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# Reducing patient stress: considerations for nurses

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**ABSTRACT:** Patient stress is the biggest barrier between nurses and patients. It can make effective nursing techniques ineffective and slow the rate of recovery from illness and injury. Patient stress is a problem that can, however, be improved by any nursing team with the correct frame of mind and influence on the rest of the practice staff.

## Introduction

The veterinary practice can be an intimidating place for our patients, not only as in-patients, as discussed in her series in the *VNJ* earlier this year by Caroline Hewson, but also as outpatients. This article discusses stress at reception, consultations and hospitalisation and how we, as nurses, can attempt to improve it.

## Reception

Patients are faced with noise and pheromone stimuli and are put into positions of vulnerability. So how can we improve this initial experience for our patients and, in turn, our clients?

A practice can help right from the outset by sending 'Welcome' leaflets to new clients with tips on how to reduce their pets' stress when visiting the surgery (e.g. travelling with cat baskets covered).

At the surgery, good communication between reception staff and owners is vital, to ensure that clients understand fully how detrimental patient stress can be to how a consultation proceeds.

Receptionists and nurses should be aware of the patients that are waiting and their general temperaments. The staff members manning reception can have a significant influence on how clients think and behave which, in turn, can educate them and improve stress-related situations for the patient. It can be useful to have a crib-sheet on reception summarising the following points, to remind staff to think about stress reduction.

## Think stress!

- Encourage clients with dogs, cats and exotics to sit apart from each other. This may not always be possible but, even in the smallest waiting rooms, signage can be provided to create separate areas (**Figure 1**).
- Ask owners to place cats and exotics, in carriers, off ground level. Encourage them to do so by providing secure shelves and seating on which to place carriers safely.
- Offer owners a carrier cover (a towel or blanket). This can provide security to the vulnerable cat or exotic that is unsure of its surroundings, and keep the patient calmer and hopefully more amenable to examination.
- Have a seat in a quiet area where a nervous dog and owner can sit.
- Ensure that owners with boisterous dogs are encouraged to sit away from particularly nervous dogs.
- Place scales away from seating, so that dogs do not have to be walked towards strangers and other animals in order to be weighed.
- Encourage owners with patients in baskets (including exotic species) to place baskets on the reception desk rather than on the floor when they are paying for their treatment. This avoids putting these patients into a vulnerable situation, allows them to see their owners and may offer some comfort.

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▣ **Figure 1.** Display signs that clearly separate seating areas, and ensure that reception staff encourage the correct use of these areas

## Consultations

A veterinary patient is faced with stimuli that are alien and stressful – from the scents that cover the examination table to the pair of hands palpating their abdomen. Vets understand that these situations can have a stressful impact on their patients but, as nurse clinics are becoming a fixture in many practices, it is vital that we are fully aware of these aspects as well.

### The nervous patient

Take, for instance, a four-year-old neutered, female Labrador, presented for application of a flea treatment. The owner has pointed out to you that her pet gets very nervous around strangers, particularly at the veterinary practice. She displays submissive behaviour and has not shown any signs of aggression. (Remember that stressful situations can cause aggressive behaviour, and so we should always be mindful of this and what we can do to avoid it.)

What you know about the patient suggests that she is not suffering from any age- or hormone-related illness. Before gathering a full history, it would be fair to assume that the nervousness is due to inherited temperament or poor socialisation as a puppy and young adult. A full history should be sought from the clinical notes and the owner.

### A step-by-step approach

In order to conduct a consultation of this type, we should think about each step. Getting on with the procedure as quickly as you can doesn't always improve the patient's perception of the experience for the future. Instead, try a stepwise approach:

- Conduct the conversation with the client in a quiet tone.
- Avoid eye contact with the dog to avoid a confrontational situation.

- If the dog is excessively scared, then standing away from her is useful.
- If the dog starts to relax, then crouching to her level will show them that you are not a threat.
- Use food as a distraction if the dog is food orientated. Often, scared dogs will not accept food, although the smell may be enough to distract them.
- Do not corner the dog; ask the owner if they are happy to hold her for you and advise them to position themselves away from a wall/corner. If not, using a quiet member of staff to help is acceptable. This member of staff should be informed of the dog's temperament.
- Always approach the dog from the side, never from above. Introduce yourself by gently offering a hand to allow them to smell you. Stroking the dog's shoulder is an effective way of comforting them. Avoid stroking the top of their head, as this may be perceived as a threat.
- Once the dog is distracted/calm, move slowly and proceed with the application.
- Offer a treat afterwards. If the dog will not take it from you, ask the owner to give it so that the dog has a positive experience in your presence.
- Encourage the owner to return to sit in the waiting room with the dog, weigh the patient and then leave rather than leaving immediately as this will help to de-sensitise her to the practice.
- Staff should not give the patient too much attention during these visits, to avoid increasing anxiety levels.

The overall aim is to increase trust in order to reduce the degree of stress that the patient experiences at each visit.

### Further tips

If possible, keep cats in baskets for examinations with the owner reassuring them. This has, in my experience, often made consultations easier and reduced stress for the patient, owner and nurse! Towels are useful to help handle nervous cats and exotics. For example, for nail clipping, covering the body and head of the patient while you talk to them softly can calm them, allowing you gently to expose the foot to clip the nails.

### Don't give up!

Never give up on a stressed patient. Instead, make sure that a note is added to the patient's record and consider how every experience can be adapted to the individual – for example, by restraining them lightly or keeping them in a quiet room with few people. Investigate problem behaviour with the owner, and consider referral to a behaviourist (through a vet) for problems such as nervous aggression. This is a problem outside the remit of this article, but it is worth remembering that being able to suggest a possible course of action that may be pursued can provide some hope to the owner and in turn improve the patient's mental well-being.

## In-patients and hospitalisation

Hospitalisation can often be the most upsetting time for a patient. As veterinary nurses, we have to remember that our patients are not aware of the reasons they have been taken away from all that is familiar to them and introduced to an unfamiliar, and often frightening, environment from which there is no escape. To remember what to bear in mind when dealing with hospitalised patients, I have devised a mnemonic which I hope will help you to consider how your patients can be kept HAPPY!

- **Health:** How is the patient's health status affecting its mental well-being? Is it fully conscious? Recumbent? Or is it a day-patient for a routine procedure? Is it unaware of its surroundings, unable to communicate how it feels or is it relaxed or anxious?
- **Anticipation:** Are you giving the patient time to anticipate what is about to happen? Opening the door of a kennel and whisking a patient out does not guarantee a calm patient – in fact, quite the opposite! Take time to introduce yourself before moving them...even if the ops list is long!

- **Perception:** Think about the patient's perception of you. Are you speaking loudly, or abruptly moving bowls so a clang of china or metal is echoing through the hospital ward? Or are you being quiet and talking to your patients as you walk past their kennels or cages? Remember that our actions are perceived differently depending on individual patient temperament. Being mindful of how we act around our hospitalised patients can make a world of difference.
- **Peace:** All patients will seek calmness and quiet at some point in their day. Providing this for them is extremely important, even in the daytime. Displaying signs and asking staff to be quiet in certain areas is effective (Figure 2). Turning lights off for anaesthetic-recovery patients or those who seem restless is something that can be forgotten.
- **You:** ...can make the world of difference! We are in control of how our patients' days are lived while they are under our care. Use this power positively to ensure that every patient you interact with remains as calm and stress-free as possible.

Figure 3 shows my Stress Reduction Plan (SRP). This is a useful document that can be used alongside any admission or hospitalisation sheet.



Figure 2. A reminder for all staff to keep doors closed between wards to help reduce unwanted and stressful stimuli

It encourages the user to look at behavioural clues that may inform changes in how we nurse each patient and gives the opportunity to consider the patient as an individual, taking specific factors into consideration such as age, possibility of dementia and illness. Keep it up to date and evaluate the patient at every opportunity. More importantly, use it as a prompt to act on your findings to change the situation positively.

Segregate in-patients as much as possible. In a perfect world (and practice!), we would all have species-specific wards but, even where this is not feasible, we can still arrange patients thoughtfully and close doors to keep noise stimulus to a minimum.

The use of pheromones is controversial, as previously discussed by Caroline Hewson in the *VNJ* (June 2014) but, in my opinion, the fact that they do no harm warrants their use, even if experimentally. Opinions about their effectiveness vary; I would advocate their use in the hot-spot stress areas of a practice. In her series of articles, Dr Hewson suggested providing stimulating activities for in-patients; these can reduce stress by providing mental stimulation in some patients.

## Beyond the surgery

Stress reduction extends beyond the door of the practice: the animal becomes anxious at the surgery and this unsettled behaviour may continue for some time at home. Passing on advice about integrating the animal back into the home and/or family is useful. Often, for long-term cases, asking the owner to bring blankets or toys to the practice from home, and vice versa, may improve the initial interactions on returning home. A discharge sheet that includes information and tips can be helpful.

## Conclusion

This article has focused on asking nurses to look more closely at how we can improve our patients' time in the practice, and has shown that the behaviour and mental well-being of both short- and long-term cases, when looked at holistically, can be managed well. It can be hard in a busy modern practice to pause and look at holistic and behavioural aspects of patient care, but it is possible and it is beneficial.

Making staff aware of new holistic protocols ensures that everyone is delivering the same standard of nursing care, and a wide range of courses is available to keep knowledge current, a vital element of our clinical responsibilities. [vnj](#)

**Stress Reduction Plan (SRP)**

Patient Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Hospitalisation (detailed):..... Age: .....

History of Temperament:..... Possibility of Dementia: Y / N

Notes from Owner (e.g. routines, commands, normal behaviours):

.....

.....

.....

**Please provide detailed information. Continue on back of sheet as necessary.**

DATE:	Observations	Respy rate	Activity	Vocal?	Toileting	Actions for improvement	Initials
A.M.							
P.M.							
DATE:	A.M.						
	P.M.						

Figure 3. Stress Reduction Plan (SRP)