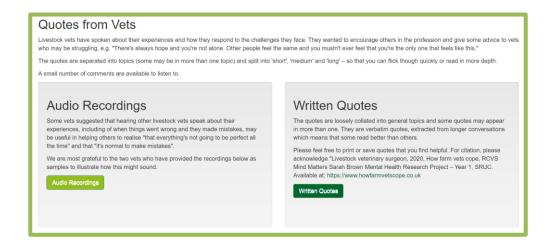**Web-based materials are available at: www.howfarmvetscope.co.uk.**

The link to project resources will be disseminated to project participants, project stakeholders, those who have expressed an interest in / support for the project, and via social media.

The web materials were built using open source software by Dr Andrew Duncan, a member of the SRUC project team. A domain name and SSL certificate were purchased to ensure that the resources will be safely available until at least until August 2023 at www.howfarmvetscope.co.uk .
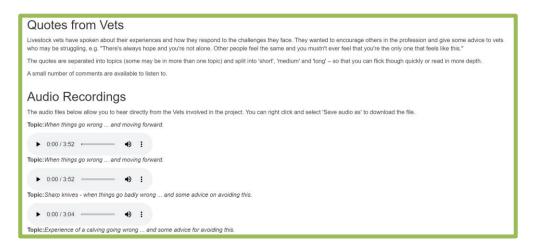
We have tried to follow EAST principles, easy, attractive, social and timely (Service et al., 2015) and a person-based approach (Yardley et al., 2015) in the development and presentation of the online materials.

There are three main sections for web materials: A) quotes from vets, B) map, and C) other options. The weblink also includes information about the project, funding, and support for vets. This includes information about mental health and wellbeing support services, including 24-hour support for suicide prevention, such as the helpline provided by Vetlife (Bartram et al., 2010).

A) QUOTES FROM VETS

Quotes from Vets

Livestock vets have spoken about their experiences and how they respond to the challenges they face. They wanted to encourage others in the profession and give some advice to vets who may be struggling, e.g. "There's always hope and you're not alone. Other people feel the same and you mustn't ever feel that you're the only one that feels like this."

The quotes are separated into topics (some may be in more than one topic) and split into 'short', 'medium' and 'long' – so that you can flick though quickly or read in more depth.

A small number of comments are available to listen to.

Audio Recordings

Some vets suggested that hearing other livestock vets speak about their experiences, including of when things went wrong and they made mistakes, may be useful in helping others to realise "that everything's not going to be perfect all the time" and that "it's normal to make mistakes".

We are most grateful to the two vets who have provided the recordings below as samples to illustrate how this might sound.

[Audio Recordings]

Written Quotes

The quotes are loosely collated into general topics and some quotes may appear in more than one. They are verbatim quotes, extracted from longer conversations which means that some read better than others.

Please feel free to print or save quotes that you find helpful. For citation, please acknowledge "Livestock veterinary surgeon, 2020, How farm vets cope, RCVS Mind Matters Sarah Brown Mental Health Research Project – Year 1, SRUC. Available at: https://www.howfarmvetscope.co.uk

[Written Quotes]

'Quotes from vets' are mainly provided as written quotes with a small number of audio quotes.

Written quotes have been presented as short (10-30 words), medium (30-80 words) and long (>80 words) to provide options for vets to flick through quickly or read in more depth.

Quotes have been organised under the following categories; some quotes may appear in more than one category.
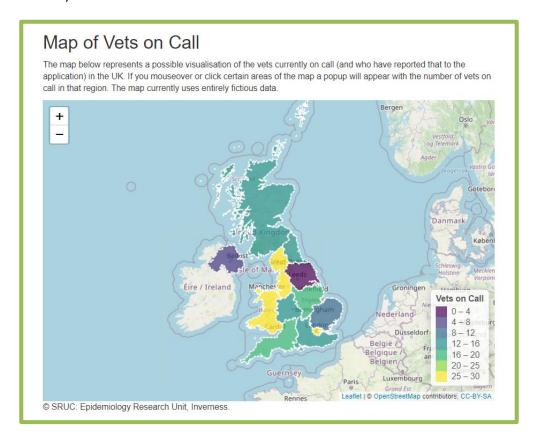
- Acceptance and moving on
- Advising farmers
- Asking for help and support
- Being appreciated
- Being appreciated by farmers, or not ...
- Being busy, work satisfaction and learning
- Being part of a team
- Dealing with difficulties and conflicts
- Exercise, keeping fit, playing sport
- Family and partners
- Fun and team building
- Giving and getting support in a team
- The good thing about farmers
- How to engage with farmers
- Integrating into a community
- Joking and humour
- Knowing that it's not just you

- Making Mistakes
- Managing Time and expectations
- Music, Podcasts and the on call Map
- Outdoors and hobbies
- Perspective
- Sleep
- Speak to somebody
- Supporting other and younger vets
- Switching off
- Time out, breathing exercises, relaxation
- Vet-farmer relationships
- When something goes wrong

B) MAP
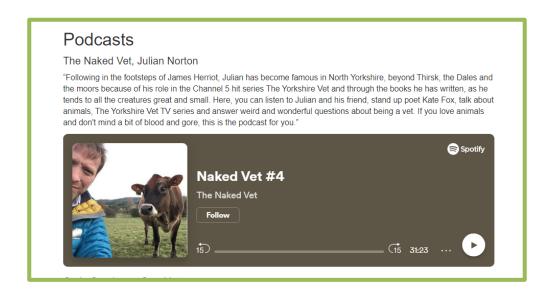
Data provided by farm vets in this project indicate that individuals can feel lonely and isolated, not least when they are on call during the night. This map illustrates what could be developed in a future project.

If permissions were given by app users, the map would show the vets on duty and / or on call in the various regions of the UK. An additional feature might be possible to allow app users to connect with each other (message or chat).

C) OTHER OPTIONS

Farm vets suggested a range of other options for how they coped which they recommended for others. These included listening to podcasts and music. These podcasts and playlists have been selected to illustrate what farm vets listen to when they want to be distracted.

Podcasts

The Naked Vet, Julian Norton

"Following in the footsteps of James Herriot, Julian has become famous in North Yorkshire, beyond Thirsk, the Dales and the moors because of his role in the Channel 5 hit series The Yorkshire Vet and through the books he has written, as he tends to all the creatures great and small. Here, you can listen to Julian and his friend, stand up poet Kate Fox, talk about animals, The Yorkshire Vet TV series and answer weird and wonderful questions about being a vet. If you love animals and don't mind a bit of blood and gore, this is the podcast for you."

Naked Vet #4
The Naked Vet
Follow
15   31:23   ...   ▶
🎧 Spotify

Post Project Stage

Based on workshop recommendations for project data to have an impact beyond the limitations of this project, the project team have committed to writing up articles and journal papers post project. The team will discuss with stakeholders the further development of materials which could be provided on a downloadable app for livestock vets.

For more information about the project and post project plans, please contact Dr Kate Stephen, SRUC An Lochran, Inverness Campus, INVERNESS IV2 5NA. E: kate.stephen@sruc.ac.uk

References

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

Bartram, D. J., Sinclair, J. M. A. and Baldwin, O. S. (2010) 'Interventions with potential to improve the mental health and well being of UK veterinary surgeons', Veterinary Record, 166(17), pp. 518–523. doi: 10.1136/vr.b4796.

Cake, M.A., Bell, M.A., Bickley, N. and Bartram, D.J., 2015. The life of meaning: a model of the positive contributions to well-being from veterinary work. Journal of veterinary medical education, 42(3), pp.184-193.

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

Goldie, I., Elliott, I., Regan, M., Bernal, L. and Makurah, L., 2016. Mental Health and Prevention: taking local action. London: Mental Health Foundation.

Kvale, S. and Brinkmann, S., 2009. Interviews: Learning the craft of qualitative research interviewing. Sage.

McCann, C.M., Stephen, K., Adam, K., Baughan, J., Gunn, G.J. and Tongue, S.C., 2019. Motivations for and experiences of disease control on Scottish Beef Farms. Poster presented at SVEPM: Conference & Annual General Meeting, March 27-29, 2019; Utrecht, The Netherlands

O'Connor, E., 2019. Sources of work stress in veterinary practice in the UK. Veterinary Record, pp.vetrec-2017.

Platt, B., Hawton, K., Simkin, S. and Mellanby, R.J., 2012. Suicidal behaviour and psychosocial problems in veterinary surgeons: a systematic review. Social psychiatry and psychiatric epidemiology, 47(2), pp.223-240.

Proudfoot, J. (2013) 'The future is in our hands: The role of mobile phones in the prevention and management of mental disorders', Australian and New Zealand Journal of Psychiatry, 47(2), pp. 111–113. doi: 10.1177/0004867412471441.

Proudfoot, J. (2013) 'The future is in our hands: The role of mobile phones in the prevention and management of mental disorders', Australian and New Zealand Journal of Psychiatry, 47(2), pp. 111–113. doi: 10.1177/0004867412471441.

Ritchie, J., Lewis, J., Nicholls, C.M. and Ormston, R. eds., 2013. Qualitative research practice: A guide for social science students and researchers. Sage.

Service O, Hallsworth M, Halpern D, Algate F, Gallagher R, Nguyen S, et al., 2015. EAST Four simple ways to apply behavioural insights. Available from: http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication- EAST_FA_WEB.pdf

Stoewen, D. L. (2015) 'Suicide in veterinary medicine: Let's talk about it. The Canadian Veterinary Journal', Can Vet J., 56(January 56(1)), pp. 89–92.

Wallace, J.E., 2017. Burnout, coping and suicidal ideation: An application and extension of the job demand-control-support model. Journal of Workplace Behavioral Health, 32(2), pp.99-118.

World Health Organization, 2011. mHealth: new horizons for health through mobile technologies. Available at: https://www.who.int/goe/publications/goe_mhealth_web.pdf

Yardley, L., Morrison, L., Bradbury, K. and Muller, I., 2015. The person-based approach to intervention development: application to digital health-related behavior change interventions. Journal of medical Internet research, 17(1), p.e30.

Glossary

Web app:	An application program that is stored on a remote server and accessed using an internet browser.
Mobile app:	An application program that is designed to run on a smart phone or other mobile device
Alpha test:	Testing features of an app at a stage when changes can easily be made
mHealth:	Medical and public health practice supported by mobile devices (WHO, 2011)