

Special Report

A focus group study of veterinarians' and pet owners' perceptions of veterinarian-client communication in companion animal practice

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Objective—To compare veterinarians' and pet owners' perceptions of client expectations with respect to veterinarian-client communication and to identify related barriers and challenges to communication.

Design—Qualitative study based on focus group interviews.

Participants—6 pet owner focus groups (32 owners) and 4 veterinarian focus groups (24 companion animal veterinarians).

Procedures—Independent focus group sessions were conducted with standardized open-ended questions and follow-up probes. Content analysis was performed on transcripts of the focus group discussions.

Results—Five themes related to veterinarian-client communication were identified: educating clients (ie, explaining important information, providing information up front, and providing information in various forms), providing choices (ie, providing pet owners with a range of options, being respectful of owners' decisions, and working in partnership with owners), using 2-way communication (ie, using language clients understand, listening to what clients have to say, and asking the right questions), breakdowns in communication that affected the client's experience (ie, owners feeling misinformed, that they had not been given all options, and that their concerns had not been heard), and challenges veterinarians encountered when communicating with clients (ie, monetary concerns, client misinformation, involvement of > 1 client, and time limitations).

Conclusions—Results suggested that several factors are involved in providing effective veterinarian-client communication and that breakdowns in communication can have an adverse effect on the veterinarian-client relationship. (*J Am Vet Med Assoc* 2008;233:1072–1080)

Research suggests that veterinarians' perceptions of their clients' needs and expectations with respect to veterinary health care may differ from what those clients actually need or expect when they bring their animals in for care.^{1–3,a} In human medicine, unmet patient expectations have been shown to contribute to patient dissatisfaction, poor compliance, malpractice litigation, and lower physician satisfaction.⁴ Understanding how unmet client expectations may have a similar adverse effect on veterinarians' interactions with their clients is important to the future success of veterinary practice.

Few studies have examined the specific needs and expectations of today's veterinary clientele, although the studies^{1,5,6} that have been published suggest that clients expect their veterinarian to be kind and considerate, treat their pets and themselves as individuals, listen to their concerns and worries, provide adequate client

education, and address monetary concerns, all presumably while providing high-quality care. Recently, we conducted a focus group study to develop a better understanding of the needs and expectations of veterinary clients and the challenges veterinarians face in meeting those needs and expectations. Content analysis of discussions that occurred during focus group sessions with pet owners and veterinarians working in companion animal practices in Ontario revealed 8 distinct themes related to client expectations regarding veterinary care: the veterinarian-client relationship, the veterinarian-pet relationship, the client-pet relationship, veterinarian confidence and competence, the role of the support staff, the physical aspects of the veterinary hospital, the monetary aspects of veterinary care, and veterinarian-client communication.¹ Previously, we reported on veterinarians' and pet owners' perceptions of client expectations regarding the monetary aspects of veterinary care and the challenges encountered by veterinarians in dealing with pet owners and the monetary aspects of veterinary care.¹ The present report compares veterinarians' and pet owners' perceptions of various aspects of veterinarian-client communication. We elected to focus on this particular theme because it was a key area

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raised by participants in both the pet owner and the veterinarian focus group sessions; previous studies^{2,5,6} of clients' expectations have identified veterinarian-client communication as important, and participating pet owners and veterinarians identified veterinarian-client communication as a common source of barriers and challenges to their interactions.

Materials and Methods

Details of the study design, including study participants, focus group format, and data collection and analysis, have been described.¹ In brief, pet owners (n = 32) were recruited from the clientele of a convenience sample of 5 small animal veterinary hospitals within a 40-minute drive of the Ontario Veterinary College. Veterinarians (n = 24) were recruited from a list of veterinarians practicing small animal medicine in the same geographic area; 1 veterinarian from each of the veterinary hospitals where pet owner participants had been recruited was included. Six pet owner focus group sessions with 4 to 7 pet owners/group were conducted. Pet owners ranged from 21 to 68 years old (median, 43 years). There were 21 (66%) females and 11 (33%) males. All participants owned at least 1 dog or cat (range, 1 to 5 pets; median, 2 pets), with the exception of a single participant, who owned a ferret. Four veterinarian focus group sessions with 5 to 7 participants/group were conducted. All 24 veterinarians came from a different companion animal practice. Veterinarians had between 1 and 26 years (median, 17 years) of clinical experience. Seventeen of the 24 (71%) were practice owners or partners, 22 (92%) practiced small animal medicine exclusively, and 15 (63%) were female. Veterinary clinics that employed the participating veterinarians had between 1 and 13 veterinarians on staff (mean, 2.6 veterinarians; median, 2 veterinarians).

Focus groups—Pet owner and veterinarian focus group sessions were conducted by a professional moderator and one of the investigators (JBC). Semistructured interview formats were used, with interview guides consisting of a series of open-ended questions and follow-up probes.^b The interview guide for the pet owner focus group sessions was designed to investigate the pet owners' experiences and expectations of veterinary care. Expectations were defined as those things clients would like to have happen during encounters when accessing veterinary care.^{7,8} The interview guide for the veterinarian focus group sessions was designed to elicit the veterinarians' perceptions of client expectations and their experiences interacting with veterinary clients. Each focus group session was conducted independently; participant responses were not shared among groups. All focus group discussions were recorded and subsequently transcribed verbatim.

Data analysis—Content analysis of transcripts of the pet owner focus group discussions was performed by one of the investigators (JBC) to identify major opinions, ideas, and feelings that were repeated and were common to several groups or participants.^{9,10} After several passes through each transcript, emerging trends and patterns were organized into themes and subthemes, which were then described in a codebook. Transcripts

of the veterinarian focus group discussions were then analyzed by the same investigator with the use of the coding framework developed through analysis of the pet owner focus group discussions and the addition of codes to capture any themes unique to the veterinarian focus groups, including veterinarians' challenges and changing client expectations. To establish intercoder reliability, a pet owner was purposively recruited to independently review and code all of the transcripts with the codes established by the investigator. The intercoder reliability was 0.95.

Results

Five themes related to veterinarian-client communication were identified: educating clients, providing choices, using 2-way communication, breakdowns in communication that affected the client's experience, and challenges veterinarians encountered when communicating with clients.

Educating clients—Three subthemes related to educating clients were identified.

PET OWNERS EXPECTED INFORMATION TO BE EXPLAINED

Participating pet owners expected their veterinarian to educate them and be an accessible source of information with respect to their pets' care. This expectation was discussed in great depth and breadth during all of the pet owner focus group sessions. One owner, for instance, indicated that veterinarians "need to be providing the diagnosis, the prognosis, the treatment, the options, and all of that, I think, needs to be explained." However, study participants acknowledged that each client requires a different level and quantity of information to meet his or her individual expectations and that what is enough information for one client may be too much information for another. Participating pet owners also expressed a clear desire for veterinarians to provide information within the context of the health and well-being of their pets. As indicated by one participant, "[A]ny of these procedures has to do with 'how much will this affect the dog?'"

During their discussions, veterinarians also recognized the importance of educating clients. However, veterinarians who participated in the study often focused on educating clients with respect to the tangible value of their services, explaining diagnostic test results in terms of disease status, and ensuring that clients understood the steps involved in the therapeutic process. As suggested by one veterinarian, "I think a lot of the problems come when they don't understand what's involved: the material, the time, expertise, that kind of thing. It's up to us to educate them." Although participating pet owners recognized the importance of this type of information, their focus appeared to be on understanding the process, diagnosis, treatment, and cost in terms of the health and well-being of their pets.

PET OWNERS EXPECTED INFORMATION TO BE PRESENTED UP FRONT

A number of participating pet owners expressed an expectation that information related to the process, diagnosis, treatment, and cost be presented up front. One

pet owner, for example, commented that “I would have preferred them to give me all the information up front and say, [for instance], the dog wouldn’t be 100% even after the operation.” In contrast, some of the veterinarians indicated that providing this kind of information can be a challenge because they do not always have these answers when a client expects them, suggesting that “[s]ometimes when we’re explaining, they expect more than we can actually explain, and that’s hard too because they want to know, okay, if I take this route, what’s going to happen.”

PET OWNERS EXPECTED INFORMATION TO BE AVAILABLE IN VARIOUS FORMS

Many of the participating pet owners expected veterinarians to provide additional information in the form of written discharge instructions, handouts, pamphlets, or information packets for new pet owners. In particular, owners were seeking information about their pets’ condition or disease, the cost of care, insurance coverage, and emergency contact information in a form that could be readily accessible. On the other hand, not every participating pet owner felt it was the veterinarian’s responsibility to provide this information, and some owners felt they had a responsibility to educate themselves.

Providing additional forms of information was only briefly discussed during the veterinarian focus group sessions. Some veterinarians suggested that the emerging expectation among pet owners for additional sources of information on procedures, conditions, and medications was being driven by other health-care professionals, such as pharmacists and dentists. One veterinarian strongly felt that clients did not read these handouts and therefore did not necessarily expect or value them.

Providing choices—Pet owners indicated that when discussing their pets’ health care with their veterinarian, they expected to be presented with a range of possible options. However, they also expected that regardless of which option they chose, their veterinarian would be respectful of their decision and would work in partnership with them.

PET OWNERS EXPECTED TO BE PRESENTED WITH A RANGE OF OPTIONS

During all of the pet owner focus group sessions, a notable part of the discussion centered around the fact that pet owners expected their veterinarian to provide multiple options for treatment and care of their pets. Included in this was an expectation that the pet owner be educated about each option in terms of the pet’s age and prognosis, with the pros and cons and the cost of each option provided so that the owner could make an informed decision. As one pet owner indicated, “[I expect] to have a straight-up conversation about the range of options, the professional advice from the vet[erinarian]’s view, the preferred option for the circumstances. I think that’s part of the service and I still get to exercise choice.” Importantly, during their discussions of this theme, the pet owners always referred to these multiple options as alternatives: “Start with option A which is going to cost \$4,000, option B which

is going to cost \$1500, or option C which might work [for] \$200.”

Although some of the participating pet owners admitted that part of the reason they expected to be provided multiple options was that they were interested in finding the cheapest alternative with the lowest acceptable risk to the well-being of their animal, others indicated that cost was not the motive behind their expectation that their veterinarian would discuss all of the possible options. They felt it was their right to know all of the options and be presented with the information they needed to make an informed decision in terms of potential outcome for their pets, given the situation and the cost. As one pet owner said, “I don’t think necessarily the cheaper option, but I think you should be aware of what the costs are.”

The importance of providing options was also raised during many of the veterinarian focus group sessions. However, a difference existed in the way participating veterinarians referred to the discussion of options. Only some of the veterinarians indicated they offered clients a range of options, referring to “option A being the best treatment option, option B being a middle treatment option, and option C being the least expensive treatment.” Others referred to presenting clients initially with a single option and then adjusting the option on the basis of the client’s response. As one veterinarian put it, “I’ve heard you say that you’re going to present all these options. Most of us don’t; we present the option that we think is appropriate unless there’s clearly 2 different things.” In addition, although not mentioned during any of the pet owner focus group discussions, a few veterinarians indicated that some clients did not want or expect options. However, some veterinarians also indicated that this often changed when cost was introduced. One stated, “That’s something that I’ve run into with the ‘don’t give me options, just do what you need to do.’ Usually the options come with a quote, and sometimes that changes it very quickly.”

PET OWNERS EXPECTED VETERINARIANS TO BE RESPECTFUL OF THEIR DECISIONS

Pet owners expected their veterinarians to respect the decisions they made regarding their pets’ care. A number of owners stressed that they did not want to be pressured or made to feel guilty when making difficult decisions related to their pets’ care. According to one pet owner, “I would have liked them to be open and honest with me and say, ‘[H]ere are the options. Think about it.’ Not feel pressured into it, not feel that I wasn’t making the right decisions.” Often, these discussions referred to occasions when the monetary aspect of care contributed to the decision, with a concern that “I don’t want a vet[erinarian] to make me feel guilty because I am thinking about the financial costs.”

Veterinarians discussed the importance of supporting clients’ decisions and ensuring that “they know that they are not being judged by what they are going to choose.” However, a few veterinarians expressed that clients expect them to validate their decisions, “whether it’s a good one, bad one, or sideways choice,” and that this can be a challenge in some instances.

PET OWNERS EXPECTED A PARTNERSHIP
IN THE CARE OF THEIR PETS

During the pet owner focus group sessions, it was evident that participants expected to be involved in their pets' care by discussing options with their veterinarian and being allowed to make informed decisions. During the veterinarian focus group sessions, there was a general recognition that clients appreciated a partnership with respect to the care of their pets. This desire for a partnership was viewed by the veterinarians as an emerging expectation; however, veterinarians were unsure whether clients or veterinarians themselves were driving this expectation. As one veterinarian stated, "There's much more of a feeling of partnership. That paternalistic attitude seems to have gone by the wayside, and I don't know whether that's just client expectations or whether it's veterinarian driven."

Use of 2-way communication—An important theme related to veterinarian-client communication that emerged during the focus group sessions was that clients expected communication to go both ways. In particular, this meant that clients expected veterinarians to use language they understood, listen to what they had to say, and ask the right questions.

PET OWNERS EXPECTED VETERINARIANS
TO USE LANGUAGE CLIENTS UNDERSTAND

During their focus group sessions, pet owners expressed an expectation that veterinarians be able to communicate information in lay terms. They suggested that jargon was a potential barrier to the transfer of information and indicated that it can be condescending when a veterinarian communicates outside the client's level of understanding, suggesting that the conversation should be "at the right level for the 2 people that are having that conversation" and that the veterinarian should communicate information "in terms that I can understand without making me feel like [he or she is] talking down to me."

Both pet owners and veterinarians agreed that it is difficult for clients to accurately evaluate a veterinarian's competence, and although clients "trust that the veterinarian has the knowledge and skills," it was apparent that one of the ways veterinarians indirectly reinforce this belief is through the confidence with which they speak and their ability to communicate in terms a client can understand.

PET OWNERS EXPECTED THEIR VETERINARIANS TO LISTEN

Pet owners who participated in the study did not specifically express an expectation that their veterinarians listen carefully to what they had to say. However, when pet owners discussed positive and negative experiences they had with respect to veterinary care, being listened to by their veterinarians appeared to have had a considerable impact on those experiences. Further, it seemed that a major element contributing to a pet owner's perception of whether his or her veterinarian was listening appeared to be the perceived amount of time the veterinarian took with the owner and pet. An important sentiment for pet owners reporting a positive experience was that "[the veterinarian] took the time to listen to all of my concerns."

A veterinarian's ability to listen attentively to clients received more attention during the veterinarian focus group discussions. Veterinarians suggested that clients expect them to listen because it demonstrates respect, caring, and interest in the client and pet. One stated, "Listening carefully to clients as far as what their concerns are about their pets and listening carefully to the history and what their desires are, what they want to achieve at that appointment or with the procedure, I didn't realize it was so important." Giving clients enough time was also discussed during the veterinarian focus group session, with participants indicating that taking time with clients was important to establishing and building relationships.

PET OWNERS EXPECTED VETERINARIANS
TO ASK THE RIGHT QUESTIONS

During 3 of the 6 pet owner focus group sessions, participants voiced an expectation that veterinarians should know what questions to ask. These pet owners indicated that they often felt they did not know what information was important to veterinarians and therefore expected veterinarians to ask them the right questions that would lead to the proper care for their pets, suggesting that asking appropriate questions was "really helpful to us to give the information that we need to give."

Pet owners also expected veterinarians to recognize and acknowledge a client's individual needs and expectations and indicated that for a veterinarian to understand the individual needs and expectations of a client, the veterinarian would need to explore the role of the pet in the client's life and the client's personal preferences, beliefs, and values. One stated, "We would like [veterinarian]s to put themselves in our shoes, just for that 15 to 30 minutes... so they totally understand where we're coming from when we bring in our pets."

Pet owners believed that this understanding would help a veterinarian relate to and communicate with the client. One pet owner expanded on this to talk about the need for veterinarians to gather information about other members of the family and about those other family members' relationships with the pet and their beliefs and values. This individual indicated that because "my husband grew up on a farm, he thinks differently about animals." Thus, for this pet owner, the perspective of her husband needed to be discussed, as this played an important role in the overall decision-making process. Pet owners acknowledged that achieving this understanding of every client could be a challenge. However, they thought that this could be mitigated with appropriate training and procedures in gathering information, including the use of questionnaires to acquire this information and the placement of notes in a patient's record to retain it.

In general, veterinarians who participated in the study suggested that clients expect them to "relate to their way of thinking." They also indicated that addressing the individual needs and expectations of each client can be a challenge. One stated, "Everybody is looking for something a little bit different from me, and trying to figure out how to be everything to everybody is quite a bit of a challenge." It was apparent from the veterinar-

ians' comments that their inability to read clients was a barrier to addressing clients' individual needs and expectations. One stated, "It's a challenge to read people and then try and figure out what the best option is going to be for them."

A few veterinarians acknowledged that it is not safe to presume that a client will need or expect the same thing during every visit. As one veterinarian put it, "[M]aybe they're unemployed the first time; the second time they're back to work. So you just can't be judging people like that."

Breakdowns in communication that affected the client's experience—Participating pet owners shared several experiences that illustrate the influence veterinarian-client communication can have on the outcome of veterinarian-client encounters. During analysis of the pet owner focus group transcripts, it was apparent that negative experiences discussed by participating pet owners resulted primarily from breakdowns in veterinarian-client communication, with the most common breakdowns in communication leaving pet owners feeling misinformed. Feeling misinformed was the result of experiences where clients had not been adequately informed about the procedure, the cost, or the possible outcomes, including the long-term implications for the owner and pet. Owners indicated a lack of satisfaction because "I didn't really understand enough before it was done" and suggested that "[i]t's nice to know up front how much you're going to have to spend." In one case, an owner indicated that he or she had advised others to not use a particular veterinary practice "because I was grossly misinformed and wasn't given enough information."

The second most common result of breakdowns in communication was that pet owners felt that they had not been presented with options and given the opportunity to exercise choice. One stated, "There is nothing worse than feeling like you're handicapped and you don't know what to do or you're being shoehorned into a decision that you really don't want to be in." The third most common result was that pet owners felt that their concerns had not been heard.

Challenges veterinarians encountered when communicating with clients—During their focus group sessions, veterinarians discussed a number of challenges that they had encountered when attempting to communicate with their clients.

DISCUSSIONS OF COST

As we have reported previously,¹ the issue of discussing the monetary aspects of veterinary care was a communication challenge for many of the participating veterinarians. Among these veterinarians, there was a general feeling of unease associated with discussions of cost that appeared to arise from experiences when they had been made to feel guilty or undervalued.

CLIENT MISINFORMATION

Veterinarians also indicated that incorrect information clients had obtained from other sources was often a challenge when communicating with clients. One stated, "It's the misinformation that is hard to

deal with—not the information." Potential sources of misinformation veterinarians identified included the Internet, breeders, pet stores, and other owners. The challenge this misinformation posed for veterinarians appeared to relate to the degree of confidence clients had in these other sources of information. One stated, "They get information from breeders, and they don't believe you but they believe the breeders."

INVOLVEMENT OF MORE THAN 1 CLIENT

Another challenge to communication that veterinarians identified was having more than 1 client directly or indirectly involved in an animal's care. This was particularly challenging for the veterinarian when these individuals were not communicating well with each other or when the veterinarian was in direct communication with only one of the clients.

In contrast, having children in the examination room raised mixed reactions among the veterinarians. Several veterinarians indicated they enjoyed involving children in their interactions, whereas others suggested that having children present impeded effective communication with the client.

LACK OF AVAILABLE TIME

A lack of available time posed a communication challenge for several veterinarians, as it prevented veterinarians from addressing all of the client's needs and expectations during an appointment. As an example, one veterinarian suggested that "sometimes you're pressed for time and you just don't want to even go into the 3 options."

ADDITIONAL CHALLENGES

A number of other challenges associated with veterinarian-client communication were each briefly mentioned once during a veterinarian focus group discussion. These included when the veterinarian and client did not share the same first language or the client was hearing impaired or appointments during which communication was disrupted by the client answering and talking on a cellular telephone.

Discussion

In the human health-care field, communication has been described as the portion of the physician-patient interaction that "bridges the gap between evidence-based medicine and working with individual patients."¹¹ Communication appears to have the same role in veterinary medicine, in that veterinarian-client communication provides the basis for veterinarian-client-patient interactions. To date, research into the outcomes of veterinarian-client communication has been limited; however, initial findings indicate that communication is important to client satisfaction,⁶ client compliance,² and veterinarian satisfaction,^c all of which are assumed to have an effect on patient health. Results of the present study provide further evidence of the importance of veterinarian-client communication in veterinary practice and identify some of the communication challenges and barriers in companion animal practice today.

During content analysis of focus group transcripts in the present study, 3 separate themes relating spe-

cifically to clients' expectations of veterinarian-client communication (educating clients, providing choices, and using 2-way communication) were identified. However, it was apparent that these 3 themes were highly interrelated. A conceptual map of the relationships among these themes and of the areas where breakdowns in communication could have an effect has been developed (Figure 1). To address the needs and expectations of veterinary clients, veterinarians should consider the findings of this study within a larger integrated communication framework. For example, in addition to providing clients with choices, veterinarians need to engage clients in 2-way communication to gain an improved understanding of a client's individual perspective. Appreciating a client's individual perspective allows the veterinarian to determine the amount and type of information appropriate for that client in regard to potential treatment choices. Educating clients in relation to their unique perspective also engages them directly in their pets' care and prepares them for making informed decisions. Consideration of the subthemes identified in the present study (eg, providing information up front, offering a range of options, and asking appropriate questions) will provide veterinarians with a basis for reflecting on their own use of communication. Considering these individual components within a larger communication framework allows veterinarians to integrate these expectations for communication into the overall veterinarian-client-patient interaction.

Although veterinarians discussed the importance of educating their clients during the focus group sessions in the present study, there appeared to be a disparity between the types of information pet owners and veterinarians perceived to be meaningful and useful. This dissonance is not unique to veterinary medicine. In human medicine, researchers found physicians often failed to appreciate patients' preference for information relating to prognosis and causation while overrating their patients' interest in information regarding treat-

ment.¹² Differences in perception between clients and veterinarians can impede effective communication. For example, in our previous report,¹ we found that pet owners expressed a need to understand the costs of veterinary care in relation to their pets' health and well-being, whereas veterinarians tended to focus on educating clients with respect to the value of their services and time. This difference in perception appeared to contribute both to pet owners' concerns about inadequate discussions of costs and to veterinarians' feeling of being undervalued by their clients.

In the present study, the most common result of a communication breakdown was that pet owners felt inadequately informed. In human medicine, meta-analysis¹³ of 41 independent studies found that the amount of information a physician provides to a patient is a strong predictor of patient satisfaction, compliance, recall, and understanding. Therefore, a breakdown in communicating information to a client not only contributes to a client's negative experience but may also carry implications for a number of important outcomes of the veterinarian-client-patient interaction.

We also found in the present study that the amount of information any individual client expects or wants to receive varies from one pet owner to the next. In addition, veterinarians should be aware that the information needs of any individual owner and the amount of information that owner wants to receive may change from situation to situation or over time. Several communication skills identified in human medicine may assist veterinarians in addressing the individual information needs of their clients.¹¹ To assess the amount and type of information a client requires, the veterinarian should begin by evaluating both the client's present state of knowledge and the client's desire for information. This involves providing clients with small segments of information and then inquiring into the client's interpretation and understanding before proceeding, an approach that has been called "chunking and checking."¹¹ By gauging the client's response as each piece of information is given, the veterinarian can steer the conversation in the proper direction and clarify the specific information the client desires in terms of prognosis, diagnosis, and treatment.

The finding that pet owners expect veterinarians to offer multiple options is consistent with an American Animal Hospital Association study² that found that 90% of pet owners wanted their veterinarian to discuss all of the available treatment options with them, regardless of whether the client could potentially afford any particular option. In contrast, several veterinarians in the present study indicated they provide clients with only that option they believe is most appropriate, unless there were 2 or more clearly appropriate options. Providing only a single option involves a number of assumptions: first, that a single best course of action exists; second, that the veterinarian is in the position to decide which course of action is best; third, that the veterinar-

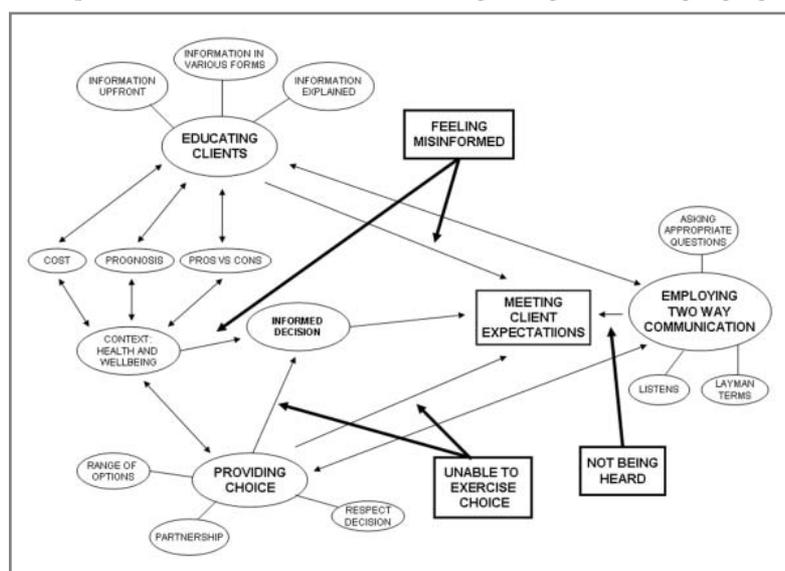


Figure 1—A conceptual map of the relationship among important themes and subthemes in veterinarian-client communication and where breakdowns in communication can have an adverse effect on meeting client expectations.

ian can best evaluate the tradeoffs for the various possible treatment options; and fourth, that the veterinarian assumes responsibility for the treatment decision.¹⁴ In human medicine, investigations have shown that a number of viable treatment alternatives exist for most conditions and that achieving consensus on the best treatment is often difficult.¹⁵⁻¹⁹ Similarly, in a study³ in which veterinarians were asked to indicate their choice among 4 treatment options for a pet described as having renal failure with an unpredictable response to treatment, measurable differences in veterinarians' treatment recommendations were identified. Further, it can be argued that owners and their pets are the ones who will live with the tradeoffs among various treatment alternatives, placing them in the better position to evaluate the risks and outcomes associated with the various options.

In human medicine, there has been a move away from the paternalistic style of decision making toward a shared approach, wherein both patients and physicians participate and take responsibility for the process.^{11,20-22} Decision making has been divided into 3 key processes: transmission of information, deliberation of options, and selection of the alternative to use.¹⁴ In applying a shared decision-making approach to veterinary medicine, the veterinarian and the client would participate jointly in each stage. The strength of this approach is that by sharing in the decision-making process, both the veterinarian and the client have a greater investment in the final decision, which should lead to greater commitment in carrying out the selected alternative. Research in human medicine has shown that greater patient participation in decision-making and negotiation of the treatment plan is associated with improved patient satisfaction and adherence.^{23,24}

Involving clients in the decision-making process can be challenging, and as veterinarians in the present study suggested, not every client will want to be involved to the same extent. Similarly, research in human medicine has shown that patients vary in their preferences for being involved in the decision-making process.²² Thus, veterinarians should provide sufficient information to gauge a client's willingness to become involved in the decision-making process. Interestingly, a few participating veterinarians found in their experience that initiating discussions of cost with clients who had opted out of the decision making process often resulted in greater involvement by the client. In veterinary medicine, the cost of care is an important element for most decisions, and clients often feel inadequately informed in this area.¹ To gauge a client's willingness to be involved in decision-making, veterinarians need to go beyond simply offering various treatment options to effectively communicating information relating to potential benefits and risks to the animal's health and well-being, including monetary costs.

Although findings from the present and previous studies encourage involving clients to a greater extent in the decision-making process, there will be times, either because of the urgency or overall context of the situation, when it will not be possible for the veterinarian to involve the client in all decisions. Results of the present study suggest that even in these situations, it

is important for the client to remain informed about the decisions being made and for the decisions to be explained in terms of the pet's health and well-being. Research in veterinary medicine indicates that individual veterinarians already use different communication approaches when communicating with clients.²⁵ When deciding which communication pattern to use, veterinarians should consider the client's preferences in regard to amount and type of information the client wants to receive and extent to which the client wants to share in the decision-making process, within the context of the given situation.

Pet owners who participated in the present study also expressed an expectation that their veterinarian should be the one to facilitate information gathering. One pet owner recommended that veterinarians take a "general and then honing down to specific" approach. Research²⁶⁻²⁸ has shown that use of open-ended questions in place of closed or leading questions improves the amount of information a clinician gathers. In veterinary medicine, research²⁹ indicates that veterinarians predominantly use a closed-ended questioning style for data gathering. By altering their questioning to include more well-phrased open-ended and fewer specific closed-ended questions, veterinarians should be able to uncover relevant medical information more efficiently and gain a deeper appreciation and understanding of individual clients and their pets.

When pet owners in the present study were asked about factors that contributed to negative and positive experiences during previous veterinary visits, whether the owner perceived the veterinarian to be listening attentively was reported to have an impact on the owners' experiences. Research in human medicine emphasizes the importance of listening in clinical interactions, and several studies³⁰⁻³² have found that physicians, on average, interrupt patients within 12 to 23 seconds after patients begin their opening statement. Failure to listen by interrupting patients prevented physicians from identifying all of the patient's concerns, resulting in concerns being identified late in the interaction or not at all.^{31,32} Veterinarians in the present study identified listening as important to building relationships with clients by demonstrating care and interest. Specific skills such as wait time (allowing pauses), facilitative responses (indicating interest), and nonverbal cues support attentive listening.¹¹ Demonstrating listening and ensuring that the exchange of information is complete in both directions will contribute positively to the veterinarian-client relationship.

Importantly, owners in the present study expected that veterinarians would communicate in language the client understands. This could involve reducing medical jargon, explaining unavoidable jargon in easily understood terms, and using shorter words and sentences to increase client understanding.^{11,33} Implementing this approach while checking for client understanding should assist veterinarians in avoiding some of the barriers to communication that can exist. Overcoming these barriers is likely to assist in the transfer of information with clients and foster relationships.

One challenge to successful communication veterinarians in the present study identified was misinforma-

tion clients had obtained from other sources, including the Internet. In human medicine, the Internet is a recognized source of medical misinformation,³⁴⁻³⁶ and research has shown that when a patient has a preestablished viewpoint regarding a problem that is not congruent with the physician's viewpoint, the patient is likely to reject the physician's viewpoint in favor of his or her own.³⁷ It is possible that the root of the frustrations and challenges veterinarians encounter with client misinformation is of a similar nature. This reinforces the importance of exploring the client's perspective so that the veterinarian better understands the client's viewpoint. This understanding then provides a basis from which to educate clients about any inaccuracies in their information in a manner that acknowledges and addresses the client's viewpoint.

Time limitations were another challenge to veterinarian-client communication. Understandably, veterinarians are under time constraints, and it is often believed that eliciting all of a client's concerns, building client rapport, and involving clients in decision making will consume more time. However, recent findings²⁵ have indicated that appointments during which the veterinarian dedicated time to building rapport, establishing a partnership, and encouraging client questions and participation were, on average, 1.5 minutes shorter than appointments during which the veterinarian dedicated his or her time to directing the client and exchanging primarily biomedical information. These results, in addition to findings of studies^{11,38} involving physicians, suggest that a collaborative approach to veterinarian-client interactions will not demand more time.

The overall purpose of our focus group study was to explore and develop a deeper understanding of veterinarians' and pet owners' perceptions of clients' expectations with respect to veterinary health care. The data that emerge from focus group sessions are the participants' own words within the context of the discussion. When subjected to rigorous analytic techniques, these qualitative data can provide researchers with a deeper appreciation of participants' underlying concerns, revealing important connections and identifying subtle nuances in participants' responses.³⁹ We believe that focus group studies offer an ideal approach for beginning to explore and understand pet owner and veterinarian perceptions of client expectations. However, unlike the results of more quantitative studies, results of focus group studies cannot always be easily extrapolated to other situations and other individuals. In particular, readers are reminded that before extrapolating the findings of the present study to their own practices, they should first consider to what extent the context of the study matches their own specific situation.⁹ Findings of the present study cannot be used as a general formula for how veterinarians can address the needs and expectations of every veterinary client. Instead, veterinarians are encouraged to use the qualitative findings from the present study to reflect on their own perceptions of client expectations and to explore the needs and expectations of their clients on an interaction-by-interaction basis. Although our findings are not definitive, the knowledge and understanding gained from this study provide a meaningful starting point that veterinarians

can use to reflect on their own perceptions and approaches to communicating with veterinary clients. By investing effort in understanding each client's unique perspective, veterinarians will be better positioned to recognize and address possible challenges and barriers to veterinarian-client communication.

As with other types of studies, controlling for potential bias is an important consideration in focus group studies. In the present study, we attempted to control for bias resulting from having 1 or 2 participants dominate the discussion by conducting several focus group sessions and by analyzing results across groups. A conscious effort was made to identify in the reported findings all information that arose from a single individual or group. We also used a professional moderator and omitted responses to leading questions during the analysis to minimize the possibility that the moderator could have, knowingly or unknowingly, provided cues to participants about desirable and undesirable responses.

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- a. Nogueira LJ. *Describing veterinarian-client communication during euthanasia discussions*. MSc thesis, Department of Population Medicine, Ontario Veterinary College, University of Guelph, Guelph, ON, 2007.
 - b. Copies of the complete pet owner and veterinarian focus group question guides are available from the corresponding author on request.
 - c. Shaw JR. *Communication skills and the veterinarian-client-patient relationship*. PhD thesis, Department of Population Medicine, Ontario Veterinary College, University of Guelph, Guelph, ON, 2004.
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References

1. Coe JB, Adams CL, Bonnett BN. A focus group study of veterinarians' and pet owners' perceptions of the monetary aspects of veterinary care. *J Am Vet Med Assoc* 2007;231:1510-1518.
2. *The path to high-quality care: practical tips for improving compliance*. Lakewood, Colo: American Animal Hospital Association, 2003.
3. Cron WL, Slocum JV Jr, Goodnight DB, et al. Executive summary of the Brakke management and behavior study. *J Am Vet Med Assoc* 2000;217:332-338.
4. Bell RA, Kravitz RL, Thom D, et al. Unmet expectations for care and the patient-physician relationship. *J Gen Intern Med* 2002;17:884-885.
5. Brown JP, Silverman JD. The current and future market for veterinarians and veterinary medical services in the United States. *J Am Vet Med Assoc* 1999;215:161-183.
6. Case DB. Survey of expectations among clients of three small animal clinics. *J Am Vet Med Assoc* 1988;192:498-502.
7. Kravitz RL. Patients' expectations for medical care: an expanded formulation based on review of the literature. *Med Care Res Rev* 1996;53:2-27.
8. Uhlmann RF, Inue TS, Carter WB. Patient requests and expectations: definitions and clinical applications. *Med Care* 1984;22:681-685.
9. Mayan MJ. *An introduction to qualitative methods: a training module for students and professionals*. Edmonton, AB: Qual Institute Press, 2001.
10. Kruegar RA. *Moderating focus groups*. London: Sage Publications, 1998.
11. Silverman JD, Kurtz SM, Draper J. *Skills for communicating with patients*. 2nd ed. Oxford, England: Radcliffe Publishing, 2005.
12. Kindelan K, Kent G. Concordance between patients' information preferences and general practitioners' perceptions. *Psychol Health* 1987;1:399-409.
13. Hall JA, Roter DL, Katz NR. Meta-analysis of correlates of provider behaviour in medical encounters. *Med Care* 1988;26:657-675.

14. Charles C, Gafni A, Whelan T. Decision-making in the physician-patient encounter: revisiting the shared treatment decision-making model. *Soc Sci Med* 1999;49:651-661.
15. Frosch DL, Kaplan RM. Shared decision making in clinical medicine: past research and future directions. *Am J Prev Med* 1999; 17:285-294.
16. Baumann AO, Deber RB, Thompson GG. Overconfidence among physicians and nurses: the "micro-uncertainty, macro-uncertainty" phenomenon. *Soc Sci Med* 1991;32:167-174.
17. Mulley AG, Eagle KA. What is inappropriate care? *JAMA* 1988;260:540-541.
18. Wennberg JE, Mulley AG, Hanley D, et al. An assessment of prostatectomy for benign urinary tract obstruction. *JAMA* 1988;259:3027-3030.
19. Wennberg JE, Barnes BA, Zubkoff M. Professional uncertainty and the problem of supplier-induced demand. *Soc Sci Med* 1982;16:811-824.
20. Elwyn G, Edwards A, Hood K, et al. Achieving involvement: process outcomes from a cluster randomized trial of shared decision making skill development and use of risk communication aids in general practice. *Fam Pract* 2004;21:337-346.
21. Coulter A. Paternalism or partnership? Patients have grown up—and there's no going back. *Br Med J (Clin Res Ed)* 1999;319:719-720.
22. Guadagnoli E, Ward P. Patient participation in decision making. *Soc Sci Med* 1998;47:329-339.
23. Kaplan SH, Greenfield S, Gandek B, et al. Characteristics of physicians with participatory decision-making styles. *Ann Intern Med* 1996;124:497-504.
24. Eisenthal S, Emery R, Lazare A, et al. 'Adherence' and the negotiated approach to patienthood. *Arch Gen Psychiatry* 1979; 36:393-398.
25. Shaw JR, Bonnett BN, Adams CL, et al. Veterinarian-client-patient communication patterns used during clinical appointments in companion animal practice. *J Am Vet Med Assoc* 2006;228:714-721.
26. Maguire P, Faulkner A, Booth K, et al. Helping cancer patients disclose their concerns. *Eur J Cancer* 1996;32A:78-81.
27. Roter DL, Hall JA. Physicians' interviewing styles and medical information obtained from patients. *J Gen Intern Med* 1987; 2:325-329.
28. Cox A, Hopkinson K, Rutter M. Psychiatric interviewing techniques II. Naturalistic study: eliciting factual information. *Br J Psychiatry* 1981;138:283-291.
29. Shaw JR, Adams CL, Bonnett BN, et al. Use of the Roter interaction analysis system to analyze veterinarian-client-patient communication in companion animal practice. *J Am Vet Med Assoc* 2004;225:222-229.
30. Rhoades DR, McFarland KF, Finch WH, et al. Speaking and interruptions during primary care office visits. *Fam Med* 2001; 33:528-532.
31. Marvel MK, Epstein RM, Flowers K, et al. Soliciting the patient's agenda: have we improved? *JAMA* 1999;281:283-287.
32. Beckman HB, Frankel RM. The effect of physician behaviour on the collection of data. *Ann Intern Med* 1984;101:692-696.
33. Ley P. *Communicating with patients: improving communication, satisfaction and compliance*. New York: Croom Helm, 1988.
34. Impicciatore P, Pandolfini C, Casella N, et al. Reliability of health information for the public on the World Wide Web: systematic survey of advice on managing fever in children at home. *Br Med J (Clin Res Ed)* 1997;314:1875-1879.
35. Silberg WM, Lundberg GD, Musacchio RA. Assessing, controlling, and assuring the quality of medical information on the Internet. *JAMA* 1997;277:1244-1245.
36. Coiera E. The Internet's challenge to health care provision. *BMJ* 1996;312:3-4.
37. Tuckett D, Boulton M, Olson C, et al. Meetings between experts: an approach to sharing ideas in medical consultations. London: Tavistock Publications, 1985.
38. Stewart M, Brown JB, Weston WW, et al. *Patient-centered medicine: transforming the clinical method*. 2nd ed. Oxford: Radcliffe Medical Press, 2003.
39. Stewart DW, Shamdasani PN. *Focus groups: theory and practice*. Newbury Park, Calif: Sage Publications, 1990.