

VetSurgeon.org & VetNurse.co.uk
Behaviour in veterinary practice

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Introduction

The Behaviour in Practice survey was set up by VetSurgeon.org and VetNurse.co.uk after receiving anecdotal reports of bullying from members and hearing the serious impact that this behaviour was having on the individuals concerned.

The intention of the survey was to establish whether the anecdotally reported behaviours were more widespread and, if so, to trigger constructive discussion on the subject, both amongst key opinion leaders in the profession and in practice.

One of the biggest challenges in measuring the incidence of bullying in practice is that different people have different views as to what counts as bullying. For this reason, the survey asked respondents about whether they had been on the receiving end of very specific types of behaviour, ones which most people would agree at best are not conducive to a happy and effective working environment, and at worst, constitute outright bullying.

The introduction to the survey made it clear that it was not asking for reports of isolated incidents of 'bad' behaviour that that inevitably occur in small teams working under high pressure, but REPEATED incidents of behaviour, instigated by the perpetrator, which seem SOLELY DESIGNED to cause physical or emotional hurt. It also asked respondents to think long and hard before reporting 'bad' or 'bullying' behaviour noting that wrongly reporting bullying behaviour in this survey serves no purpose and would be an injustice to those who really are being bullied.

The online survey ran from 29th August to 6th October 2017 and was promoted to the profession, not only through the vetsurgeon.org and vetnurse.co.uk websites, but also through the Vet Times (journal and online 21st September) and through the RCVS Mind Matters newsletter (26th September).

Analysis of results

The survey consisted of 13 questions (Appendix 1), the majority of which asked for selection of an option from a drop-down list. There were two questions which allowed for free text answers to describe in more detail the way the respondent felt mistreated (Q6) and the impact of the behaviour on their working life (Q7). Although there was the opportunity to include names and email addresses this was not required, and these were removed before the data was analysed.

Analysis of the data was carried out by a veterinary surgeon with experience of both veterinary practice and the analysis of quantitative and qualitative data. Quantitative data was analysed in an excel spreadsheet while all free text responses were read individually, and recurrent themes were noted. The full data set was then reread to establish the frequency and variety of responses that fell within each of the main themes.

Since the respondents to the survey were self-selecting, and it is likely that those who have felt themselves to be on the end of bullying behaviour would be more motivated to respond, there has been no attempt in the analysis to make any inferences from the results of this survey to veterinary practice in general. Quotes from individuals were only included where the respondent could be contacted and gave permission.

Results

1. Behaviour in practice

Respondents were asked if they were currently on the receiving end of sustained patterns of behaviour, usually from one person, which seemed designed to make their life unpleasant (Q4). 344 people answered yes to this question (215 nurses, 108 vets, 8 practice managers and 13 others) of these 285 described themselves as employees, 45 as management and 13 as a locum. One respondent had not completed this information.

The next question (Q5) asked about specific behaviours experienced repeatedly in the last year, 677 respondents (390 nurses, 252 vets, 13 practice managers and 22 others) ticked at least one of the listed behaviours

Table 1 shows the number of reports of each behaviour by those in each work role. The figures in brackets shows the percentage of those named at the top of the column reporting each behaviour.

Behaviour	Reported by				
	Total reports	Nurse	Vet	Practice manager	Other
Number reporting at least one behaviour	677	390	252	13	22
shouted at or screamed at	213 (31%)	127 (33%)	71 (28%)	7 (54%)	8 (36%)
physically intimidated	45 (7%)	30 (8%)	13 (5%)	1 (8%)	1 (5%)
had things thrown at you in anger	46 (7%)	32 (8%)	11 (4%)	2 (15%)	1 (5%)
been belittled in front of clients	234 (35%)	147 (38%)	75 (30%)	4 (31%)	8 (36%)
belittled in front of other staff	495 (73%)	306 (78%)	163 (65%)	10 (77%)	16 (73%)
criticised minutely	442 (65%)	277 (71%)	142 (56%)	9 (69%)	14 (64%)
aware of others talking negatively about you	343 (51%)	204 (52%)	120 (48%)	6 (46%)	13 (59%)
been on the receiving end of 'sly glances'	325 (48%)	209 (54%)	101 (40%)	5 (38%)	10 (45%)
been deliberately overloaded with work	194 (29%)	108 (28%)	76 (30%)	5 (38%)	5 (23%)
repeatedly been allocated the worst jobs	184 (27%)	121 (31%)	56 (22%)	2 (15%)	5 (23%)
had your work deliberately sabotaged	136 (20%)	83 (21%)	44 (17%)	2 (15%)	7 (32%)
felt deliberately excluded or ignored	297 (44%)	187 (48%)	92 (37%)	5 (38%)	13 (59%)
had your authority undermined	339 (50%)	174 (45%)	145 (58%)	11 (85%)	9 (41%)
Been the subject of false / malicious accusations	209 (31%)	115 (29%)	80 (32%)	6 (46%)	8 (36%)
Other	80 (12%)	53 (14%)	22 (8%)	2 (15%)	3 (14%)

Table 1 Reports of behaviour by role

The most frequently reported behaviours overall were:

1. being belittled in front of other staff reported by 495 respondents (73%)
2. being criticised minutely (not just 'you got this wrong' as we all do from time to time, but repeated, seemingly unfair criticism that makes you think you can get nothing right) reported by 442 respondents (65%)
3. Being aware of management or senior staff talking negatively about you behind your back, reported by 343 respondents (51%)
4. Having your authority undermined to others in the practice, for example by having your instructions countermanded commonly and without consultation 339 (50%)

The most frequently reported “other” behaviours were those related to social media and online “bullying”, intimidation and harassment, including a small number of cases of sexual harassment.

For veterinary nurses being on the receiving end of sly glances (54%) and feeling deliberately excluded or ignored (52%) were also among the most frequently reported behaviours. While for veterinary surgeons and practice managers having their authority undermined was reported behaviours by 58% and 85% respectively.

Only 61 respondents reported being on the receiving end of a single behaviour, with the majority of respondents reporting multiple behaviours. In total there were 3581 responses in total giving an average (mean) of 5.29 reported behaviours per respondent with a range of 1-15 behaviours reported.

The table in Appendix 2 shows of the likelihood of reports of two behaviours together. However, many respondents reported multiple behaviours and further analysis of the combinations of behaviours reported has not been undertaken. It has also not been possible in this analysis to draw any conclusions about which behaviours, or combinations of behaviours, are having the most negative effects.

Individuals will have their own opinions as to which behaviours they would find most distressing. However, reading the free text responses showed that while the responses were very personal, they included great strength of feeling and demonstrated that the individuals writing had suffered real distress.

There were 400 free text responses to question 6 Would you like to describe in more detail the way you feel you have been mistreated at your practice? 214 responses from nurses, 158 from vets, 12 from practice managers and 16 others.

The details provided included further information on the behaviour experienced, the perpetrator or perpetrators, and the effect that the behaviour had on the individual.

In terms of the behaviour experienced four main themes stood out

- Not feeling part of the team - 57 respondents provided detail that fitted with this theme- 40 nurses, 12 vets, 1 practice manager 4 others. The responses ranged from exclusion from social events and problems integrating when there are established “cliques” in the practice, to being excluded from case discussions and treatment decisions.
- Lack of respect – 108 respondents provided detail that indicated lack of respect - 40 nurses, 60 vets, 4 practice managers and 4 others. The responses indicated issues both with respect for people as individuals, including reports of behaviours related to individual nationality, disability and sexual orientation, and lack of professional respect. The latter included lack of respect for knowledge, experience and qualifications and criticising clinical decisions, sometimes in front of clients.
- Lack of support - 39 respondents provided details that indicated lack of support - 23 nurses, 11 vets, 3 practice managers and 2 others. The responses indicated various issues, for student veterinary nurses this was often a lack of support for training, while for veterinary surgeons it was lack of support for dealing with difficult cases. There were also reports of lack of support for those promoted within the practice to “Head nurse” or practice management roles.

- Management – 115 respondents provided detail that could be grouped under this theme- 62 nurses, 49 vets, 1 practice manager and 3 others. The responses included references to “unfairness”, where it was perceived that there was favouritism or different treatment of certain individuals, for example in relation to allocation of work or time off. There were also reports of not being given a fair hearing when concerns were raised and of false accusations, being made without having the opportunity to put their side of the story. This included accusations of bullying. Finally, there were also reports of confidentiality not being respected leading to loss of trust.

Many responses indicated more than one of these themes as in the examples below:

“Constant shouting, being made to feel stupid for asking questions, being laughed at when wrong, being belittled for being "only a student", management discussing my disability negatively behind my back.”

Veterinary Nurse

“The nurses were bullying me to the extent that whenever I turned my back my stethoscope and other things of mine were always on the floor, they were lying to management about how bad a vet I was and that I wasn't helping with cleaning the practice and was very lazy even when I was making 11 hour days. They went for social gatherings together and didn't invite me but were talking about them for weeks after. I didn't get any support from management, instead they threatened to fire me. I had very bad panic attacks and no help. Was crying every night coming back from work and crying in the morning that I had to go to work. Since management was bullying me too, I got people higher up involved. Still nothing changed and I finally made the decision to leave.”

Veterinary Surgeon

“Alienated, not part of the team. Accused of things I haven't done, the most serious being accused of breaking client confidentiality, untrue. Issues I have not being taken seriously or dealt with. Generally being pushed out of the practice by staff, vets, nurses and auxiliary.”

Veterinary Receptionist

“The team treatment of being ignored, looked at, obviously gossiped about. The head surgeon not liking me and obviously being snide and rude. He was actually known for singling out various nurses to bully. Management did nothing about it despite numerous complaints.”

Veterinary Nurse

“Accusations of things I had "done wrong", management not listening when I told them they were untrue. Management not acting when I complained of being undermined by nursing staff (one in particular). Arriving at work to find that everyone else knew I was about to be hauled in for a meeting that I knew nothing about. Having junior members of staff used to "take notes" at "fact finding" meetings.”

Veterinary Surgeon

The 'bullying' which I experienced for 5 years was absolutely soul destroying. Not only have I been subjected to verbal and physical abuse, when I approached management to air my concerns (on multiple occasions) I was not taken seriously, I was given a condescending pat on the shoulder and told not to be so sensitive!! Nothing was done to stop the behaviour and on several occasions when the bully was approached by management, my name was mentioned along with my grievance which I found totally unacceptable and unprofessional, needless to say this fuelled the rage towards me further. I was left feeling very emotionally low, physically drained, missing work on occasion because I just couldn't deal with situation, interrupted sleeping pattern, fear and anxiety.

Veterinary Nurse

Head nurse constantly looking for faults and belittling me in front of other members of staff, always looking for things that could be my fault to go wrong, makes me do her jobs and then take the credit or puts in a complaint when I refused.

Veterinary Nurse

2. Perpetrators

Respondents were asked to describe the main perpetrator of the “bullying behaviours” they reported – Q8. This question was answered by 680 people with the following results

PERPETRATOR	REPORTED BY				
	Nurse	Vet	Practice manager	other	Total
PRACTICE MANAGER	33	27	0	2	62
VETERINARY NURSE	178	56	2	3	239
A veterinary nurse who appears to think themselves senior for example because they have been at the practice longer than me, or are more highly qualified	60	36	2	0	98
A veterinary nurse, junior to me	25	10	0	2	37
A veterinary nurse, same seniority as me	12	2	0	0	14
A veterinary nurse, senior to me	81	8	0	1	90
VETERINARY SURGEON	109	127	6	8	250
A veterinary surgeon who appears to think themselves senior for example because they have been at the practice longer than me, or are more highly qualified	12	18	0	0	30
A veterinary surgeon, junior to me	1	10	0	0	11
A veterinary surgeon, same seniority as me	3	11	1	0	15
A veterinary surgeon, senior to me	93	88	5	8	194
MORE THAN ONE PERSON	33	18	3	2	56
OTHER	37	25	2	9	73
TOTAL	390	253	13	24	680

Table 2 Reports of perpetrator by role

Within the “other” category, there were 17 reports of bullying behaviour from receptionists and 14 relating to other unqualified staff. There were also 11 reports of bullying by “management” which appeared to be related to regional or other “Head Office” managers rather than “practice managers” working in an individual practice.

From this survey the number of reports of “bullying” by vets and nurses are approximately equal. However, it is interesting to note that veterinary nurses are more likely to be on the receiving end of bad behaviour from other nurses and vets from other vets.

Although the majority of respondents selected a single descriptor, rather than “more than one person” as the main perpetrator, it was clear from the free text narratives that in many cases the unacceptable behaviours had become part of the practice culture. Sometimes this appeared to be through the tacit acceptance of the behaviour of the individual at others it appeared that the behaviours had become more widespread in the practice.

“Bullied by vet and partner who also encouraged other members of the team to join in. Made to feel as though not welcome at work, deliberately excluded from the team. Excessive work load expected which caused significant stress. Deliberately ignored and vet would blank me.”

Veterinary Nurse

After more than ten years of experiencing this behaviour, I seriously doubted whether vet work in the UK was compatible with a sane life for me. I eventually came across a happy healthy practice that highlighted how awful and disgusting MANY practices are and, usually are revealed to have a long history of this conduct amongst staff which has been knowingly tolerated, condoned or actively led by owners. Happy healthy positive practices are rare.

Veterinary Surgeon.

The free text narratives show that the issue of seniority is somewhat contentious, with issues of age, length of employment and level of qualification often giving rise to conflict in this area. This appeared to be a particular issue for veterinary nurses, which in this survey included nursing assistants, students at various stages of training as well as qualified and registered veterinary nurses. However, there were also instances of employers reporting that they were on the receiving end of bullying behaviour from employees, with employers making reference to being criticised, belittled and undermined by an employees.

3. Effect of the behaviour on the individual

Information on this aspect was gathered as free text in response to Q7. What has been the impact of the above behaviour on your working life? While many of the respondents made general references to not wanting to go to work or avoiding the perpetrator, in reading the 560 responses to this question 3 clear themes emerged. 16 people gave responses that included references to all 3 of these themes.

1. Impacts related to mental health - 220 respondents included references to mental health – 128 nurses, 83 vets ,5 practice manager s and 4 others. These ranged from general references to anxiety, stress and depression to more detailed responses indicating serious effects on physical and mental health, including breakdowns and suicidal thoughts.
2. Loss of confidence - 120 respondents specifically referenced lack or loss of confidence, 68 nurses, 46 vets 3 practice managers and 3 other. These included references to loss of confidence and self-esteem as well more specific references relating to the questioning their skills and ability to carry out their job effectively.
3. Leaving their job or profession - 207 respondents, 126 nurse, 68 vets, 5 practice manager, and 8 others made reference to either wanting to leave or having left their job. 44 of these made reference to leaving the profession.

These themes are illustrated in the quotes below:

“I dread going into work, I used to be a confident competent nurse now I am constantly double checking and doubting myself. I just keep my head down, get on with the job and hope its going to get better somehow.”

Veterinary Nurse

Severe depression and anxiety. Suicidal thoughts. Complete loss of confidence even though I have worked for 15 years in this profession. It has thoroughly broken me.”

Veterinary Nurse

“It destroyed my confidence, and resulted in me taking several weeks sick leave before eventually resigning. I felt like a failure and considered leaving the profession.”

Veterinary Surgeon.

Made to feel insecure, indecisive and slow (though the nurses tell me I take no longer than most of the other vets). Lost my sense of self-worth. Felt miserable and did not enjoy my job. Then a client would send me a nice card, a bunch of flowers, chocolates or even just thank me or give me a hug and it all felt better again.

Veterinary Surgeon

“Misery. It makes the working environment strained, makes people afraid about their clinical decisions and probably affects the level of clinical care as a result. Results in avoidance tactics by staff and a 'head down' approach rather than openness and support.”

Veterinary Surgeon

Some respondents gave details of how dealing with the situation had given them new skills,

“Becoming more withdrawn. Being reluctant to bring ideas to the team. Reluctance to go to work on the days this person was there. Getting better at meditating! Having to get better at identifying and dealing with cliques. Being able to identify who is trustworthy and professional on the team.”

Veterinary Surgeon

While others indicated that the effect extended to their family and other relationships.

“Terrible for me and specially for my family. Made me feel small; not able to sleep at night. Made me aggressive towards my husband and small children when I got home from work. In hindsight I can see it was typical of behaviour caused by being bullied at work, but that makes no difference now for my 3 children and husband. Of course, it was very stressful for me, but the greatest and worst impact of having been bullied at work was on my family - and it is very important that this is recognised by whoever is evaluating this survey.”

Veterinary Surgeon

“I have become more introverted I have lost self confidence I have gained huge amounts of weight as I self medicate late at night and don't have time to eat during the day I have no time to exercise with my long work hours I am very lonely and have lost all friends due to cancelling catchups as I'm stuck in work I am pretty unhappy, maybe depressed but I'm afraid of labelling myself as I don't want the vet council to think less of me and don't want to have to say that on the renewal form.”

Veterinary Surgeon.

The intention to leave the practice or profession also came out in the responses to Q9 What do you plan to do about it, or what did you do about it? This question received responses from 680 people as shown in table 3.

	Nurse	Vet	Practice manager	other	Total
Leave the profession	26	13	1	5	45
Move practice as soon as I can	100	88	4	3	195
Nothing, I have no choice but to suffer in silence	70	33	2	4	109
Tackle it head on with the perpetrator(s)	15	17	1	2	35
Take it up with management / Practice Manager	106	51	3	4	164
Other	73	51	2	6	132
Number responding to this question	390	253	13	24	680

Table 3 What do you plan / did you do about

Those who selected “other” generally when on to describe a combination of responses including

- 52 who reported having left, or being about to leave the practice
- 55 reported taking up with management or colleagues – however 30 of these reported that taking it up with management either led to no change or made things worse (not believed or management aware but seem unable to deal with the issue)
- 10 waiting until the perpetrator leaves

A few people were able to rise above the behaviour:

“I did nothing but used it to make me stronger and show her that I could do my job and pass my qualifications. Now she has backed off and we get on.”

Veterinary Nurse.

4. Practice policies

The survey included 4 questions relating to policies; whether the practice has a policy for resolving conflict between staff and zero tolerance of bullying, and whether these were being implemented.

Only 28% of respondents were aware of a practice policy for resolving conflict. Of those that did have a clear policy less than half (45%) considered that it was implemented properly. In respect of zero tolerance of bullying only 24% were aware of a practice policy with 54% reporting that it was implemented.

However, it would appear from the results of this survey (table 4 below) that even having a policy in place was associated with lower reports of sustained unpleasant behaviour experienced in the practice (response to Q4) while implementing the policy reduces this even further.

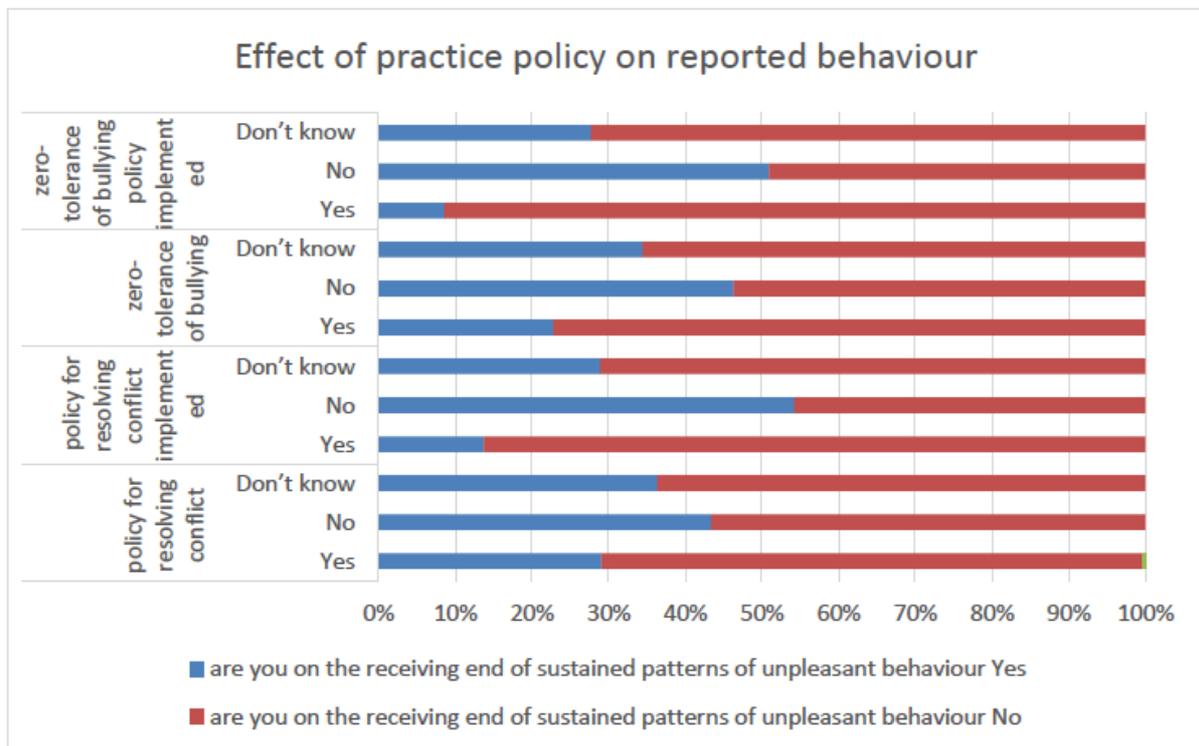


Table 4 Effect of practice policy on reported behaviour

Discussion

The intention of the survey was to establish whether the anecdotally reported “bullying” behaviours were more widespread and, if so, to trigger constructive discussion on the subject, both amongst key opinion leaders in the profession and in practice.

The results of this survey indicate that the reports of bullying and unacceptable behaviour described on the vetnurse.co.uk and vetsurgeon.org websites are not isolated incidents. While this survey cannot quantify the prevalence of these behaviours in veterinary practice there are a number of studies and reports that indicate that bullying and harassment are widespread behaviours in many workplaces in many different countries^{1 2 3}.

The prevalence of bullying behaviour depends on the definition used, with ACAS reporting that in the Fair Treatment at Work survey of 2008, 7% of employees reported personally experiencing bullying or harassment in the previous two years. However, 40 per cent had experienced incivility/denigration and disrespect (humiliation, insults, rudeness, teasing, shouting, intimidation and threats); and 6 per cent had been subjected to violence⁴.

This survey asked about very specific behaviours, but the free text responses relating to perceived mistreatment (Q6) could be considered under three broad themes: not feeling part of the team, lack of support and lack of respect. While the responses to this survey concentrated on the effect that these behaviours had on the individual it is important to consider the effect that these may have on the standards of patient and client care provided by the practice.

The final theme raised related to management and perceptions of unfair treatment. There were also concerns raised in relation to management in the responses to question 9, with a number of respondents reporting either raising concerns made no difference or made things worse. These responses may indicate that those with managerial responsibility, whether practice owners or managers, may not be confident in dealing with these situations.

Bullying has often been associated with the abuse of power and it is self-evident that certain sorts of behaviour, such as the unfair or unreasonable allocation of work, are most likely to be associated with those in senior positions. However, there are other behaviours, such as exclusions from social events and critical comments that can occur at any level. While the majority of reports in this survey indicated that the perpetrator of the bullying behaviours was in a more senior position there were a significant number of reports of people, including practice owners, being on the receiving end of bullying from more junior staff. Perhaps the most notable finding from this survey was that veterinary nurses were most likely to be on the receiving end of sustained unpleasant behaviours from other nurses. There are a number of possible reasons for this, including the issue of seniority, with age, length of employment and level of qualification often giving rise to conflict in this group, which included nursing assistants, students at various stages of training as well as qualified and registered veterinary nurses. Future research should consider looking at the issues for each of these groups separately.

Although this survey asked respondents to report behaviours which seem SOLELY DESIGNED to cause physical or emotional hurt, it is not able to report on the motivations of the perpetrator. While it is possible that some people did act to deliberately cause distress, it is also probable that some people did not consider the effect that their behaviour would have on others. This behaviour could be as a result of stress, a personality style or previous experience⁵.

There is a growing body of evidence that indicates that veterinary practice is a stressful place to work, including the RCVS survey of the professions⁶ and the BVNA VN wellbeing survey⁷. The main stressors identified included long working hours, increasing client expectations and lack of preparedness for the emotional side of interacting with animal owners. Good clinical outcomes and relationships with colleagues were the greatest sources of satisfaction, suggesting that a supportive working environment can mitigate the stresses associated with the job. A survey of BVA members, carried out as part of the Vet Futures project, found that reducing stress was the single highest priority for many, with vets in small animal practice, younger vets (less than 35 years of age) and women being more likely to prioritise this. Better veterinary wellbeing was identified as the top goal for 2030 by veterinary students and recent graduates⁸.

A systematic review of studies investigating suicidal behaviour and psychosocial problems in veterinary surgeons found that managerial aspects of the job, long working hours, heavy workload, poor work-life balance, difficult client relations, and performing euthanasia all contributed to occupational stress and that these may contribute to poor mental wellbeing and suicidal behaviour⁹.

There are a number of studies have been undertaken to try to develop an understanding of the wellbeing and mental health status of those in the veterinary profession. In one study over half of vet students had experienced mental ill-health (mostly before attending veterinary school) and their wellbeing was judged to be significantly poorer than for the general population, although similar to estimates for qualified vets¹⁰. Another study looked at aspects of personality that may make veterinary professionals more prone to occupational stress and found that vets with higher levels of depression and anger/hostility are likely to experience greater levels of occupational stress¹¹.

The relationship between bullying, occupational stress and mental health is likely to be complex. While there are few studies specifically into workplace bullying in the veterinary profession a study from New Zealand reported that that bullying was associated with worse physical health, higher levels of strain, reduced self-rated job performance and higher intentions to quit. The study highlighted that destructive leadership and team conflict contributed to an environment where workplace bullying was able to flourish¹². These findings would seem to resonate with the findings from this survey in which health issues, loss of confidence and intention to leave either the job or the profession were frequently reported.

At a time when many practices reporting that they are understaffed¹³ it is important to put in place measures to ensure that those that are working in practice are not put under too much pressure and to enable the practice to both recruit and retain new staff.

The reports of bullying behaviour being part of the culture of a practice and of those in positions of authority being unwilling or unable to tackle the problem, suggest that practices may not know how best to deal with these behaviours. The results of this survey suggest that having and implementing policies for dealing with conflict and bullying is associated with lower reports of being on the receiving end of unpleasant behaviour. While it is not possible to determine whether this is a matter of cause or effect it does suggest that having and implementing policies relating to acceptable and unacceptable behaviour can have a beneficial effect.

This is reiterated by advice from HSE¹⁴ and ACAS¹⁵ which recommend that in order to address bullying in the workplace it is first necessary to acknowledge that bullying can occur in any organisation and the consequences that this can have. Formal policies on the expected standards of behaviour should be developed and implemented, ideally after consultation with staff. However, it is

also important to remember that the example set by employers and managers is as important as any formal policy. There should also be fair procedures for dealing promptly with complaints from employees.

While policies relating specifically to bullying are a start there is now a move to develop more general policies around dignity at work¹⁶. There are a number of examples of these online such as those from the General Medical Council¹⁷ and the Royal Veterinary College¹⁸.

Conclusion

Having established that reports of unpleasant behaviour, or the feeling of being bullied are not isolated incidents in veterinary practice, the second aim of this survey was to promote constructive discussion on the subject, perhaps most importantly within practices, but also within professional organisations.

It has become clear during the discussions around this survey that the term bullying may be interpreted in very different ways by different people. To accuse someone of bullying or to be accused of bullying is very emotive and may make resolution of the underlying problem more difficult. This is not to condone any of the behaviours that are clearly making life unpleasant for the individuals concerned, but it is a call for everyone to ensure that they are treating others with dignity and respect.

The main questions to be considered are how, at a practice level, we can create working environments where everyone feels treated with dignity and respect, and whether there are ways in which our professional bodies can help assist with this.

In particular, there is a need for things which:

- Encourage free and open discussion in practice about everyone's behaviour
- Encourage greater reflection/awareness by all members of the team about the impact that their behaviour may be having on others
- Reduce the likelihood of unpleasant behaviour occurring in the first place, such as 'zero-tolerance of bullying' or conflict resolution policies, which, as noted earlier in this report, correlate with reduced reports of sustained unpleasant behaviour.
- Encourage awareness by all members of the team that, when someone else's behaviour falls short, there may be other stresses in that person's life that have caused it
- Recognise that we work in a stressful environment and provide practical support for individuals when things aren't going well, such as buddy systems.

At a time when SPVS are reporting a recruitment crisis¹³ and many practices report that they are understaffed these things will not just help to create a happier working environment, they also make sound commercial sense, helping to improve staff recruitment and retention.

There are already several initiatives to promote wellbeing in the veterinary professions, but we will all need to work together to achieve the Vetfutures ambition that all members of the veterinary team are confident, resilient, happy, healthy and well-supported.

If anyone needs support with issues regarding workplace issues or mental health they can contact Vetlife
www.vetlife.org.uk
Telephone: 0303 040 2551

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