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Veterinarian–Client Communication as a Driver of Burnout:

A Scoping Review of Relational Risk and Protective Resources

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1. Abstract

Veterinary practice involves frequent interactions with pet owners that may be conflictual, emotionally charged, and ethically complex. These relational demands may contribute to burnout and related distress, but the evidence remains scattered across outcomes and study designs. This scoping review mapped the literature on how veterinarian–client communication and relational experiences are associated with burnout among veterinarians. Five databases were searched, and 17 studies met the inclusion criteria. Most were quantitative, with qualitative and mixed-methods studies also identified. Overall, the findings showed that repeated relational friction with clients, emotionally demanding end-of-life conversations, financial conflicts, and blurred boundaries around availability can contribute to burnout risk. The review also identified mechanisms linking these experiences to distress, particularly emotional reactivity and the effort required to regulate emotions during difficult interactions. Protective factors included supportive teams, autonomy, structured communication training, and interventions such as Acceptance and Commitment Training. These findings suggest that burnout in veterinary practice is shaped not only by workload, but also by the relational demands of client-facing care. Prevention efforts should therefore combine individual support with team-based and organizational strategies that strengthen communication practices and reduce avoidable interpersonal strain.

2. Introduction

Veterinary practice is a psychologically demanding profession, in which chronic occupational stress can manifest in burnout, depression, anxiety, compassion fatigue, and, in severe cases, increased suicide risk (Foote, 2020; Pohl et al., 2022). Veterinarians experience higher levels of psychological stressors and mental health risks compared to the general population and many other occupational groups, with a large proportion of veterinarians reporting clinically relevant levels of psychological distress (Pohl et al., 2022). Across countries and practice types (small-animal, large-animal and mixed practice), long working hours, financial issues, client demands, high workload, and ethical dilemmas regarding treatment options consistently emerge as major sources of strain, highlighting that stress in veterinary medicine is not an episodic phenomenon but a widespread structural feature of everyday work (Foote, 2020; Moses et al., 2018; Pohl et al., 2022).

Beyond general workload and organizational pressures, there is growing evidence that moral and ethical dimensions of practice play a central role in veterinarians' psychological burden. Findings show that ethical conflict and moral distress are widespread, with the majority of veterinarians reporting frequent conflicts over what constitutes appropriate care and many indicating that obstacles to providing what they considered appropriate treatment caused them or their staff moderate to severe distress. Importantly, these forms of distress often arise in situations where veterinarians know what they believe to be the "right" action but feel constrained by external factors, most notably client wishes, financial limitations and practical constraints, making moral distress a recurring and consequential aspect of clinical work (Moses et al., 2018).

2.1. Veterinary Practice as Relational work

A further dimension of contemporary veterinary work involves the communicative demands embedded in clinical consultations, where the approach a veterinarian takes to interacting with clients has been found to influence a range of meaningful practice outcomes, including client adherence to recommendations, client satisfaction, veterinarian satisfaction, client recall of information, and the overall efficiency and accuracy of appointments. Beyond these outcomes, the way communication is conducted also shapes how actively clients participate in the decision-making process regarding their animal's care (Janke et al., 2021). Findings (Janke et al., 2021; Romo et al., 2025) highlights the importance of considering communication as a part of work itself, not a neutral conduit for clinical information, but a core component of practicing veterinary medicine shaped by both the emotional texture of daily work and the interpersonal conditions under which ethically complex decisions are made. Veterinarians report recurrent barriers that make this relational work more complicated, including time constraints, the involvement of multiple decision-makers (e.g., more than one owner), and language barriers, which can disrupt information exchange and make shared decision-making harder to achieve in routine consultations (Janke et al., 2021).

These encounters are often shaped by uncertainty on the client side. Pet owners typically ask for professional guidance because they feel concerned about their animal’s condition, particularly when in-person care is limited (e.g., after-hours closures, overloaded clinics, travel barriers). Telemedicine consultations may involve more than assessing the animal’s condition. They may also require veterinarians to respond to owners’ anxiety by offering clear guidance, reassurance, and a sense of direction (Fortin-Choquette et al., 2025).

This makes such encounters relevant to professional well-being, as client interactions and client demands or expectations are recognized occupational stressors in veterinary practice (Pohl et al., 2022; Campbell et al., 2025).

2.2. High-Intensity Client Encounters, Emotional Strain, and Identity Threat

Client-facing encounters in veterinary practice can involve distinctive emotional intensity, including end-of-life discussions, euthanasia decision-making, breaking bad news, and interactions with grieving or angry clients. These encounters may also involve conflict, client anger, blame, distrust, perceived disrespect, and challenges to veterinarians' professional expertise and value (Campbell et al., 2025; Romo et al., 2025). Campbell et al. (2025) found that unfavorable veterinarian-client interactions were experienced as occupational stressors, including client distrust, clients questioning veterinarians' competence, perceptions of veterinarians as financially motivated, and feelings of underappreciation. Romo et al. (2025) further showed that veterinarians manage such emotionally demanding encounters through emotional labor, suppressing feelings such as frustration, powerlessness, and sadness while displaying empathy, compassion, and professional control. These interactions can therefore create a dual emotional demand, in which veterinarians must regulate their own emotional responses while also responding to clients' emotions (Romo et al., 2025).

Such client-related stressors may undermine veterinarians' sense of professional meaning and purpose (Campbell et al., 2025). Importantly, these demands are not limited to exceptional crises, as veterinarians also report frustration and powerlessness in regular

clinical encounters, particularly when clients present unrealistic expectations or when financial and practical constraints limit care options (Campbell et al., 2025; Romo et al., 2025). Such interactions appear consequential not only because they are unpleasant, but because they are relevant to professional identity, positioning the veterinarian as uncaring or financially motivated, and therefore undermining the relational foundation necessary for collaborative care (Coe et al., 2007; Scholz & Trede, 2023). This identity threat is intensified by a broader sociocultural tension; veterinarians are expected to act as members of trusted caring profession, and to prioritize their duty to clients over personal financial interests, while simultaneously working in a user-pay system where costs are highly visible (Scholz & Trede, 2023). This can create a gap between pet owners' perception ''that high costs mean high profit'', and veterinarians' own experience of long working hours, high responsibility, and educational debt with only modest financial reward (Coe et al., 2007; Scholz & Trede, 2023).

Importantly, demands from clients may extend beyond acute conflict and include persistent "everyday" interaction stressors that accumulate over time and require ongoing relational labor. They can involve excess communication and other daily hassles, including repeated explanations due to poor comprehension or recall, non-adherence (e.g., declining recommended work-ups/treatment or altering plans without consultation), and reliance on external advice (e.g., online "research," advice from others, or shopping around), all of which can complicate decision-making and relationship maintenance (Spitznagel et al., 2019). Even when encounters do not turn into overt aggression, low-level client incivility remains consequential and predicts higher burnout, highlighting how routine interpersonal demands may contribute to occupational strain in a cumulative manner (Irwin et al., 2022).

2.3. Structural, Financial and Moral Constraints in Veterinarian-Client Communication

When costs are not discussed early and clearly, especially in emotionally charged situations, clients may feel unprepared for the economic implications of care, which can contribute to mistrust toward veterinarians and the profession (Coe et al., 2007). Veterinarians often name clients' economic limits along with unrealistic expectations and poor compliance as common factors that increase workplace stress, showing that finances are an ongoing interaction problem. Veterinarians face client-specific behaviors such as complaining about cost, shopping around to compare prices, or asking for free services. It matters whether a client is unable to pay versus unwilling to pay, because these situations create different interaction dynamics (Spitznagel et al., 2019). When owners are emotionally distressed and financially constrained, the strain can shift onto veterinarians and contribute to burnout and stress (Dow et al., 2019; Spitznagel et al., 2019). In parallel, end-of-life care concentrates emotional labor and ethical strain because euthanasia interactions require veterinarians to meet both the animal's medical needs and the client's emotional needs in real time, particularly while performing the procedure in the client's presence (Dow et al., 2019; Matte et al., 2021).

These encounters make the communicative aspects of care especially salient. Veterinary teams need to structure the appointments to protect privacy and avoid rushing, create a more comfortable space, and guide clients step-by-step through explaining protocols, the expected timeline, and possible physical reactions so clients feel prepared rather than shocked (Matte et al., 2021). Professionals report giving reassurance, validating emotions

and relying on nonverbal support such as silence, a soft tone of voice, or appropriate physical contact including a hand on the shoulder or a hug (Matte et al., 2021). Follow-up (e.g., condolence cards, phone calls) is part of continued support, but there are limitations due to time constraints and uncertainty about which method is preferred (Matte et al., 2021). Although veterinarians often view supporting bereaved clients as part of their role, they are uncertain about what the best methods are because few evidence-based guidelines exist. They also mention limits to what they can provide for their clients, as they are not trained grief counselors or psychologists and the boundary between listening/support and therapy is subtle (Matte et al., 2021).

Moreover, evidence suggests that many veterinarians feel their training did not prepare them well to communicate with grieving clients (Dow et al., 2019). Few report finding this communication time-consuming, yet many feel uncomfortable charging clients for time spent on grief support. (Dow et al., 2019). These end-of-life demands also carry personal costs for veterinarians. Many report that dealing with bereaved clients adversely affects their mental and physical health. Some report high levels of compassion fatigue, yet most did not refer grieving clients to psychologists and almost none reported seeking professional mental health support for themselves (Dow et al., 2019).

2.4. Fragmentation of the Existing Evidence

However, the existing evidence remains fragmented because these relational domains are typically examined in isolation and operationalized inconsistently across studies (e.g., using different outcomes, such as burnout, compassion fatigue, distress, etc.). Varied

measures and definitions, heterogeneous designs, and sometimes mixed samples of veterinary roles. As a result, it is difficult to integrate findings and determine which client-related stressors are most consistently associated with burnout and which relational or organizational resources appear most protective across practice. These dynamics are not confined to any single practice setting; rather, they represent recurring relational domains through which veterinary work is experienced as emotionally burdensome, morally complex, and at times, socially contested.

2.5. Rationale and Aim of the Present Scoping Review

Despite growing attention to veterinarians' mental health, evidence on how veterinarian–client communication contributes to burnout remains fragmented across outcomes, relational domains, and study designs. This limits the development of targeted, practice-relevant interventions. The aim of this scoping review is therefore to synthesize and structure existing evidence on veterinarian–client communication as a source of occupational stress and burnout, identifying recurring relational demands, underlying mechanisms, and protective resources. Guided by the Job Demands–Resources model, the review provides an integrative framework to inform prevention strategies at individual, team, and organizational levels within veterinary practice.

3. Materials and Methods

3.1. Study Design

A scoping review methodology was adopted, guided by the methodological framework outlined by Arksey and O'Malley , and further developed by Peters et al. in nine key stages: (1) Defining and aligning the objective/s and question/s; (2) Developing and aligning the inclusion criteria with the objective/s and question/s; (3) Describing the planned approach; (4) Searching for evidence; (5) Selecting the evidence; (6) Extracting the evidence; (7) Analysis of the evidence; (8) Presentation of the results; and (9) Summarizing the evidence. Moreover, this scoping review adhered to the PRISMA-ScR guidelines to ensure a systematic and comprehensive approach. . It was guided by the following research question: "What is known from the existing literature about how communication and relational experiences with clients contribute to burnout among veterinarians?".

3.2. Eligibility Criteria

This review included primary, peer-reviewed studies involving veterinarians or veterinary professionals working in client-facing roles with pet owners, animal owners, or caregivers (e.g., small-animal practice, farm or large-animal practice, shelters, or emergency services). Eligible studies addressed burnout or related psychological outcomes, such as emotional exhaustion, compassion fatigue, or work-related distress, in relation to veterinarian-client communication or relational dynamics. Specifically, studies had to explicitly engage with relational or communicative domains, including (but not limited to) difficult conversations (e.g., euthanasia decision-making), client aggression, emotional labor,

empathy, communication breakdowns, or conflict in care. Communication domains were operationalized as interpersonal exchanges or communicative processes occurring between veterinary professionals and clients, including information exchange, shared decision-making, explanation of diagnosis or treatment, end-of-life and euthanasia con versations, grief-related communication, cost-of-care discussions, conflict management, and others. Relational domains were operationalized as broader interpersonal dynamics characterizing the veterinary-client relationship, such as trust, incivility, aggression, blame, perceived respect to legitimacy, boundary intrusions, emotional labor arising from client interactions, and relationship strain or support. No geographical or practice-setting re strictions were applied. Studies with qualitative, quantitative, or mixed-methods designs were considered. Only studies published in English were considered. No secondary data, narrative reviews, editorials, dissertations, conference abstracts, or grey literature were included in this review.

3.3. Information Sources and Search

To identify suitable keywords, one researcher conducted an initial search on PubMed on 10 June 2025. Subsequently, two researchers collaborated to refine the search string for PubMed on16June 2025, which was adapted and used in other databases. The final search on PubMed was performed by one researcher. The search was conducted in five databases: PubMed, Scopus, Web of Science, PsycINFO, and CINAHL (Table 1).

Table 1. Search string

Database	Results, n	Search string
PubMed	38	("Veterinarians"[MeSH] OR veterinarian*[tiab] OR "veterinary professional*"[tiab] OR "veterinary surgeon*"[tiab]) AND ("Burnout, Professional"[MeSH] OR "Compassion Fatigue"[MeSH] OR "Stress, Psychological"[MeSH] OR burnout[tiab] OR "emotional exhaustion"[tiab] OR "compassion fatigue"[tiab] OR "occupational stress"[tiab]) AND ("Professional-Patient Relations"[MeSH] OR "Communication"[MeSH] OR "Interpersonal Relations"[MeSH] OR "Client interaction"[tiab] OR "pet owner*"[tiab] OR "animal owner*"[tiab] OR "difficult conversation*"[tiab] OR "client aggression"[tiab] OR "empathy"[tiab] OR "relationship with client"[tiab])
PsycINFO	30	((veterinarian* OR "veterinary professional*" OR "veterinary surgeon*" OR "animal doctor*" OR "veterinary staff") AND (burnout OR "emotional exhaustion" OR "compassion fatigue" OR "psychological stress" OR "occupational stress" OR "mental health") AND ("client interaction" OR "client communication" OR "pet owner*" OR "animal owner*" OR "difficult conversation*" OR "client aggression" OR communication OR empathy OR "relational stress" OR "relationship with client*" OR "interpersonal relation*" OR "emotion work" OR "emotional labor"))
Scopus	141	TITLE-ABS-KEY (veterinarian* OR "veterinary professional*" OR "veterinary surgeon*" OR "animal doctor*" OR "veterinary staff") AND TITLE-ABS-KEY (burnout OR "emotional exhaustion" OR "compassion fatigue" OR "psychological stress" OR "occupational stress" OR "mental health") AND TITLE-ABS-KEY ("client interaction" OR "client communication" OR "pet owner*" OR "animal owner*" OR "difficult conversation*" OR "client aggression" OR communication OR empathy OR "relational stress" OR "relationship with client*" OR "interpersonal relation*" OR "emotion work" OR "emotional labor")
CINAHL	6	((veterinarian* OR "veterinary professional*" OR "veterinary surgeon*" OR "animal doctor*" OR "veterinary staff") AND (burnout OR "emotional exhaustion" OR "compassion fatigue" OR "psychological stress" OR "occupational stress" OR "mental health") AND ("client interaction" OR "client communication" OR "pet owner*" OR "animal owner*" OR "difficult conversation*" OR "client aggression" OR communication OR empathy OR "relational stress" OR "relationship with client*" OR "interpersonal relation*" OR "emotion work" OR "emotional labor"))
Web of Science	86	ALL=((veterinarian* OR "veterinary professional*" OR "veterinary surgeon*" OR "animal doctor*" OR "veterinary staff") AND (burnout OR "emotional exhaustion" OR "compassion fatigue" OR "psychological stress" OR "occupational stress" OR "mental health") AND ("client interaction" OR "client communication" OR "pet owner*" OR "animal owner*" OR "difficult conversation*" OR "client aggression" OR communication OR empathy OR "relational stress" OR "relationship with client*" OR "interpersonal relation*" OR "emotion work" OR "emotional labor"))

3.4. Study Selection

Following the search string, as seen in Table 1, all identified references were down loaded in RIS or CSV format and uploaded to Rayyan (Rayyan Systems Inc., Cambridge, MA, USA) (Ouzzani et al., 2016). After removing the duplicates automatically, two researchers screened titles and abstracts. Potentially relevant studies were assessed for full text. During full text screening, the reviewers applied the operational definitions of communication and relational domains reported in the eligibility criteria to determine whether client-facing interpersonal factors were an explicit analytic focus rather than a peripheral contextual detail. Any discrepancies between there viewers were solved through peer discussion with a senior researcher. The search results and the studies included and excluded are comprehensively reported in the PRISMA-ScR extension flowchart, as seen in Figure 1 (Page et al., 2021; Tricco et al., 2018).

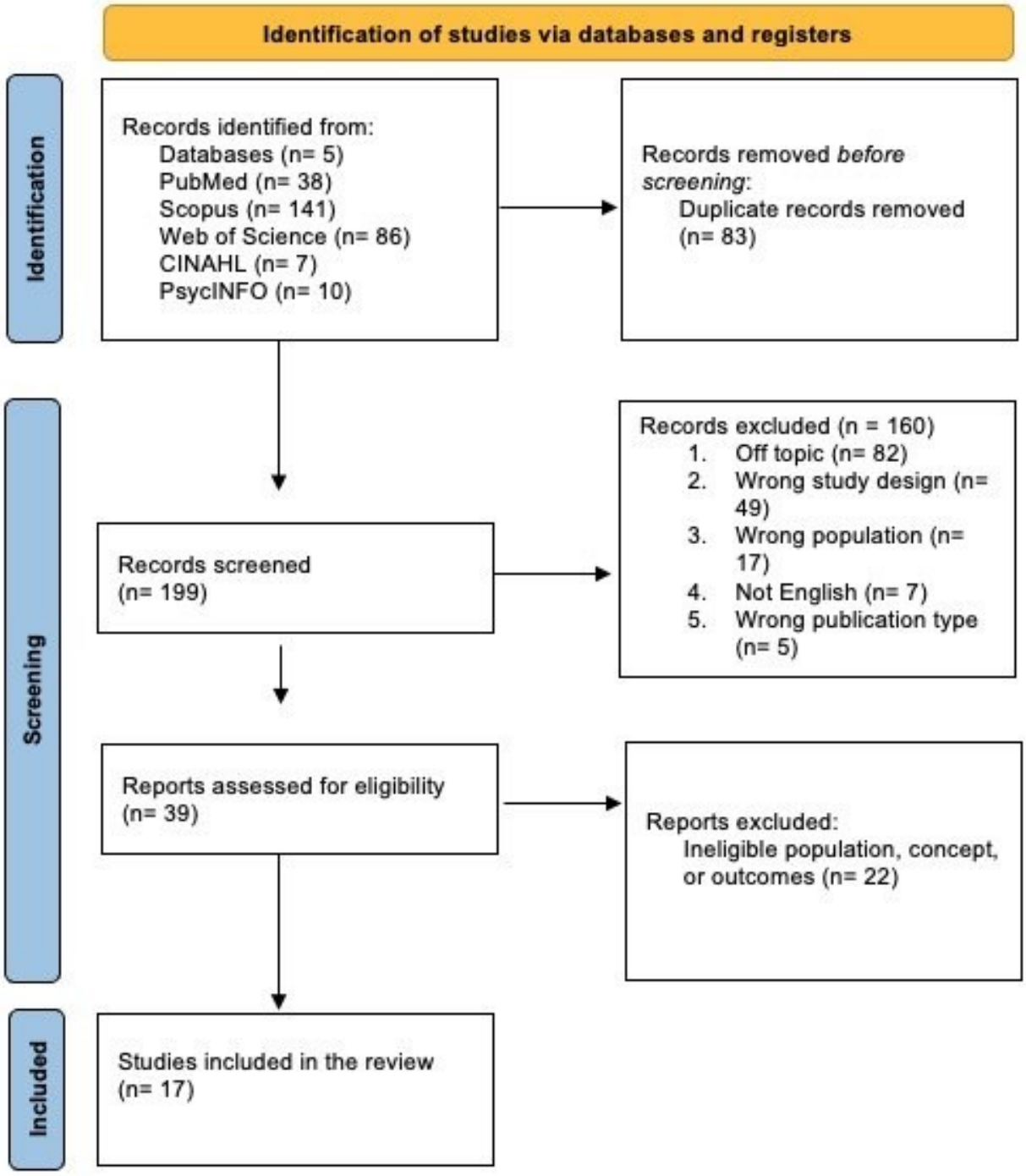

Figure 1 PRISMA flowchart of the search results.

3.5. Data Extraction and Analysis

Full-text review and data extraction were conducted independently by two researchers. Two researchers developed extraction tables that contain information regarding the study's characteristics and information to answer the research question of this scoping review, as seen, respectively, in Tables 2 and 3.

Table 2. Study characteristics.

Reference	Country	Study design	Population characteristics	Burnout measure	Psychological outcomes
Ashton-James & McNeilage, 2022	Australia	Mixed methods	The sample included 249 participants, of whom 67.1% were in clinical roles, working in a large specialist small-animal hospital. The sample was predominantly female (69.9%), with 14.5% identifying as male.	Maslach Burnout Inventory-General Survey (MBI-GS).	Burnout and distress
Campbell et al., 2025	Canada	Qualitative	The sample included 25 participants, comprising 20 women (80%) and 5 men (20%), with a mean age of 49.7 years. Participants worked across multiple practice types, including small-animal practice (76%), avian/exotic practice (24%), equine/bovine practice (16%), and small-ruminant practice (4%). Professional roles included associate veterinarians (52%), owners (16%), and other roles (20%).	N/A	Burnout, compassion fatigue/secondary traumatic stress and distress
Connolly et al., 2022	Australia & New Zealand	Qualitative	The sample consisted of 53 veterinary professionals, including veterinarians, veterinary nurses, and veterinary technicians.	N/A	Burnout, distress and moral distress
Dow et al., 2019	Australia	Quantitative	The sample comprised 105 veterinary surgeons, of whom 63.1% were female. The mean age was 33.5 years. Most participants (96.1%) worked in companion-animal, equine, or mixed-animal practice.	Compassion Fatigue Short Scale (CFSS).	Compassion fatigue/secondary traumatic stress and distress
Dürnberger & Springer, 2025	Austria	Qualitative	The sample included 20 small-animal veterinarians, of whom 18 were female and 2 were male. Most participants were self-employed (n = 19). Participants were residents of Germany (n = 8), Switzerland (n = 7), and Austria (n = 5).	N/A	Burnout, emotional exhaustion, and distress
Hoffmann & Dickinson, 2021	USA	Qualitative	The sample included 86 veterinary professionals, of whom 92% were female. Participants ranged in age from 25 to 65 years and older. Practice types included mobile practice (53%), clinic-based practice (25%), combined mobile and clinic-based practice (13%), and other practice arrangements (9%).	N/A	Burnout, compassion fatigue/secondary stress and distress
Irwin et al., 2022	UK	Qualitative	The sample comprised 18 veterinarians, including 16 women and 2 men. The mean age was 35 years, with professional experience ranging from 1 to 31 years. Participants worked in small-animal practice (n = 11), mixed practice serving both large and small animals (n = 6), and farm practice (n = 1).	N/A	Emotional exhaustion and distress

Reference	Country	Study design	Population characteristics	Burnout measure	Psychological outcomes
Kipperman et al., 2017	USA	Quantitative	The sample comprised 1,122 small-animal veterinarians from the United States and Canada. Of these, 518 participants (46%) identified as practice owners, while 604 (54%) identified as associate or relief veterinarians. The sample was predominantly female, with 769 women (68.5%) and 353 men (31.5%). The median number of years in practice was 15.	N/A	Burnout, distress, moral distress, and turnover intention
Pizzolon et al., 2019	USA	Quantitative	The sample included 232 veterinary personnel. Among participants, 37 were associate veterinarians (15.9%) and 12 were practice owners or partners (5.2%).	Professional Quality of Life (ProQOL).	Compassion fatigue and secondary traumatic stress
Polachek & Wallace, 2018	Canada	Mixed methods	The study used a mixed-methods design, including interviews with 20 participants (7 veterinarians and 13 animal health technologists) and a survey of 990 respondents (537 veterinarians and 453 animal health technologists) working across small-, mixed-, and large-animal settings; 70% of the qualitative sample were female, with a mean of 16.5 years of professional experience.	Professional Quality of Life (ProQOL).	Compassion fatigue/secondary traumatic stress
Prato-Previde et al., 2024	Italy	Quantitative	The sample comprised 704 veterinarians working with companion animals, farm animals, or both. Of these, 493 were women (70.3%) and 205 were men (29.1%). Women were, on average, younger than men and reported fewer years of professional practice.	Maslach Burnout Inventory (MBI).	Burnout (depersonalization and cynicism), distress and moral distress
Rohlf et al., 2022	Australia	Quantitative	The sample included 136 veterinary professionals, comprising 43 veterinarians and 93 veterinary nurses. Participants were predominantly female (94.9%). Most respondents worked in private veterinary clinics (82.4%), followed by animal shelters (15.4%).	Professional Quality of Life (ProQOL).	Burnout, compassion fatigue/secondary traumatic stress and turnover intention
Romo et al., 2025	USA	Qualitative	The sample included 124 veterinarians, of whom 75.8% were female. The mean age was 49.4 years. Participants worked primarily in private practice (58%), followed by corporate practice (16%) and academia (9%).	N/A	Distress
Spitznagel et al., 2019	USA	Quantitative	The study included 1,151 small-animal veterinarians with a mean age of 46 years, of whom 81% were female.	Copenhagen Burnout Inventory (CBI).	Burnout
Spitznagel et al., 2022	USA	Quantitative	The sample comprised 34 participants, including 16 in the intervention group and 18 in the control group. The mean age was 35 years, and most participants were female (94.1%). All participants worked in small-animal practice.	Copenhagen Burnout Inventory (CBI).	Burnout

Reference	Country	Study design	Population characteristics	Burnout measure	Psychological outcomes
Spitznagel et al., 2023	USA	Quantitative	The sample comprised 137 participants, including 55 individuals enrolled in live sessions and 82 in self-paced formats. Participants were predominantly female (94.9%), with a mean age of 38 years. Professional roles included veterinarians (21.2%), veterinary technicians (27.7%), veterinary assistants (5.8%), customer service representatives (17.5%), and management staff (18.2%). Participants worked across a variety of practice settings, including specialty referral, urgent care, emergency, and general practice. Most participants identified as Caucasian or White (92.7%).	Copenhagen Burnout Inventory (CBI).	Burnout and distress
	Portugal	Quantitative	The study included 229 veterinarians with a mean age of 34.5 years; 79.7% were female, and the mean length of professional experience was 9.48 years. In addition, the sample comprised 96 veterinary nurses with a mean age of 28.5 years; 88.5% were female, with a mean of 4.96 years of professional experience. Participants worked primarily in the private sector.	Oldenburg Burnout Inventory (OLBI).	Burnout and emotional exhaustion

Table 3. Extraction table from the included studies.

Author(s) and year of publication	Communication/relational variables	Job Demands	Job Resources	Personal Resources	Qualitative Key Themes	Implications for practice
Ashton-James & McNeilage (2022)	Key stressors included managing client emotions, client aggression and abuse, difficult financial conversations, unrealistic expectations, emotional labor, and lack of respect. Strong relationships with colleagues emerged as an important protective factor.	Heavy workload, inadequate remuneration, long working hours, lack of societal recognition of the veterinary profession, client expectations and emotional demands, aggression, and ethical dilemmas.	Team cohesion, emotional support, professional connection, meaningful work, pride, learning opportunities, autonomy, and intellectual stimulation.	Meaning and purpose; self-efficacy; professional pride; animal-person identity; autonomy; and emotional regulation.	Well-being (people, practice, purpose) and stressors (communication, clients, caseload).	Schedule autonomy, training in emotional response and self-regulation, cultures of appreciation and social support, and careful hiring for coping capacity.
Campbell et al. (2025)	Client-related stressors included distrust, financial conflicts, aggression, and lack of appreciation. The emotional load was intensified by the perception of pets as family members, which increased relational pressure on veterinarians.	High emotional load, unrealistic expectations, moral stress, verbal or physical aggression, lack of support, toxic collegial relationships, heavy caseloads, and long working hours.	Team support and mentorship, although mentorship was often reported as lacking.	Self-compassion, perspective-taking, separating personal values from client values.	Professional demands, veterinary and client relationships, financial strain, early-career and practice-owner pressures, responsibility burden, personal characteristics, and moral distress.	Business and conflict management training, self-compassion and reframing, protected catch-up time, optimized use of technicians, formal mentorship, and standardized policies for moral stressors.
Connolly et al. (2022)	Participants described challenging client relationships characterized by abuse, inability or refusal to pay, blame directed at staff, lack of appreciation, and unrealistic expectations. In contrast, clients could also act as protective factors through expressions of feedback and gratitude and the development of long-term bonds.	Dealing with difficult clients; emotional blackmail (owners using guilt); financial discussions balancing cost and care; long working hours; understaffing; and physical demands.	Positive relationships with colleagues (support systems, team cohesion); fulfillment and satisfaction derived from successful cases and helping clients; feeling appreciated through client gratitude and managerial acknowledgment; positive work conditions; and positive client interactions.	Healthy behaviors and hobbies; trusted relationships with clients and patients.	Negative work conditions, staffing pressures, emotional labor, accountability, challenging client and colleague relationships, adverse events, limited support, and management practices.	Organizational-level responsibility for mental health, enhancement of protective factors, and staffing and flexibility reforms.

Author(s) and year of publication	Communication/relational variables	Job Demands	Job Resources	Personal Resources	Qualitative Key Themes	Implications for practice
Dow et al. (2019)	Participants reported difficulties communicating with grieving clients and felt inadequately prepared by training to relate to client grief; coping strategies included debriefing with colleagues and emotional detachment.	Dealing with client grief, euthanasia-related distress (including convenience euthanasia requests), ethical dilemmas related to euthanasia and charging fees for grief support, and high working hours (>40 hours).	Debriefing with colleagues; lack of training in communication and social support skills.	Detachment as a coping mechanism and being older	N/A	Grief and communication training; recognition of compassion fatigue as a hazard with dedicated resources; early-career–focused programmes.
Dürnberger & Springer (2025)	Participants reported high client expectations and demands, limited respect for professional boundaries, and intense exposure to client grief. Additional stressors included unwanted personal disclosures from clients, high volumes of contact via information and communication technologies (calls, WhatsApp, SMS), risks of over personalization, and the emotional demands associated with home visits.	Constant availability expectations (24/7); after-hours communication via information and communication technologies; emergency calls disrupting private life; emotionally demanding cases (end-of-life care); exposure to client distress, grief, and emotional outbursts; exposure to clients' difficult living situations during home visits; and role conflict (e.g., mother versus veterinarian).	Professional autonomy, boundary-setting through formal communication, the clinic as a safe space, and ICT use to reduce unnecessary visits.	Self-care mindset; emotional regulation; awareness of personal vulnerability; integrating work into private life by choice and conviction; conscious boundary demarcation; and management of information and communication technologies.	Blurring of professional and private life through ICT; intrusion of work into private life; boundary-setting strategies, including emotional distancing, ICT management, and self-care, often shaped by prior negative work–life balance experiences.	ICT boundary training, newcomer support and coping skills, standardized digital service fees, formal communication for distance, and a self-care orientation.
Hoffmann & Dickinson (2021)	Participants reported challenges related to clients' reliance on internet information (e.g., "Dr. Google"), managing expectations about the dying process, delayed help-seeking, and difficult financial discussions.	Emotional load; correcting client misinformation; emergency presentations due to delayed help-seeking; challenges related to marketing and advertising; and labor-intensive workload with high follow-up demands.	Client gratitude; satisfaction derived from relieving suffering; clear fee structures; and home visits, which reduce stress for pets and allow for more intimate interactions compared with clinic settings.	Coping strategies; impression management to protect the self; meaning-making; adaptive mindset (reframing internet misinformation as an opportunity for education and relationship building); and boundary setting.	Impact of "Dr. Google"; client knowledge gaps regarding euthanasia, grief, and quality of life; and the importance of early help-seeking and palliative care.	Use of clinic websites, impression management strategies, early intervention, and conferences or workshops as protective resources against burnout.

Author(s) and year of publication	Communication/relational variables	Job Demands	Job Resources	Personal Resources	Qualitative Key Themes	Implications for practice
Irwin et al. (2022)	Client-related stressors included incivility, yelling, overly demanding behavior, accusations of being uncaring or financially motivated, and disrespectful communication. Reported coping strategies included proactive pre-planning, empathy, clear communication, and verbal assertiveness.	Exposure to client incivility; financial concerns (aggressive refusal to pay or questioning value for money); and pressure to remain professional and manage emotions when confronted with incivility.	Collegial support (breaks, informal interaction) and practical support via client management strategies.	Self-care, perspective taking, positive reframing, empathy, and proactive planning.	Proactive client management through the use of empathy, clear boundary setting, and professional conduct.	Strategic pairing of rude clients with resilient staff, use of co-consultations, external attribution training, and immediate collegial debriefing to reduce emotional impact and cumulative stress.
Kipperman et al. (2017)	Participants reported challenges related to cost discussions, including barriers to discussing fees, clients' economic limitations, and resentment toward clients. Additional stressors included client vulnerability, modifying clinical advice based on prior interactions, and being accused of acting in a mercenary manner.	Client-imposed economic constraints, fee disputes, conflicting demands, moral stress, time and administrative pressure, frequent exposure to death, euthanasia decisions based solely on financial considerations, and appointment constraints.	Credit services; payment plans; financial aid options; and pet health insurance.	Practitioner experience; practice ownership (autonomy); desensitization; innate desire to heal; and ability to educate clients about financial preparedness.	N/A	Early client cost education, improved veterinary communication training, expanded financial assistance, promotion of pet insurance, longer appointments, public awareness and pre-acquisition education, and mitigation of economically driven moral stress.
Pizzolon et al. (2019)	Key relational constructs included empathetic concern and perspective taking, alongside experiences of toxic communication.	Toxic team environments, elevated emotional empathy–related distress (personal and relational), and exposure to distressing or traumatic experiences.	Team and individual engagement; coordinated team environment; cognitive empathy; older age/greater experience associated with better coping and lower burnout.	Perspective taking, individual engagement, age, and job tenure.	N/A	Communication strategies to limit emotional contagion; training in normalization, legitimation, and validation; leadership oversight of practice culture; trauma-informed debriefing; and recognition-based strategies to enhance staff engagement.

Author(s) and year of publication	Communication/relational variables	Job Demands	Job Resources	Personal Resources	Qualitative Key Themes	Implications for practice
Polachek & Wallace (2018)	Participants described strong, meaningful relationships with animals and positive relationships with human clients characterized by feeling appreciated. In contrast, stressful interactions involved communication barriers, unrealistic client expectations, and exposure to client grief.	Barriers related to human clients (financial constraints, unrealistic expectations, communication difficulties), management of complex medical cases, exposure to client grief, animal euthanasia and suffering, and relational demands associated with bonding with animal patients.	Positive client interactions and relationships; making a difference for animals; strong animal bonds as a double-edged resource and demand.	N/A	Satisfying and stressful interactions, reflecting the paradox of compassionate work.	Nuanced, multi-level interventions combining cognitive–behavioral, organizational, and professional support; clearer differentiation between compassion satisfaction and fatigue; and further longitudinal and qualitative research.
Prato-Previde et al. (2024)	Participants reported conflicts with owners or farmers, disagreements with colleagues, poor communication structures, and client pressure regarding treatment decisions or euthanasia. These factors contributed to high emotional communication load, strained client relationships, and a decline in empathy.	Client conflicts; owner or farmer pressure and unwillingness to pay for prescribed therapy; euthanasia-related pressure; problematic relationships with colleagues or superiors (e.g., perceived incompetence, disagreement); role conflict; high workload; anxiety-inducing situations; and legal contexts or unsupportive professional institutions.	N/A	Professional experience	N/A	Ethics and communication training; moral stress support for high-risk groups; supervision and stress management; gender-sensitive and team-based interventions; and research into coping, moral resilience, and the bidirectional relationship between moral distress and burnout.
Rohlf et al. (2022)	Key stressors included high emotional demands, role conflicts, emotionally charged interactions with clients, daily hassles, and indirect exposure to euthanasia.	High emotional load, role conflicts and daily hassles, and indirect exposure to euthanasia through knowledge that animals previously under one's care were euthanized.	Social support from colleagues; receiving sufficient feedback; opportunities for professional development; and autonomy.	Behavioral disengagement; optimism and positive reframing.	N/A	Promotion of optimism, development opportunities, and support for indirect euthanasia exposure.

Author(s) and year of publication	Communication/relational variables	Job Demands	Job Resources	Personal Resources	Qualitative Key Themes	Implications for practice
Romo et al. (2025)	Participants described a form of double-faced emotion management, involving suppression of negative feelings, validation of clients, and a deliberate focus on logic and factual reasoning over emotional expression.	Overwhelmed by unrealistic client demands; lack of respect; feelings of powerlessness in persuading clients to pay for treatment; fear of client aggression (shouting, physical violence) and cyberbullying; mandate to suppress negative emotions; and exposure to death-related work.	Backstage support-seeking (venting, counseling, religion); insufficient communication training in veterinary education.	Backstage coping strategies (e.g., crying, exercise, hobbies); reframing negative experiences into positives; enacting tangible changes such as reducing working hours or changing jobs; and, in some cases, use of maladaptive coping strategies (e.g., alcohol use, overeating).	Feelings of being overwhelmed, frustrated, powerless, and fearful; maintaining a neutral or strong professional stance; seeking support; allowing emotional expression backstage; engaging in self-care; communicative coping with emotional labor; and making tangible changes.	Universal training in communication, emotional labor, and well-being, with realistic job previews and skills for double-faced management and backstage decompression.
Spitznagel et al. (2019)	Client-related stressors included daily hassles, nonadherent or inconsiderate behaviors, affective strain, confrontations, and excessive communication; veterinarians' reactions to these behaviors were a stronger predictor of stress and burnout than the frequency of the behaviors.	Burden transfer; affective demands (grief, euthanasia counseling); confrontation (blaming, making complaints); daily hassles (unrealistic expectations, poor memory or comprehension, online research); nonadherence or nonpayment (declining treatment or work-up, inability or unwillingness to pay); excessive communication (unsolicited phone or email contact).	Identified gaps included the need for skills-based educational interventions, communication training, and structured support mechanisms.	Coping skills, reactivity regulation, and emotional regulation.	N/A	Two-pronged intervention approach: (1) reducing client caregiver burden to indirectly decrease client–veterinarian conflict; and (2) modifying veterinarians' stress responses through a skills-based educational approach. The Burden Transfer Inventory (BTI) can be used by mental health providers to streamline treatment by distinguishing between stressor frequency and reactivity.
Spitznagel et al. (2021)	DANCE model: Client-related stressors included daily hassles, affective strain, non-adherent or inconsiderate behaviors, confrontations, and excessive communications; clinicians' reactivity to clients was more critical than the frequency of client demands.	Burden transfer, affective demands related to grief and euthanasia counseling, confrontational interactions (blame and complaints), daily hassles (unrealistic expectations and reliance on others' advice), nonadherent client behaviors, and excessive communication.	Group-based Acceptance and Commitment Training (ACT) focusing on mindfulness, emotional acceptance, diffusion, self-as-context, values, and committed action.	Psychological flexibility, including the capacity to accept difficult thoughts, focus on values rather than reactive responses, and use coping skills grounded in Acceptance and Commitment Therapy (ACT) techniques.	N/A	ACT-based programmes were acceptable; remote delivery was feasible; larger trials with longer follow-up were recommended; findings were potentially generalizable.

Author(s) and year of publication	Communication/relational variables	Job Demands	Job Resources	Personal Resources	Qualitative Key Themes	Implications for practice
Spitznagel et al. (2023)	Reducing reactivity to difficult client interactions (burden transfer and DANCE model). Interventions focused on reducing reactivity to difficult client interactions, addressing daily hassles, affective strain, nonadherent behaviors, confrontations, and excessive communications.	Frequency of DANCE-related behaviors and burden transfer.	ACT programme (skills, values, mindfulness, defusion); access to live and self-paced training modules, with self-paced formats better fitting busy schedules	Resilience; acceptance; cognitive defusion (unhooking from difficult thoughts and feelings); acknowledgment of self-as-context; and values-based action.	N/A	Self-paced online training was equally effective as live formats; targeting reaction-based coping reduced client-related burnout.
Varela & Correia (2023)	Empathy toward humans, including both affective and cognitive components.	Emotional overload, affective empathy toward humans, empathy toward animals, excessive workload, and euthanasia-related stress associated with animal suffering.	Perceived justice, professional identification, and meaningful work.	Empathy.	N/A	Promotion of cognitive empathy, regulation of affective empathy, justice orientation, and professional identification to buffer stress.

3.6. Critical Appraisal

Acritical appraisal of the included studies was conducted using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). The MMAT was selected because this review included studies of different study designs, and the tool allows appraisal across these designs within a single framework. Following MMAT guidance, each study was first assigned to the relevant study category and then assessed using the corresponding five methodological criteria. The two MMAT screening questions were considered prior to category-specific appraisal. In line with MMAT recommendations, no overall numerical score was calculated. Instead, the appraisal findings were reported criterion by criterion as “yes”, “no”, or “can’t tell”, and were used to contextualize the interpretation of the findings rather than to exclude studies. The full appraisal is presented in Supplementary Table S1A–D.

4. Results

4.1. Search Results

Initially, 282 records were identified. After the automatic removal of 83 duplicates, 199 studies were screened. Of these, 160 were excluded for not meeting the inclusion criteria. Thirty-nine full-text articles were assessed for eligibility, and 17 studies met all inclusion criteria and were included in this scoping review. The screening process is detailed in Figure 1.

4.2. Study's Characteristics

Seventeen studies were included in the final version of this scoping review. The majority of studies were conducted in the United States (n = 7, 41%), followed by Australia (n = 3, 17%) and Canada (n = 2, 11%); one study each came from Portugal, the United Kingdom, Italy, Austria, and Australia/New Zealand. Most of the studies adopted a quantitative design (n = 9, 52.9%), followed by qualitative (n = 6, 35.3%), and mixed methods (n = 2, 11.8%). Across studies, a total of 5.531 veterinary professionals were represented, including veterinarians or veterinary team members. Standardized burnout or related instruments were reported in 10 studies, the most commonly used were the Copenhagen Burnout Inventory (CBI) and the Professional Quality of Life Scale (ProQOL), and 7 studies did not report a standardized burnout measure. For a detailed overview of study characteristics, see Table 2.

4.3. Critical Appraisal of Included Studies

The MMAT appraisal indicated that the included studies were methodologically heterogeneous. Overall, the evidence base showed variable rigor, with clearer strengths and more frequent limitations in the quantitative descriptive literature. Common strengths included the use of appropriate qualitative approaches, validated psychometric scales, and, in some cases, explicit integration of qualitative and quantitative components. Common limitations included cross-sectional designs, voluntary or convenience sampling, low or unclear response rates, and limited representativeness, which reduce confidence in causal inference and generalizability. Among the randomized studies, intervention designs and standardized outcome measures were strengths, but blinding was not evident, and outcome completeness was limited in the larger trial. Among the qualitative studies, interview-based papers generally showed stronger coherence between research question, data collection, and analysis. In contrast, studies based on open-ended survey responses were informative but offered less interpretative depth. In mixed-methods studies, the contribution was strongest when the qualitative and quantitative strands were clearly connected in design and interpretation. The full criterion-level appraisal is reported in the Supplementary Table S1A–D.

4.4. Main Findings

Six main themes were developed from the extracted findings of the included studies using Braun and Clarke's (2006) thematic analysis framework, which supports the systematic identification and reporting of patterns (or themes) across a dataset. Guided by the Job

Demands–Resources (JD-R) model (Demerouti et al., 2001), the themes were interpreted as capturing client-related job demands (e.g., emotionally demanding conversations, conflict, incivility, financial disputes, and others), job resources (e.g., team cohesion, debriefing, mentorship, autonomy, and structured training), and personal resources (e.g., emotion regulation strategies, psychological flexibility, self-compassion, and regulated empathy) Figure 2. Beyond identifying recurring client-related stressors, the qualitative evidence suggested that these demands were often experienced as emotionally cumulative and difficult to contain, especially when veterinarians felt expected to remain composed in highly charged interactions. Moreover, Table 3 presents the findings retrieved from the original articles.

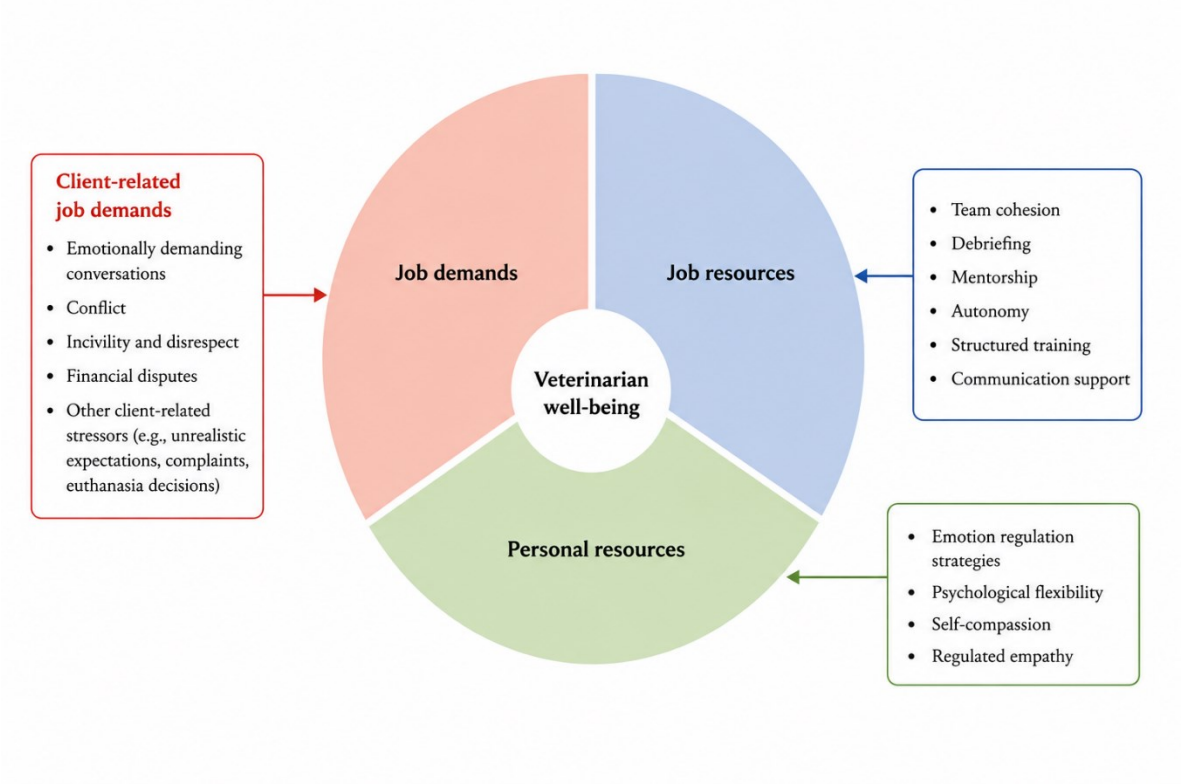

Figure 2 Thematic organization of findings according to the Job Demands–Resources and personal resources (JD-R) model.

4.5. Relational Friction with Clients Becomes a Chronic Emotional Demand

Across studies, veterinarian–client communication emerged as a chronic source of emotional demand, in which repeated relational friction accumulated over time and con tributed to the risk of burnout. Studies described the client as at times disrespectful or hostile (e.g., incivility, yelling, blame, or accusations of being uncaring), with these encounters experienced as identity-threatening and difficult to metabolize emotionally while maintaining professionalism (Ashton-James & McNeilage, 2022; Campbell et al., 2025; Connolly et al., 2022; Romo et al., 2025). This relational strain was also intensified by a mismatch of expectations, including perceptions of pets as family members, which amplified emotional intensity and increased the pressure placed on veterinarians to satisfy client demands under conditions of uncertainty, limited resources, or clinical constraints (Ashton-James & McNeilage, 2022; Campbell et al., 2025; Connolly et al., 2022).

In parallel, multiple studies highlighted everyday "hassle" type of stressors, such as excessive communications, non-adherence or inconsiderate behaviors, and reliance on external advice, which contributed to ongoing friction and to a chronic sense of being gradually diminished by encounters with clients (Spitznagel et al., 2019, 2022, 2023).

4.5.1. Reactivity and Emotional Regulation as a Mechanism Linking Client Stressors to Burnout Risk

Reactivity to difficult client interactions emerged as a central mechanism linking client related demands to burnout risk. Specifically, within the DANCE/burden transfer framing, veterinarians' internalization of and emotional reactions to challenging client

behaviors appeared more consequential than the frequency of those behaviors, indicating that burnout risk is shaped by the interaction between relational demands and clinicians' psychological responses (Spitznagel et al., 2019, 2022). Qualitative studies suggested that client-related stress became harmful not simply because interactions were difficult, but because veterinarians often had to remain composed while absorbing clients' anger, grief, or distrust. Participants described feeling overwhelmed, frustrated, powerless, or fearful, yet still needing to appear neutral, logical, and reassuring. Emotional self-management, therefore, emerged not as a secondary issue, but as part of the work itself (Dow et al., 2019; Irwin et al., 2022; Romo et al., 2025).

Other studies reported detachment and emotional distancing as a pragmatic coping strategy, particularly in the face of death and boundary management, implying that emotional self-protection may be simultaneously adaptive and indicative of the emotional costs embedded in relational labor (Dow et al., 2019; Dürnberger & Springer, 2025). Collectively, these findings position client-facing veterinary practice as a setting where sustained emotion regulation and reactivity management function as a core personal resource.

4.5.2. End-of-Life and Death Communication Concentrates Moral Distress and Emotional Labor

Euthanasia and bereavement-related conversations were consistently described as high-intensity interactions that concentrate emotional labor and moral distress. Across studies, veterinarians reported difficulty communicating with grieving clients and perceived limited preparation for grief work, commonly relying on informal debriefing and emotional

distancing as coping strategies (Dow et al., 2019). Euthanasia further appeared as a complex relational event involving ethical dilemmas, including distress linked to "convenience euthanasia" and disagreements or pressure surrounding treatment decisions, which contributed to strained client relationships and emotional communication overload (Prato-Previde et al., 2024; Spitznagel et al., 2019). This relational burden was not uniformly negative. Some studies highlighted that meaningful bonds with clients and their pets could work as a protective factor against burnout. However, the same relational closeness was also seen as a way to fatigue, supporting the paradox in which compassionate connection is a complex phenomenon (Connolly et al., 2022; Polachek & Wallace, 2018).

4.5.3. Economic Constraints Turn Communication into Conflict and Moral Strain

Financial constraints emerged as a prominent relational determinant of burnout risk by repeatedly converting care discussions into interpersonal conflict and moral stress, rather than functioning solely as a logistical barrier. Across studies, cost-of-care conversations were described as challenging due to barriers to discussing fees, clients' economic limitations, aggressive refusal to pay or disputes over value for money, and resentment that accumulated over time (Connolly et al., 2022; Hoffmann & Dickinson, 2021; Irwin et al., 2022; Kipperman et al., 2017). These exchanges often carried a strong moral and identity component: veterinarians reported being accused of acting in a mercenary way or being financially motivated, which undermined relational trust and placed clinicians in a defensive

communicative position (Irwin et al., 2022; Kipperman et al., 2017; Romo et al., 2025). Economic constraints also shaped clinical trajectories, including the modification of advice based on prior interactions and the burden of deciding financial limitations, sometimes intersecting with euthanasia-related dilemmas and moral distress (Kipperman et al., 2017; Prato-Previde et al., 2024).

4.5.4. Erosion of Boundaries and Authority in the Always-Connected, Information Saturated Client Context

Boundary erosion and challenges to professional authority were less frequently examined, but emerged as salient stressors in the studies that addressed them. For example, one qualitative study highlighted constant availability expectations and after-hours contact via calls or messages, which blurred work–private boundaries, reduced recovery time, and increased emotional load through persistent accessibility (Dürnberger & Springer, 2025)

In the qualitative literature, this was experienced less as a simple scheduling problem and more as a lived intrusion of work into private life, making it harder to switch off, protect personal time, and maintain distance from clients' situations (Dürnberger & Springer, 2025; Hoffmann & Dickinson, 2021). In parallel, clients' reliance on self-directed online information or advice was seen by the veterinarians as creating additional corrective communication labor, needing to address misinformation, manage expectations about the dying process, and handle delayed help-seeking behavior that could escalate clinical complexity (Hoffmann & Dickinson, 2021) Within this context, communication work expands beyond the clinic encounter into ongoing expectation management and relationship

maintenance, intensifying demands even in the absence of overt conflict (Dürnberger & Springer, 2025; Hoffmann & Dickinson, 2021).

4.5.5. Buffers and Interventions Operate Across Individual, Team, and Organizational Levels

Buffers were most consistently described as multi-level resources that either reduce client-related relational demands or strengthen clinicians' capacity to manage them. In particular, Acceptance and Commitment Training (ACT) interventions were presented as relevant to client-related burnout because they directly targeted reactivity and burden transfer, thereby supporting psychological flexibility and values-based coping; self-paced formats were described as feasible and effective within busy clinical schedules (Spitznagel et al., 2022, 2023). Beyond individual approaches, team and organizational resources repeatedly appeared as protective: collegial support, debriefing opportunities, feedback, autonomy, team cohesion, and professional development were identified as buffers against emotionally charged client interactions and euthanasia-related stress (Ashton-James & McNeilage, 2022; Connolly et al., 2022; Dow et al., 2019; Irwin et al., 2022; Rohlf et al., 2022). Studies also emphasized training gaps and the need for structured preparation in grief communication, emotional labor, empathy regulation, and conflict management, alongside mentorship, especially in younger professionals (Campbell et al., 2025; Dow et al., 2019; Kipperman et al., 2017; Prato-Previde et al., 2024; Romo et al., 2025). Finally, individual personal resources, including self-compassion, optimism/positive reframing, perceived justice, and others, were described as shaping vulnerability or resilience, with evidence that

empathy is not uniformly protective and may require regulation, such as affective vs. cognitive empathy distinctions (Rohlf et al., 2022; Varela & Correia, 2023).

5. Discussion

Collectively, the evidence indicates that veterinarian–client relational experiences are not merely peripheral stressors, but ongoing emotional demands that build up through routine daily contact. Although general workload is often identified as a major source of stress, client incivility also appears to contribute to burnout and emotional exhaustion, particularly in some veterinary roles (Ashton-James & McNeilage, 2022; Irwin et al., 2022). Practitioners described feeling under the microscope when clients questioned their competence, relied on "Dr. Google," or dismissed diagnoses after consulting online health information instead of professional advice. These interactions were often associated with feeling underappreciated and distrusted, and in some cases led to nervousness and self-criticism, especially when poor patient outcomes were followed by client dissatisfaction (Campbell et al., 2007). In addition, veterinarians are often expected to remain calm and professional even when clients are rude, dismissive, or financially accusatory. This means they must not only care for the animal, but also manage the client's emotions while controlling their own reactions. Over time, this repeated emotional effort may become exhausting and may undermine well-being (Romo et al., 2025). Incivility, distrust, and emotionally difficult client interactions were especially burdensome when they challenged veterinarians' professional identity and required them to maintain composure while being perceived as uncaring or financially motivated (Campbell et al., 2007; Romo et al., 2025; Ashton-James & McNeilage, 2022).

Comparative evidence further suggests that reputational vulnerability and complaint infrastructures can amplify these pressures, particularly when conflicts become public and persistent. Veterinarians experienced negative online reviews, cyberbullying, and tactical complaints and considered them important stressors because they exposed veterinarians to one-sided public accusations while offering little opportunity to defend themselves. These challenges were reinforced by delayed formal complaint procedures, the use of social media as an alternative way for clients to voice their concerns, and professional limitations on public responses. Under these conditions, reputational risk became a chronic burden that extended beyond the immediate consultation and contributed to anxiety, defensive practice, and a broader sense of helplessness (Chan & Wong, 2023).

Taken together, these findings indicate that conflict between veterinarians and clients is not only a matter of "difficult clients." Such behaviors may also reflect the distress and strain associated with caring for a sick pet. Among owners of dogs and cats with chronic illness, caregiver burden was positively correlated with the frequency of behaviors that veterinarians found stressful, supporting the idea of burden transfer from clients to veterinarians.

Importantly, the effect of client behavior depends not only on how often it occurs, but also on how strongly veterinarians react to it. Although the frequency of stressful client behaviors was associated with stress and burnout, veterinarians' reactions to these behaviors were a stronger predictor. This pattern was evident across several domains, including daily hassles, affect, and excessive communication. Frequently occurring encounters involving client sadness, anxiety, and euthanasia counselling may contribute to compassion fatigue, while behaviors such as poor memory or comprehension, online research, and cost

comparison may have a cumulative effect on burnout (Spitznagel et al., 2019). Reactivity may therefore be one mechanism through which burden transfer contributes to occupational distress. Different forms of difficult interaction may also lead to partially distinct outcomes: refusal of recommended treatment or requests for euthanasia in treatable cases may cause moral stress, whereas repeated emotionally intense interactions may contribute more directly to compassion fatigue. Furthermore, reactivity is not only an accompanying feature of difficult work, but a modifiable risk factor. Intervention studies targeting reactivity to burden-transfer encounters have shown reductions in reactivity, which are also associated with decreases in perceived stress over time (Spitznagel et al., 2022, 2023) Qualitative evidence similarly described the need to suppress negative emotions, validate clients, and avoid escalation as an effortful form of professional performance (Romo et al., 2025), with detachment and emotional distancing reported as pragmatic coping strategies in high-intensity situations (Dow et al., 2019; Dürnberger & Springer, 2025). Taken together, these findings suggest that burnout risk is shaped not only by exposure to difficult client encounters but by the repeated need to contain their emotional impact while continuing to appear calm, credible, and professionally available. In this sense, emotional self-management appears to function as a hidden but central component of client-facing veterinary work. Importantly, these findings support the relevance of interventions that explicitly target reactivity and psychological flexibility, including Acceptance and Commitment Training, which was reported as feasible and beneficial even in self-paced formats (Spitznagel et al., 2022, 2023). This aligns with broader synthesis work that highlights client interactions as a major driver of stress and calls for actionable mitigation strategies (Ito et al., 2022; Takefuji, 2025). End-of-life communication, particularly around euthanasia, was repeatedly described as a

concentrated source of emotional labour and moral strain. Veterinarians reported difficulty communicating with bereaved clients, limited preparation for grief work, and distress linked to ethically complex decisions (Dow et al., 2019; Prato-Previde et al., 2024). Evidence from Deponti et al., (2023) reinforces that euthanasia-related distress is also a preparedness and support issue, with many veterinarians reporting educational gaps in training related to animal death, euthanasia/dysthanasia, medical ethics, mental health, and communication skills, alongside emotional consequences including guilt, sadness and doubt following euthanasia. The implication is practical: where exposure to death-related encounters is inevitable, the modifiable variable is the availability of training, supervision, and structured support that enable clinicians to engage in these conversations without carrying the burden alone. Financial constraints and cost-of-care discussions were consistently framed as relation ally challenging, often converting clinical encounters into conflicts over value, responsibility, and professional legitimacy (Connolly et al., 2022; Irwin et al., 2022; Kipperman et al., 2017; Romo et al., 2025).

These conversations were described as demanding not only because they involve money, but because they can provoke moral stress (ideal vs. affordable care) and defensive communication when veterinarians feel accused of financial motivation. At the same time, communication may also act as a protective resource when it supports trust, shared understanding, and continuity. Consistent with this, owner-rated shared decision-making was positively associated with consultation satisfaction (Ito et al., 2022), and pet-owner loyalty research suggests that communication can shape how pet owners feel about their veterinary clinic. When pet owners were satisfied with the way veterinarians and staff communicated with them, they were more likely to feel loyal to the clinic, trust the veterinarian, and intend

to keep coming back. They were also more willing to recommend the clinic to other pet owners. However, the study also makes an important distinction: communication was more strongly connected to pet owners' feelings and future intentions than to clear evidence of long-term behavioral loyalty (Brown, 2018). While these outcomes are not direct measures of clinician well-being, they plausibly indicate relational conditions that may reduce downstream conflict and, consequently, lessen cumulative strain. Although addressed in fewer studies, boundary erosion linked to information and communication technologies and heightened availability expectations appeared as a meaningful demand. After-hours contact, ongoing expectation management, and addressing client misinformation extended client-facing work beyond scheduled consultations and reduced opportunities for detachment and recovery (Dürnberger & Springer, 2025; Hoffmann & Dickinson, 2021)

This suggests that burnout prevention should also consider clinic-level norms and policies regarding after-hours communication, rather than treating availability as an implicit expectation borne by individual clinicians.

5.1. Implications for Veterinary Practice

The findings support multilevel actions that can be operationalized more concretely in routine veterinary practice. At the organizational level, clinics and hospitals may benefit from structured approaches to recurrent high-strain situations, particularly end-of-life discussions, cost-of-care conversations, and client incivility. These may include agreed communication frameworks, written fee and follow-up policies, escalation pathways for aggressive client encounters, and clearer norms regarding after-hours contact. Because

workload was repeatedly identified as a key stressor, organizational responses should also extend beyond simply asking clinicians to "cope better." More feasible strategies may include protected catch-up time, fuller use of veterinary technicians' skill sets, greater role clarity, and, where possible, some degree of autonomy or choice over schedules and shifts. Evidence from specialist hospital settings suggests that autonomy and control over work time may reduce the emotional impact of heavy workload more effectively than workload reduction alone (Ashton-James & McNeilage, 2022; Campbell et al., 2025).

At the team level, the review suggests that support structures are likely to be most useful when they are specific, routine, and psychologically safe. Debriefing after euthanasia, hostile client interactions, or morally difficult cases should not be left entirely informal. Brief, structured case reflection may be more effective when it examines not only emotional reactions, but also interactional triggers, system contributors, and concrete changes for future encounters. Studies in the review also suggest that conflict within teams, unclear responsibilities, and lack of appreciation can themselves become stress amplifiers (Ashton-James & McNeilage, 2022; Campbell et al., 2025).

Accordingly, interventions may need to include explicit conflict-management procedures, clearer delineation of job roles, and deliberate supervisory practices that reinforce appreciation, trust, and permission to seek help without reputational risk.

At the training level, the evidence supports moving beyond general calls for "more communication training" toward more targeted content. Training should prepare veterinarians and other client-facing staff for emotionally demanding client encounters by including skills in grief communication, cost-of-care discussions, conflict de-escalation, emotional self-regulation, and management of residual distress after difficult consultations.

The ACT-based interventions included in this review are especially relevant because they target reactivity to difficult client encounters rather than assuming that the client interaction itself can be eliminated. Importantly, the evidence also suggests that delivery format matters. Self-paced training may improve completion and scalability in busy settings, whereas live formats may feel more engaging or supportive. A practical implication is that blended or modular formats maybe preferable, especially when paired with brief booster sessions over time (Romo et al., 2025; Spitznagel et al., 2019). Another underexplored but potentially important high-stakes communication context concerns the recognition and reporting of suspected animal cruelty, neglect, or linked household abuse. Although this issue was not directly examined across the included studies, it plausibly intersects with the relational pressures identified in this review by increasing the risk of distrust, defensive communication, hostility, and moral stress. In practice, this reinforces the importance of clear clinic policies, training on recognition and reporting procedures, and opportunities for team discussion or debriefing around such cases (Alleyne et al., 2019; AVMA, 2023)

Implementation barriers should also be acknowledged explicitly. Time pressure, un predictable clinical demands, and feeling too busy or overwhelmed may reduce uptake even when interventions are acceptable and evidence-informed. Mentorship and training programs may also be difficult to sustain when experienced staff lack time to support junior colleagues meaningfully. At the organizational level, some interventions may require upfront investment, such as protected training time, hiring a practice manager, or redesigning workflow. In addition, emotionally demanding aspects of client-facing care cannot be removed entirely, so interventions should be designed not only to reduce exposure where possible but also to improve staff preparedness and recovery (Campbell et al., 2025; Romo

et al., 2025; Spitznagel et al., 2019). For this reason, implementation is likely to be most realistic when interventions are embedded into routine systems, such as onboarding, continuing education platforms, supervision structures, and clinic communication policies, rather than offered as one-off wellness initiatives.

Overall, the evidence suggests that the most promising approach is not a single intervention, but a coordinated package combining organizational supports, team-based practices, and targeted training. This is especially important because the relational burdens identified in this review arise from ordinary features of veterinary work rather than isolated exceptional events. As a result, interventions are more likely to succeed when they are implemented as part of everyday professional infrastructure rather than as optional add-ons.

5.2. Limitations and Future Directions

Several limitations should be acknowledged. The MMAT appraisal indicated that much of the evidence base was limited by cross-sectional designs, voluntary or convenience based sampling, and variable reporting quality, all of which should be considered when interpreting the consistency, transferability, and generalizability of the findings. First, as expected in a scoping review, the included evidence was heterogeneous in study designs, settings, and outcome operationalization, with a non-trivial proportion of studies not using standardized burnout psychometric instruments, which limits comparability across studies and precludes any quantitative estimation of effects. In addition, the evidence base was geographically and contextually concentrated, with most studies conducted in Western countries and in small-animal or companion-animal settings. This limits the generalizability of the findings to other

veterinary contexts, including large-animal, mixed, farm-animal, equine, shelter, emergency, and non-Western practice environments, where client relationships, economic pressures, organizational structures, and end-of-life decision-making may take different forms. Second, most of the quantitative studies were cross-sectional, and the qualitative evidence, while highly informative for understanding perceived relational demands and coping processes, cannot establish temporal or causal pathways. Accordingly, the current evidence does not allow firm conclusions about whether client related communication stressors contribute to burnout over time, whether veterinarians already experiencing burnout perceive and react to client interactions as more stressful, or whether these associations are bidirectional. The temporal sequencing between client related demands, reactivity, emotion regulation, resource availability, and burnout therefore remains insufficiently tested. Future research should prioritize longitudinal, prospective and diary/experience-sampling designs to clarify temporal ordering and test whether repeated client-related demands, emotional reactivity, and limited relational or organizational resources predict subsequent burnout over time. It should also more deliberately target underrepresented veterinary contexts, including large-animal, mixed, equine, shelter, emergency, and non-Western settings, to determine whether the relational stressors and protective resources identified in this review operate similarly across diverse professional environments. Future research should also examine high-stakes reporting contexts, such as suspected animal cruelty, neglect, or household abuse linked to abuse, as these situations may represent an important yet underexplored source of communication strain, moral stress, and burnout risk in veterinary practice. It should also employ standardized and well-validated measures of burnout and evaluate multilevel interventions that combine organizational policies (e.g., boundary management, structured

approaches to cost-of care discussions, and anti-abuse protocols) with team-based resources and individual skills training.

6. Conclusions

This review indicates that burnout risk in veterinary practice is not only a consequence of workload, but also of relational exposure, in which repeated client-facing interactions can operate as high-intensity job demands (e.g., conflict, grief, financial disputes, and boundary intrusions) that accumulate when recovery and organizational supports are insufficient. Addressing burnout in veterinary medicine therefore requires system-level responses that recognize veterinarian–client communication as a core occupational demand and invest in relational, organizational, and educational resources to support sustainable practice.

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