

In Their Own Words: What Qualitative Analysis of Online Discussions with Students Reveals about Their Experiences with Compassion Fatigue in Shelter Medicine

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Abstract: Veterinarians are known to be at risk for developing compassion fatigue. Because shelter medicine is a new specialty area of veterinary practice, we chose to investigate what graduate students studying this emerging discipline by distance learning revealed about their unique struggles with compassion fatigue. The researchers applied grounded theory to open-code and thematically analyze written responses for assignments submitted by students during the summer of 2015 as they completed an online graduate course in shelter medicine. The student enrollment consisted of 81 veterinarians, veterinary students, and other shelter professionals. Three themes emerged from the data related to issues with: Communication, Causes of Compassion Fatigue, and Responses to Compassion Fatigue. Students described their personal experiences with trigger events that exacerbated their stress in the shelter; strategies they used for coping with compassion fatigue personally, on the job, and in the communities surrounding animal shelters; desires and needs for assistance; and feelings and emotions about working in animal shelters. Contradictory public expectations for the practice of shelter medicine, negative public perceptions of shelter medicine, shelter euthanasia practices, and misconceptions about the amount of interpersonal communications involved with shelter practice were noted as significant trigger events that may uniquely affect shelter practitioners. The results of this study point to educational interventions that might assist shelter practitioners to practice self-care and support one another, while providing humane care for sheltered pets.

Keywords: Shelter Medicine, Compassion Fatigue, Qualitative Analysis, Thematic Analysis, Online Learning, Distance Education, Euthanasia, Communication, Coping, Grounded Theory

I. Introduction

A review of the literature regarding the wellbeing of animal-care workers leaves little doubt that such work takes a toll on their psychosocial and physical health. Professionals working in a variety of animal-care fields and specialties are susceptible to compassion fatigue and their expressions of empathy and engagement are believed to play a significant role in the onset of symptoms.^{1,2}

Compassion fatigue refers to the profound emotional and physical exhaustion that helping professionals may develop over the course of their careers.³ Described as “the cost of caring” it is a “disorder that affects those who do their work well.”⁴ Animal-care workers may develop compassion fatigue because they care deeply (or used to care) about suffering, traumatized, or stressed animals and people who are tasked with helping these animals. Left untreated, compassion fatigue may lead to more serious physical and mental disorders such as depression, anxiety, and substance abuse.^{3,5}

At a recent conference of the American Veterinary Medical Association (AVMA) convention, 85% of the attendees indicated that stress and burnout were the most important issues affecting their profession.² Studies with veterinarians and their staff indicate that compassion fatigue is a primary concern.⁶ More concerning is the finding that veterinarians are at increased risk for suicide compared to the general population and other medical professionals.⁵⁻⁸

Shelter medicine is a particularly demanding specialty field of animal-care work that requires skill with both individual patient care and population-level care for large numbers of domestic pets in need of permanent homes. A Job-Task Analysis performed by the Association of Shelter Veterinarians (ASV), in advance of petitioning for approval of the new specialty practice of shelter medicine, identified 9 separate categories and 64 specific tasks that a specialist in shelter medicine should be able to perform.⁹ Veterinarians who pursue a career in shelter medicine must cope with the challenges of working in a limited-resource environment to address complex healthcare issues that few private-practice veterinarians will ever experience, such as: forensic-case investigations, behavioral-health assessments, and management of infectious disease outbreaks among ‘herds’ of dogs and cats.

There have been many changes to the practice of shelter medicine in the decades prior to its approval as a specialty area of veterinary practice in 2014. Most United States of America (USA) veterinary colleges now offer one or more courses in shelter medicine.¹⁰ However, many veterinarians still consider the animal shelter a challenging place to practice veterinary medicine due to lack of formal training in the discipline and limited resources available for handling high volumes of pets. The ASV formed in 2001 as a professional organization dedicated to advancing the practice of shelter medicine and improving community animal health and well-being. Two seminal documents designed to improve the quality of veterinary care offered by animal shelters across the nation and around the world were published in 2008 and 2010: the ASV *Veterinary Medical Care Guidelines for Spay Neuter Programs* and the ASV *Guidelines for Standards of Care in Animal Shelters*.^{11, 12} Several textbooks about shelter medicine have been published since 2009. In 2015, the ASPCA in New York City issued a “Position Statement on the Responsibilities of Animal Shelters” emphasizing the need for shelters to improve the care provided for the animals at risk of homelessness in their communities.¹³ Unfortunately, no centralized oversight or supervision of animal shelters exists in the USA. Moreover, the quality of care provided for the millions of pets handled by these shelters is highly variable between the 50 states and US territories.

In 2012, the University of Florida Maddie’s[®] Shelter Medicine Program (MSMP) began offering an online Graduate Certificate in Shelter Medicine to provide professional training for graduate veterinarians and veterinary students interested in developing their knowledge and skills in this emergent area of practice. In 2015, MSMP’s online course offerings were expanded to include non-veterinary graduate students with a professional interest in animal sheltering.¹⁴ Distance education provides prompt access to advanced training for working professionals. This approach to education promises to advance shelter medicine practice by empowering a broader audience with the knowledge and skills they need to improve the quality of veterinary medical care provided to shelter pets. Well-designed, interactive, online courses can catalyze rich, asynchronous discussions between students and faculty that offer a window for educational researchers to glimpse the cognitive and affective behaviors of students as they tackle the content. For this study, the researchers sampled online discussions among a cohort of students enrolled in a shelter medicine course offered by distance learning to investigate their experiences with compassion fatigue. Earlier studies by other researchers elucidated that the shelter environment is stressful for both humans and animals.¹⁵⁻¹⁹

Additionally, a growing body of research has examined how performing euthanasia in animal shelters affects the mental health of euthanasia technicians.^{20, 21} However, few studies have focused specifically on practitioners of shelter medicine.

The purpose of this exploratory study was to analyze the online discussions shared by shelter medicine students enrolled in the summer 2015 Integrating Veterinary Medicine with Shelter Systems (IVMSS) course in order to better understand their experiences with compassion fatigue in animal shelters. The discussion posts were downloaded by permission of the students from this online course that is required to complete the MSMP certificate.¹⁴

II. Methods

Study Design

This qualitative study applied grounded theory methodology to analyze written responses shared with permission by shelter medicine students for two specific assignments within the 12-week IVMSS course taught online during the summer semester of 2015. The two assignments asked students to reflect on their studies within a chapter entitled, “The Role of the Shelter Veterinarian,” which explored the professional and personal demands that might affect one’s job performance and satisfaction.

After reading about administrative and legal issues for animal shelters, exploring the various tasks assigned to shelter veterinarians throughout a typical day at work, and reviewing the 2011 VIN/ASV Veterinary Wage Survey,²² students were prompted to complete:

Assignment 8A (required): Read at least one of 15 papers about euthanasia practices in animal shelters published prior to the creation of the shelter medicine specialty. Then post a brief personal reflection about the paper(s) you read. Read the posts by your colleagues and contribute a value-added comment to further the discussion among your online classmates.

Assignment 8D (optional): Write a brief reflection paper about what you learned in this chapter by responding to these three writing prompts:

- Describe at least one new concept or fact you discovered as a result of this chapter.
- What questions or concerns did this chapter raise for you or what would you like to know more about as a result of this chapter?
- How useful and/or practical did you find the information presented in this chapter?

[TABLE 1: Course Readings]

TABLE 1: COURSE READINGS
Allan C. A little give and talk. <i>Animal Sheltering</i> , July/August pp. 20-31, 2005.
Allan C. Support your local euthanasia technician. <i>Animal Sheltering</i> , January/February p. 7, 2008.
Arluke A. Constructing personal identity in animal shelters. <i>Animal Sheltering</i> , January/February pp. 31-39, 2007.
Arluke A. Coping with euthanasia: A case study of shelter culture. <i>Journal of the American Veterinary Medical Association</i> , 198(7): 1176-1180, 1991.
Baran B, Allan J, Rogelberg S, Spitzmüller C, DiGiacomo N, Webb J, Carter N, Clark O, Teeter L, Walker A. Euthanasia-related strain and coping strategies in animal shelter employees. <i>Journal of the American Veterinary Medical Association</i> , 235(1): 83-88, 2009.
Fakemma D. The Four Phases. <i>Animal Sheltering</i> , March/April pp. 1-3, 2001.
Frommer S, Arluke A. Loving them to death: Blame-displacing strategies of animal shelter workers and surrenders. <i>Society and Animals</i> , 7(1): 1-16, 1999.
Gorodetsky E. Epidemiology of dog and cat euthanasia across Canadian prairie provinces. <i>Canadian Veterinary Journal</i> , 38: 649-652, 1997.
Kahler S. Stalking a killer: the "disease" of euthanasia. <i>Journal of the American Veterinary Medical Association</i> , 201(7): 973-975, 1992.
Owens C, Davis R, Smith B. The psychology of euthanizing animals: The emotional components. <i>International Journal for the Study of Animal Problems</i> , 2(1): 19-26, 1981.
Reeve C, Rogelberg S, Spitzmüller C, DiGiacomo N. The caring-killing paradox: Euthanasia-related strain among animal-shelter workers. <i>Journal of Applied Social Psychology</i> , 35(1): 119-143, 2005.
Reeve C, Spitzmüller C, Rogelberg S, Walker A, Schultz L, Clark O. Employee reactions and adjustment to euthanasia-related work: Identifying turning-point events through retrospective narratives. <i>Journal of Applied Animal Welfare Science</i> , 7(1): 1-25, 2004.
Rogelberg S, DiGiacomo N, Reeve C, Spitzmüller C, Clark, O, Teeter L, Walker A, Carter N, Starling P. What shelters can do about euthanasia-related stress: An examination of recommendations from those on the front line. <i>Journal of Applied Animal Welfare Science</i> , 10(4) 331-347, 2007.
Rogelberg S, Reeve C, Spitzmüller C, DiGiacomo N, Clark, Teeter L, Walker A, Starling P, Carter N. Impact of euthanasia rates, euthanasia practices, and human resource practices on employee turnover in animal shelters. <i>Journal of the American Veterinary Medical Association</i> , 230(5): 713-719, 2007.
White, D. Emotional responses of animal workers to euthanasia. <i>Journal of the American Veterinary Medical Association</i> , 208(6): 846-849, 1996.

At the end of the semester, a research assistant [HC] collected all of the student submissions for both Assignments 8A and 8D, removed submissions from students who had not agreed to participate in the study, and then removed any identifying information and assigned a code to track each submission prior to forwarding the data to the team of researchers [TS and LBH] for open-coding and thematic analysis. The researchers were blinded as to the names of the students from which the data had been collected. The final set of data available for analysis included 30 anonymous submissions for Assignment 8A and 22 anonymous submissions for Assignment 8D. There were more submissions for Assignment 8A than for Assignment 8D because 8A was a required assignment and 8D was optional.

Participants

Approval from the University of Florida's Institutional Review Board-02 (U-156-2014) was received prior to data collection. Student submissions for Assignments 8A and 8D were collected by permission from 30 of the 81 students (37%) enrolled in IVMS course during the summer semester of 2015. Students provided their informed consent to participate in the study by answering "yes" and completing an online survey distributed at the beginning of the semester. The survey asked for basic demographic information (i.e., gender, age) and current professional position (veterinary student, veterinarian, other), but not every student who agreed to participate in the study responded to the demographic questions. Therefore, we do not have demographic information about every student participant. Student participants in the study included veterinary students from both the University of Florida and other Colleges of Veterinary Medicine, practicing veterinarians from the

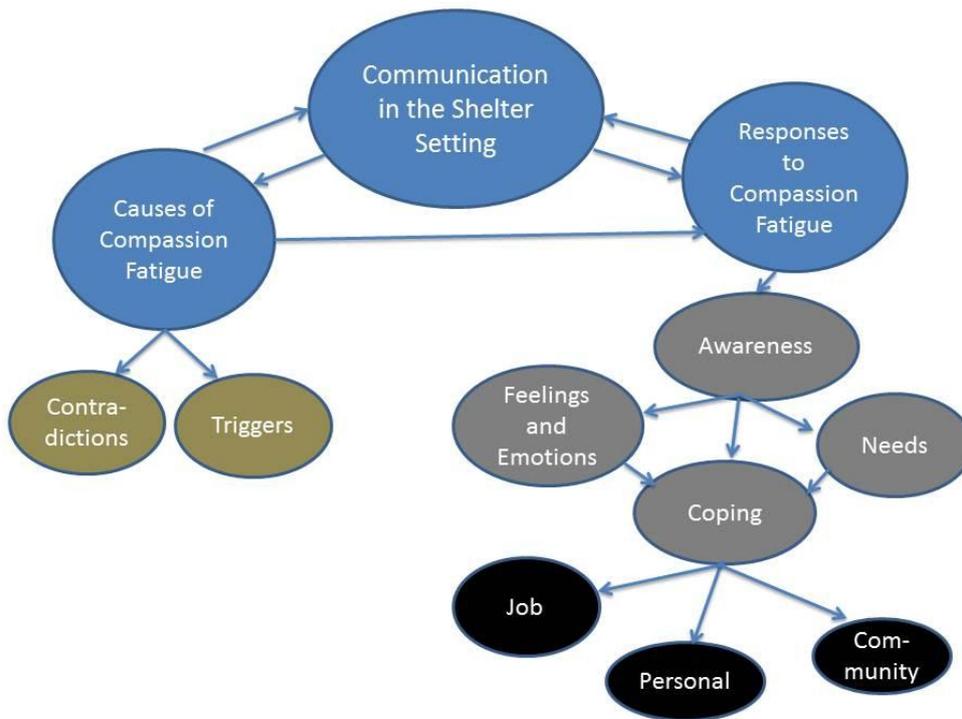
		<p>COPING ON THE JOB (61) Student reported strategies used to protect others, shield others, or help others at work cope. Can include venting, celebrations, duty rotations, trainings, etc.</p> <p>COMMUNITY COPING (21) Student reported strategies used to cope with stakeholders in the community to build positive relationships or overcome negative perceptions about shelter work. Examples include advertising adoptables, creating press releases, announcing successes, making shelter population statistics transparent to the public, etc.</p>	<p><i>“Euthanasia technicians are a major resource in our shelter. We do everything we can to support them with candy, ice cream, etc. as a material reward to help. I try my best to offer support and assistance any time they need it. I offer support and appreciation at every opportunity.”</i></p> <p><i>“I would hope that those in charge of creating shelter policies would be educated on what is really happening in their community and work together to help the most animals in their community. If we can dream of no animals being killed due to lack of home, we can dream of shelters working together!”</i></p>
	<p>FEELINGS AND EMOTIONS (85)</p> <p>Affective reactions to compassion fatigue as reported by students; such as anger, depression, self-doubt, sadness, etc.</p>		<p><i>“I am not saying that you have to be emotionless, you just can’t let it destroy your soul. You have to save all the lives you can save, because unfortunately at this moment in time we cannot save them all.”</i></p>
	<p>NEEDS (67)</p> <p>Student descriptions of what they want that would help them deal with or prevent compassion fatigue. Includes desires, wishes, wants, hopes, and descriptions of what would help them.</p>		<p><i>“Every veterinary student should have training in compassion fatigue in order to effectively recognize the signs and get help before they become consumed in those who are susceptible... it should be required training for all shelter employees and animal care officer.”</i></p>
<p>CAUSES OF COMPASSION FATIGUE (91)</p> <p>Student reported trigger events or situations that result in increased stress, which may worsen struggles with compassion fatigue.</p>	<p>CONTRADICTIONS (35)</p> <p>Describes dichotomous dilemmas that exacerbate feelings of compassion fatigue for shelter workers. Includes contradictory terminology such as classifying shelters as high kill or no kill. Includes moral dilemmas between caring deeply but being accused of being uncaring, or working in a helping profession but being tasked to euthanize animals. Affected by actions of public that condone having shelters take in</p>		<p><i>“Individuals get attacked for doing what is necessary by people who have no idea what open door shelters have to deal with condemn them for killing animals and praise the “no-kill” shelter and rescue groups for saving animals.”</i></p>

	unwanted animals but condemned for not saving them all.		
	<p>TRIGGERS (56) Events, actions, or words that inflict pain or trauma on the student and exacerbate feelings of compassion fatigue. Can include public bullying, negative terminology, or statements from the public such as "I don't know how you do it."</p>		<p><i>"Every single animal care worker understands that they are doing the dirty work and that the euthanasia of an animal is not their fault but the fault of the owner, the breeder, the abuser [or others]. This realization, however, does not override the human tendency to feel emotion and sadness, especially regarding death. I have seen coworkers who want to perform all of the euthanasia because they do not want anyone else to feel the pain or sadness associated with it; but they burn out fast and lose the ability to feel anymore."</i></p>
	<p>COMMUNICATION(35) Verbal (both written and oral) interactions between people; includes shelter staff, management, and community members. Can be conducted in a positive or negative manner. Includes listening skills and non-verbal communication skills used to convey a message.</p>		<p><i>"Often times, animal-care workers need to talk to someone, but talking to a coworker who is going through the same thing is difficult and depressing; talking to a significant other is tough because you do not want to bring that type of sadness onto someone that you care about; and talking to a psychiatrist is associated with a negative connotation."</i></p>

III. Results

Three major themes emerged from the analysis of student submissions: Responses to Compassion Fatigue, Causes of Compassion Fatigue, and Communication. Communication appeared to be a construct that was embedded, with both positive and negative examples, throughout the students' responses.

[Table 3: Concept Map of Themes & Sub-themes]



THE THEME OF COMMUNICATION

Thirty-five student responses were coded as representing either positive or negative examples of communication. Communication refers to verbal and nonverbal interactions between people such as: shelter staff, shelter management, and community members. Communication includes written, oral, listening, and nonverbal skills used to convey a message.

Students shared how discussing compassion fatigue was helpful. One student explained that she “found it quite comforting to discuss and share in such an open and non-judgmental forum with those who also breathe and live animal welfare.”

Others spoke about their intention to utilize their newly-learned communication skills, such as active listening skills. For example, one participant stated that she planned to “use many of the communication strategies in my work and home environments [and added that], “I really liked the listening techniques.” While acknowledging what she had learned, “about improving communication skills,” she further described weaknesses in this arena. “I have a huge tendency to hurry people along with the information they are sharing with me and often fill in the details myself. Trying these techniques may shed some light on if that is indeed true. Often I do force myself to just listen and be in the present so at least even if I have already determined the course of actions 3 minutes ago, my fellow employees get the chance to speak and be [heard]. I also work to give them my full attention.” Some spoke of the essential differences between talking and communicating: communication requires listening and understanding in addition to speaking. Moreover, they emphasized that communication was “imperative to the mental and emotional health of animal-care workers [so they are] to articulate when they are struggling with compassion fatigue or stress” and the criticality of management’s ability “to listen and hopefully notice a trend if a lot of employees are becoming highly stressed; and if procedure needs to change to ensure that employees do not leave due to an unbearable level of stress.”

Students stressed the importance of providing support for one another. One student stated, “It could also be helpful to counsel the shelter workers on more appropriate ways to handle their grief.” Another remarked about the importance for “veterinarians to openly communicate with their euthanasia technicians and offer them support [to start] a dialogue about how they themselves need the support as well [and that] support should especially come from veterinarians who can empathize and relate to the same emotional tolls that shelter life can take on them.”

Some felt that “developing a support group with your peers is a great thing to do to have a safe place to share your feelings where you will not be judged negatively and can get feedback from people who have walked a mile in your shoes.” However, others cautioned against using peers for support “because talking to a coworker who is going through the same thing is difficult and depressing, talking to a significant other is tough

because you do not want to bring that type of sadness onto someone that you care about [suggested that talking to a psychiatrist be avoided because it] "is associated with a negative connotation."

Several students spoke about the need for empathy by shelter veterinarians towards the public and by the public toward shelter veterinarians. Communication by members of the public was sometimes unnecessarily hurtful. "Sometimes it is enough to just tell someone that their harsh words can really break down a person who is performing the task, often, it doesn't resolve the problem at all." Along the same lines, others called for increased understanding through dialogue and education. "It is so important to make the public understand that we are not the cause of the problem, and that each person has the capacity to help change the current state of affairs, whether it is through volunteering, convincing a neighbor to spay or neuter their dog, or simply spaying or neutering their own pet." Another student recommended "being less antagonizing and more understanding with people who want to surrender their pets could help to reduce surrenders in the future."

In an effort to shield themselves from criticism and prevent others from knowing their chosen vocation, students stated that they actively avoided discussing work-related issues with people outside of the shelter. "I too struggle with how to communicate what I do and more importantly, why I do it, to family, friends and acquaintances." One student proffered that when she sought support after "experiences shadowing or working were difficult," that her father "would demean and belittle" her. Rather than express anger, she suggested that it was important to be "civil, understanding, and patient, [because then] we can start to change people's minds by showing them the love we have in our hearts. Being honest with our close family and friends by opening up about our experiences and feelings can help them see where we are coming from, and instead of being teased or belittled, we can open their eyes to our struggles and ask for support."

THE THEME OF CAUSES OF COMPASSION FATIGUE

Ninety-one student responses were coded as representing causes of compassion fatigue, either as contradictions (n=35) or trigger events (n=56) that resulted in increased stress, which may worsen struggles with compassion fatigue.

Contradictions

Contradictions refer to dichotomous dilemmas that exacerbate feelings of compassion fatigue for shelter workers. This sub-theme includes inflammatory, "all-or-nothing" terminology such as: labeling shelters by polar extremes of either having a "high kill" or "no kill" mission. This sub-theme also includes moral dilemmas²⁵ experienced while: caring deeply but being accused of being uncaring; working in a helping profession but being tasked to euthanize (kill) animals; and by working in an environment where the public condones having shelters available to admit unwanted animals but also condemns shelters for not "saving them all."

Students referenced 'contradictions' when they shared examples of irony, self-doubt, or public criticism/bullying. Public criticism/bullying was exemplified by "individuals get[ting] attacked for doing what is necessary [by] people who have no idea what open-door shelters have to deal with [and those that] condemn them for killing animals and praise the 'no-kill' shelter and rescue groups for saving animals." Feeling blamed for a problem the students did not create was often expressed. "I don't think the shelter workers, for the most part, should be made to shoulder much of the blame for these euthanasias anyway." Other comments such as, "it is so important to make the public understand that we are not the cause of the problem" exemplified the hostility with which shelter workers routinely contend.

Ironic and paradoxical contradictions were illustrated by such comments as, "Everyone who works in shelters truly has the best intentions for animals, and it must be incredibly difficult to work in a field where so many healthy, happy, friendly animals must be euthanized for the greater good." The negative impact of ironic public opinion "was especially striking...euthanasia technicians often receive criticism from their family and friends, and even their coworkers. I can't imagine how awful that must feel -- doing a job because you care deeply for animals, while being accused of the opposite." Similarly, a different student highlighted irony when he stated, "The incredible paradox regarding those who euthanize shelter animals. Shelter staff and animal control officers dedicate their lives to saving animals and protecting the public, yet are tasked with having to put animals to death due to the public's irresponsibility that animal shelters exist in the first place." Another irony was exemplified when some students recognized an unintended consequence that the public's "no-kill [sentiment] might actually result in more euthanasia within the community."

Contradictory self-perceptions and self-doubts were exemplified by the following: "I sometimes go home thinking I am a murderer. This is an awful thought, and it depresses me that people feel this way. No shelter worker should be called a killer unless they are killing animals for fun, the workers did not cause overpopulation: that is society's fault. You have to save all the lives you can save, because unfortunately at this moment in time we cannot save them all." Others wrestled with dichotomous self-perceptions such as, "seeing oneself as an animal savior [and simultaneously] as a killer of surplus animals really resonated with me and it

helped me realize why so many people deeply involved with the cause of animal advocacy struggle with their emotions and ultimately do themselves harm.”

Some remarked about the spectrum of values and realities that surround shelter work. “I’ve always known that the reality of working in a shelter means having to see healthy, young animals be euthanized but I’m honestly not sure how I will handle it.” Another student stated, “No one works at a shelter because they want to kill animals; rather, they want to help them.” Still others described how the division of labor compounded the problems faced by many shelter workers. “There IS a divide between those who have to perform this service [euthanasia] and those who don’t and it is very frustrating to know you are doing what is ultimately best for the whole group when those not involved only see the negative side to the situation. Moreover, regularly hearing comments such as, ‘I don’t know how you do it, ‘implies that we must be uncaring, or that we enjoy it, when that couldn’t be further from the truth.” A student said that others outside of the shelter de-value their work when they suggest that, “what we do is not real work or that we waste our time working with animals when there are so many people needing help.”

Students also emphasized the need to recognize their own emotionality and remain balanced in their response. “I think the idea of being compassionate, but not TOO compassionate to the point of getting attached, is interesting too! It’s like shelter workers are being asked to walk a tightrope. You should care and not be callous, but don’t care too much or you’ll wear yourself out! It’s no wonder this is such an issue.” In a similar vein, another student stated, “We are all in this field because we care about the welfare of animals and to euthanize often means that we failed in our minds...How can we help the animals if we ourselves are deteriorating?” One student stated, “We forget about human mental health when we try so hard to help our animals! I do think many suffer in silence with the issue of euthanizing happy, healthy dogs and cats due to lack of space---now that is downright hard for anyone [while] wishing that the community would understand some of these issues and the burden they put on everyone at the shelters.”

Triggers

Triggers are events, actions, or words that inflict pain or trauma on the student and exacerbate feelings of compassion fatigue. Triggers can include public bullying, negative terminology, or statements from the public such as “I don’t know how you do it.”

Students reported they were often provoked by negative public perceptions of their work and found themselves, “gritting their teeth when they heard anyone say, “I could never do your job.” One student remarked that it was “absolutely much more difficult to cope with criticism (intentional or inadvertent) from people on our own staff or working elsewhere in the animal welfare field.” Another student mentioned being angered by public misperception that, “It is so hard for folks outside of animal welfare to understand that our jobs are not playing with kittens and puppies all day.”

Public bullying was a significant triggering event that evoked shame and job dissatisfaction, and was illustrated by comments such as, “Even though what you say or do is in the animal’s best interests, clients will still berate you or be negative” [and] “no-kill” proponents/shelter workers see the euthanasia of animals at “open door” shelters as being cruel. The way they vilify these workers certainly adds to the compassion fatigue. I wish people could see the reality of what happens every day in these facilities.” Similarly, “the harsh words from the public make things so much worse. While we know we are doing the right thing, public perception has a way of getting into our heads and making us feel like we are wrong.”

The process of euthanasia in and of itself was a trigger, “One of the hardest parts of shelter medicine is the euthanasia.” Another student reported that, “I have been struggling with my role at work, as I have been in charge of deciding who gets euthanized and when.” One student claimed that, “the concept of the mythological sin-eater described much of my experience. The sin-eater takes on the sins of others only to be ostracized or killed. In animal care we take on the sins of the bad owners. We have to not focus on the things we cannot change (human nature) ... If we internalize the good and reject the anger, we can bear the stress.”

Others described being triggered by the daily emotional toll of shelter work. “Every single animal care worker understands that they are doing the dirty work and that the euthanasia of an animal is not their fault but the fault of the owner, the breeder, the abuser [or others]. This realization, however, does not override the human tendency to feel emotion and sadness, especially regarding death.” Another student, “had an emotional set back at work. I became overwhelmed and very cross and stressed with the ‘stupid’ clients. I was very bitter. I changed jobs.” Another student recognized the potential for emotional problems and shared that, “those in the animal care profession [can] become isolated... are as likely to get disorders such as PTSD...The public believes that rescue groups are wonderful (and they are), but they will say how wonderful the rescues are to take dogs out of those awful shelters where the workers don’t care, they are there to just get a paycheck.” Highlighting the complexity of handling many roles simultaneously, a student pointed out that, “As animal-care workers, whether we are in the medical, legal, or public service side of the field, we are constantly required to

wear many hats. [This] also places shelter workers at risk of “increase[d] fatigue [that can] lead to quicker resentment of the workplace and job.”

THE THEME OF RESPONSES TO COMPASSION FATIGUE

325 student discussion posts were coded as either positive or negative reactions/responses to compassion fatigue; such as student reported feelings, desires, and coping strategies. Within this large theme several sub-themes were embedded that further demarked the data. There were 173 examples of student posts about coping with compassion fatigue, either personally (n=47), related to the work place (n=61), or related to the local community (n=21). Additional reactions to compassion fatigue included descriptions of feelings or emotions evoked by the experience (n=85), as well as responses related to any identified needs or desires for the future (n= 67).

Awareness

Awareness describes a cognitive level of perception, rudimentary understanding, or consciousness of the signs, risks, or symptoms of one’s personal experiences with compassion fatigue.

Students often revealed they were able to recognize the signs or risks of compassion fatigue in themselves, such as one student who said, *“This is where I am now. I realize that I’m in this profession for the long haul and I need to take care of myself.”* Students were also cognizant of the importance of self-care, even if they were not currently taking steps toward providing adequate self-care to protect themselves from the risks of compassion fatigue. *“I know now that that there needs to be a balance between work and home life and I am very conscious of the fact that I have to take care of me first in order to help the animals.”*

However, while building awareness is typically a precursor to taking action, it may not be enough to result in problem resolution. It takes more than just good intentions to change one’s behavior. Many students indicated being aware that they needed more information and techniques to help them deal with the heavy emotional burdens they were experiencing. One student queried, *“How do you maintain your personal life and mental health once you go home? How do I keep my job at the job and not let it cloud my thoughts every second of the day?”* A few students suggested that shelter medicine staff require training in self-care skills because they tend to have some gaps in their emotional intelligence. *“I think many of us don’t deal well with people and emotions. That is why we are attracted to animals and their care...so it is especially important to inform us of how we can better help ourselves on our journey.”*

Personal Coping

Coping refers to actions, strategies, or activities that the students described using to help them deal with the signs of compassion fatigue; such as by taking time off, exercising, doing yoga, collapsing on the couch, or using alcohol. There were 47 coded references to Personal Coping within the data. The majority of the references described a deep personal struggle that students experienced as they attempted to balance their professional and personal lives while coping with traumatic events they witnessed or experienced on the job.

Some students described successfully using self-care techniques to cope with personal feelings of secondary-traumatic stress, such as venting to supportive friends, family, and colleagues either in person or online. *“I have days where I can’t handle the amount of sad in my life so I’m thankful I’ve developed positive coping mechanisms. I’ve found the message boards on VIN a great resource for venting to other colleagues.”* Others took comfort in humor. *“At the end of all the despair and stress of life, the only thing that gets me through a situation is humor; and sometimes that’s really dark humor.”* One student reported using positive affirmations to help refocus her thoughts. *“I think I will put these two quotations on my refrigerator: “Caring for yourself isn’t selfish, it’s self-preservation,” and from the song ‘James’ by Billy Joel, ‘Do what’s good for you, or you’re not good for anybody.’”*

In her discussion post this student revealed that she was just entering the profession of shelter medicine and making self-care plans to protect herself, *“After learning more about compassion fatigue, I have decided to teach Modern Greek to young children once weekly and keep an exercise routine. I am hoping that having these non-veterinary activities will help me as time passes to clear my head and recharge.”* Other students seemed unable to cope with the feelings they experienced. *“Sometimes I feel that I am spinning around in circles, people surrendering animals with the same excuses every single day. Then I feel tired.”* Even some experienced practitioners remarked that it was a continual struggle to cope. *“I have spent the last 15 years working hard to maintain an identity as a strong, supportive, and calm co-worker. There is no other option for me because it became almost impossible to survive otherwise.”*

Many students appreciated the value of professional mental-health counseling. *“I see a therapist every other month for a ‘mental chiropractic’ appointment to crack my brain back into shape. It is okay to feel sad, but don’t let it ruin your life.”* A few reported the need for prescription psychopharmaceuticals to help them

cope. *"I am starting to doubt my career choice altogether...it turns out this is a hostile working environment. I went on antidepressants and am struggling to make it through every week."*

A few students shared deeply personal thoughts and feelings, some of which described utilizing coping strategies that might damage interpersonal relationships. *"I don't particularly worry about people judging me so much as I am often just plain tired of being polite to people."* Several reported being thwarted when trying to talk about their feelings with others, which left them with the urge to resign. *"Family and most friends are very averse to having me discuss my job stresses and this leaves me feeling like I have few outlets for any sad or negative feelings. Without better outlets for coping I will choose to stop doing this job."* One student remarked, *"Who hasn't longed to leave for lunch and never return."*

Coping on the Job

Work-related coping refers to strategies or efforts used in the workplace to protect, shield, or help others cope on the job. Work coping can include activities such as, venting to one another, holding celebrations, and offering trainings. The students had much to say about coping on the job, resulting in 61 coded references.

Many students described the need to cope with the burden of making choices about the outcomes for shelter pets. *"As the shelter vet, I'm often the one making the euthanasia decision, but not the one carrying it out. I try to make sure the technician performing the euthanasia understands why I've chosen that outcome so they at least understand why they're doing it. I am lucky that our shelter doesn't have to euthanize for space so when we do euthanize, it's for a severe medical or behavioral reason. I am going to make sure it isn't always the same technician euthanizing and make sure they feel supported."*

Euthanasia within animal shelters was definitely the "elephant in the room" for most of the students. One student described the situation; *"A euthanasia technician may need even more support than the average animal-care technician due to what they see every day."* Another student described how co-workers sometimes try to shield others from performing euthanasia by sharing, *"I have seen coworkers who want to perform all of the euthanasia because they do not want anyone else to feel the pain or sadness associated with it; but they burn out fast and lose the ability to feel anymore."* Others suggested strategies, such as rotating duties, to support the staff tasked with euthanasia. *"If employees tasked with euthanasia of healthy puppies are also an integral part of adoptions, happy endings, and projects that work toward 'no-kill,' I think the burden would be more bearable."* Some students recommended shared decision-making as a strategy to support the euthanasia technicians. *"A valuable practice is to involve the staff in shelter euthanasia decisions. Giving the staff a way to feel like they have a say and the ability to occasionally escape the situation is probably very beneficial and a good relief outlet for them."*

Shelter veterinarians seemed to waffle between how to support their colleagues and not being able to interact with them because of difficulty maintaining positive interpersonal relationships at work. For example, *"I think being a good shelter vet includes caring for both the animals and the employees. If the staff isn't happy, the animals probably won't be happy either."* However, on the other hand, several students commented that those who work in the shelter may have unique needs for better interpersonal skills. *"From my experience, most people who find themselves in an animal-care career are considered 'animal people.' These workers may lack 'people skills,' which means it is difficult for them to find a supportive outlet to vent or rejoice with as well as to know when to practice restraint."* One student described the culture of working in an animal shelter as, *"I think there is a bit of a ghetto of spiky and cross people working in animal organizations and the problem feeds itself."* Another student suggested that the negative work culture might be a result of shared vicarious trauma among the staff: *"...some of my colleagues still hate the owners...This blame and anger is incredibly divisive and destructive and it's such a block in our ability to move forwards. I worry that it means we lose good people from the profession because they can't get round the grief and the blame."*

The students often referred to the need for "support" within the shelter. *"We need to remember to be patient with each other, support each other, support the animals, and be the best ambassadors of the organization that we can be."* Few students described what this support would specifically look like other than they needed to have more of it from management, friends, family, and the public. One suggested that mental health counseling and support groups at work would be helpful. *"Because so many shelters are underfunded and understaffed, it is impressive to learn that some shelters actually offer support groups within their facilities for their workers."* Another saw the value of shared ceremonies to help workers deal with grief. *"I want to research about different programs and protocols that shelters have put in place to help staff avoid and deal with compassion fatigue...One idea that really stood out for me was a shelter that hosts a monthly memorial service for any euthanized pets. This allowed the workers to get closure and helped to alleviate the feeling that the pets were unwanted or just numbers."* Another example of work-related support seemed quite inappropriately tasked to the shelter veterinarian: *"Some shelters ask their veterinarian to counsel the employees about euthanasia, grief, and compassion fatigue. Just because veterinarians are licensed to perform the euthanasia procedure doesn't mean they aren't also affected by the process. If a shelter veterinarian is tasked with counseling, then*

they should also be provided with mental health classes while in veterinary school in order to better help their staff.”

A few remarked that a career in shelter medicine required one to “endure” it and learn to adjust on one’s own without any support. *“If someone can make it through two years of shelter work, they can probably make a career out of it because they’ve encountered very difficult situations and figured out how to cope with them. In two years, most shelter workers will have dealt with: their first euthanasia; the euthanasia of an animal they are bonded with; a sudden, massive influx of animals; and a major conflict with a co-worker, supervisor, or board of directors.”* Another student stated it this way, *“It is important for shelters to be mindful that their staff might not have any access to mental health support programs to help them cope with the stressors of their jobs.”*

Community Coping

Community coping refers to strategies students reported that would help them build relationships or repair negative perceptions with others in the community surrounding the animal shelter, such as veterinary colleagues, potential adopters, rescue groups, other shelters, or the general public. There were 21 coded references to this sub-theme identified within the data.

Students discussed using respectfulness and empathy when interacting with multiple audiences or community stakeholders. For example, this student reflected on the need to act respectful toward pet owners who chose to break their bond with their pet and surrender it to an animal shelter. *“Animal welfare workers need to be empathetic toward others. We never know what the person turning in the dog is going through... We need to treat them all with respect.”* Another student contemplated how the shelter culture might appear from different perspectives outside of the shelter workplace. *“The disconnected feelings that come with being an outsider in your community of family and friends remind me of the very animals we are caring for who have been abandoned in our shelters. It is important to recognize the fragile nature of such an emotionally-charged field. We may find ourselves outsiders, but we should also reflect on what it could be like for those looking in.”*

Many students spoke about the importance of using education to teach others in their communities about the realities of working in an animal shelter. One student thought it important to educate pet owners about ways to divert animal intake without being judgmental, *“Another common thread was wishing that the community would understand some of the issues and the burden they put on everyone at the shelters. I am certain that the shelter staff gets very resentful of the disposable and ill practices of the people who don’t care about pets. It seems like a good area to address as public service announcements and emphasize.”*

Several students felt the need to better educate the shelter medical community and specifically address community-wide issues. For example, this student thought an educational effort with her shelter might build bridges between different shelters in the same region, *“I want to effectively address compassion fatigue both as a shelter and as a shelter community. I know if we address issues with compassion fatigue within our shelter that it would unite the entire staff into a team. This would in turn empower our staff to better partner and support other local shelters.”* Another student promoted education as a balm to heal her personal grief surrounding the loss of colleagues from the shelter medical profession who might have been suffering from secondary traumatic stress, *“I’m involved in a new association of charity vets and have helped to plan our education days. From this point on I will include an element about mental health in any shelter/charity education activity I am involved with. I shall persuade my colleagues that it’s more pertinent than any of the other topics we might cover in the sessions. I shall do this in memory of a person I never met and in memory of those I did meet but couldn’t help.”*

Students struggled with a tendency to displace blame onto the public for the situations, which result in pets becoming tangled in the shelter system. Some of the students shared why they felt suspicious and distrustful of pet owners. *“This year we took in two abused dogs from the same disgusting owner. My faith in humanity really took a tumble. However, the lesson reminded me that people who abuse/neglect animals are in the minority.”* One student implicated a shared public mentality toward rescuing animals at any price as one of the factors that made it difficult to cope with the community, *“Many people in animal rescue react emotionally instead of rationally...Resources are limited and the logical thing to do would be to help as many animals as possible with those limited resources...not putting thousands of dollars into a single animal rather than helping hundreds of animals. They are also putting members of the public at risk trying to ‘save’ aggressive animals.”* Occasionally, students proposed policies that were reactionary, judgmental, or punitive toward the public: that if implemented might result in additional negative feelings between the community and the shelter and further diminish chances of finding new adopters and achieving positive outcomes for the pets in the care of the shelter, *“Education needs to be given to shelter workers to first offer alternative solutions to the [surrendering pet] owner, and then if the owner is not interested, education should be given to prevent further ownership of animals until they are ready for a lifelong commitment.”*

Feelings and Emotions

Feelings and Emotions refers to affective reactions to vicarious trauma/compassion fatigue as reported by students; such as anger, depression, self-doubt, or sadness. The researchers coded 85 references to Feelings and Emotions within the data.

Many students described their feelings of sadness. One student recognized that feeling sad was a signal that she needed had to take care of herself. *“There are many nights I am hurting so bad and I am so saddened by what has gone on that day... Now I know I need to force myself to do something fun.”* Another expression of sadness was the recognition that, *“People who dedicate their lives to helping animals deserve to feel more satisfaction than remorse.”*

Students reporting feeling conflicted about their work in shelter medicine. *“I am not saying that you have to be emotionless, you just can’t let it destroy your soul. You have to save all the lives you can save, because unfortunately at this moment in time we cannot save them all” [and] “Some people say they are unaffected by euthanasia... How can you not get attached to animals you see every day? The solution isn’t to not care, the solution is to always care, but do not crumble after it’s over – because you can’t change it. Just know that the animal is in a better place.”*

The mere recognition of compassion fatigue as *“a very common condition in all shelters by virtue of the work that we do and the nature of the tragedies we witness”* helped participants realize that they were not alone with the struggle. It was *“helpful to know that others share the same frustrations and they are manageable.”* Discussions about compassion fatigue raised their awareness. Students remarked that the online conversations *“make me more alert about how to possibly inhibit myself from reaching a certain state, and to check whether anyone else I see may be suffering.”* Another student reported that, *“it is comforting to know that it is a common occurrence... accepting that these are the emotions that come with the job.”*

Others suggested that shelter workers should strive to accept their conditions of practice and find peace in their accomplishments. They encouraged everyone in shelter medical practice to appreciate the important work that they do and focus on small individual accomplishments done over time as part of a larger community-wide effort. *“We cannot allow the actions of people to sour us to the mission of caring for animals. [and] “We need to stop believing we are powerless or that our situations cannot be changed and instead accept the idea that we will have community-wide effects and are not expected to fix the problems we encounter alone. We need to accept that it is OK not to give your all and ask for nothing in return, accept that we will likely move between these different mind-sets over and over, and accept that in helping animals, we can also help ourselves.”* Another student pointed out that, *“shelter medicine is the hardest [discipline] for veterinarians to handle, and it takes a very special person to dedicate his life to this field [of practice].”* Some participants felt reified by their chosen profession. *“As a fresh veterinarian graduate I was out to serve the public and save animals! I was excited to be called a ‘doctor’ and wear the white coat. I felt so special, shiny, and educated.”* Others reported that, *“As an individual begins to accept his role, accept that evil does exist but it only exists in the minority, the individual can begin to find peace. Understanding what you can personally do and recognizing that your work is ultimately benefiting the animals and people around you will set you up for happiness.”* Another stated, *“I’ve come to terms with the fact that, though I can’t save the world, I’ve helped a tremendous number of animals. I’m in a position to train other people and consult with other shelters so they can do better as well.”* One other student shared that the discussions and new knowledge, *“helped me realize that a little more... if anything, solidified that I know this is what I want to do with my life”* while another commented that, *“I love my job in shelter medicine.”*

Needs

The researchers identified 67 references to Needs. Needs refers to student descriptions of what they believe would help them deal with or prevent compassion fatigue including desires, wishes, wants, and hopes to make their lives better.

Students longed *“to see animal welfare workers held in the same esteem as human caregivers and rescue workers.... I would like to see more out there that recognizes the levels of caring (and the consequences!) that go into being an animal welfare worker.”* Other comments concurred with a need for recognition and respect, *“unlike those professions, we do not get the recognition. I find this to be true even with the comparison of rescue groups with open admission shelters.”*

The students recommended that compassion fatigue training and support become *“mandatory to implement in every shelter or animal care facility.”* Anyone *“interested in shelter medicine [should] learn about compassion fatigue, as it will probably affect all of us at several points in our careers.”* According to one student, addressing, *“compassion fatigue training within our shelter would unite the entire shelter into a team.”* One other student proposed that, *“every veterinary student have training in compassion fatigue in order*

to effectively recognize the signs and get help before they become consumed in those who are susceptible...it should be required training for all shelter employees and animal care officers.”

Several students were curious about where they could find other resources “that would give me more information on dealing with compassion fatigue,” or how “as a profession we will move forward addressing compassion fatigue.” Still others wondered “how individual veterinarians cope with compassion fatigue including what perspectives they have on their job, especially veterinarians working in shelters with high euthanasia rates,” and “what we can do in our team to stay positive.” Another student wanted to learn about “different programs and protocols that organizations have put into place in order to help avoid and deal with it” [and] “the best type of support groups for shelter employees... Knowing the resources available and best coping mechanisms for my future employees will allow me to have a happier and more harmonious work place.”

Addressing the emotional needs of animal care workers is essential because each individual is at some level experiencing the same emotional roller-coaster. With that recognition in mind, others hoped that with additional education on compassion fatigue, “that people in charge of creating shelter policies would be educated on what is really happening in their community and work together” that “veterinarians would openly communicate with their euthanasia technicians and offer them support” and that such actions would “greatly improve the overall health of the animal health-care field and those who work in it.” Finally, one student summarized the collective sentiments. “As a profession, we need to cultivate healthier thoughts and be able to see the [public] as people with their own stressors and hassles and worries, just like the rest of us.”

IV. Discussion

The results of our analysis concur with previous studies alerting the veterinary profession that animal-care work takes a psychosocial toll on the mental and physical health of staff, leading to compassion fatigue, burnout, and stress.^{1,2} However, our results also point to some unique challenges and needs for practitioners of shelter medicine, which demand inimitable solutions in order to ameliorate the mental-health problems that can result for those working in animal shelters.

Analysis of the dataset revealed several sub-themes that can be used to guide future interventions intended to help shelter medicine practitioners better cope with the challenges of their chosen discipline, build resiliency, and promote their personal mental health and self-care.

Issues and Needs Relative to Communication Skills

Shelter medicine practitioners have distinct needs for communication skills that can assist their interactions with a diverse community of stakeholders who may have limited understanding of the daily challenges faced by shelter staff, the emerging science surrounding shelter practices, and the vocabulary used to describe the missions of animal shelters. Specific communication skills that would support shelter medicine practitioners include the following:

- Active-listening and conflict resolution skills seem critically important to help practitioners listen non-judgmentally and to accept what surrendering pet owners, potential adopters, shelter staff, shelter management, nonprofit leaders, and animal welfare groups are trying to say about their own struggles with community-wide issues that contribute to the issue of animal homelessness. Highly-skilled communicators deploy active-listening and conflict resolution skills that make others feel supported, minimize misunderstandings, and promote effective problem-solving. Free web-based resources for training about these skills, such as “The Big 6: An Active Listening Set,” are available from the Center for Creative Leadership.²⁶
- Skills that guide the delivery of shelter medical information to community stakeholders (both orally and written) in a transparent, honest, understandable, and non-reactionary manner. These skills are critical to alleviating potential misunderstandings and deterring public bullying of shelter practitioners. “Medical speak” and withholding of information in order “to protect the public from bad news” exacerbates communication problems. For example, shelter medicine practitioners should be taught how to create easy-to-understand materials by making use of training materials such as “Simply Put” from the Centers for Disease Control and Prevention (CDC) Health Literacy program.²⁷
- Replacing commonly-used terminology that can trigger emotional reactions and/or public blaming and shaming of shelter medical staff with more accurate terminology may be vital for defusing triggers that exacerbate compassion fatigue for those working in shelter medicine. For example, adding a descriptor such as, “no-kill for space” to the term “no-kill” might be less provocative and more transparent about the resources available within a community shelter. Also, using the term compassion “stress” rather than “fatigue” might be preferable for shelter workers who expressed concern that the latter terminology is associated with stigmatizing and negative images of lazy, disinterested workers.

- The Association of American Veterinary Medical Colleges (AAVMC) promotes veterinary education that includes core-competency training in interpersonal communication, collaboration, and teamwork.
²⁸Competency with non-medical skills is integral to the practice of shelter medicine. These skills need to be emphasized in all student trainings to help practitioners cope with the communication challenges inherent to animal shelters.
- Addressing misconceptions about the amount of practice-related communication involved within shelter medicine. Many students indicated that they left or avoided private practice for shelter practice in order to escape interactions with clients. However, although shelter pets do not have an owner at the end of the leash, they do have an entourage of concerned stakeholders with whom to contend. Shelter administrators, shelter staff, volunteers, potential adopters, rescue groups, board members and/or county commissioners all require communication about the care and outcomes of the pets in the shelter; which is a much larger contingent of concerned stakeholders than just a pet's "owner." Shelter medicine professionals need to be aware and prepared for this unique difference in the shelter practice setting.

Issues and Needs Relative to Causes of Compassion Fatigue

The students revealed common triggers that exacerbate their experiences with compassion fatigue. The students also were clear about their need for help to deal with these triggers: they want equal attention paid to the welfare of staff and animals in the care of the shelter as well as additional emotional support from the public, shelter leadership, co-workers, and their circle of family and friends. It may be important for future educational experiences to develop an awareness of triggers that commonly factor into the experience of compassion fatigue for shelter staff and teach methods that shelter management can use to support for their employees.

- Despite huge reductions in the annual numbers of dogs and cats euthanized in US animal shelters over the past decades, the practice of euthanizing healthy or treatable pets surrendered to or impounded by animal shelters remains as a primary trigger that induces compassion fatigue for shelter professionals.²⁹ Controversies about shelter euthanasia decisions and practices also trigger episodes of public bullying and shaming of animal shelter employees. Such negativity results in a feedback loop that further increases negative interactions between the shelter staff and the public, resulting in blame displacement on one another and entrenched feelings of anger, disgust, and dismay. Shelter management can support staff tasked with euthanasia by:
 - offering continuing education in low-stress animal handling techniques,
 - reviewing proper use of medications and environmental modification strategies for relief of anxiety for both the shelter pets and staff,
 - rotating euthanasia duties so the dreaded task does not always fall on the same staff members,
 - regularly updating standard operating procedures for humane euthanasia practices and ensuring the procedures are followed,
 - involving staff in daily rounds and the decision-making process surrounding outcomes for shelter pets,
 - publically sharing population data with the community that depicts both successes and challenges as the shelter tries to increase its live-release rate and decrease its euthanasia-rate, and
 - offering regular employee celebrations and counseling for dealing with both positive and negative emotional experiences.
- Animal shelters are fraught with contradictory situations, moral dilemmas, and ironies that trigger emotional turmoil for shelter medicine practitioners. For example, public pressure to "save them all" seems in direct conflict with public pressure to "keep them all physically and behaviorally healthy while in your care." Caught between these two impossible endpoints, shelter medicine practitioners end up struggling to help animals who are obviously suffering a slow demise in health and welfare due to lengthy stays in a shelter that is over-crowded and beyond its capacity for humane care (sometimes referred to as "slow-kill"). Such a situation can be unbearable for shelter medical professionals who are ethically bound to help, not hurt, animals. Shelter management can support shelter staff when facing similar dilemmas by:
 - developing a culture-of-caring that ensures a positive work environment and encourages mutual support for people as well as pets,
 - calculating the capacity-for-care for each shelter and striving to maintain the population within that limit by using best-practice methods designed to decrease length-of-stay, eliminate bottle necks to shelter flow through, and divert or delay intake of new pets when space is limited,
 - regularly holding population rounds to address both individual and population-level physical and mental health needs of the animals housed in the shelter,
 - clearly stating what resources are available for caring for the shelter pets and working to ensure that resources are spread as evenly among the pets as possible,

- making logical and prompt decisions, rather than emotional and delayed decisions, after gathering input from everyone involved,
- holding memorials to honor the pets that could not be saved, celebrations to honor the pets that were saved,
- allowing each staff member one ‘free pass’ to try and save a particular animal to which they have become emotionally attached, but being clear about what endpoints will determine success or failure of the attempt, and
- providing employee benefits to access professional mental-health counseling services for individual employees as well as for groups of employees to talk about and work through their feelings of grief, anger, or depression related to the shelter environment.

Issues and Needs Relative to Responses to Compassion Fatigue

The students shared multiple ways they responded or reacted to their struggles with compassion fatigue in shelter medicine. Their experiences clearly evoked strong feelings and emotions that ranged from joyous to zombie-like depending on the situation: while some students were excited to begin their careers all “shiny and new,” others were “enduring” the experience or just “counting the days” until they could change jobs. Students were able to describe some coping strategies they used personally, at work, and within the community to help them manage their feelings and stay healthy. They coped personally by seeking professional counseling, using antidepressants, trying to maintain an exercise regimen, or just collapsing on the couch. They coped at work by venting to others, maintaining a “stiff upper lip,” using dark humor, and sometimes by just being rude or cranky. They coped with the community by trying to develop empathy for those who disposed of their pets, listening more, and often by choosing to remain secretive about where they worked.

However, the variety of coping strategies proposed by this sample of students seemed sparse. They were aware of the need for self-care, but few of them mentioned actually practicing self-care strategies. In fact, several of them specifically mentioned working extremely long hours, taking their troubles home with them, and queried about where they could find additional resources about coping strategies that had been proven to help in similar situations.

Of the 15 papers the class was asked to read and reflect upon for Assignment 8A, the paper titled “Four Phases” by Doug Fakkema seemed to particularly resonate with them.³⁰ They identified with the process of working through several emotional stages of practice. A few described their long personal journey before they arrived at a peaceful stage. Students who read that paper thought it was important to recognize where in the process their co-workers were because the shelter workplace seemed quite “spikey” or “hostile,” which they suggested was because the staff were stuck in the “angry” phase of the process described by Fakkema. These students seemed aware that such attitudes likely drive potential adopters away from the shelter and increase the public’s negativity toward shelter staff—which is the antithesis of the support and understanding that the shelter staff seeks from the public.

NEXT STEPS

Veterinary professionals face difficult and highly emotional experiences daily.³¹ Compassion fatigue is responsible for the tragic losses of many brilliant pillars in the profession and steps must be taken to prevent future veterinarians from suffering from this potentially life-threatening phenomenon.³¹ There is abundant evidence outlining the significant mental and emotional risks that professional helpers face daily.³² Veterinary professionals incur a cost-for-caring.³²

The first step in reducing the negative effects of compassion fatigue is to recognize it.³³ Veterinary school seems to be a logical place to educate future professionals in raising awareness to the problem, reducing the stigma associated with recognition of the problem, and provide them with effective skills and strategies to combat this epidemic moving forward. Yet, that there is very little, if any, training for students to contest this growing problem.³¹ Thirty-two percent of veterinary students show signs and symptoms of anxiety and depression.³⁴ Studies also identified that veterinary students’ psychological distress increases throughout their four years of training.³⁵ If veterinary students are unhealthy while in school, they enter the profession susceptible to compassion fatigue from day one. Training veterinary students on how to recognize and reduce the symptoms of compassion fatigue will help them avoid the great cost of this phenomenon while in school and into their future careers.

Rank et al. (2009) performed a study employing a compassion fatigue training-as-treatment to lessen the impact of compassion fatigue on professionals.³² Their study demonstrates that compassion fatigue training produces a statistically significant effect in reducing the signs and symptoms of this growing problem. It seems clear that, “the nonhuman-animal care compassion fatigue training program is poised to offer both an ounce of prevention and a pound of cure to the symptom-saturated population of (veterinary) professionals.”³² It is time for the veterinary profession to make strides towards wellness.⁶ The veterinary profession depends on individuals

being able to recognize and combat compassion fatigue. Without doing so, high standards of care and compassion within the field will decline and valued members of the veterinary profession will be lost.⁶

To help veterinary medical professionals respond in a healthy way to the challenges of working in animal shelters, it seems necessary to go beyond awareness building in our future educational endeavors. We need to help shelter administrators create healthier work environments and shelter veterinarians to change their behaviors, practice self-care, use new communication skills, develop “people skills,” and take care of one another as well as they take care of the animals in the shelter.

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