

Veterinary practices' during the COVID-19 pandemic

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Introduction

There is little information to facilitate normal veterinary practice during a pandemic due to the rarity of the situation and fast progression of status-quo to national emergency where caring for animals is expected to continue

Objective

This project examined veterinary professional's response to the current Covid-19 pandemic in terms of practice, mental health, and emergent barriers to providing care. This can then be compared to a recent study looking at compassion fatigue in veterinary nurses in New Zealand (pending publication).

Methods

Veterinary professionals responded to qualitative and quantitative questions about their current employers' changes to practice made in response to the COVID-19 pandemic, their mental health (self-scored) during this time and barriers to providing care. Responses were collected in the later part of 2020, when New Zealand was at Alert Level 1 under the Covid Alert System



Figure 1: Example of question relating to changes in practice

Results

There were 40 respondents. Most respondents worked in a first opinion practice (97.5%), with 100% working with small animals at least some of the time. Qualitative responses to questions regarding changes to practice indicated that teams worked in 'bubbles,' clinics implemented telemedicine and increased their use of digital communication between team members.

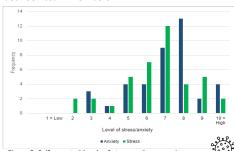


Figure 2: Self-reported levels of stress and compassion

Work-related stress was high, with 75% of respondents scoring 6 or higher on a 1-10 scale, and 80% scoring 6 or higher for overall level of anxiety (Figure 2). Anxiety regarding job security was not a concern with most respondents (75%) scoring 4 or lower. Barriers to providing quality care included difficult owners, staffing shortages, and owner finances. See Figure 3 for specific examples.

Dealing with <

- "Some don't understand why we are doing extra measures"
- "Owners are more aggressive

Providing surgery services

- "Harder with less staff on duty"
- "We were limited in what surgery we could provide due to staff numbers."

Managing staff

- "Some additional stress. Needed to balance the reactions of different individuals"
- "Skeletal staff wearing Pl

Figure 3: Examples of barriers to providing care

Conclusion

Despite the low response rate, the results support anecdotal reports of changes to veterinary practice during the Covid-19 pandemic. It highlights both a need to ensure that veterinary practices are well equipped, both in terms of staff, but also the need for equipment to facilitate increased digital working practices and the provision of ongoing support for the mental health of veterinary professionals. With no clear end to the current pandemic, the sustainability of veterinary practice is to veterinary practise and maintenance of animal welfare. A follow-up survey to reassess the mental health of veterinary professionals and to evaluate the perceived value to changes made to practice would be valuable to aid in future planning.