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ORIGINAL RESEARCH

Alcohol-related stigma within the UK veterinary profession

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Abstract

Background: Veterinarians have poorer mental health and have higher levels of alcohol consumption compared to the general population. This study aimed to explore perceptions and experiences of problem drinking within the veterinary profession in the UK.

Methods: Online semi-structured interviews were completed with multidisciplined practising veterinarians in the UK. The data were analysed using reflexive thematic analysis.

Results: Seventeen veterinarians were recruited. The participants were predominantly female (n = 15, 88%). Seven participants (41%) reported personal experience of problem drinking. Four main themes were identified: a normalised culture of drinking, the impact of drinking on mental health and suicide risk, perceptions and attitudes towards problem drinking, and impacts of formal intervention. Drinking to cope was normalised and widespread among veterinarians. Problem drinking was reported to negatively impact mental health and provoke high self-stigma. Both alcohol-related stigma and fear of involvement from the Royal College of Veterinary Surgeons (RCVS) were barriers to help-seeking.

Limitations: No other veterinary professionals or participants with lived experience of RCVS investigation for problem drinking were included.

Conclusion: Alcohol-related stigma and fear of RCVS involvement reduce veterinary help-seeking for problem drinking, which may have a negative effect on veterinarians' mental health.

KEYWORDS
alcohol use, alcohol-related stigma, qualitative, veterinary mental health

INTRODUCTION

Hazardous and harmful use of alcohol is highly prevalent worldwide.[1] Compared with the general population, a higher proportion of UK veterinarians are reported as at-risk drinkers,[2,3] with at-risk drinking associated with greater work-related psychosocial demands.[3] However, little is known about the perception and experience of problem drinking within the veterinary profession.

High rates of mental health disorders are reported within the veterinary profession,[2] with certain subgroups of veterinarians at increased risk for poorer mental health, including females, younger veterinarians, those working alone and those working during the first few years after graduation.[4] In the current climate of increased workload, veterinarians are experiencing increased stress, burnout and exacerbation of mental health disorders.[5] Alcohol use as a long-term coping strategy for work stressors in veterinarians has been shown to exacerbate symptoms of burnout and suicidal ideation.[6] A hypothetical model of veterinary suicide risk factors includes alcohol misuse and mental health stigma as contributing factors.[7,8]

Alcohol dependence is one of the most stigmatised health conditions in the general population,[9] with stigma being a common barrier to help-seeking for alcohol use disorder.[10] As alcohol use disorder has been shown to be time sensitive to treatment, with delays found to reduce treatment success, barriers to help-seeking are important to understand.[11] Furthermore, with the veterinary profession being a predominantly female profession,[12] the finding that females show lower help-seeking behaviour[13] is a concern. Alcohol-related stigma may present a critical

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barrier to help-seeking for alcohol use disorder among veterinary professionals.

The Royal College of Veterinary Surgeons (RCVS) has a duty to safeguard animal health and welfare, regulating clinical standards. The RCVS health protocol is intended to be a more supportive disciplinary process for veterinary professionals with adverse health conditions such as alcohol use disorder.[14] Although initial referral is to a confidential preliminary investigation committee, less supportive processes may be subsequently actioned on a case-by-case basis, including a public disciplinary committee with temporary or permanent removal from the veterinary register, medical examinations and supervision.[14] The influence of the RCVS on help-seeking behaviour for alcohol use is currently unknown.

The current high rate of veterinary mental health disorders,[5] alongside veterinarians being more likely to be at-risk drinkers than the general population,[2,3] informs this study's aim to explore perceptions and experiences of problem drinking within the veterinary profession in the UK. This may help inform strategies to increase help-seeking behaviour.

MATERIALS AND METHODS

Participants and recruitment

Practising veterinary professionals, both with and without a self-defined history of problem drinking, were recruited from across the UK using a purposive sampling method via social media advertisements in veterinary-specific online groups and word of mouth. Problem drinking was defined as drinking in a way that results in adverse effects on a person's mental or physical health, social life or relationships. Participants who expressed an interest in taking part were contacted by the research team. An information sheet detailing the study aims was provided. Participants were able to ask questions and decline participation without reason. Written consent was provided by all participants prior to participation. Confidentiality, privacy and anonymity were ensured in the data collection, storage and publication of the research material. Recruitment stopped when interviews no longer developed novel codes or themes, and therefore, study 'saturation' was achieved. All those who agreed to participate completed the study. A minority of participants had a prior professional relationship with the primary researcher, O.C. (a psychology master's student employed in primary equine practice; BVSc, MSc, MRCVS). The study materials were piloted by three veterinary colleagues of O.C. who were not included in the study. No alterations were recommended.

Interviews and data collection

Individual semi-structured interviews were conducted by O.C. via Zoom, implementing its audio recording and transcription feature (see Supporting Information for the interview schedule). Transcripts were manually checked for accuracy and anonymised by O.C. The audio files were deleted after 60 days. The anonymised transcripts were uploaded and stored on Google Drive, where access was limited to O.C. and J.S. (an academic researcher with expertise in reflexive thematic analysis [RTA][15]; BSc, MSc, PhD). The transcripts were deleted on study completion. The interviews lasted between 40 and 75 minutes and focused on participants' attitudes and experiences towards problem drinking within the UK veterinary profession, guided by a set of predetermined questions. The transcripts were not returned to participants for comment. Participant demographics, including self-described gender, age, number of years qualified, role in practice, area of expertise and if and when they had experienced self-defined problem drinking, were collected after the interview.

Data analysis

The interviews were analysed using RTA.[15] O.C. manually coded data, with codes developed into initial themes following identification of patterns of meaning across participants. Themes were defined and refined through discussion between O.C. and J.S. The data were demonstrated using extracts. RTA phases were used as recursive guidelines rather than a rigid process, allowing the nuance of the researcher's analytical skill[16] (Figure 1). O.C. kept a reflexive diary throughout the analysis process, with regular review from J.S. The researchers understood that theme development may have been mediated by their own preconceptions, biases and interactions with each participant. The study was conducted from a critical realist orientation: assuming that a real world exists independently of perceptions, but understanding this world is constructed from multiple individual perspectives. A phenomenological approach was used, focusing on the lived experiences of our participants.

RESULTS

Participants

Seventeen UK veterinarians in clinical practice were interviewed. The sample was predominantly female, reflecting the veterinary profession today (female, n = 15, 88%; male, n = 2; 12%), with a mean age of 35.24 years (standard deviation [SD] 7.10 years, range 25–49 years). Clinical roles varied, encompassing small animal, farm and equine first opinion, diploma holders and emergency out-of-hour practitioners, and participants included locums, assistants and directors. Forty-one percent (n = 7) had a history of personal problem drinking experience. Participants with a history of personal problem drinking had a mean period of abstinence of 8.57 years (SD 6.37, range 0–20 years).

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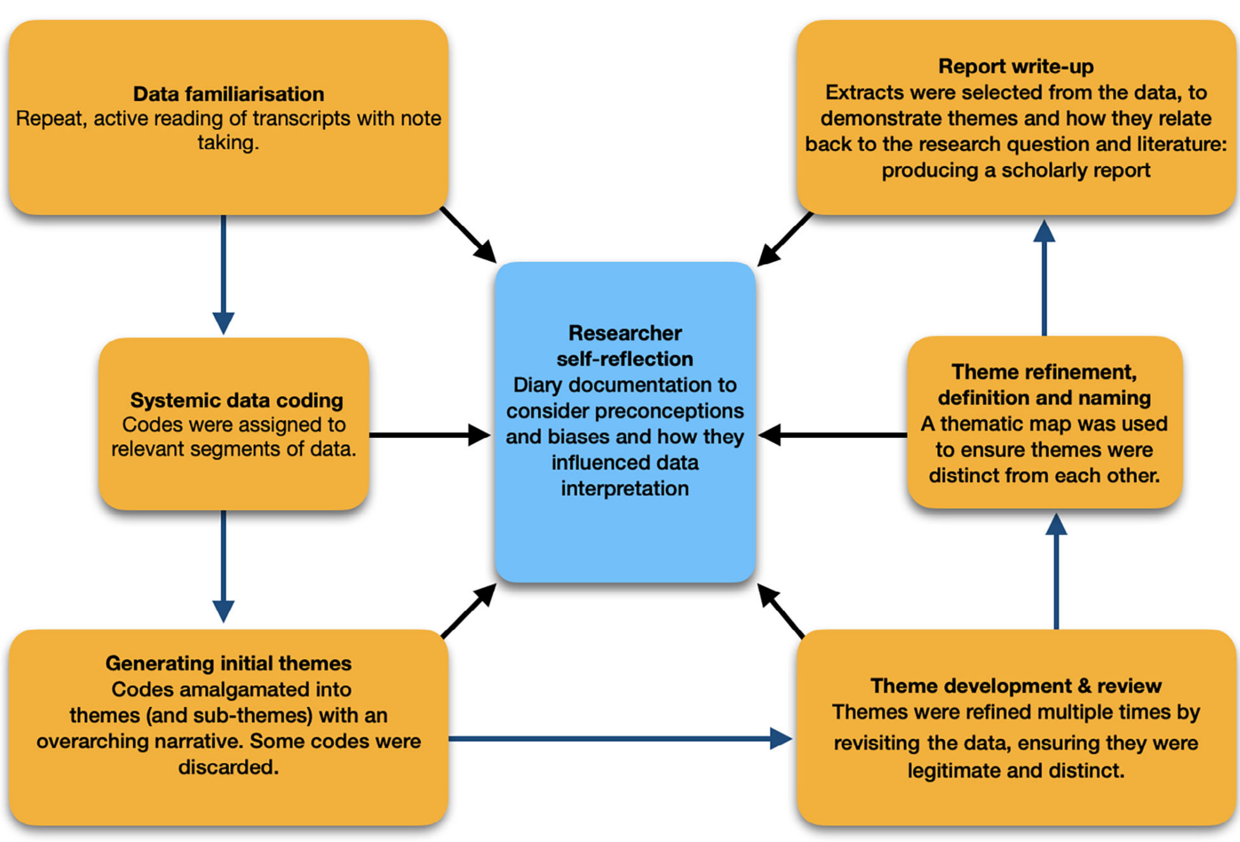

FIGURE 1 Flow diagram demonstrating the reflexive thematic analysis approach implemented for data analysis

Four main themes were identified:

- Theme 1: A normalised culture of drinking.
- Theme 2: The impact of drinking on mental health and suicide risk.
- Theme 3: Perceptions and attitudes towards problem drinking.
- Theme 4: Impacts of formal intervention.

Theme 1: A normalised culture of drinking

Participants described an entrenched drinking culture within the veterinary profession, including social normalisation of collective drinking to excess and encouragement of drinking as a coping strategy to manage work stress. Excessive drinking was a socially encouraged behaviour that reinforced a sense of group membership, originating at veterinary school and continuing post-qualification at professional events, with a top–down influence from senior veterinarians.

> '… vet students tend to be known for like, working really hard, like work hard, party harder kind of you know, really stressful high intensity course, that demands a lot of you. But then, when you do, have you know, down time, you kind of really, really let loose as such?' (Participant 9)

Many participants described the use of humour and competitive storytelling in clinical practice to normalise drinking to excess.

> '… it was just recognised, you know, it was like discussed and joked that they were going to go off (to a CPD event), get really pissed with all their mates and probably miss half the lectures, and it was just like the 'done', thing'. (Participant 4)

Drinking as a coping strategy to manage work-related stress was regularly discussed within the workplace and was socially acceptable.

> 'I think people refer to it as what you do when you're getting stressed like, I think last week it was like … it was chaos and I think it was one of the nurses was like, it's already gin o'clock and it's only now 8.30. But it is, that is the culture isn't it'. (Participant 3)

Most participants described how alcohol facilitated mental and physical relaxation, allowing them to relax. Some participants described how drinking enabled them to open up about a traumatic event, case or difficult emotions they would not otherwise be able to share.

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'I feel it helps you decompress if that makes sense like, I feel you're a lot quicker to kind of say how you're actually feeling … it could actually make a bit of a difference in that regard'. (Participant 7)

Theme 2: The impact of drinking on mental health and suicide risk

Participants with personal experience of problem drinking described drinking as a maladaptive coping strategy resulting in poorer mental health and increased suicide attempt risk. Alcohol, as a coping strategy for psychological distress, negatively impacted long-term mental health and led to alcohol dependence for many participants.

'I do have like, you know, most vets, mental health issues with depression, … prone to low mood and also struggling to sleep … if you've had a couple of glasses of wine, you're more likely to get to sleep, and you get into a bad cycle, so I wouldn't say there's been any noticeable events that's made me drink more. I think it's just been a slippery slope of you know lots of little things'. (Participant 17)

Most participants with personal experience of problem drinking reported drinking as an attempt to cope with psychological distress including stress, social anxiety or imposter syndrome.

'I had to drink to cope and it yeah, it got. It got very dark and very difficult and. It's not like it's a choice, you know. I would try to not to drink and I would want to not drink, and I'd clear it all out the house. But it's a compulsion driven by something bigger than me and so I would. I would always start'. (Participant 6)

Most participants with experience of problem drinking also had previous suicide attempts. It was felt that alcohol played a significant role in suicide attempts by increasing depressive feelings and impulsivity.

'I think there is no way I would have done it if I had not been drunk. No way. Because I would, I'm a very rational person so, and it absolutely increased impulsivity and it has depressive effects on me. So, I do not think either of those episodes would have happened if I had not been drinking'. (Participant 4)

One participant described the loss of multiple veterinary friends who had experienced problem drinking to suicide. Alcohol use alongside poor mental health was reported to be a major concern in the veterinary population due to the access to medications and other means that could be used in suicide attempts.

'I know a few dead people from this (alcohol use). But the problem with vets, when it comes to alcoholism, addiction and the road out, is that we've got the option to kill ourselves at any point and a lot of us do. A lot of us do'. (Participant 6)

Theme 3: Perceptions and attitudes towards problem drinking

Participants associated alcohol use with both professional stigma (increased blame and reduced trustworthiness) and self-stigma (internalised feelings of shame and blame).

Professional stigma

Stigmatising attitudes within the profession towards problem drinking were reported by participants, with problem drinking more likely to provoke blame than other health issues.

'… potentially, it's like, for goodness sake, why? It's an addiction, or whatever. Whereas someone can't help being like, I don't know having a broken leg or something like that'. (Participant 9)

Participants expressed compassion towards people experiencing difficulty with alcohol use, acknowledging problem drinking to be a mental health disorder. An individual's level of compassion towards someone with problem drinking was in part influenced by how they felt their own workload and support system would be affected. This was evidenced by one participant's reaction to a colleague coming into work intoxicated:

'I actually felt angry at her, because I was quite a new vet, and I felt like she should have been, as the head nurse, she was supposed to be there. She was like the mother of the practice. She was supposed to be looking after everyone. And although I did feel just sad and sorry for her, and those feelings came later but to be quite honest, the day that she turned up drunk I was angry at her because she was absolutely. She was another problem that we had to sort out that day because we were so short-staffed, and we didn't know what to do with her'. (Participant 2)

Participants expressed a more stigmatising view of problem drinking compared with other mental health issues. Concern over the trustworthiness of

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individuals experiencing alcohol-related issues was described, with the perception that alcohol dependence was likely to affect honesty and trustworthiness.

> ‘I think you’d be classified as something different, compared to just being, having a mental health problem or a disorder, I think you would be. I think you’d be treated differently. I think you’d be slightly disregarded, and your position would be affected. I think it’d be very hard because I think people wouldn’t know if they could trust you. That would be how I’d perceive it’. (Participant 3)

Problem drinking was described as taboo within the profession by most participants. A profession-wide lack of openness around problem drinking and individual concealment of problem drinking was described as influenced by fear of career implications, particularly RCVS involvement.

> ‘They are open about drinking, but no one is, I’ve never heard someone describe their drinking as an issue. I’ve never heard anyone discuss that. Yeah, everyone just thinks it’s normal that you have to go home and like it’s been a stressful day, so you have to drink a load of wine’. (Participant 16)

The lack of openness towards problem drinking and its negative effects, coupled with the normalised culture of drinking was reported to create feelings of professional exclusion for those with personal experience of problem drinking.

> ‘… it hit that time on the Friday. Nobody cared about work. Nobody was interested. It was all about drink. So, I had to leave because it was right in your face everywhere. There was no escaping’. (Participant 6)

> ‘It’s [happy hour at professional events] excluding, it’s frustrating. And yeah, really difficult’. (Participant 6)

Self-stigma

Participants with personal experience of problem drinking described high self-stigma, encompassing profound feelings of shame, blame and worthlessness. Self-stigma was multifaceted and related to perceived stigma. Blame was directed towards the self, attributing problem drinking to individual failings, associated by many participants with perfectionistic, self-critical views. They perceived others to share this judgmental view of them.

> ‘I think you know, there’s always that feeling that, you know, of feeling like you’re weak a little bit. “Oh, well, I would love to have a glass of wine each night. I just got more self-control”…’ (Participant 17)

There was also concern over public judgement with the label ‘alcoholic’, a stigmatising stereotype, preventing disclosure to colleagues.

> ‘I don’t tell people too much, because I still think there is a stigma. I think, if you, when people say the word alcoholic, then they think of you like, literally in the gutter, don’t they? Like rolling around’. (Participant 5)

Alcohol-related stigma from colleagues resulted in concealment about alcohol-related issues, even after significant periods of abstinence. Most participants with experience of problem drinking expressed fear that past or present poor performance would be attributed to their problem drinking.

> ‘One of the main reasons I didn’t really tell anybody, because I did think I didn’t want any sort of judgement to be cast on any of my previous actions at work, … you know we’ve all missed a pyo(metra), type of thing. And I didn’t want anyone to think oh, did it, was that because she’d been drinking, you know what I mean’. (Participant 5)

Participants with experience of problem drinking described how self-blame and worthlessness exacerbated poor mental health and for some, contributed to suicidal ideation:

> ‘I felt like I was letting everybody down like myself there, and I didn’t care about myself. I wanted to be dead, but I couldn’t kill myself because I needed to hurt other people if I did that … I mean who, who can’t stop drinking?’ (Participant 6)

> ‘I was very ashamed of it all. Shame was a huge part of not addressing it, I think, and continuing to drink. So I was, you know, there was a lot of inherent shame’. (Participant 4)

Theme 4: Impacts of formal intervention

Participants described feeling conflicted regarding the involvement of the RCVS for problem drinking. Compassion regarding the personal and professional consequences to an individual was balanced against a duty to safeguard patients, the individual and colleagues.

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All participants perceived there to be negative consequences for the individual associated with formal intervention for problem drinking, including expectations of exclusion from work, causing financial pressure, social isolation and exacerbation of psychological distress and stigma.

> 'Oh anxiety, shame, helplessness, worthlessness for sure. Panic! How the heck do I pay my bills next month'. (Participant 13)

All participants described RCVS involvement as unsupportive and penalising. RCVS involvement was considered a last resort that should be performed with the individual's consent and only if all other options were exhausted. Engaging with the individual directly or involving a veterinary-specific charity that provides mental health support to veterinary professionals were preferred options.

> 'If it is investigated, the consequences are quite severe and quite punitive, like the RCVS cracking down and like taking away your licence because you're not fit to practise as opposed to like, what's wrong with the practice that the person is drinking at work? And how do we support them to make them not need to do that?' (Participant 8)

Many participants felt that the language used in RCVS communications was accusatory and unclear, with RCVS processes regarded as drawn out.

> '… part of you wouldn't want to go to the Royal College as it can be really scary, and that everything takes so long like processing complaints and stuff like that. That's, they seem to be very slow and not always the easiest when you talk to them'. (Participant 11)

Most participants with experience of problem drinking reported fear of being whistle-blown to the RCVS, predicting the result to be public investigation and loss of licence to practise. However, there was a strong, consistent message from all participants, including those with personal experience of problem drinking, that a duty of care for patients is paramount, with all veterinary professionals sharing responsibility to maintain good practice standards. Being intoxicated at work was described as a line that should not be crossed.

> 'They can't drive home. They can't do any technical thing. They can't have access to the dangerous drugs … well, the controlled drugs, not even just the dangerous drugs … particularly in farm practice, you've got firearms in the practice. Probably. You know, there is a significant risk to themselves and everybody else really, if they are turning up to work drunk'. (Participant 11)

REFLEXIVE STATEMENT

As a white, British, upper-middle class, cisgender, straight, non-disabled female veterinarian in primary equine practice and completing an MSc(Psych), the primary researcher (O.C.) brings a specific reality, both in how she interpreted participant narratives and how participants responded to her. As a veterinarian, she had partial insider status with all participants, and could particularly relate to descriptions of veterinary drinking culture and self-critical tendencies. This assisted rapport with participants, aiding discussion of this emotive topic. She was conscious that her partial insider status may influence data interpretation and used a reflexive diary to tease apart her reality from that of the participants, maintaining a continuously questioning stance. Where she felt she had made assumptions, the data were omitted from the analysis. A minority of participants were professionally known to O.C., and particular care was taken to remain impartial and reflexive. Holding interviews online provided an unfamiliar interactional environment, allowing some disassociation of the participant from their professional relationship with O.C.

DISCUSSION

This is the first qualitative study to examine the experiences and attitudes towards problem drinking among UK veterinarians, building on previous studies showing that a higher proportion of veterinarians are at-risk drinkers compared to the general population[3] and that drinking to cope with depressive symptoms has been associated with harmful drinking patterns.[16] Alcohol misuse may also be a risk factor for an increased suicide rate within the veterinary profession, despite alcohol-related deaths being comparable with the general population.[17] This study found that drinking to cope with work demands was both normalised and widespread within the veterinary profession. Problem drinking negatively impacted mental health and was described as taboo. Concealment of problem drinking was in part due to fear of RCVS involvement and served to increase perceived stigma from colleagues. High self-stigma and fear of RCVS involvement reduced help-seeking behaviour.

An entrenched drinking culture was described by participants, with collective drinking originating at university and continuing post-qualification at professional events. Drinking social norms have been shown to influence behaviour,[18] with social motivation to drink strongly associated with frequent binge drinking.[19] Regular light-hearted workplace conversation about alcohol use increases the social acceptability of drinking, which is a predictor of the negative consequences of drinking, including dependency.[20]

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Participants described problem drinking as taboo, which was dichotomous with the normalised drinking culture, and increased perceived stigma. The abundant inclusion of alcohol use at professional events elicited feelings of exclusion among participants with problem drinking experience, reducing in-person attendance and impeding their ability to network with other professionals.

Most participants with personal experience of problem drinking described poor mental health, which was exacerbated by alcohol use. Both alcohol use and mental health stigma have been described as potential contributing factors to the high suicide rate within the profession.[7,8] Participants with experience of problem drinking reported high levels of self-stigma in relation to their drinking, which prevented disclosure and help-seeking. This is in line with evidence suggesting that alcohol-related stigma may increase concealment behaviours and act as a barrier to alcohol treatment.[21] By acting as a barrier to help-seeking, self-stigma may play an indirect role in the relationship between alcohol use disorder and the risk of suicidal behaviour.[9]

Aligning with general population studies,[8,22] professional stigma described by participants attributed increased blame towards problem drinking, viewing it as a self-inflicted condition compared to other health conditions. Some participants described a lack of trust towards colleagues with problem drinking, with concerns for their clinical safety and fitness to practise.

Another significant barrier to help-seeking was fear of RCVS involvement and the future career implications this may have. Reporting colleagues with problem drinking to the RCVS was seen as a last resort by all participants due to the negative impact it was expected to have on an individual's mental health, career and finances. RCVS investigation was described as punitive and unsupportive to its veterinary members. Participants perceived RCVS communications to feel accusatory, with drawn-out investigations negatively impacting individuals' mental health. Mental health and alcohol use within the UK medical profession are comparable with the veterinary profession.[8] Interactions with their regulating body, the General Medical Council, have similarly been described as punitive[23] and a last resort, with the duration of investigations found to contribute to the mental burden.[24] Nevertheless, negative views towards the RCVS were balanced with safeguarding concerns for patient care and fitness to practise.

In line with previous research,[25] this study highlights the need to address alcohol-related stigma within the UK veterinary profession to encourage and support early help-seeking for problem drinking. Enabling individuals to share their historical experiences with problem drinking in an explicit yet safe, non-judgemental way could be a powerful destigmatising tool. For this to happen, RCVS directives are required to address the fear of professional repercussions. The RCVS has backed the anti-stigma '&me' initiative[26] for healthcare professionals including veterinarians, allowing senior clinicians to share historical mental health struggles to reduce mental health stigma; however, the sharing of problem drinking has been omitted, possibly due to fear of potential RCVS or legal consequences and both professional and public concern over professional integrity. This study suggests that extending the '&me' campaign to include open descriptions of historical problem drinking among healthcare professionals may be useful.

This study is the first to provide insight into the perceptions and experiences of alcohol use within the UK veterinary profession. However, only veterinarians were successfully recruited, despite equal attempts to include registered veterinary nurses (RVNs). Future studies may benefit from the inclusion of RVNs and other roles in practice. The inclusion of individuals with lived experience of an RCVS investigation may also provide better understanding of the outcome of RCVS involvement.

This study suggests that there is a normalised culture of drinking within the veterinary profession, yet stigma in relation to problem drinking and fear of professional repercussions from the RCVS may prevent help-seeking. Interventions targeted to address alcohol-related stigma are needed to promote help-seeking for alcohol use within the veterinary profession.

AUTHOR CONTRIBUTIONS

Jennifer Seddon and Olivia Cormier were responsible for study conceptualisation and design. Olivia Cormier led data collection. Olivia Cormier and Jennifer Seddon were involved in the data analysis. Olivia Cormier drafted the manuscript. All authors have read and approved the final manuscript.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

FUNDING INFORMATION

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DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

This research was approved by the Psychology Research Ethics Committee, Oxford Brookes University (reference number: 7007-02-22).

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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