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Say what you see – or don't: how labelling patients might influence their welfare

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Abstract: Animal welfare is a complex and often emotive subject, but one that many veterinary professionals care deeply about. However, sometimes we ourselves can actually be barriers to optimising patient welfare. This article looks at some common practices that occur within veterinary clinics and evaluates the potential impacts of our own human behaviour and biases on delivering good patient welfare within the veterinary clinic. It explores how the language we use, the way we perceive the world and the way we interact with our patients may inadvertently influence their behaviour and in turn impact upon their welfare.

Introduction

Veterinary practices are busy and often inherently stressful places – both for the clinic staff and for our patients. The veterinary team aims to work together to improve the health and welfare of our patients, but sometimes our own behaviours might inadvertently conflict with these aims. Recognising and changing our own behaviours is an important first step in ensuring that we really are effective in delivering excellence in patient care within our clinical environments. In this article I will discuss how even simple everyday actions within the veterinary clinic might impact on animal behaviour and welfare, and how these actions might actually be surprising difficult to change.

“Naughty” dogs and “aggressive” cats

As humans we have a tendency to organise and categorise the world around us – this tendency might be even more true for veterinary nurses, who are often charged with maintaining the smooth running of a veterinary clinic, and so laminating, organising and labelling are often second nature! However, when it comes to our patients, categorising and labelling patients by their behaviour may

inadvertently create problems for them. Labelling of behaviours in children has been suggested to influence how children might be treated within society (Day, 2017) and also to impact on their own perception of themselves. While the animals that we routinely care for in the veterinary clinic are unlikely to be aware of the meanings of labels that we might use for them, labelling in this way may well influence how we treat those animals (both consciously and subconsciously). We've all had experiences of pets in the clinic being labelled as “naughty”, “aggressive” or “difficult”, and we've all experienced that sinking feeling when reviewing a patient's record or an upcoming appointment and seeing the “care!” warning. That's not to say that dealing with aggressive animals is not a genuine concern – of course it is, and it can be highly stressful for the veterinary team and the owner, as well as for the animal, but I'm sure that many readers will be able to remember situations where the “aggressive” pet was perhaps not quite as aggressive as we first thought, or where a different approach to handling or examination has resulted in a significant change in a patient's behaviour. However, we can only influence the behaviour of our patients if we are first able to recognise and reflect on our own.

Recognition of the problem

Labelling of pet behaviours as representative of personality traits is common among both pet owners and the veterinary team (Marshall, 2016; McBride, 2017) and may result, for example, in abnormal behaviours being perceived as amusing or in normal but undesirable behaviours being labelled as problematic. This labelling can create a culture around a particular animal which may later impact on its care, which in turn may influence its future behaviour. We can only address this issue if we recognise the labelling of animals as “x” behaviour as being potentially problematic and take steps to mitigate this.

Human behaviour change is a complex process. It has been suggested that it first starts with recognition of a problem, then consideration of the factors which might influence our intention to act on the problem (knowledge, peer pressure, beliefs, etc.) and finally consideration of the factors which might inhibit our intentions to behave in a certain way (our habit, a lack of resources, etc.). All of these elements must be considered if we are to effectively change our own behaviour or the behaviour of others to improve animal welfare within the clinic.

Recognising that labelling of a patient in a negative way, e.g. “naughty”, may result in differential treatment of that patient compared to “good” patients, is the first step, but our intention to modulate our behaviour may be hindered by many different factors – culture within the veterinary team, concerns around safety of staff who might not be appropriately prepared to handle a potentially aggressive animal, and a lack of knowledge of alternative strategies to deal with the problems are all factors which may inhibit change. One factor which commonly impacts on how patients are labelled is our own understanding of patient behaviour.

Why do animals display challenging behaviours?

Animals behave in a variety of different ways and many of these behaviours are commonly misunderstood by humans. For example, the idea of dominance hierarchy or the “alpha dog” myth in dogs is still raised as a rationale for aversive training methods or “showing who is boss”. Additionally, our own human perspective may bias our interpretation

of an animal’s behaviour. For example, research done a number of years ago indicated that owners perceived citronella anti-bark collars to be more effective than electric shock collars at reducing barking behaviour (Juarbe-Diaz et al., 1996); interestingly, the owners also thought the citronella collars to be more humane. When we consider the mechanism of training of both citronella and electric shock collars we can see that they both rely on adding an aversive response to a behaviour to create a negative emotional state and reduce the likelihood of the behaviour associated with the aversive response being repeated (positive punishment). As the citronella collars were more effective punishers than the electric shock collars, this evidence may actually suggest that dogs find citronella more punishing than electric shocks, and so while our human perspective means that we perceive citronella to be more humane (perhaps because *we* tolerate it better), it’s not necessarily reasonable to apply this bias to dogs. Recognising this human bias is important because it affects how we treat the dogs and cats in our clinics. Behaviours related to anxiety, fear or pain may be misinterpreted as “nuisance”, “aggressive” or “naughty” behaviours because we have a tendency to label them according to our human perception rather than understanding the motivation of the animal.

Of course, if we apply this rationale to the previous example, the question we should really be asking is not “is citronella more humane than electric shocks?” but “why is the dog barking and how can I modulate the motivation for the barking behaviour?” (Ziv, 2017). When we consider barking behaviour in the clinic and consider our common responses (shouting, shutting a dog away, hanging up a towel in front of the kennel) we can

see that we’re often failing to address the actual cause of the barking behaviour, which is often caused by anxiety, loneliness, discomfort, fear or stress. In this case, offering comfort and reassurance, giving enrichment to support a positive mental state (Figure 1), ensuring regular toileting opportunities, giving food (where appropriate), or administering anti-anxiety medication may all be better alternatives. In the longer term, considering kennel design, in-patient husbandry strategies and ambient changes such as lighting, soothing music, reducing proximity of dogs in kennels, and pheromone therapy in kennelling areas; all may help to modulate stress responses in inpatients and reduce the risk of anxiety or frustration leading to barking or aggressive behaviours.

Similarly, an understanding of normal species behaviour can be useful in facilitating effective handling. It is not really surprising that many cats “hate the vet” when we consider their journey to the clinic, a waiting period in an area that is often within sight or smell of dogs and other cats, and experience of being hauled out of their carry-case through a small door onto a disinfected table by a stranger who may well have just applied alcohol, chlorhexidine or another aversive-smelling disinfectant to their own hands. This whole experience is provides a cacophony of sounds, smells and other stressful stimuli that the cat is processing. Very simple changes can have a big impact on modulating the cat’s stress experience. Separate cat and dog waiting areas are increasingly commonplace, but thought should be given to the sounds and scents provided – especially in the cat area, the use of pheromones and noise reduction techniques may be helpful. Cat-specific consult rooms mean that lingering dog smells are not a source of stress and that



Figure 1. Food enrichment devices can improve welfare of long-term in-patients.



▲ **Figure 2.** Cat specific consult room shelving.

the rooms can be modified to reduce stress during feline examinations with minimal clutter or hiding spaces for cats to squish behind or into, and cat-specific shelving (**Figure 2**) providing comforting height and observation opportunities. Simple techniques such as removing the top of the carrier and examining the cat inside the carrier or allowing the cat to roam and explore the consult room while you take a history and observe it can significantly mitigate stress responses to handling, and also allow you to gather useful information on behaviour, body condition and locomotion. The application of feline pheromone spray to surfaces and hands can also reduce aversive responses to disinfectant smells and help to facilitate

calm handling. For feline in-patients, a quiet, calm, cat-specific environment with hiding opportunities and enrichment can reduce stress and support positive responses to handling and examination.

For all patients predictability is an important stress-reduction technique (Taylor & Mills, 2007). By making our own behaviours more predictable, we may reduce stress in our in-patients. For example, if you as a nurse, stop to stroke a patient in their kennel a few times but then intermittently remove that animal from its kennel for an injection, blood sample or other aversive procedure, your actions are unpredictable to the patient; each time you approach,

the patient cannot predict whether you will do something nice (stroke) or something unpleasant (clinical procedure) and that can be a source of stress. Instead, if a designated kennel nurse or animal care assistant delivers predictably pleasant stimuli (food, enrichment, stroking and reassurance), and a designated “procedures” nurse is responsible for injections, blood sampling and other aversive procedures, the animal is much more able to predict the future behaviour of these strange humans, and that may mitigate stress, and in turn make the patient’s behaviour more predictable (**Figure 3**).

Simple techniques such as examining how our own behaviour impacts on our patients, looking at the clinical environment from the patient’s perspective, and understanding how our patients perceive the world around them in terms of their senses and cognition can all help us to better understand why our patients behave in the ways that they do. This understanding then allows us to better provide for what our patients need, reduce the negative emotions that might be driving problematic behaviours, and ultimately to improve both the welfare of our patients, and our own working environment and experiences.

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▲ **Figure 3.** Large dogs are often more comfortable on the floor than on high tables. A friendly vet nurse companion can make a big difference.