

## ASSESSING COMMUNICATION WITHIN COMPANION ANIMAL PRACTICES: VETERINARIAN VS. PET OWNER

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### Abstract

*Veterinarian-client communication has been the subject of many surveys, and guides were developed. This study assesses the communication patterns between veterinarians and pet owners in Romania. The study used an original questionnaire based on The Calgary-Cambridge Guide adapted for veterinary medicine. Following the analysis, it was concluded that, in most cases, the communication process was efficient. More than 90% of the owners felt encouraged to participate in the dialogue and appreciated that the veterinarian used an accessible language. The communication process included feedback, as 80.1% of the vets verified the owner's understanding. As negative aspects that influence the therapeutic relationship, we mention the fact that 21.6% of owners were not asked if they accepted the final plan, 38.6% were not informed about the costs during the consultation, and 57.3% did not receive a copy of the medical file at the end of the consultation. Communication, in most of the consultations, follows a biolifestyle-social pattern. However, the existence of the negative aspects that fall within a biomedical, authoritarian pattern supports the continuous need for communication education.*

**Key words:** communication skills, communication patterns, veterinarian-client communication.

### INTRODUCTION

Effective communication is a priority in human and veterinary health services, and its components are being studied and refined. Its components are health literacy, cultural skills, and language barriers (Ratna, 2019). Next, health literacy's impact on human and veterinary medicine will be presented.

Defined as the patient's ability to understand and draw conclusions based on reality and experience (Bash, 2007), health literacy can be successfully applied in medical services, disease prevention, and health promotion as a lifestyle (Sørensen et al., 2012).

The need for this form of competencies is supported by the large number of specialized studies, which are based on patients' observations: difficulties in understanding medical information, lack of knowledge that hinders communication, incorrect administration of treatments prescribed by the doctors, lack of preventive behaviours, and poor chronic disease management. These patients will be less involved in the dialogue with the medical team and decision-making

process, with lower satisfaction (Koh et al., 2016).

The doctor is among the first facilitators of health literacy through doctor-patient interaction, improving the quality and manner in which he delivers the message to the patients and developing a correct and qualitative communication strategy among the medical team. Verbal information, doubled by a visual form (diagrams, charts), encouraging clarifying questions, and translating medical terms into accessible language are just some methods that can increase the patient's level of understanding with immediate and lasting effects on his health (Ratna, 2019).

Moreover, the use of empathy in the doctor-patient relationship brings benefits for both parties involved. The doctor will be more productive and efficient, have lower stress levels and depression rates, and have a better quality of life. The patient is more involved in the therapeutic relationship, is more treatment-compliant, and has improved chronic disease management (Moudatsou et al., 2020).

In veterinary medicine, the field of effective communication and health literacy is

developing. The methods and techniques developed for human medicine are transferable, the principles remaining the same. Higher education institutions have included in "Day one competences" the skill to communicate effectively with clients, the public, and the authorities (ECCT, 2015). It focuses on developing skills and abilities that the vets acquire during their graduation from the faculties of veterinary medicine and would further perfect them in practice.

The Royal College of Veterinary Surgeons reinforces the importance of communication and collaboration in professional relationships. The European Association of Establishments for Veterinary Education (EAEVE) has compiled a list of first-day competencies, describing effective communication as distinct (Lekeux & SOP WG, 2019).

Closed-ended questions and low levels of empathy prevent the owner from developing confidence with the veterinarian. The lack of encouragement to participate in the dialogue decreases the treatment compliance rate and directly affects the animal's health (Shaw et al., 2004).

The quality of communication influences the owner's attitude towards loyalty and satisfaction towards the veterinarian (Brown, 2018). Owners with a strong relationship with the vets tend to follow the recommendations more wholly and frequently than those who declare a weak relationship (Lue et al., 2008).

Veterinarians appreciate that communication skills are just as important as medical knowledge or skills (McDermott et al., 2015). The principles of effective communication applied within the medical team contribute to developing a harmonious, constructive working environment, and they increase the efficiency and effectiveness of the team (Pun, 2020). They also influence the rate at which owners turn to preventive medicine (Lue et al., 2008) or how they opt for prescribed procedures and treatments (Kanji et al., 2012).

There are three patterns of doctor-patient communication: biomedical, biolifestyle-social, and consumerist. The vet dominates the dialogue within the biomedical model, and the owner's contribution is reduced and discouraged. In the biolifestyle-social model, things are more balanced and oriented toward a

therapeutic relationship in which both parties are involved and collaborate. The consumerist pattern shows the owner in a role of power, and the doctor is a simple consultant in the medical process (Shaw et al., 2006), (Shaw et al., 2008). This study aims to qualitatively analyse the communication process between Romanian veterinarians and owners within companion animal practices. An analysis of the communication in this field is needed to assess the current level and propose solutions adapted to the population and the socio-cultural context. Another significant milestone in veterinary-client communication was the COVID-19 pandemic, a period that demanded significant adaptability from the veterinary profession. Most clinics had to modify their protocols to align with national or state regulations, showcasing the resilience and resourcefulness of these professionals in the face of adversity.

During the COVID-19 pandemic, studies assessing the impact on veterinarian professionals have been conducted. In Romania, immediately after the lockdown, veterinarian professionals (vets, assistants, technicians, managers) reported how the lockdown affected their human resources, activity management, relationships between themselves and with the authorities, and how continuing education had changed. Also, they mentioned in the free-text comment box that they had difficulties communicating with the pet owners and that this relationship was affected (Mureşan et al., 2021).

The results may be valuable in every veterinarian clinic, as they can provide a better understanding of the relationship dynamics. Furthermore, they can be used in designing programs for students to improve their communication skills.

## **MATERIALS AND METHODS**

### **a. Questionnaire Design**

The qualitative research used a questionnaire addressed to pet owners. The questionnaire was created and processed using Google Forms and distributed through Facebook. Participation was voluntary, with respondents agreeing to the use and publication of data. The questionnaire link was distributed via online platforms, and

the exact Romanian region from which the respondents are is unknown.

The research team designed the original questionnaire, which the Bioethical Commission of the Faculty of Veterinary Medicine Bucharest approved. It contained 61 questions, divided into six sections. The first section collected general data about the owner, the species, the number of pets, and the frequency with which they visit the veterinarian. The other five sections are based on The Calgary-Cambridge Guide (CCG) (S. M. Kurtz, 2017) and collect data about: section no. 2 "Questions regarding the initiation of the consultation and information gathering", section no. 3 "Questions regarding the structure of the consultation", section no. 4 "Questions regarding the building of the doctor/owner relationship", section no. 5 "Questions regarding the amount and type of provided information" and section no. 6 "Questions regarding the type of provided explanations and planning".

Of the 61 questions, three are open-ended, 15 per 5-Point Likert Scale, 34 with a dichotomous answer, and eight with 3-5 answer options.

The CCG is part of a communication handbook dedicated to veterinary medicine (S. M. Kurtz & Adams, 2017), which aims to integrate communication skills acquired on the theoretical level with practical clinical skills in a single effective process (S. Kurtz et al., 2003). The vet/client communication process is divided into five stages to build the therapeutic relationship and structure the consultation.

### **b. Data Collection**

Data collection was conducted from March 3rd to April 25th, 2021. All the data was stored using the Google Forms platform. Some restrictions were still in place during this period due to the COVID-19 pandemic, as the third wave reached Romania. The owners were asked to answer questions based on their vet's regular visits. From May 2020 through September 2020, many of the restrictions were revoked. In March and April of 2021, many businesses had a regular schedule with a few limitations, such as social distancing and the mandatory facemask.

### **c. Statistical Analysis**

The IBM SPSS Statistics was used to analyse the collected data. Descriptive statistics were used to summarize the data and the following inferential tests: the Chi-Square Test of Independence, Pearson's Correlation Coefficient, and the Independent-Samples T-test.

For the data collected using the 5-Point Licker Scale, answers were converted into numeric values as follows: 5 = to a very large extent; 4 = to a large extent; 3 = to a moderate extent; 2 = to a small extent; 1 = to a very small extent.

## **RESULTS AND DISCUSSIONS**

### **1. Demographic characteristics of respondents and pet ownership**

The questionnaire had 171 respondents, all pet owners who participated voluntarily. Of these, 89.5% (n = 153) attended higher education, 9.9% (n = 17) had secondary education, and 0.6% (n = 1) had graduated from vocational school.

Respondents ranged between 22 to 64 years of age, distributed as follows: under 26 years of age - 9.9% (n = 17), 26-35 years of age - 53.2% (n = 91), 36-45 years of age - 27.5% (n = 47), 46-55 years of age - 8.2% (n = 14) and 56-64 years of age - 1.2% (n = 2).

Regarding gender, 84.2% (n = 144) identified themselves as female, 15.2% (n = 26) as male, and 0.6% (n = 1) as non-binary.

Distribution and frequency of pet ownership: 45% (n = 77) - one animal, 21.2% (n = 36) - two animals, 12.3% (n = 21) - three animals, 9.9% (n = 17) - four animals, 3.5% (n = 6) - five animals and 8.2% (n = 14) - more than five animals.

A percentage of 39.2% (n = 67) had cats, 31% (n = 53) had dogs, and 24.6% (n = 42) had both species; the remaining 5.2% (n = 9) had other species. 84.2% (n = 144) had a regular veterinarian. The frequency of vet visits was as follows: 32.2% (n = 55) - twice a year, 30.4% (n = 52) annually, 24.6% (n = 42) every three months, and 12.9% (n = 22) - monthly.

Given that most pet owners, 84.2% (n = 144), have a current veterinarian that they visit frequently, it is safe to assume that the answers provided to the following questions are based on experience.

## 2. Results regarding the consultation structure, information gathering, building up the doctor/owner relationship, and providing information and planning.

The waiting time in the office until the takeover was relatively short, a maximum of 10 minutes for 63.7% (n = 109) of the respondents. For 29.8% (n = 51) of the cases, the waiting time was about 15 minutes, 5.3% (n = 9) about 30 minutes, and 1.2% (n = 2) more than 30 minutes. This aspect is relevant for professionalism assessment, given that most consultations require an appointment.

The first step in building a good quality therapeutic relationship is the initial meeting, first contact. In this direction, 40.4% (n = 69) of the owners said that the vets did not introduce themselves (name and position), 42.1% (n = 72) answered affirmative, and 17.5% (n = 30) did not remember this aspect. Related to this first step, 66.1% (n = 113) said that the doctor knew their name and their pet's name, 28.7% (n = 49) answered negative, and 5.3% (n = 9) did not remember. There is a significant association between the two variables; vets who introduce themselves are likelier to know the names,  $\chi^2 = 37.40$ ,  $df = 1$ ,  $N = 136$ ,  $p < .001$ , with a Cramer effect size coefficient,  $\phi = 0.52$ . The subjects who answered "I do not remember" were excluded. This attitude increases respect and confidence from the owner's perspective.

One of the components of an effective communication process is encouraging dialogue. At the beginning of the consultation, 95.9% (n = 164) of the owners were asked to list all the aspects they wanted to discuss, and 94.7% (n = 162) were listened to carefully, without interruptions, behaviours within the biolifestyle-social model.

In 13.5% (n = 23) of the cases, the doctor did not ask for clarifications or the amplification of certain answers that were unclear. In 69.6% (n = 119) of the cases, he summarized the aspects presented by the owner, and in only 58.5%, the vet did a summary after every problem/topic of discussion. Summarization is an effective method proposed by the CCG that the doctor can use to ensure that he has understood correctly the information received or to emphasize the consultation structure for the owner.

In 98.8% (n = 169) of the situations, the doctor used accessible language, comments, and simple questions, and in 90.6% (n = 155), he explained certain medical terms in everyday language. Most clients, 96.5% (n = 165), consider the consultation timing effective. Regarding the consultation structure, only in 11.7% (n = 20) of cases did the owners not realize when the doctor addressed another topic or problem of the animal.

A good therapeutic relationship, as mentioned earlier, contributes to the owner's satisfaction (Brown, 2018) and increases the likelihood that he will follow the instructions he receives (Lue et al., 2008). 70.8% (n = 121) of the owners consider that the doctor paid attention to their emotional state and showed self-confidence in 99.4% of the cases. 91.2% (n = 156) felt that their ideas were accepted without feeling judged. Sensitive and shameful subjects were approached with empathy and understanding in 93.6% of cases (n = 160). These results placed the relationship in a biolifestyle-social model.

From the owners, 42.7% (n = 73) felt that their ideas were explored to a very large extent, 29.8% (n = 51) to a large extent, 21.6% (n = 37) to a moderate extent, 4.7% (n = 8) to a small extent, and 1.2% (n = 2) to a very small extent. Regarding their limits (time, treatment schedule, finances), 47.4% (n = 81) consider that were taken into account to a very large extent, 24% (n = 41) to a large extent, 15.8% (n=27) to a moderate extent, 9.4% (n = 16) to a small extent, and 3.5% (n = 6) to a very small extent. There is a strong positive correlation between these two variables,  $r(169) = .67$ ,  $p < .001$ , indicating that the vets who explore the client's ideas also consider their limits (Figure 1).

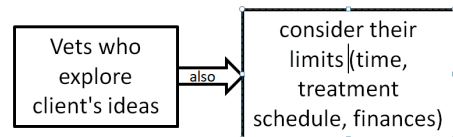


Figure 1. Strong positive correlated behaviours

There are strong positive correlations between three behaviours the vet can manifest regarding the communication process (Figure 2). The vets who share their decisional process also share the reasoning behind some questions or

manoeuvres,  $r(169) = .70, p < .001$ ; they also explain the procedures and results of the physical exam,  $r(169) = .70, p < .001$ . Also, there is a strong positive correlation between the vets who expose the reasoning behind some questions and those who explain the procedures or the results,  $r(169) = .71, p < .001$ .

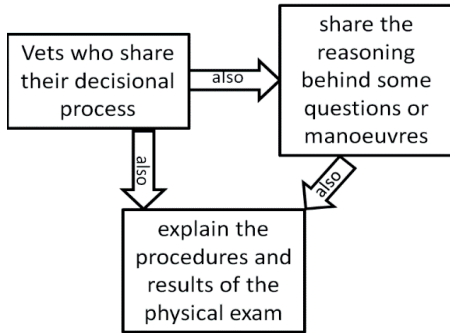


Figure 2. Three vet behaviours that correlate

More than half of the vets, 64.9% ( $n = 111$ ), consulted with the owner about the case management options. In 42.7% ( $n = 73$ ), the vet makes sure that the owner has the willingness and the available resources to follow the treatment to a very large extent, in 18.1% ( $n = 31$ ) to a large extent, in 19.9% ( $n = 34$ ) to a moderate extent, in 7.6% ( $n = 13$ ) to a small extent and in 11.7% ( $n = 20$ ) to a minimal extent. The vets who consulted with the owner about case management ( $M = 4.25, SD = 1.07$ ) also made sure about the willingness and the available resources compared with those who do not display these behaviours ( $M = 2.75, SD = 1.38$ ),  $t(98.7) = 7.35, p < .001$ .

From the vets, 57.9% ( $n = 99$ ) offered information about treatment options (names, steps, advantages and disadvantages) to a considerable extent, 24.6% ( $n = 42$ ) to a large extent, 10.5% ( $n = 18$ ) to a moderate extent, 3.5% ( $n = 6$ ) to a small extent, and 3.5% ( $n = 6$ ). This aspect positively correlates with the assurance about the willingness and available resources,  $r(169) = .66, p < .001$ .

These interrelated attitudes confirm that once the vet learns and admits that the owner has to be a partner in the process, new ways of inclusion appear, and constant negotiation must happen (Figure 3).

"Chunks and checks" is a technique described in the CCG (S. M. Kurtz & Adams, 2017) as

giving information in small chunks and checking for understanding. Of most vets, 92.4% ( $n = 158$ ) gave information in manageable chunks, 80.1% ( $n = 137$ ) checked for the owner's awareness, and 68.4% ( $n = 117$ ) asked if the owner needed other information regarding the causes, prognostics, or evolution. Checking for understanding is a form of asking for feedback.

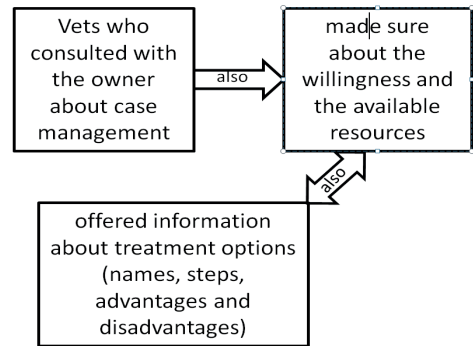


Figure 3. Vet interrelated attitudes

Checking for understanding is a form of asking for feedback.

Regarding the vet's ability to signpost and provide structured information, 74.9% ( $n = 128$ ) of the owners estimated that the essential aspects were signalled and divided into categories. 87.1% ( $n = 149$ ) considered that the explanations were organized. The consultation was usually structured, and the explanations were organized. For the owner, these aspects facilitate a better understanding of the process, which will positively influence his level of health literacy and care from which the pet can benefit.

Speech supported by visual methods increases the chances of accurate recall and better understanding. Following the analysis of the responses, in 76.6% ( $n = 131$ ) of cases, no visual methods were used during the explanations. Despite that, 58.9% ( $n = 100$ ) of the owners considered that by the end of the consultation, all the essential aspects related to the diagnosis and the treatment plan were clarified to a very large extent, and 30.4% ( $n = 52$ ) to a large extent.

Several aspects negatively impacting the communication process and therapeutic relationship were identified. It has been found

that 21.6% of the owners (n = 37) were not asked if they accepted the final plan, 38.6% (n = 66) were not informed about the costs during the consultation, and 57.3% (n = 98) did not receive a copy of the medical file at the end of the consultation, neither in print nor in electronic format (Figure 4).

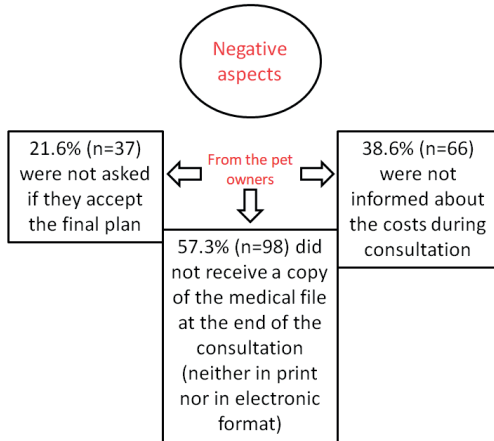


Figure 4. Aspects with a negative impact on communication and relationships

The vets who inform the owner about cost also tend to make sure about his willingness and available resources ( $M = 4.26$ ,  $SD = 1.03$ ), compared to those who do not inform ( $M = 2.88$ ,  $SD = 1.46$ ),  $t(105.35) = 6.69$ ,  $p < .001$ . Moreover, the vets who inform about costs offer more information about treatment options ( $M = 4.67$ ,  $SD = .615$ ) as opposed to those who do not inform about cost ( $M=3.71$ ,  $SD=1.26$ ),  $t(84.67) = 5.73$ ,  $p < .001$ . The interactions mentioned above support the partnership of the biolifestyle-social model (Figure 5).

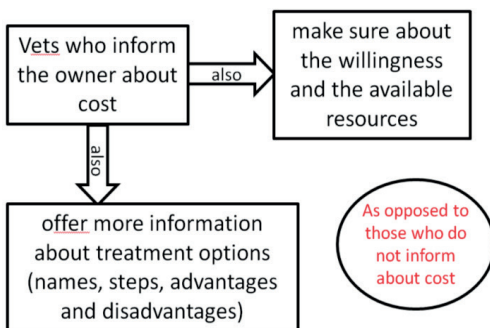


Figure 5. Interactions of the biolifestyle-social model

The negative aspects identified in this study influence the therapeutic relationship. The fact that the owner was not asked if he accepts the final plan frames the relationship in a biomedical communication model, in which the doctor has an authoritarian parental attitude and does not aim to create an alliance with the owner (Shaw et al., 2006; Shaw et al., 2008).

The financial component must be included in planning case management. The owner must evaluate his resources and agree to invest them, as well as reasons for further information and consent. Even though financial resources have a significant role in treatment management, they have less influence on the poor follow-up of recommendations than ambiguity, misunderstanding, or confusion (Lue et al., 2008). Thus, it is recommended to consider the owner as a partner who makes the final decision.

Written information, which the owners can use anytime for unclear issues or to make sure that they follow the complete steps of the recommendations or treatment, leads to better results of the medical process for the better care of pets. A study by the American Animal Hospital Association confirms that owners who had received written information at home used it in a reasonably high percentage (Association, 2009). The ability to verify the information influences treatment compliance (Englar, 2020). Owners who receive clear recommendations and explanations are seven times more adherent to following prescribed procedures (Kanji et al., 2012).

In the last section, "Comments, suggestions or anything else you think is relevant and has not been included" none of the owners mentioned COVID-19 pandemic limitations or influence in their vet visits. Most of the answers regarding time usage, communication patterns, and type of vet-pet owner relationship were positive, indicating little or no influence of the few limitations still in place during March and April of 2021.

## CONCLUSIONS

Following the analysis of the answers received, it has been concluded that in most cases, the communication process was efficient; more than 90% of the owners felt encouraged to

participate in the dialogue and appreciated that the veterinarian used an accessible language. In 92.4% (n = 158) of the cases, the owners appreciated that information was provided in small quantities. The communication process included feedback, as 80.1% (n = 137) of the vets verified the owner's understanding.

The owners who participated in the study appreciate their relationship with the veterinarian as being good at communication and providing medical information. Over 80% of owners positively appreciated the veterinarian and his various communication skills, and 88.9% (n = 152) considered that all the essential aspects of the diagnosis and treatment plan had been clarified by the end of the consultation.

The percentage of owners who received a medical record at the end of the consultation was small, reaching 42.7% (n = 73). The lack of this practice negatively influences treatment compliance.

Communication, in most of the consultations, follows a biolifestyle-social pattern. However, the existence of the negative aspects that fall within a biomedical, authoritarian pattern supports the continuous need for communication education. It is safe to assume that once an attitude or behaviour is formed and maintained, and the benefits are more noticeable, other behaviours from the same cluster may appear with the right motivation. Education and communication training are needed for vets with experience and students or new graduates.

The topic of communication between the veterinarian and the pet owner is more and more common among professionals in Romania. This study is considered the first in this country on communication issues in companion animals' veterinary practices.

As strong points, this study can be a template for future research within this field and creates an overview that provides direction for more detailed approaches.

## LIMITATIONS OF THE STUDY

A unilateral point of view is presented regarding the aspects to be improved, meaning that only pet owners provided their opinions. In this case, the research could be extended

among veterinarians for a complete communication process analysis. It is also necessary to differentiate between urban and rural environments.

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# EXPERIMENTAL MEDICINE

