SZENT ISTVÁN UNIVERSITY

Faculty of Veterinary Science, Szent István University

Department of Animal Hygiene, Herd-health and Veterinary Ethology

Veterinarian communication and its impact on dog and cat owners' satisfaction with care, trust, compliance and the veterinary care a pet receives

Roy Spigelman

Tutor:

Dr. András Adorján Veterinarian



Contents

1. Introduction	2
2. A Survey of Literature	4
Human Health-Care & Communication	4
The Singularity of Veterinary Medicine	5
Communication Skills Identified in Veterinary Medicine	6
Relationship-Centered Care in Veterinary Medicine	9
2. Materials and Methods	12
Sample	12
Construction and Translation	14
Questions Rating Veterinary Communication	15
Questions Rating Perceived Veterinarian Interpersonal Behavior	16
Internet Based Survey	16
Sampling Technique	16
Statistical Analysis	16
3. Results	17
Veterinary Communication In Relation to Compliance and Satisfaction	19
Trust, Compliance and Satisfaction In Relation to Perceived Personality Traits	20
Satisfaction In Relation to Perceived Interpersonal Behavior of Veterinarian	22
Veterinarian Communication In Relation To the Veterinary Care a Pet Receives	23
Owner Awareness	23
Further Associations	23
4. Discussion	26
Restrictions and Potential Errors in Data Acquisition	26
Discussion of Results	26
Summary	30
Abstract	31
Abstract	32
Bibliography	72
Acknowledgements	76

1. Introduction

Two main reasons to why communication is vital to veterinary medicine can be identified. These two are quite dissimilar in nature, but arguably equally important for the individual small-animal practitioner. First, and foremost, communication greatly influences client response and compliance, thereby having a significant impact on the success of treatment, and health-outcome of the patient¹. Second, small animal veterinary clinics are essentially businesses, service providers, and as such, their success depends heavily on their ability to establish long-term, value-laden relationships with customers²³. Research that has specifically considered the monetary aspects of veterinary care has found that stronger communication competency is related to higher financial returns⁴. The importance of communication is also accentuated by that the quality of veterinary services received are often difficult for the customer to evaluate confidently, even after purchase and consumption⁵.

Over the last twenty years the need for improved communication skills has repeatedly been identified in veterinary medicine⁶. Recent studies indicate that the communication skills of the veterinarian, and the veterinarian-owner bond, has a strong impact on the veterinary care a pet receives. The way in which the veterinarian provides information and care, interacts with owner and pet, greatly influences client response and compliance.⁷ Despite the fact that the majority of complaints concerning veterinary care can be linked to poor communication⁸, relatively few studies have addressed this issue⁹. This explorative study aims to investigate how veterinarian communication, perceived veterinarian interpersonal behavior, and veterinarian-owner relations influence client compliance and the amount of veterinary care dogs and cats receive. It also briefly explores owners' general knowledge about their dog or cat, in an attempt to reveal common misconceptions that veterinarians might fail to take into consideration when consulting with the owner.

It is hypothesized that perceived veterinarian communication skills such as the ability to provide a.) relevant information/education about why recommended treatment is needed, b.) information about the advantages/risks of the treatment, b.) choices and alternatives to recommended treatment, c.) encouraging the client to make an active decision and empowering the client, will correlate positively with client satisfaction, trust, the amount of veterinarian care a dog/cat receives and ultimately, client compliance. It is also hypothesized that veterinarian interpersonal behavior perceived as empathetic, calm, attentive,

understanding and approachable will correlate positively with client satisfaction, trust and compliance. Consequently interpersonal behavior perceived as stressed, distant, cold and dismissive is assumed to correlate negatively with client satisfaction, trust and compliance.

Areas of improvement in veterinary education and communication are discussed in the light of the study's results and recent research.

2. A Survey of Literature

Human Health-Care & Communication

Human health-care has undergone a fundamental change during the past three decades. Starting from a heavily doctor-centered approach, the field has gradually shifted towards a more client-oriented viewpoint, striving to achieve a relationship-oriented service encounter¹⁰. Relationship-centered care is described as "medically functional, informative, facilitative, responsive, and participatory" 11. As such, it takes into consideration the wants, needs and preferences of the patients. Striving to meet and understand patients' expectations has gradually become an elemental part of practicing medicine. Studies in human medicine have linked patient expectations to paramount health-care outcomes, such as health status, compliance, satisfaction and even quality of life 12 13. Drawing on prior research Stoewen et al. (2014) summarized some of the notable patient-expectations in human medicine. These included the expectation of direct, clear, jargon-free information provision. Also, to be met with empathy, compassion and patience, in a place easy to relate to, in an unstressed, unhurried environment. Further, to be heard and listened to – to be able to share personal take and perspective on discussed health issues - and disclose psychological and social concerns. Patients expected to be included in the decision making process, be met with a nonjudgmental attitude, and be given emotional support and reassurance when needed. Key components of the desired interaction were friendliness, trustworthiness, reliability, and tact. 14 The Toronto consensus statement¹⁵ also attempts to identify some of the core communication skills needed in human health care. It emphasizes that essential diagnostic information arises from the doctor-patient interview; hence communication has a central clinical function. Active, reflective listening, and refraining from interrupting the client, is considered vital, as well as feedback. Also communicating in a clear manner and repeating information when needed, is stressed, since a surprising high proportion of patients do not understand or remember what their physicians tell them about diagnosis and treatment. The consensus asserts that concordance between patient and physician in identifying the seriousness of the clinical problem clearly effects compliance, as well as greater participation by the patient in the encounter. The Toronto consensus finds that patient compliance is largely determined by the physician's interpersonal skills.

In the early seventies medical schools started developing course programs on communication skills¹⁶. By the early nineties most medical schools in western countries offered some kind of communication skills training¹⁷. In an international consensus statement in 1991 it was stated that "the importance of communication between doctors and patients has been well established, and there is growing acceptance of the need to teach and assess communication skills in medical schools". Eight recommendations where made regarding teaching communication in medical education programs. These included that communication skills and clinical teaching should be consistent and complementary, that the courses should help students achieve a patient-centered interaction and foster personal and professional growth. Emphasis was also put on that communication curricula should follow a coherent framework, that students should be assessed and evaluated on their communication skills directly, and that faculty development should be adequately supported and resourced.¹⁸ In Hungary, Semmelweis University and University of Szeged both offers medical students courses in communication.^{19 20}

The Singularity of Veterinary Medicine

Human and veterinary medicine are similar in many ways. Both are service providers and health care professionals working to improve patient health, and both professions success is heavily dependent on interaction with humans. Many of the communication skills identified in research within human medicine can therefore also be applied to veterinary care.²¹ Still, rigorous scientific standards mandate that the unique - and in many aspects different specialty of veterinary medicine establishes an evidence base of its own²². Veterinary medicine differs from human medicine in many ways that might be essential to communication. One reason to why the relevance of communication is heightened in veterinary care, is the monetary aspect. While most human patients have insurance, or government funded health care, most animals do not. Improved communication skills help in arguing for recommended treatment, increases compliance alongside monetary gain for the individual practitioner.²³ Some of the main differences arise from that the veterinary consultation can be described as tripartite, involving the client, patient and the veterinarian. It is important to note that the client is not equal to the patient. In order to tailor the communication with the owner efficiently, an accurate assessment of the owner-pet bond is indispensable. The role and purpose of the animal to the owner should be assessed, and can assist in building a positive, strong relationship with the client. Also, pets can't communicate verbally, the veterinarian must therefore rely heavily on information gathered from the owner for correct diagnosis and treatment. Skillful and accurate communication is essential to help the owner recall and accurately recite vital information. Since our patients rely on our clients for compliance and adherence to the treatments recommended, it can be argued that more responsibility weighs on the veterinarian to increase the probability for compliance. The veterinarian-animal-client consultation has been compared to the pediatrician-child-parent situation. In pediatrics some key components have been identified that affect communication. Family dynamics is one of these, as well as the revelation, that parents and children have differing needs during the consultation process. Parents want their physician to understand their thoughts and concerns, while paying adequate attention to their child, and establishing a positive interaction with both parties. Many parallels can be drawn between the child in pediatrics, and the animal in veterinary care, but whilst it is true that many similarities exist, the two situations can hardly be regarded identical.

Communication Skills Identified in Veterinary Medicine

A study conducted in 2008 established focus-groups where pet owners and veterinarians discussed veterinarian-owner communication together²⁷. It was found that five areas in particular have an impact on veterinarian-client communication. The first area was named educating clients, and within this area three subthemes where identified. First, owners expected veterinarians to explain information in detail, educating them with respect to their pets' care. The focus group arrived to the conclusion that the quantity and quality of the information should be tailored to the individual clients' needs. Second, owners expected information to be delivered up front, and last they required information to be available in different formats, such as handouts, pamphlets or information packets for new pet owners. The second area was named providing choices. Owners expected their veterinarians to provide multiple options for treatment, and help them to make an informed decision by educating them on the pros and cons, costs and prognosis of each option. For some owners this expectation was related to cost-motivation. Participating veterinarians reflected that usually there is only one treatment option they feel is appropriate. If that is rejected or dismissed, they are willing to present more. They were more prone to feel that the motivation behind multiple options was primarily cost-reduction. Owners expected veterinarians to respect their choices, not to pressure them or make them feel guilty. These discussions often referred to occasions when the monetary aspect of care contributed in the decision making process. The veterinarians present acknowledged the importance of a non-judgmental attitude, but also voiced that many of their clients expect them to validate the decision they've made, trying to burden them with the weight of their decision. The third area was the use of two-way communication. Clients wanted their veterinarians to speak in layman terms, communicate in an understandable, non-condescending manner. Owners and veterinarians agreed that one of the few ways owners evaluate their veterinarian's competence is through the confidence with which he/she speaks and the clarity of his/her logic. Pet owners reflected that they often don't know what information to provide and expressed a need for their veterinarians to "ask the right questions". Closely intertwined with the clients' care-satisfaction was also whether they perceived their veterinarian as listening to them, and giving them enough time to voice their concerns. They also wanted the veterinarian to try to explore and understand their pet's role in their life and household. They felt this would facilitate positive interaction and understanding. The focus group identified several common breakdowns in communication, such as misinformation (clients feeling like they had been misinformed about either the procedure, the cost, or the possible outcomes, including the long-term implications for the owner and pet), inadequate choices leaving the clients feeling "handicapped", and failures in attentive listening. The focus group also recognized and discussed some of the common challenges veterinarians encounter when communicating with clients. One of these was the sensitive subject of cost and time. Another was the preconceptions and misconceptions clients arrived with at the clinic; incorrect information gathered from elsewhere posed a challenge to many of the veterinarians. The veterinarians also voiced that often more than one client is involved in an animals' care, making communication strained. Studies in companion animal practice have shown that the type of appointment requested may greatly influence veterinarian communication and behavior. During "problem associated appointments" veterinarians tend to focus entirely on biomedical topics, disregarding other areas. In contrast, during "wellness appointments", veterinarians are more prone to indulge in social talk, laughter and statements of reassurance. The study concluded that owing to the emphasis on biomedical content during problem appointments, veterinarians may neglect lifestyle and social concerns that could impact patient management and outcomes, such as client satisfaction and adherence to veterinarian recommendations.²⁸

A recent (2014) qualitative and explorative study executed repeated, thorough semistructured interviews with owners seeking cancer treatment for their dogs (n = 30)²⁹. They study found

that most owners appreciated if the vet delivered diagnosis in an upfront, forthright manner. This led the owners to feel well-informed, and secure in the knowledge, that the veterinarian will let them know any important information. It reduced the need for questions. The need for information up front was well reflected in one of the participant's comments, "You don't know what you don't know, so you don't always know what to ask". Participants also appreciated when information was conveyed to them through different channels - for example, with visual aids. They liked receiving short, informative, to-the-point handouts to take home. These served as assurance that they were following the instructions precisely - if they felt insecure, they could re-read them in their home environment. The participants formulated the importance of understandable, jargon free language. They found it to be exceedingly hard to understand medical terms, especially in emotionally laden, distressful situations. Participants expressed the need for stress-free, calm, and unrushed consultations, where the veterinarian listens to them, and in turn, they have time to ask their questions. They appreciated if important information was repeated several times. Participants found positive, realistically hopeful attitudes highly helpful and valued signs of compassion, empathy and support. They valued a non-judgmental stance that did not make them feel guilty for their choices.

In 2008, a comprehensive survey-based study assessing the client-veterinarian relationship and the owner-pet bond was conducted among dog and cat owners in the United States³⁰. The study yielded several informative results concerning the complexity of the veterinarian consultation. It found that owners exhibiting a stronger bond to their pets seek higher levels of veterinary care and are more prone to follow the recommendations of their veterinarian, regardless of cost. The strength of the bond was defined by the owners' feelings and thoughts about their pets, but also behavioral patterns, such as the time spent together, shared activities and experiences. Owners with the strongest bonds tended to keep their pets indoors, allowing them to access all rooms of the house. Interestingly, dog-owners tended to be more attached to, and have a stronger bond with, their animals then cat-owners. Characteristics of a strong owner-dog bond where found to be factors such as; purchasing animal, having a lower income, be solely responsible for care of dog, have a lower education, and no children in household. In contrast, cat-owners with strong human-animal bonds tended to be have a college degree. Dog-owners took their dogs to the veterinarian more frequently and also showed higher compliance with medical recommendations. The study also found a clear connection between veterinarian communication skills and the medical care pets receive.

Arguably, the competence with which a veterinarian explains reasons for treatment drives clients' perceptions of value and quality of care, effecting loyalty and compliance. The top indicators of the quality of the veterinarian-owner bond where found to be: a.) amount of information a veterinarian provides about how to take care of pet, b.) communication with clients, c.) perception that veterinarian only sells clients things their pets need and d.) interaction with pets. Important factors fostering non-compliance were clients' feelings of confusion, uncertainty and misunderstanding. Surprisingly, cost of treatment did not seem to be a major obstacle for compliance.

Relationship-Centered Care in Veterinary Medicine

Humans appraise other peoples' basic attitudes and personality through verbal and non-verbal communication cues. The two – communication and personality – are therefore intertwined, inseparable, and might be easiest examined as an entity. In the word "relationship", both parties personalities are included. A conceptual framework called "The Four Habits Approach" ³¹ offers a more relationship-centered conceptual framework for communication. It is founded upon four principles: (1) relationships should encompass the entire personhood of the participants, (2) emotions are an important part of these relationships, (3) providers and patients can both influence one another and (4) forming genuine relationships in health care is morally valuable. A relationship-centered approach is vital, since today patients seem to be less concerned with physicians professional competence, and more concerned with how much they care about their patient³². The Four Habits Approach is founded on that clinicians behave according to distinct patterns of habit, and these habits can be changed. It emphasizes four distinct steps; a.) investing in the beginning of the consultation, b.) eliciting the patient's perspective, c.) demonstrating empathy, and d.) investing in the end. In the beginning of the consultation this approach stresses the importance of the physician focusing on the clientprofessional relationship, for example by inquiring about something shared in the last visit. Only following this step is it recommended the physician steer the conversation towards the medical problem at hand. The approach highlights the importance of using open-ended, instead of close-ended questions, and emphasizes the advantages of using linguistic devices known as "continuers", such as repeating or emphasizing an important word the patient used, using vocalizations such as "mmm-hmm", and short phrases, such as "I see". Continuers encourage the client to elaborate on the content and the emotional impact of what he/she is

trying to convey. In The Four Habits Approach eliciting the patient's perspective is seen as a vital step in the collaboration between physician and client. Physicians might often assume that clients will automatically voice their concern or disagreement, but this is often not the case. The physician needs to ask for the client's opinion, clarifying that it is appropriate for him/her to express his/her thoughts and feelings.³³ This simple gesture empowers the client; it conveys that the veterinarian respects the patients experience and individuality, and strives for partnership. Further, this will provide the veterinarian with a deeper insight into what meaning the client is attaching to the animal's symptoms, and opportunity to frame the rest of the dialogue accordingly. The Four Habits Approach also advocates that demonstrating empathy should be viewed as one of the fundamentally important steps during consultation. Shaw and colleagues³⁴ found that only in 7% of the 300 visits they studied did the veterinarian express empathy. Foregoing and neglecting to utilize this tool seems to be unwise, since researchers have linked perceived caring to a range of positive outcomes, such as satisfaction, compliance, and lower propensity to sue. Expressing empathy can seem tricky, and hard. Accurately observing the clients non-verbal behavior (facial expression, body posture, gestures, eye-contact, and tone of voice) helps in identifying when and what to say. Five types of verbal statements that might help expressing empathy are: reflection ("It sound like you are concerned that.."), legitimization ("Anyone would feel scared if..."), support ("I will be there for you..."), partnership ("I think we can figure this our together") and respect ("I have confidence that you'll do the right thing...")³⁵. Further, using own non-verbal cues as body language, silence, eye-contact, tone of voice and posture consciously during interaction is vital. In the end of the consultation the Four Habits Approach advocates involving patients in decision making and shading information in a clear manner. Delivering diagnostic information that is "bad news" for the client is a very sensitive area. Poorly communicated bad news about for example the loss of a beloved pet, can lead to extreme emotional responses and the initiation of lawsuits for medical malpractice³⁶. Strand finds that "a person's ability to remain internally calm, flexible and appropriately responsive during moment-to-moment interpersonal interactions in the midst of high levels of tension associated with cognitive, emotional and behavioral demands" helps in avoiding emotionally tense situations to spiral. In her work, Strand focuses mainly on non-verbal communication skills and the importance of what she calls a "non-anxious presence", referred to in short as NAP. Strand's work accentuates how veterinarians are often faced with emotionally laden situations, for example in the case of euthanasia. In these distressful moments the client can lose emotional control and act-out in various ways towards the veterinarian. Clients can

become angry, intensely sad, or scared. Veterinarians equipped with NAP can be empathetic and understanding, while not interpreting the emotional reaction as being directed towards them personally. They can still ensure that their own needs are met – for example adequate financial compensation – without becoming emotionally detached, hostile, angry or distressed. Strand states that the concept of NAP was historically developed by psychoanalytical theory, and that it has been the realization of other helping profession, that if at least one of the partners remains non-anxious and calm, the interpersonal outcomes are relatively positive. Qualities such as self-awareness, flexibility, non-judgment (compassion), and being present are emphasized.³⁷

2. Materials and Methods

The target population of present study was dog and cat owners who regularly or irregularly visit the veterinarian.

Sample

568 dog and cat owners, with a mean age of 31, 8 (SD= 13.4) participated in the online-survey. A majority of the respondents, 445 (78.3%), where females, while only 119 (21%) where male. 5 people chose not to state their gender. 288 owned one or more dogs, 154 owned one or more cats, and 126 where owners of both dogs and cats. 49 of the participants also noted that they own other animals in addition to their dog, or cat, ownership. These animals varied widely, from guinea pigs, to horses. The majority (54.7%) of cat owners only had one cat, while only a minority (7.4%) owned 5 or more cats. The tendency was the same with dog owners; 65.3% owned only one dog, while 20, 5% owned two dogs. 3.7% of dog owners stated that they own 5 or more dogs. Most animals where kept indoors (452, 76.4%), and most owners planned on acquiring a pet, before obtaining one (421, 23.3%).

Participants with no present dog-, or cat ownership where excluded from the survey. Participants who owned a dog or cat, but had never been to the veterinarian, where accepted, but not given the option to rate the owner-veterinarian, veterinarian-pet interaction.

1. Table	
Desc	riptive Statistics of Sample

	N	%	A	ge
			Mean	Deviation
Complete sample	568	100	31.8	13.4
Gender				
Male	119	21.0	27.2	15.6
Female	445	78.3	33.0	12.5
Pet Ownership				
Dog	288	50.7	31.6	13.5
Cat	154	27.1	32.5	13.1
Both	126	22.2	32.9	13.2

			_	
Education				
University	341	60.0	32.0	13.1
High-school	101	17.8	31.1	13.6
Technical school	59	10.4	35.3	12.5
College	53	9.3	29.0	14.6
Primary school	13	2.3	28.0	15.1
Less then primary school	0	0	0	0
Residence				
Capital city	270	47.5	30.7	13.6
Big city	91	16.0	30.8	12.8
Urban area	124	21.8	32.3	12.1
Rural area	79	13.9	35.0	14.4
Living with				
Alone	105	18.5	32.7	16.7
Parents	107	18.8	26.9	10.5
Roommate	36	6.3	22.4	9.6
Partner	305	53.7	33.2	11.5
Children	125	22.0	37.7	12.2
Other	34	6.0	31.7	13.6
Income				
0 – 370 EUR	100	17.6	31.1	14.2
371 – 620 EUR	141	24.8	31.2	14.2
621 - 930 EUR	126	22.2	31.5	11.7
931 < EUR	185	32.6	32.6	12.5

344 Hungarian and 224 English language questionnaires where completed. 356 (62.7%) respondents filled out the questionnaire from Hungary, but some participants from other parts of the world where also accounted for, such as Sweden 30 (5,3%), Norway 23 (4%), the UK21 (3.7%) Israel 20 (3.5%), Germany 18 (3.2%), the United States 15 (2.6%) and other countries.

Monthly household income levels where averagely distributed in the entirety of the sample; 100 (17.6%) earning between 1-120' HUF, 141 (24.8%) earning between 121-200' HUF, 126 (22.2%) earning between 201-300' HUF, and 185 (32.6%) earning above 301' HUF. 16 respondents chose not to answer this question. The evenly distributed income-levels changed somewhat if the English and Hungarian language questionnaires were separated. 101 (47.6%) of the respondents to the English language earned above 301' HUF. 137 (24.1%) students, 53 (9.3%) entrepreneurs, 259 (45,6%) employees, 44 (7.7%) in middle management and 12 (2.1%) in higher management answered the questionnaire. 63 (11.0%) of the participants could not place themselves in either category.

123 of the respondents worked, or studied to work, with animals professionally. They constituted 21.7% of the entire sample. Out of the 123, 33 indicated that they are veterinarians, 42 stated they are students of veterinary medicine. Other answers where very versatile, and included being a police officer, animal assisted therapist, dog-trainer, breeder, biologist and pet groomer.

Construction and Translation

The questionnaire was compiled drawing on a number of research-papers previously mentioned and discussed. To the knowledge of the writer no standardized, available, questionnaire exists to rate veterinarian communication. The applied questionnaire can be viewed in its entirety in the Appendix 1, 2.

The structure of the questionnaire was as follows:

- 1. Introduction
- 2. Filter question: excluded participants who did not presently own a dog or cat
- 3. Demographics
- **4.** Animal ownership and the veterinary care provided for the pet by the owner
- 5. Owners awareness and knowledge about what is healthy for pet
- **6.** Veterinarian communication, perceived veterinarian interpersonal behavior, and the veterinarian-owner bond
- 7. Client satisfaction and compliance
- 8. Closure

Participants were asked to rate several statement on a 5-point Likert scale. Other items provided multiple choices. Some restricted the minimal or maximal amount of possible answers.

Questions Rating Veterinary Communication

The questions used to rate veterinary communication are listed below. Participants were asked to rate the statements on a 5-point Likert scale, where 1 was Strongly Disagree, and 5 was Strongly Agree. A 5-point Likert scale was also used to rate the interpersonal behavior of the veterinarian, and to assess satisfaction and compliance.

- my vet can handle my pet well
- my vet asks relevant questions about my pet
- my vet listens attentively to my observations regarding my pet
- my vet dedicates enough time to me and my pet
- my vet conveys important information thoroughly
- my vet clearly explains why he/she recommends a treatment
- my vet clarifies the recommended treatment's benefits
- my vet clarifies the recommended treatment's drawbacks / risks
- my vet offers me several treatment options
- my vet respects my decision
- my vet often uses professional lingo
- my vet often misunderstands me
- my vet knows or asks what my pet's name is
- my vet makes encouraging statements
- my vet compliments my pet

The questionnaire was first formulated in English. In order to develop a Hungarian version a translation and back-translation was made. The back translation was compared to the original, and smaller adjustments were made. The first version of the Hungarian and English questionnaire was tested on five respondents. Adjustments were made based on their comments and suggestions.

Questions Rating Perceived Veterinarian Interpersonal Behavior

The participants were asked to rate their veterinarians interpersonal behavior by rating the following qualities on a 5-point Likert scale: distant cold, dismissive, nice, anxious, decisive, empathetic, attentive, calm, stressed, understanding, insecure, patient.

Internet Based Survey

The online version of the 73 item questionnaire was created with the help of Surveygizmo's survey software. The interface was constructed to be user-friendly, and made it possible to relieve the respondent of any unnecessary workload.

Sampling Technique

A chain-referral sampling technique was used, where existing study subjects recruited future subjects from among their acquaintances, with the help of online social networking services.

Statistical Analysis

The statistical analysis was performed with SPSS 17.0³⁸ and IBM SPSS 22.0³⁹. Independent-samples t-test was used to search for statistically significant differences between the means of two groups. Spearman's two-sided rank correlation method was used to assess correlation between the continuous or semi-continuous variables. Multiple, stepwise linear regression analysis was also applied to estimate the degree of the predictive power of multiple variables on a continuous variable. Analysis of variance (ANOVA) was also used to search for main effects between multiple groups.

The correlations where interpreted using Dancey and Reidy's categorization, according to which 0.1 - 0.3 correlations are weak, 0.4 - 0.6 correlations are moderate and 0.7 - 0.9 correlations are strong⁴⁰.

3. Results

Quantitative Findings

Mann-Whitney U test found no gender differences between 190 evaluated female, and the 372 evaluated male veterinarians with regard to their communication skills. Also, the age of the veterinarian did not correlate with communication skills. 5 (0.9%) of the participants stated that they had never been to the vet, but only two gave reasons indicating that they didn't feel the need to. One wrote; "I didn't need it, cause my dog never got sick". Most of the participants visited the veterinarian 2 or 3 times per year.

2. Table

Number Of Veterinary Visits Per Year

Q: With regard to one of your pets. how many times a year do you generally visit a veterinarian?

Number of	veterinary visits	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	.9	.9	,9
	1	40	7.0	7.1	8,0
	2	143	25.2	25.4	33,4
	3	144	25.4	25.6	59,0
	4	102	18.0	18.1	77,1
	5	129	22.7	22.9	100,0
	Total	563	99.1	100.0	
Missing	System	5	.9		
Total		568	100.0		

According to the survey's results, 331 (58.3%) of the participants relied on their veterinarian for information regarding their pet's health. The second most common information-source was the internet (21.3%). Remaining answers were scattered almost equally between family, friends and books.

3. Table

Source of Information

Q.: Regarding your animal's health, what is your main source of information?

		Frequency	Percent	Valid Percent	Cumulative
					Percent
Valid	family	31	5.5	5.5	5.5
	friends	30	5.3	5.3	10.8

	my vet	331	58.3	58.6	69.4
	internet	121	21.3	21.4	90.8
	books	28	4.9	5.0	95.8
	other	24	4.2	4.2	100.0
	Total	565	99.5	100.0	
Missing	System	3	.5		
Total		568	100.0		

A strong majority, 91% of the owners stated, that they usually visit the same veterinarian.

4.	Ta	ble

	Loya	alty of Client			
	Q: I	Do you ?			
		Frequency	Percent	Valid	Cumulative
				Percent	Percent
Valid	alternate between vets	40	7.0	7.2	7,2
	usually visit the same vet	517	91.0	92.8	100,0
	Total	557	98.1	100.0	
Missing	System	11	1.9		
Total		568	100.0		

Most participants chose vaccinations (467, 82.2%) as one of their two top reasons for veterinary visits. The second most common choice was illness, while neutering, dental care, parasites and euthanasia was low on most participants' list of reasons.

5. Table

Reasons for veterinary visit

Q: Please state the <u>two main reasons</u> for your visits to the vet...

Top two choices listed by frequency	Frequency	Percent
1. vaccinations	467	82.2
2. illness	239	42.1
3. routine check-up	222	39.1
4. injury	67	11.8
5. neutering	50	8.8
6. dental care	32	5.6
7. parasites	32	5.6
8. euthanasia	3	0.5

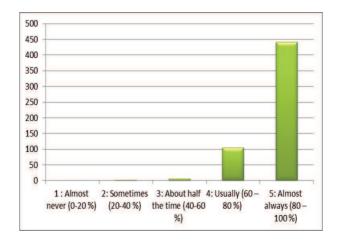
Client compliance was measured on a 5-point Likert scale. Very few of the participants used the lower end of the scale, as can be seem in the table below. 96.7% of participants answered that they usually, or almost always, follow their veterinarian's instructions.

6. Table

Client Compliance					
Q: Do you follow your vet's instructions?					

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 : Almost never (0-20%)	0	0	0	0
	2: Sometimes (20-40%)	3	.5	.5	,5
	3: About half the time (40-60%)	7	1.2	1.3	1,8
	4: Usually (60 – 80%)	106	18.7	19.0	20,8
	5: Almost always (80 – 100%)	443	78.0	79.2	100,0
	Total	559	98.4	100.0	
Missing	System	9	1.6		
Total		568	100.0		

7. Table Chart Depicting Client Compliance



Veterinary Communication In Relation to Compliance and Satisfaction

Items deemed to measure veterinary communication skills were converted into one continuous variable, named "Veterinary Communication". Using Spearman's two-sided rank correlation method veterinary communication was correlated with client compliance, satisfaction and trust in the veterinarian. A weak positive correlation was found between veterinary communication and compliance($r_s = 0.307$; p<0.01). A moderate positive correlation was found between veterinary communication and satisfaction ($r_s = 0.594$;

p<0.01). A strong positive correlation was found between veterinary communication and trust in the veterinarian ($r_s = 0.693$; p<0.01).

_8. Table

			Correlations			
			Veterinary Communication	Satisfaction	Compliance	Trust in Veterinarian
Spearman's	Veterinary	Correlation	1.000	.594**	.307**	.693**
rho	Communication	Coefficient				
		Sig. (2-		.000	.000	.000
		tailed)				
		N	521	520	520	510
	Satisfaction	Correlation	.594**	1.000	.199**	.605**
		Coefficient				
		Sig. (2-	.000		.000	.000
		tailed)				
		N	520	559	557	545
	Compliance	Correlation	.307**	.199**	1.000	.267**
		Coefficient				
		Sig. (2-	.000	.000		.000
		tailed)				
		N	520	557	559	546
	Trust in	Correlation	.693**	.605**	.267**	1.000
	Veterinarian	Coefficient				
		Sig. (2-	.000	.000	.000	
		tailed)				
		N	510	545	546	547
**. Correlatio	n is significant at t	he 0.01 level (2	!-tailed).			

Trust, Compliance and Satisfaction In Relation to Perceived Personality Traits

Using Spearman's two-sided rank correlation method the trust, compliance and satisfaction variable were correlated with the perceived personality traits of the veterinarian. The following perceived personality traits where found to correlate positively with trust, compliance and satisfaction: niceness, decisiveness, level of empathy, attentiveness, calmness, level of being understanding and patience. The variables correlated negatively with the following perceived personality traits; keeping a distance, being perceived as cold, dismissive, anxious, stressed or insecure.

In all cases the strongest correlations were found between perceived personality traits of the veterinarian and level of client trust. The strongest positive correlation was found between client trust and perceived attentiveness ($r_s = 0.604$; p < 0.001), level of understanding ($r_s = 0.606$; p < 0.001) and empathy ($r_s = 0.593$; p < 0.001). The strongest negative correlation was found between trust and perceived coldness ($r_s = -0.514$; p < 0.001) and being dismissive ($r_s = -0.546$; p < 0.001).

Positive correlations

9. Table

		Nice	Decisive	Empa- thetic	Atten- tive	Calm	Under- standing	Patient
Trust	Correlation Coefficient Sig. (2-tailed)	.586**	.531**	.593**	.604**	.551**	.606**	.583**
	3 (.000	.000	.000	.000	.000	.000	.000
	N	545	543	540	540	541	539	542
	Correlation Coefficient	.225**	.215**	.256**	.219**	.196**	.245**	.257**
Compliance	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000
	N	554	553	550	550	551	549	552
Satisfaction	Correlation Coefficient	.450**	.385**	.419**	.451**	.427**	.473**	.488**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000
	N	553	552	549	549	550	548	551

**. Correlation is significant at the 0.01 level (2-tailed).

Negative correlations

10. Table

		Distant	Cold	Dismissive	Anxious	Stressed	Insecure
Trust	Correlation Coefficient	459**	514**	546**	346**	366**	506**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000
	N	542	541	537	540	538	536
	Correlation Coefficient	196 ^{**}	202 ^{**}	237**	151 ^{**}	112 ^{**}	144**
Compliance	Sig. (2-tailed)	.000	.000	.000	.000	.009	.001
	N	552	551	547	550	548	546
	Correlation Coefficient	388 ^{**}	426**	445 ^{**}	286**	350 ^{**}	458 ^{**}
Satisfaction	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000
	N	551	550	546	549	547	545
**. Correlation	is significant at	the 0.01 leve	el (2-tailed).				

Satisfaction In Relation to Perceived Interpersonal Behavior of Veterinarian

Using multiple, stepwise linear regression analysis it was found that client satisfaction is largely predicted by the continuous variable of veterinarian communication. This variable predicts 50.3% of satisfaction's variability. What we can conclude from this is that the variable Veterinarian Communication is a significant positive predictor of the variable Client Satisfaction. The relationship between Veterinarian Communication and Client Satisfaction remained significant even after adding additional variables to our model. These additional variables were not significant predictors, except for the variable which rated perceived veterinarian insecurity, which had a significant negative association with our dependent variable. All models were significant (p=0.000), but the predictive power did decrease a little bit by adding so many variables.

	Model S	ummary for Dep	endent Variable: Client_sati	sfaction	
Model	Adjusted R ²	F(df)	Predictor	β	р
1	.252	170.209 (503)	VETS_Communication	.503	.000
2	.251	85.195 (503)	VETS_Communication	.485	.000
			Q.53. VETPER cold	030	.534
3	.250	56.850 (503)	VETS_Communication	.476	.000
			Q.53. VETPER cold	.000	.997
			Q.54. VETPER dismiss.	043	.541
4	.253	43.532 (503)	VETS_Communication	.431	.000
			Q.53. VETPER cold	.010	.884
			Q.54. VETPER dismiss.	041	.559
			Q.61. VETPER understa.	.085	.088
5	.254	35.262 (503)	VETS_Communication	.407	.000
			Q.53. VETPER cold	.006	.929
			Q.54. VETPER dismiss.	034	.628
			Q.61. VETPER understa.	.054	.101
			Q. 57. VETPER decisive	.041	.171
6	.274	32.582 (503)	VETS_Communication	.382	.000
			Q.53. VETPER cold	.011	.876
			Q.54. VETPER dismiss.	.009	.898
			Q.61. VETPER understa.	.077	.116
			Q. 57. VETPER decisive	.033	.447
			Q.62. VETPER insecure	167	.000

Veterinarian Communication In Relation To the Veterinary Care a Pet Receives

Spearman's two-sided rank correlation method was used to find correlations between the continuous variable of veterinary communication and the veterinary care a pet receives. The veterinary care a pet receives was measured by the amount of vaccinations and treatments provided by the owner for the pet.

A weak positive correlation ($r_s = 0.278$; p < 0.01) was found between veterinarian communication and the amount of vaccinations and treatments cats receive. A positive, but even weaker, modest correlation ($r_s = 0.160$; p < 0.01) was found between veterinarian communication and the amount of vaccinations and treatments dogs receive.

Owner Awareness

Regarding owner awareness the gathered data showed that 151 (54.7%) cat owners agreed, that it is healthy for their cat to eat vegetables, while 125 (45.3%) disagreed. 314 (77.1%) of dog owners agreed that it is healthy for their dog to eat vegetables, while 93 (22.9%) disagreed. 433 (76.2%) participants stated that they do not often feed their pet raw meat, and 369 (65%) owners declared that they do not often feed their pet bones. Only 26 (4.6%) owners answered that they allow their pet to eat chocolate.

Further Associations

Independent two sample t-test was used to search for statistically significant means between two groups. No significant difference was found between the two groups who planned, versus did not plan to acquire a pet, in regard to how many vaccinations or veterinary treatments they provided for their animal. Also, no difference was found in this respect between purebred and non-purebred animals; and owners who kept their pets indoors versus outdoors.

Qualitative Findings

240 of the participants utilized the compliance-comment section and some gave very thought-provoking reasons to their lacking compliance. The list of comments and categorization can be found in its entirety in the Appendix 3. 86 of the clients just reaffirmed that they always comply, but some gave detailed reasons to why – which are going to be presented later. The remaining comments can be categorized into several groups, of which the main are:

- a.) hard to execute. Many owners felt that their circumstances, their animals behavior, and so forth made the veterinarian's instructions hard to execute.
- b.) forgetfulness. Very many of the respondents simply commented that they "forgot". It is hard to know how to interpret these comments. They might indicate that the respondent momentarily forgot to apply an instruction otherwise remembered, or that the respondent didn't remember the instruction itself. Latter would indicate breakdowns in communication.
- c.) price-sensitivity. Price-sensitive owners expressed that their non-compliance is connected to "Expensive food" and "Cost". One participant wrote "If I can't finance it (for example too expensive food), unaffordable medical treatments, interventions.¹" another commented "If I find cheaper pills for treatment (I will not comply)".
- d.) treatment seeming too complicated. Owners explained their lacking compliance with reasons such as "(If) I find (the recommendation) to complicated²"
- e.) lack of compliance due to the assumption that the veterinarian is solely motivated by monetary gain. In this group the comments where often very emotional. A veterinary student commented that "Some vets that I met advised me to do unnecessary surgeries or treatment because they wanted to earn money or make a quick and wrong diagnose." An angrier respondent wrote "My veterinarian is an idiot, he is young, smug and only cares about money. I find this to be common. So far we have had five veterinarians, and money was the most important thing for all of them." Other comments included "I don't know a normal, dog-friendly vet. All of them just do it for the money and "I often don't feel that the treatment is necessary

¹ "Ha anyagilag nem tudom teljesíteni (pl. számomra drága táp vásárlása), megfizethetetlen orvosi kezelések, beavatkozások.."

² "túl drága javaslatot tesz, vagy bonyolultnak tartom."

³ "Az állatorvosom egy barom fiatal, önelégült és pénzre hajt. De ez jellemző. Eddig öt állatorvosunk volt mindegyiknek a pénz volt fontos."

^{4 &}quot;Egy normális kutyabarát állatorvost nem ismerek. Mindegyik csak a pénz miatt csinálja."

(he/she does not convince me of this), I rather feel, that he/she is exclusively motivated by money⁵".

- **f.) current state of the animal.** Many clients chose to deviate from recommended treatment on the grounds that they detected an either a positive, or negative change in the behavior and current state of their animal.
- g.) instruction assumed to be unimportant. Some clients stated that they don't follow the instructions, if they think the recommendation is of less importance to the general health of the animal. Comments included "if (he/she) advises expensive vaccinations, which I don't feel my dog needs⁶", "(If) I don't think that the question in concern is relevant, but I always follow his/her advice when it comes to important issues" and "I follow all main recommendations".

Participants commenting that they almost always followed their veterinarian's instructions sometimes elaborated on to the reasons why. Among these reasons communication played a vital role. One participant commented "I usually follow her advice because if I am insecure we discuss about it and she explains to me why to do so or so", another one stated "I always follow the instructions, because (he/she) EXPLAINS in a way I can understand, why I have to do this/that⁸". Very similar comments where "I follow the instructions of my chosen veterinarian, he/she usually explains everything (what, why?). In the case of other veterinarians, if they do not give adequate information, I am mistrustful^{7,9} and "I usually follow her advice because if I am insecure we discuss about it and she explains to me why to do so or so". Other comments where only indirectly connected to communication. For example one participant emphasized the veterinarians caring attitude; "I almost always follow his advice. (...) Also I feel that he genuinely cares for the animals he treats and wants to help them in the best way possible".

_

⁵ Gyakran nem érzem, hogy a kezelés szükséges lenne (nem győz meg erről), sokkal inkább érzem, hogy kizárólag a pénz motiválja".

⁶ "Ha drága oltásokat ajánl, amelyekre úgy érzem nincs szüksége kutyámnak"

⁷ "Nem találom lényegesnek a kérdést, melyben eltérek a tanáolttól, azonban minden fontos kérdésben az általa javasoltakra hagyatkozom"

⁸ "Mindig követem az utasításait, mert MEGMAGYARÁZZA számomra érthető módon hogy miért kell úgy cselekednem"

⁹ "A választott állatorvos instrukcióját követe mindent el szokott magyarázni (mit, miért?). Más állatorvos esetében, ha nem megfelelő a tájékoztatás, bizalmatlan vagyok".

4. Discussion

Restrictions and Potential Errors in Data Acquisition

The results of present study should be interpreted keeping its restrictions in mind. The questionnaire was only available online, which made fast, low-cost distribution attainable, but also restricted the sample to participants with internet access and know-how. The chainreferral sampling technique used was advantageous in many ways. It was cost and time effective, yielded a heterogenic sample in terms of location, country and culture and made it easier to reach members of the target group, through interpersonal connections and social groups. The main disadvantage was that selection in chain-referral sampling does not occur randomly, it moves through social systems. Unfortunately, this results in that the sample might be skewed in several ways, including socioeconomic status, rural-urban residence, and field of study/employment. To counteract and control this, measurements of socioeconomic status where included, as well as questions inquiring about the respondents' profession. Also, initial informants where chosen to be as diverse as possible. Availability in two languages contributed greatly to the heterogeneity of the sample, and gave the survey a wider reach. On the other hand, no translation can ever be entirely identical to, or have exactly the same intrinsic meaning as, the original. By working with experienced translators and using a backtranslation, the disadvantages where hopefully minimized. Still, some questions might require additional attention upon interpretation. Cultural and regional differences - such as average income in the respondent's country - also have to be considered.

Discussion of Results

The statistical analysis of the acquired data support the main hypothesis that perceived veterinarian communication skills correlate positively with client satisfaction, trust in the veterinarian, the veterinary care a dog/cat receives and client compliance. A moderate, significant correlation was found between the perceived communication skills of the veterinarian and client satisfaction. This indicates that a veterinarian's way of communicating has a strong impact on how content and gratified a client feels. A satisfied client is vital for small veterinary clinics, since arguably it strengthens loyalty. A strong positive significant correlation was found between veterinary communication and trust in the veterinarian. This indicates that the way a veterinarian communicates highly influences how trustworthy he/she

seems to the client. Arguably this affects the client's attitude towards the veterinarian and how open he/she is to accept the treatments offered. It may also influence how openly the client shares information. Veterinarian communication also correlated positively and significantly with the veterinary care a pet receives, but this correlation remained weak in the case of both cat and dog owners. This result might indicate that regardless of how the veterinarian communicates, owners have set preconceptions of what treatments or vaccinations they feel they need to provide for their pets. The weaker correlation can be understood as the area of choice where the client can still be influenced; in which area the amount of influence exerted is influenced by the communication skills of the veterinarian.

Surprisingly, although a positive significant correlation was present between veterinary communication and compliance, this correlation proved much weaker then communication's correlation with trust and satisfaction. Upon observing the data (table 6, 7) 96.7% of participants only used the upper end of the Likert scale. Because of the one-sided figures it is important to critically examine these results. It is possible, that client compliance is a sensitive issue for owners; they might not want to admit to, or reflect upon, that they often deviate from their veterinarian's instructions. Also, upon re-examination, the question "Do you follow your vet's instructions" might be misleading. Information provided by the veterinarian can be interpreted in different ways by the client. For example, the client might qualify some directives as "suggestions", others as "advice", yet others as "instructions". For example, a client might interpret instructions concerning nutritional and lifestyle choices as suggestions, and instructions relating to life-threatening states as "instructions". In the interest of accurate data-acquisition future surveys should divide this question into several parts. Suggestions include separating the question based on its theme (lifestyle, diet) and the point of intervention (primary, secondary or tertiary prevention, active intervention). Upon reflection, it might also have been hard for participants to evaluate the interpersonal behavior and communication of their veterinarian in retrospect. It might be more effective and yield more accurate data, to administer questionnaires immediately after consultations.

The results showed that interpersonal behavior that lead to the client perceiving the veterinarian as *nice*, *decisive*, *empathetic*, *attentive*, *calm*, *understanding* and *patient*, correlated positively with trust, compliance and client satisfaction. In turn interpersonal behavior conveying *distance*, a *cold*, *dismissive attitude*, or *stressed*, *anxious* and *insecure* stance correlated negatively with the same variables. This indicates, that not only verbal, but

also on non-verbal signals are an inherent part of a successful and positive client-veterinarian consultation.

Based on the results of present study communication and perceived interpersonal behavior has a vital impact on client trust, compliance and the veterinary care pets receive. It can therefore be argued that veterinary students should receive education in communication as part of their training, and be made aware of non-verbal and verbal cues that might influence clients perception of them. Pertaining to the results it would be important to teach veterinary students skills to build two-sided communication with clients. For example, many participants commented that their non-compliance emanated from the procedure being perceived as "hard to execute". Surmise a client would feel comfortable and motivated enough to voice his/her concerns regarding execution. This would give the veterinarian an opportunity to address the issues one-by-one, offer ideas, and techniques (ex. how to hold the animal) that could ease execution. Another main issue seems to be "forgetfulness"; the client either forgetting the veterinarians instructions entirely, or perhaps forgetting – or avoiding – implementation. This finding, reaffirmed by present study, but confirmed in most communication-centered surveys, emphasizes the importance of using jargon-free, clear language and repeating and highlightening vital information. It supports the idea and use of small pamphlets for common procedures that the client can take home and survey in a stress-free environment. These changes might not only helping clients remember instructions, but might also reduce cases when clients "forget" to implement. It can be argued that behind the excuse "I forgot to do it", several other possible explanations lie. The client might be burdened with insecurities and anxieties related to implementation, and therefore be procrastinating. Straight, simplified, logical instructions, followed up with instructive pamphlets, could reduce these cases. Many of the more forceful, negative and emotional comments given in this survey where connected to the assumption that the veterinarian is recommending treatment solely motivated by monetary gain. The impetus with which these opinions were delivered indicated, that they might be reasons for breaking loyalty. From the veterinarian's side this could possibly entail substantial financial loss – or a malpractice suit. This stresses the importance of teaching veterinary students to educate and inform their clients. They should not issue a recommendation like an order that is supposed to be followed blindly, without reflection. Rather they need to explain the necessity of advocated procedure step-by-step, giving the client enough time to ask questions and clarify. If the client still decides against recommended treatment, his/her choice should be accepted bearing a non-judgmental attitude in mind. The

subject of money is always a sensitive, emotionally laden one. In the veterinary-client-pet tripartite it becomes a highly reactive issue. Assuming that the owner (or his family) is emotionally attached to the animal, the predicament of having to weigh your pets health against your financial concerns, might trigger strong emotions such as guilt, feelings of inadequacy, anger, helplessness, and so forth. Among other highly-emotional situations, unique to the veterinary profession, is discussing euthanasia. How, when and in what manner to bring this issue up is essential to the outcome. Hence, educating veterinarians on how to conduct themselves and lead an effective and empathetic interaction, becomes increasingly important. Effective empathy demonstration involves being receptive to, the clients nonverbal communication cues – but also being in control and aware of ones' own. Heightening awareness and receptiveness to own and others non-verbal signals could be practices in smallgroup situations, through role-play and constructive feedback. Present survey-results also attest to that owners like if their veterinarian makes gestures that indicate that they genuinely care about the animal; like asking the pets name. Inquiring why and when the owner got the pet, and what it does at home – what its favorite game, toy, or daily chore is, if it's mostly indoors or outdoors and so forth – might not only make the owner feel that the veterinarian genuinely cares about the animal, but help the veterinarian assess the position, purpose and role of the animal within the household. This information can be used to tailor recommendation and communication. The importance of establishing a positive, possibly genuine and honest connection with the animal, should be emphasized during veterinary studies.

Present survey also briefly explored owners' general knowledge about their dog or cat, in an attempt to reveal common misconceptions that veterinarians might fail to take into consideration during consultation. According to the data, half of the cat-owners didn't fully understand that their pet is essentially a strict carnivore, with a small, almost non-existent need for vegetables. Simultaneously, one-third of the dog owners stated that they believe vegetables are unhealthy for their dog, while in reality dogs are omnivores rather than carnivores, meaning it is beneficial to them to enjoy a mixed combination of fruits, vegetables and meat in their daily diet. A few respondents, around 5%, answered that they feed their animal chocolate - which could lead to that the owner unknowingly gives his animal theobromine poisoning. Between 20-40% of respondents admitted to regularly feeding their pet raw meat and bones, instead of a balanced diet recommended by veterinarians. 99% of the survey's respondents regularly visit the veterinarian, making the veterinary-consultation the

most opportune moment to educate and correct misconceptions, helping owners to make healthy life-choices for their animals. Why don't veterinarians seize this opportunity? One possible reason could be professionals' misguided, incorrect assumptions about owners animal-health-knowledge. Future research could explore this territory in more detail, gathering common veterinarian misconceptions about owner awareness. Reducing misconceptions could increase communication efficiency.

Summary

In conclusion, the results of present study showed that communication and perceived interpersonal behavior has a vital impact on client trust, compliance and the veterinary care pets receive. The relationship between inadequate communication and significant deleterious health outcomes has already been recognized in human medicine, and ensured a place for communication among the core clinical competencies in human medical education ⁴¹. It can be argued that the same steps need to be taken in veterinary medicine. Communication and positive interpersonal behavior could not only be taught at university, but be something offered for already practicing veterinarians as well. Teaching communication should rest on an interactive approach, where veterinarians and veterinary students can be made aware of their own remitted verbal and non-verbal signals, and become more sensitive and receptive to their partners cues.

Abstract

This explorative study aims to investigate how veterinarian communication and veterinarian-owner relations influence dog and cat owner satisfaction, trust, compliance and the amount of veterinary care a pet receives. It also briefly explores owners' general knowledge about their dog or cat, in an attempt to reveal common misconceptions that veterinarians might fail to take into consideration when consulting with the owner.

An online-survey was conducted among 568 (445 Female, 119 Male) dog and cat owners. Statistical analysis found that veterinarian communication skills correlate positively with client compliance ($r_s = 0.306$; p < 0.01), satisfaction ($r_s = 0.594$; p < 0.01) and trust ($r_s = 0.693$; p < 0.01). Weaker correlations where found between veterinarian communication and the amount of vaccinations and treatments cats ($r_s = 0.278$; p < 0.01) and dogs ($r_s = 0.160$; p < 0.01) receive. Using multiple, stepwise linear regression analysis it was also found that client satisfaction is largely accounted for by communication.

Areas of improvement in veterinary education and general veterinary communication are discussed in the light of the study's results and recent research.

Abstract

Jelen feltáró jellegű tanulmány célja felmérni az állatorvosi kommunikáció, illetve állatorvos-tulajdonos reláció, minőségének a hatását a kutya- és macskatulajdonosok elégedettségére, bizalmára, compliance ("terápiás együttműködés") szintjére illetve háziállatuk egészségügyi ellátottságára. Továbbá röviden kitér a tulajdonosok kutyájukról vagy macskájukról szerzett általános ismereteire, hogy felfedjen néhány gyakori tévhitet, amelyekre az állatorvosok nem is biztos, hogy gondolnak a konzultációk során.

Az online-kérdőíves felmérésben 568 (445 Nő, 119 Férfi) kutya és macskatulajdonos vett részt. Az adatok statisztikai elemzése pozitív korrelációt talált az állatorvos észlelt kommunikációs készsége és a kliens compliance szintje ($r_s = 0.306$; p < 0.01), elégedettsége ($r_s = 0.594$; p < 0.01) és bizalma ($r_s = 0.693$; p < 0.01) között. Gyengébb korrelációs értékek mutatkoztak az állatorvos kommunikáció, illetve macskák ($r_s = 0.278$; p < 0.01) és kutyák (0,160 **) védőoltási és kezelési ellátottsága között. Többszintű lineáris regresszió alapján a kliens elégedettségét nagyrészt befolyásolta az állatorvos kommunikációja.

Jelen tanulmány eredményei fényében az állatorvosi képzés és kommunikáció fejleszthető területeiről esik szó.

Veterinarian Communication Survey

Dog & Cat Owners!

I am conducting a survey to improve veterinarian communication, and investigate the owner-veterinarian bond.

If you own a dog or a cat, please help me by filling out this 15 minute questionnaire!

You will not be asked to state your name, all the information collected will be treated anonymously. The aggregated results will be used to write my final thesis. If you wish to know the results, please give me your email adress at the end of the survey, and I will send them to you.

Thank you for your help, it is highly appreciated!

Roy Spigelman

Student of Veterinary Medicine

Page exit logic: Page Logic**IF:** Question "What kind of pets do you have?" #1 is not one of the following answers ("dog(s)","cat(s)") **THEN:** Disqualify and display: "Unfortunately, this survey is specifically for dog and cat owners. Thank you for your help and time!"

1) What kind of pets do you have?*	
[] dog(s)	
[] cat(s)	
[] other:	
[] I don't have pets	

Demographics

2) Gender:
() Female
() Male
3) Age:
4) Highest level of education:
() less than primary school
() primary school
() college
() technical school
() high school
() university degree
5) Do you live in a
() capital city
() big city
() urban area
() rural area
6) Average monthly household income:
() 0 - 370 EUR
() 371 - 620 EUR
() 621 - 930 EUR
()931 <

7) Which of the following best describes your status:

() student
() entrepreneur
() employee
() middle management
() higher management
() other:
8) Who do you live with? Please make sure to indicate everyone you share a household with!
[] I live alone
[] parents
[] roommates
[] partner / spouse
[] children
[] other::
9) Do you study or work with animals professionally?() no() yes
() no
() no () yes Logic: Hidden unless: Question "Do you study or work with animals professionally?" #9
() no () yes Logic: Hidden unless: Question "Do you study or work with animals professionally?" #9 is one of the following answers ("yes")
() no () yes Logic: Hidden unless: Question "Do you study or work with animals professionally?" #9 is one of the following answers ("yes") 10) Please state your profession:
() no () yes Logic: Hidden unless: Question "Do you study or work with animals professionally?" #9 is one of the following answers ("yes") 10) Please state your profession: 11) Regarding your animal's health, what is your main source of information?
() no () yes Logic: Hidden unless: Question "Do you study or work with animals professionally?" #9 is one of the following answers ("yes") 10) Please state your profession: 11) Regarding your animal's health, what is your main source of information? () family

() books
() other::
Ownership
Page exit logic: Page LogicIF: Question "With regard to one of your pets, <i>how many times a year</i> do you generally visit a veterinarian?" #15 is one of the following answers ("I have never been to the vet") THEN: Jump to page 7 - (untitled)
Logic: Hidden unless: Question "What kind of pets do you have?" #1 is one of the following answers ("dog(s)")
12) How long have you owned a dog?
() 0 - 4 years
() 5 - 9 years
() 10 - 19 years
() 20 <
Logic: Hidden unless: Question "What kind of pets do you have?" #1 is one of the following answers ("cat(s)")
13) How long have you owned a cat?
() 0 - 4 years
() 5 - 9 years
() 10 - 19 years
()20<
14) I am currently the owner of:

() () () () ()

()

()

()

()

cats

dogs

()

()

15) With regard to one of your pets, <i>how many times a year</i> do you generally visit a veterinarian?
() I have never been to the vet
() less than one time per year
() one time / year
() two times / year
() three times / year
() four or more times
Logic: Hidden unless: Question "With regard to one of your pets, how many times a year do you generally visit a veterinarian?" #15 is one of the following answers ("less than one time per year","one time / year","two times / year","three times / year","four or
more times")
16) Please state the <u>two main reasons</u> for your visits to the vet:
[] vaccination
[] routine check-up
[] injury
[] illness
[] neutering
[] dental care
[] parasites (flea/tick)
[] euthanasia
Logic: Hidden unless: Question "With regard to one of your pets, how many times a year do you generally visit a veterinarian?" #15 is one of the following answers ("less than one time per year","one time / year","two times / year","three times / year","four or more times")
do you generally visit a veterinarian?" #15 is one of the following answers ("less than one time per year","one time / year","two times / year","three times / year","four or
do you generally visit a veterinarian?" #15 is one of the following answers ("less than one time per year","one time / year","two times / year","three times / year","four or more times")

Logic: Hidden unless: Question "With regard to one of your pets, how many times a year do you generally visit a veterinarian?" #15 is one of the following answers ("less than one time per year","one time / year","two times / year","three times / year","four or more times")

18) Please state the <u>two main reasons</u> for why you visit the same vet:
[] my vet and I have a good relationship
[] my vet and my pet have a positive interaction
[] the clinic is close
[] the services are cheap
[] the vet is good professionally
[] the clinic has good equipment
[] other::
Logic: Hidden unless: Question "With regard to one of your pets, how many times a year do you generally visit a veterinarian?" #15 is one of the following answers ("I have never been to the vet")
19) Could you please describe why you have never been to the vet?
Logic: Hidden unless: Question "What kind of pets do you have?" #1 is one of the following answers ("cat(s)")
20) Please indicate which of the following vaccinations/treatments your cat has recieved:
[] rabies vaccination
[] vaccination against infectious peritonitis
[] combined vaccine (against cat flu, calicivirus and panleukopenia)
[] vaccination against leukemia

[] I dont know
[] I done know
Logic: Hidden unless: Question "What kind of pets do you have?" #1 is one of the following answers ("dog(s)")
21) Please indicate which of the following vaccinations/treatments <i>your dog</i> has recieved:
[] againts canine parvovirus
[] against dystemper
[] against lyme disease
[] against rabies
[] against canine herpes virus
[] control of heartworms and intestinal parasites
[] against cennel cough
[] parasitic fungal infection
[] control of parasites (fleas, ticks, mites)
[] I dont know
Logic: Hidden unless: Question "What kind of pets do you have?" #1 is one of the following answers ("cat(s)")
following answers ("cat(s)")
following answers ("cat(s)") 22) Do you agree that it is healthy for your cat to eat vegetables?
following answers ("cat(s)") 22) Do you agree that it is healthy for your cat to eat vegetables? () yes
following answers ("cat(s)") 22) Do you agree that it is healthy for your cat to eat vegetables? () yes
following answers ("cat(s)") 22) Do you agree that it is healthy for your cat to eat vegetables? () yes
following answers ("cat(s)") 22) Do you agree that it is healthy for your cat to eat vegetables? () yes () no Logic: Hidden unless: Question "What kind of pets do you have?" #1 is one of the
22) Do you agree that it is healthy for your cat to eat vegetables? () yes () no Logic: Hidden unless: Question "What kind of pets do you have?" #1 is one of the following answers ("dog(s)") 23) Do you agree that it is healthy for your dog to eat vegetables?
following answers ("cat(s)") 22) Do you agree that it is healthy for your cat to eat vegetables? () yes () no Logic: Hidden unless: Question "What kind of pets do you have?" #1 is one of the following answers ("dog(s)")

24)	I	often	give	mv	pet
,	-	OICCII	5-10	,	Perm

	yes	no
raw meat	()	()
bones	()	()

bones	()	()							
		•	•						
25) Do	o you al	low you	ır pet to ea	at choco	late?				
() yes									
() no									
			of more t				one ani	imal and kee	p
I choo	se								
() a do	og								
() a ca	at								
26) Di	d you:								
() plan	n to get	a pet							
() get	a pet wi	thout p	rior planni	ng					
27) Di	d you:								
() buy	your pe	et							
() get	your pe	t for fre	e						
` ′	•	-	m an anim	al shelter	r				
() take	e in a str	ay anin	nal						

28) Is your pet a pure breed?
() yes
() no
29) Is your pet mostly
() outdoors
() indoors
30) Does your pet have a microchip?
() yes
() no
31) Does your pet have a passport?
() yes
() no
32) What do you usually feed your animal?
() dry food
() wet food
() house food
() raw food
() other:
Logic: Hidden unless: Question "What do you usually feed your animal?" #32 is one of the following answers ("dry food","wet food")
Could you please state the brand name:

Please keep the vet you regularly visit in mind when answering the following questions!

If you alternate between vets and can't think of one you regularly visit, please keep your last veterinary visit in mind when answering the following questions.

33) Vets	gender:
~	, , e es	501100010

- () Male
- () Female

34) Vets age:

- ()25 35
- () 36 45
- () 46 55
- () 56 <

35) Think of your vet / last veterinary visit and indicate to what extent you agree with the following statements:

My vet....

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
can handle my pet well	()	()	()	()	()
asks relevant questions about my pet	()	()	()	()	()
listens attentively to my observations regarding my pet	()	()	()	()	()

dedicates enough time to me and my pet	()	()	()	()	()
conveys important information thoroughly	()	()	()	()	()
clearly explains why he/she recommends a treatment	()	()	()	()	()
clarifies the recommended treatment's benefits	()	()	()	()	()
clarifies the recommended treatment's drawbacks / risks	()	()	()	()	()
offers me several treatment options	()	()	()	()	()
respects my decision	()	()	()	()	()
often uses professional lingo	()	()	()	()	()
often misunderstands me	()	()	()	()	()
knows or asks what my pet's name is	()	()	()	()	()
makes encouraging statements	()	()	()	()	()
compliments my pet	()	()	()	()	()

36) *My vet is*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
distant	()	()	()	()	()
cold	()	()	()	()	()
dismissive	()	()	()	()	()

nice	()	()	()	()	()
anxious	()	()	()	()	()
decisive	()	()	()	()	()
empathetic	()	()	()	()	()
attentive	()	()	()	()	()
calm	()	()	()	()	()
stressed	()	()	()	()	()
understanding	()	()	()	()	()
insecure	()	()	()	()	()
patient	()	()	()	()	()

37) Please indicate to what extent you agree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
my vet honestly cares about my animal	()	()	()	()	()
my vet is professionally competent	()	()	()	()	()
I cant follow the instructions my vet gives me	()	()	()	()	()
I cant ask questions of my vet	()	()	()	()	()
I trust my vet	()	()	()	()	()
I often forget, or have a hard time remembering, my vet's instructions	()	()	()	()	()

38) How satisfied are you with your veterinarian?
() Very satisfied
() Satisfied
() Neither satisfied nor dissatisfied
() Dissatisfied
() Very dissatisfied
39) Do you follow your vet's instructions?
() Almost never (0-20%)
() Sometimes (20-40%)
() About half the time (40-60%)
() Usually (60-80%)
() Almost always (80-100%)
40) It would be very important for me to know, what the reason is behind you not following your vets instructions?
41) Further comments, thoughts regarding the questionnaire:
If you are curious to know the results of this survey, please provide your email address below:
The overall results will be sent to you at the end of May.

Thank you for your time and effort!

Your contribution is highly appreciated!

Állatorvosi kommunikáció

Kutya & Macska Tulajdonosok!

Kérdőíves vizsgálatot folytatok az állatorvosi kommunikáció fejlesztése, illetve az állatorvos-gazda és háziállat-gazda kapcsolat, vizsgálata érdekében.

Ha Ön kutya-, vagy macskatulajdonos, kérem segítsen az alábbi 15 perces kérdőív kitöltésével!

A kérdőív névtelen, az adatokat anonim módon kezelem, összesített adatbázisból dolgozom. Az adatokat szakdolgozatom megírásához fogom felhasználni. Amennyiben a kérdőív végén megadja email-címét a vizsgált végleges eredményét is megismerheti.

Megbecsülöm és köszönöm segítségét!

Spigelman Roy

Végzős állatorvostan hallgató

Page exit logic: Page Logic**IF:** Question "Ön milyen háziállatot tart?" #1 is not one of the following answers ("kutyát","macskát") **THEN:** Disqualify and display: "Köszönöm segítő szándékát, részvételét. Sajnos ez a kérdőív kizárólag macska- és kutyatulajdonosok felé irányul."

1) On milyen háziállatot tart?*	
[] kutyát	
[] macskát	
[] egyéb:	
[] nem tartok háziállatot	

Demográfia

2) Nem:
() Nő
() Férfi
3) Életkor:
4) Legmagasabb iskolai végzettség:
() kevesebb, mint 8 álalános
() általános iskola
() szakmunkásképző
() szakközépiskolai érettségi, technikum
() gimnáziumi érettségi
() főiskola, egyetemi diploma
5) Milyen településen él:
() főváros
() megyei székhely
() város
() falu
6) Mennyi pénz felett rendelkezik havonta háztartása:
() 0 - 120.000
() 121.000 - 200.000
() 201.000 - 300.000
() 301.000 <

7) Milyen pozícióban dolgozik On?
() diák
() vállalkozó
() alkalmazott
() középvezető
() felsővezető
() egyéb:
8) Kivel él egy háztartásban? Mindenkit jelöljön be, akivel közös háztartásban él!
[] egyedül
[] szülökkel
[] szobatárssal
[] partnerrel
[] gyermekekkel
[] egyéb::
9) Ön szakmája/tanulmányai szerint állatokkal foglalkozik?
() nem
() igen
Logic: Hidden unless: Question "Ön szakmája/tanulmányai szerint állatokkal foglalkozik?" #9 is one of the following answers ("igen")
10) Kérem, jelezze szakmáját:
11) Háziállatának egészsége ügyében jelezze fő információforrását:
() családtagok
() barátok
() állatorovosom
() internet

() könyvek							
() egyéb::							
Page exit logic: Page Logic IF: Question "Egy háziállatának tekintetében <i>évente átlagosan hányszor</i> látogat el állatorvoshoz?" #15 is one of the following answers ("soha sem voltam még állatorvosnál") THEN: Jump to <u>page 7 - (untitled)</u>							
Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following							
answers ("			Ques	uon	On in	myen	nazianatot tart: #1 is one of the following
12) Mióta t	art kı	ıtyát?					
() 0 - 4 éve							
() 5 - 9 éve							
() 10 - 19 é	ve						
()20<							
Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following answers ("macskát")							
13) Mióta tart macskát?							
() 0 - 4 éve							
() 5 - 9 éve							
() 10 - 19 éve							
()20<							
14) Ön jelenleg gazdája:							
	0	1	2	3	4	5 <	
macskának	()	()	()	()	()	()	
kutyának	()	()	()	()	()	()	

15) Egy háziállatának tekintetében évente átlagosan hányszor látogat el állatorvoshoz?

() soha sem voltam még állatorvosnál
() évente egynél kevesebbszer
() évente egyszer
() évente kétszer
() évente háromszor
() évente négyszer vagy többször
Logic: Hidden unless: Question "Egy háziállatának tekintetében évente átlagosan hányszor látogat el állatorvoshoz?" #15 is one of the following answers ("évente egynél kevesebbszer","évente egyszer","évente kétszer","évente háromszor","évente négyszer vagy többször")
16) Kérem jelezze <u>a két leggyakoribb okot</u> állatorvoshoz tett látogatására:
[] védőoltás
[] rutin vizsgálat / állapotfelmérés
[] sérülés
[] betegség
[] ivartalanítás
[] fogászat
[] élősködők (bolha / kullancs)
[] eutanázia
Logic: Hidden unless: Question "Egy háziállatának tekintetében évente átlagosan hányszor látogat el állatorvoshoz?" #15 is one of the following answers ("évente egynél kevesebbszer","évente egyszer","évente kétszer","évente háromszor","évente négyszer vagy többször")
17) Ön:
() váltogatja az állatorvosokat
() általában ugyanahhoz az állatorvoshoz jár
Logic: Hidden unless: Question "Egy háziállatának tekintetében évente átlagosan hányszor látogat el állatorvoshoz?" #15 is one of the following answers ("évente egynél kevesebbszer", "évente egyszer", "évente kétszer", "évente háromszor", "évente négyszer vagy többször")
18) Mi a <u>két legfontosabb oka</u> annak, hogy ugyanahhoz az állatorvoshoz jár?

[] állatorvosom és háziállatom jó kapcsolatban vannak
[] anatorvosom es nazianatom jo kapesoratoan vannak
[] a rendelő közel van
[] a szolgáltatások olcsóak
[] állatorvosomat jó szakembernek tartom
[] a rendelő jól felszerelt
[] egyéb::
Logic: Hidden unless: Question "Egy háziállatának tekintetében <i>évente átlagosan hányszor</i> látogat el állatorvoshoz?" #15 is one of the following answers ("soha sem voltam még állatorvosnál")
Kérem írja le, mi az oka annak, hogy még nem volt állatorvosnál?
Page entry logic: This page will show when: Question "Ön milyen háziállatot tart?" #1 is one of the following answers ("kutyát", "macskát")
Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following answers ("macskát")
answers ("macskát") 19) Kérem jelezze, hogy a következő kezelések/oltások közül melyeket kapta meg
answers ("macskát") 19) Kérem jelezze, hogy a következő kezelések/oltások közül melyeket kapta meg (egyik) macskája?
answers ("macskát") 19) Kérem jelezze, hogy a következő kezelések/oltások közül melyeket kapta meg (egyik) macskája? [] veszettség elleni védőoldás
19) Kérem jelezze, hogy a következő kezelések/oltások közül melyeket kapta meg (egyik) macskája? [] veszettség elleni védőoldás [] fertőző hashártyagyulladás elleni védőoltás
19) Kérem jelezze, hogy a következő kezelések/oltások közül melyeket kapta meg (egyik) macskája? [] veszettség elleni védőoldás [] fertőző hashártyagyulladás elleni védőoltás [] kombinált védőoltás (macskanátha, calicivirus és panleukopenia ellen)
19) Kérem jelezze, hogy a következő kezelések/oltások közül melyeket kapta meg (egyik) macskája? [] veszettség elleni védőoldás [] fertőző hashártyagyulladás elleni védőoltás [] kombinált védőoltás (macskanátha, calicivirus és panleukopenia ellen) [] leukózis elleni védőoltás
19) Kérem jelezze, hogy a következő kezelések/oltások közül melyeket kapta meg (egyik) macskája? [] veszettség elleni védőoldás [] fertőző hashártyagyulladás elleni védőoltás [] kombinált védőoltás (macskanátha, calicivirus és panleukopenia ellen) [] leukózis elleni védőoltás [] bőrgomba ellen

Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following answers ("kutyát")

20) Kérem jelezze, hogy a következő kezelések/oltások közül melyeket kapta meg (egyik) kutyája?
[] parvovirusos bélgyulladás ellen
[] szopornyica ellen
[] lyme kór ellen
[] veszettség ellen
[] herpes vírus ellen
[] rendszeres féreghajtó / féregtelenító
[] kennelköhögés ellen
[] bőrgomba ellen
[] élősködők kezeltetése (bolha / kullancs / atka)
[] nem tudom
Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following answers ("macskát")
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni?
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni?
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni? () igen
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni? () igen
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni? () igen
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni? () igen () nem Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni? () igen () nem Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following answers ("kutyát")
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni? () igen () nem Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following answers ("kutyát") 22) Egyetért azzal, hogy egészséges kutyája számára zöldséget enni?
21) Egyetért azzal, hogy egészséges macskája számára zöldséget enni? () igen () nem Logic: Hidden unless: Question "Ön milyen háziállatot tart?" #1 is one of the following answers ("kutyát") 22) Egyetért azzal, hogy egészséges kutyája számára zöldséget enni? () igen

23)	Gyakran	ad	háziállatának
-----	---------	----	---------------

	igen	nem
nyershúst	()	()
csontot	()	()

() nem

csontot	()	()	
24) Megen	gedi, hog	gy háziálla	ata csokoládét egyen?
() igen			
() nem			
Ha Ön töb <u>következő l</u>			nacskát tart, <u>kérem válasszon ki egy állatot, akire gondol</u> s <u>orán.</u>
Én most	gondol	ok.	
() kutyára			
() macskár	·a		
25) Ön:			
() tervezte	, hogy ház	ziállata les	SZ
() tervezet	lenül alak	tult úgy, h	ogy háziállata lett
26) Ön:			
() vette ház	ziállatát		
() ingyen k	kapta házi	állatát	
() állatmer	nhelyről h	ozta háziá	állatát
() kóbor ál	latot foga	dott be	
27) Az Ön	háziállat	ta fajtatis	zta?
() igen			

28) Az Ön macskája / kutyája ideje többségét tölti
() kinn
() benn
29) Háziállatának van microchip-je?
() igen
() nem
30) Háziállatának van útlevele?
() igen
() nem
31) Általában milyen táplálékot ad háziállatának? (pl. száraztáp, nedvestáp, házikoszt, nyershús; illetve márkanév)
() száraztáp
() nedvestáp (konzerv)
() házikoszt
() nyershús
() egyéb:
Logic: Hidden unless: Question "Általában milyen táplálékot ad háziállatának? (pl. száraztáp, nedvestáp, házikoszt, nyershús; illetve márkanév)" #31 is one of the following answers ("száraztáp","nedvestáp (konzerv)")
Kérem adja meg a márkanevet:

Állatorvosának személyisége, kommunikációja

A következő állítások kitöltésénél kérem gondoljon rendszeresen látogatott állatorvosára!

Amennyiben nincs rendszeresen látogatott állatorvosa, gondoljon legutóbbi állatorvosi látogatására.

	,		
22)		rvosának	
4/1	Allato	rvacanak	neme
341	Allato	1 v OSanan	meme.
- ,			

- () Férfi
- () Nő

33) Állatorvosának életkora:

- () 25 35
- () 36 45
- () 46 55
- ()56<

34) Kérem gondoljon állatorvosára és jelezze, milyen mértékben ért egyet az alábbi állításokkal:

Állatorvosom általában...

	Egyáltalán nem értek egyet	Inkább nem értek egyet	Igen is, nem is	Inkább egyetértek	Teljes mértékben egyetértek
jól tud bánni háziállatommal	()	()	()	()	()
releváns kérdéseket tesz	()	()	()	()	()

fel háziállatomról					
figyelemmel hallgatja észrevételeimet háziállatomról	()	()	()	()	()
elég időt fordít rám és háziállatomra	()	()	()	()	()
fontos információkat alaposan ismertet	()	()	()	()	()
egyértelműen elmondja, miért javasolja a kezelést	()	()	()	()	()
tisztázza velem az ajánlott kezelés előnyeit	()	()	()	()	()
tisztázza velem az ajánlott kezelés hátrányait / kockázatait	()	()	()	()	()
több kezelési lehetőséggel kínál meg	()	()	()	()	()
tiszteletben tartja döntéseimet	()	()	()	()	()
gyakran használ szakzsargont	()	()	()	()	()
gyakran félreért engem	()	()	()	()	()

tudja vagy megkérdezi háziállatom nevét	()	()	()	()	()
biztató kijelentéseket tesz	()	()	()	()	()
megdicséri háziállatom valamely tulajdonságát	()	()	()	()	()

35) <u>Állatorvosom...</u>

	Egyáltalán nem értek egyet	Inkább nem értek egyet	Igen is, nem is	Inkább egyetértek	Teljes mértékben egyetértek
távolságtartó	()	()	()	()	()
hideg	()	()	()	()	()
elutasító	()	()	()	()	()
kedves	()	()	()	()	()
szorongó	()	()	()	()	()
határozott	()	()	()	()	()
empatikus	()	()	()	()	()
figyelmes	()	()	()	()	()
nyugodt	()	()	()	()	()
ideges	()	()	()	()	()
megértő	()	()	()	()	()

bizonytalan	()	()	()	()	()
türelmes	()	()	()	()	()

36) Milyen mértékben ért egyet az alábbi állításokkal?

	Egyáltalán nem értek egyet	Inkább nem értek egyet	Igen is, nem is	Inkább egyetértek	Teljes mértékben egyetértek
állatorvosom őszintén törődik háziállatom egészségével	()	()	()	()	()
állatorvosom szakmailag kompetens	()	()	()	()	()
nem tudom állatorvosom instrukcióit követni	()	()	()	()	()
nem tudok kérdéseket feltenni állatorvosomnak	()	()	()	()	()
megbízhatom állatorvosomban	()	()	()	()	()
gyakran elfelejtem, nehezen emlékszem, állatorvosom instrukcióira	()	()	()	()	()

() Inkább elégedett vagyok () Igen is, nem is	
() Inkább elégedetlen vagyok	
() Nem vagyok elégedett	
38) Követi állatorvosának instrukcióit?	
() Szinte soha (0 - 20%)	
() Néha (20 - 40%)	
() Az esetek felében (40 - 60%)	
() Általában (60 - 80%)	
() Majdnem mindig (80 - 100%)	
39) Nagyon fontos lenne számomra megtudni, mi általában nem követi állatorvosa instrukcióit?	az oka annak, <u>ha</u>
	az oka annak, <u>ha</u>
nem követi állatorvosa instrukcióit?	

Appendix 3.

REASONS FOR LACKING COMPLIANCE Q: It would be very important for me to know, what the reason is behind you not following your vets

instructions?

	No.	%	QUALIFIED AS
	327	57,6	57,6
-	4	,7	NO ANSWER
???? ???? ?????? ???	1	,2	NO ANSWER
A cica határozott tiltakozása. Pl: nem lehet belegyömöszölni az orvosságot.	1	,2	HARD TO EXECUTE
A cica imádja a nyers húst	1	,2	HARD TO EXECUTE
A cicám egy hete halt meg FIP betegségben, amit a "doktor úr" nem vett észre. Másik állatorvoshoz vittem, a cicát 5 másodperc alatt diagnosztizálta és el kellett altatni (mája már régen nem működött szeme-bőre citromsárga volt, nem evett, ödémás volt mindene stb.) Pénzlehúzásról szólt a dolog kettő héten át napi 5-6 ezer. Soha, de soha nem megyek hozzá többet! A városunkban már többen panaszkodtak rá ilyen dolgok miatt. Most először jártam ennél a "doktornál" mert ő volt hétvégén ügyeletes. Nem fogom követni a tanácsait egy olyan "orvosnak" aki kínok-kinja halálra ítél egy ártatlan élőlényt puszta haszonszerzés céljából, nem törődve a kiscica kínjaival és a gazdája szívfájdalmával.	1	,2	MONETARY GAIN
A családban tartott kisállatokon végzett beavatkozások tapasztalatai alapján szeretünk mérlegelni a döntés meghozatala előtt.	1	,2	FORMER EXPERIENCE
A kutyám nem szerette a gyógyszer-kiegészítőt, így elmaradozott a bevétele.	1	,2	HARD TO EXECUTE
A kutyámnak pl.a szemcsepp.,lábadozásnál már !	1	,2	-
A macska állapotát figyelembe veszem.	1	,2	CURRENT STATE OF ANIMAL
A választott állatorvos instrukcióját követem, mindent el szokott magyarázni (mit, miért). Más állatorvos esetében, ha nem megfelelő a tájékoztatás, bizalmatlan vagyok.	1	,2	COMPLY NOT GOOD INSTRUCTIONS
Általában követem.	1	,2	COMPLY
Always do	1	,2	COMPLY
Always follow his instructions	1	,2	COMPLY
Always following his instruction	1	,2	COMPLY

	1 1	ı	
Amikor csak telefonon kommunikálunk az állat egy problémájával			UNINFORMED
kapcsolatban, akkor a nem kellő információ miatt nem biztos, hogy	1	,2	RECOMMENDATIO
olyan javaslatot tesz, ami szerintem indokolt			N
amikor láttam, hogy a kutyus sokkal jobban van, nem tartottam már	1	,2	CURRENT STATE
be pontosan a diétát (nem lett baj belőle)			OF ANIMAL
Amióta ŐT megtaláltam, mindig követem az instrukcióit! Rengeteg kóklerrel találkoztam sajnos, mielőtt megtaláltam az igazit	1	,2	COMPLY
As a future vet I feel that I can make the best decisions for my dog and cat. Some vets that I met advised me to do unnecessary surgeries or treatment because they want to earn money or make a quick and wrong diagnose I use the vet more as a consultant to check if I am on the right path, if I am not sure or if I need medication or there is something urgent.	1	,2	MONETARY GAIN
As a vet I have my own opinion about some things	1	,2	OTHER OPINION
at times it's not easy to care for my dog's teeth cleaning routine. But otherwise I always follow my dentist instructions.	1	,2	HARD TO EXECUTE
Az allat allapotanak valtozasa.	1	,2	OWN DECISION
Az állatorvosom egy barom, fiatal önelégült és pénzre hajt. De ez jellemző Eddig öt állatorvosunk volt mindegyiknek a pénz volt fontos Az egyik műteni akarta pénz miatt, miközben csak meghúzta a kutyám a lábát. új állatorvos keresek egészen addig amig csak oltás kell addig itt van ez , de komolyabb baj esetén biztos hogy nem viszem ide akkor korháázba megyünk. Egy normásis kutyabarát állatorvost nem ismerek. mindegyik csak a pénz miatt csinálja	1	,2	MONETARY GAIN
Az általa ajánlott és forgalmazott táptól jobbat adok a kutyáknak.	1	,2	MONETARY GAIN
Because I trust him.	1	,2	COMPLY
Bízom benne és hogy segíteni akar	1	,2	COMPLY
Busy schedule sometimes forget	1	,2	FORGETFULNESS
Cicám egészségének romlása.	1	,2	CURRENT STATE OF ANIMAL
Convenience, time, spoiling	1	,2	HARD TO EXECUTE
Cost	1	,2	PRICE- SENSITIVITY
Drága táp	1	,2	PRICE- SENSITIVITY
Eddig mindig követtük az állatorvos instrukcióit. A kivétel akkor történne, ha a kutyánknak jelentős fájdalmat okozna a kezelés és/vagy nem használna. Ezt esetben valószínűleg visszamennénk az állatorvoshoz és arra kérnénk adjon más megoldást.	1	,2	COMPLY

Egy előző kezelésből adódó más tapasztalat.	1	,2	FORMER EXPERIENCE
Egy eset volt. Gallér kellett a kutyámra hogy ne nyalja a sebet.			
Mivel nem jól viseli (nem tud közlekedni vele, felakad mindenhol)	1	,2	HARD TO
ezért levettem róla de csak akkor amikor otthon voltam és figyeltem		,_	EXECUTE
rá.			
Egyéb személyes tapasztalat	1	,2	FORMER EXPERIENCE
elfeledkezem rola :)	1	,2	FORGETFULNESS
Elfelejtek dolgokat, pl. ha bizonyos időközönként kell beadni gyógyszert.	1	,2	FORGETFULNESS
Elfelejtek valamit.	1	,2	FORGETFULNESS
elfelejtem	1	,2	FORGETFULNESS
Elfelejtem	2	,4	FORGETFULNESS
Elfelejtem vagy problemak lepnek fel	1	,2	FORGETFULNESS
Elfelejtem, hogy mi volt az.	1	,2	FORGETFULNESS
Elfelejtem, időhiány	1	,2	FORGETFULNESS
Elfelejtem.	2	,4	FORGETFULNESS
Elfelejtettem.	1	,2	FORGETFULNESS
elfelejtjük	1	,2	FORGETFULNESS
Ennek egyetlen oka van, ha nem tudom követni. Pl. nőstény			
macskámnak ivartalanítása után 2 hétig nem szabad lett volna		0	HARD TO
felugrania magasabb helyekre, de ezt csak részben tudtam	1	,2	EXECUTE
megoldani, ahogy jobban érezte magát, egyre többet ugrott			
Ez nem fordul elő.	1	,2	COMPLY
Ez nem fordult még elő.	1	,2	COMPLY
Félreértem, vagy nem értem, mi az instrukció oka.			MISUNDERSTAND
	1	,2	UNIMPORTANT
			INSTRUCTIONS
forget lengthy instructions, timing of flea treatments etc	1	,2	FORGETFULNESS
Forget sometimes	1	,2	FORGETFULNESS
Forget to give tables at times	1	,2	FORGETFULNESS
Generally forget during routines	1	,2	FORGETFULNESS
Gyakran nem érzem, hogy a kezelés szükséges lenne (nem győz	1	,2	UNIMPORTANT
meg erről), sokkal inkább érzem, hogy kizárlag a pénz motiválja.	<u>'</u>	,2	INSTRUCTION
Ha a cicám a kezelésre rosszul reagál, pl. előre nem ismertetett tüneteket produkál (habzik a szája)	1	,2	OWN DECISION
Ha a kezekes egyaltalan nem hizza mwg a kivant javulastinkabb jelzem harom nap mulva es visszamegyek	1	,2	OWN DECISION

Ha a kutyám rosszul reagál egy gyógyszerre, rögton abbahagyom az adagolást és felhívom az állatorvosunkat.	1	,2	OWN DECISION
Ha anyagilag nem tudom teljesíteni (pl. számomra drága táp vásárlása), megfizethetetlen orvosi kezelések, beavatkozások (allergia vizsgálat).	1	,2	PRICE- SENSITIVITY
Ha drága oltásokat ajánl, amielyekre úgy érzem nincs szüksége kutyámnak.	1	,2	PRICE- SENSITIVITY MONETARY GAIN UNIMPORTANT INSTRUCTION
Ha egy gyógyszere kezelésre több időt ír elő, mint, ahogy az állatom jobban lesz egészségügyileg. Akkor vannak esetek, amiko előbb befejezem a kezelést.	1	,2	CURRENT STATE OF ANIMAL
Ha elkezdem a kezelést és azt látom,hogy nem válik be	1	,2	OWN DECISION
Ha háziállatom rosszul reagál a kezelésre.	1	,2	OWN DECISION
ha már elmúlt a probléma / alternatív megoldást találok / korábban nem vált be a jaavslata	1	,2	FORMER EXPERIENCE
Ha mas, szamomra megbizhato, kompetens szemely (szerencsere sok tapasztalt kutyas van a kornyezetemben) mast tanacsol, elkepzelheto, hogy hallgatok ra - de olyankor is inkabb konzultalok az allatorvossal.		,2	OTHER OPINION
Ha mégsem követem akkor az azért történhet meg mert az állat jelzéseit, igényeit követem.	1	,2	OWN DECISION
ha nagyon drága eljárást, vagy kezelést javasol	1	,2	PRICE- SENSITIVITY
Ha nehezen kivitelezhető az állatorvos kérése, akkor nem biztos, hogy követem a kérését, bár minden tőlem telhetőt megteszek.	1	,2	HARD TO EXECUTE
Ha nem tudom a haziallatommal kapcsolatosan kivitelezni.	1	,2	HARD TO EXECUTE
Ha sokáig tart egy kezelés és nincs változás.	1	,2	OWN DECISION
Hard to keep it 100% as the vet discribed	1	,2	HARD TO EXECUTE
He's been rated very highly among other pet owners, which indicates that he's professionally good. Hence, I see why wouldn't anyone not want to follow the instructions given by the vet.	1	,2	COMPLY
I almost always follow his advice. He has been right in all the cases so far so i have no reason to doubt what he says. Also i feel that he genuinely cares for the animals he treats and wants to help them in the best way possible.	1	,2	COMPLY
I almost always follow my vet's instructions.	1	,2	COMPLY
I always do.	1	,2	COMPLY

	L		1
I always follow	1	,2	COMPLY
I always follow his instructions.	1	,2	COMPLY
I always follow instructions	2	,4	COMPLY
I always follow it.	1	,2	COMPLY
I always follow the instructions	1	,2	COMPLY
I always follow them, they know best	1	,2	COMPLY
I always following his instructions	1	,2	COMPLY
I am always following.	1	,2	COMPLY
I am searching for homeopathic alternative prior to give normal			ALTERNATIVE
medicine to my cats, and I search on cat behaviour a lot to avoid	1	,2	MEDICINE
medicine and usually it works better			MEDICINE
I believe I knew my pet would be fine anyway (being outdoors when uoung)	1	,2	OWN DECISION
I can't really see that I wouldn't.	1	,2	COMPLY
I do everything she tells me to do!	1	,2 ,2	COMPLY
I do follow	1	,2 ,2	COMPLY
I do follow instructions this survey is awful	1	,2 ,2	COMPLY
I do follow my vets instructions	1	,2 ,2	COMPLY
	'	,∠	COMPLI
I do follow my vets instructions not sure why survey is asking me this	1	,2	COMPLY
I do follow my Vets instructions.	1	,2	COMPLY
I do follow them	1	,2	COMPLY
I do follow them?	1	,2	COMPLY
I do following	1	,2	COMPLY
I follow all the medication he gives me but I would not follow a			
nutritional advice as he just has no idea about alternative diet and	1	,2	INCOMPETENCE
just says no as he has no idea about it.			
I follow everything what's possible. If I can't follow the instructions,			PRICE-
it's due to very far away or too expensive extra treatment. (Until	1	,2	SENSITIVITY
now at least).			
I follow instructions	1	,2	COMPLY
I follow my vets instructions to the best of my ability :).	1	,2	COMPLY
I follow the instruction	1	,2	COMPLY
I follow them	1	,2	COMPLY
I forget them.	1	,2	FORGETFULNESS
I forget to give medicine on time	1	,2	FORGETFULNESS
i pity the fool ;)	1	,2	HARD TO EXECUTE

I think time to complete what is needed and cost in returning to the vet	1	,2	PRICE- SENSITIVITY HARD TO EXECUTE
I try to follow always. Except when she told me not to kiss my cat. That I refuse to follow:D:/:)	1	,2	COMPLY
I usually do	1	,2	COMPLY
I usually do.	1	,2	COMPLY
I usually follow her advice because if I am insecure we discuss about it and she explains me why to do so or so	1	,2	COMPLY
I usually follow the instructions	1	,2	COMPLY
I would always try to follow my vet's instructions.	1	,2	COMPLY
I would only not follow them after extensive research and alternate opinions to see what seems to work best for and be in the highest interest of my pets.	1	,2	COMPLY
I've followed my vets instructions the majority of the time, I have tried my cat on a different diet i.e./ mainly wet fish food instead of dry, as it seemed to help stop his diarrhea. After fecal tests, it came back he has coronavirus so it's possible the stools got firmer from the virus stopping shedding after about 4 weeks and not the duet itself, it's hard to be sure.	1	,2	COMPLY
If I can find an alternative treatment for an ailment for one of my pets which does not include strong chemicals I will follow my own instinct and not the vet's instructions. Obviously, only in non life threatening or very serious cases.	1	,2	OWN DECISION
If I find cheaper pills for treatment.	1	,2	PRICE- SENSITIVITY
If I on some occations learned something else/got another treatment from another vet that I have more faith in.	1	,2	OTHER OPINION
If i would not follow it would be because i have gotten an other opinion	1	,2	OTHER OPINION
If there is going to be a time where I don't follow the vet's instruction it would be because of financial ability.	1	,2	PRICE- SENSITIVITY
if they are impractical, e.g. timing 3 times a day (when we work full time - only have morning and night options)	1	,2	HARD TO EXECUTE
If things heal faster than anticipated I tend to relax a bit on the instructions on "go easy, be careful, keep clean", etc.	1	,2	OWN DECISION
lgyekszem követni, de néha elfelejtek 1-1 dolgot (a saját gyógyszereimet is elfelejtem néha, mivel nem szedek gyakran), nincs benne a megszokott napirendben.	1	,2	FORGETFULNESS
Ilyen még nemvolt	1	,2	COMPLY

			I
llyen nagyon ritkán fordul elő, és az oka általában az, hogy úgy			
látom a kutyámon, hogy jobb neki úgy, ahogyan én gondolom -	1	,2	OWN DECISION
ilyen esetekben mindig egyeztetünk is az állatorvossal.			
in general any non following is based on missed medications, not	1	,2	FORGETFULNESS
because of any issues.			
It depends on what it is, sometimes I know my cat better When	1	,2	OWN DECISION
it's about food for instance, I know what she will eat or not.			
It's mostly the animal who won't follow the instructions Regarding	1	,2	HARD TO
e.g. wearing a collar, bandages etc			EXECUTE
its not allways possible to follow them. the vet said to keep the cat			HARD TO
indoors for two weeks and after one he was better and more	1	,2	EXECUTE
agitated to be indoors then been let out suring the days.			
Jaaaaaaaa	1	,2	COMPLY
Jobban ismerem a kutyám :) De ez általában ritka,hogy nem tartom	1	,2	OWN DECISION
be.		,	
Kezelések anyagi oldala	1	,2	PRICE-
		,_	SENSITIVITY
Kivételes esetekben anyagi okok vagy időhiány miatt. Például:			PRICE-
állatpatika nyitvatartása egybeesik a munkaidővel, így csak pár	1	,2	SENSITIVITY
nappal később szerezhettem be a felírt fülcseppet.			
Kovetem	1	,2	COMPLY
követem	1	,2	COMPLY
Követem	2	,4	COMPLY
Követem az instrukcióit.	1	,2	COMPLY
Követem mert teljes mértékben megbízom benne!	1	,2	COMPLY
követem.	1	,2	COMPLY
Követem.	1	,2	COMPLY
Kutyámnak van egy kis tülsülya, így nem ajánlott neki a nasi			HARD TO
falatok. Viszont én ezt nem tudom megállni.	1	,2	EXECUTE
lazyness	1	,2	LAZYNESS
Macska eü. problémákkal kapcsolatban nem követem mindig az			
állatorvosom instrukcióit, mivel alapos utána járást követően úgy	1	2	INCOMPETENCE
érzem, hogy nem feltétlenül az a kezelés az ideális a cicának, amit	'	,2	INCOMPETENCE
ő ajánl.			
Mást diktálnak az ösztőneim	1	,2	OWN DECISION
Mast hallottam mas allatorvostol	1	,2	OTHER OPINION
May forget by the end of treatment (+ see improvements) or		2	EODOETELII NE O
understood directions and decided to not go ahead.	1	,2	FORGETFULNE S
maybe because they are lengthy, expensive and complicated	1	2	COMPLICATED
	l '	,2	INSTRUCTION

Maybe distinct improvement. I always consult.	1	,2	CHANGE IN ANIMALS STATUS
Mert tenyésztői tapasztalatból sokszor jobban tudom nála mit kell csinálnom,egy egy fajtához a tenyésztő jobban ért sok esetben a fajtaspecifikus dolgok terén.	1	,2	OWN DECISION OTHER OPINION
Mindig a lehető legegyszerűbb megoldást preferálom.	1	,2	COMPLICATED INSTRUCTION
mindig követem	1	,2	COMPLY
Mindig követem	4	,7	COMPLY
Mindig követem állatorvosom instrukcióját	1	,2	COMPLY
mindig követem az instrukciókat, már csak a kutyám érdekében is	1	,2	COMPLY
Mindig követem az utasításait, mert MEGMAGYARÁZZA számomra érthető módon, hogy miért úgy kell cselekednem.	1	,2	COMPLY
Mindig követem!	1	,2	COMPLY
Mindig követem.	1	,2	COMPLY
Mindig követem. Ha esetleg mégsem követném, annak az lehetne az oka, hogy napközben nincs otthon senki, de ilyen még nem volt.	1	,2	COMPLY
mindig követjük az instrukcióit	1	,2	COMPLY
Mindig megteszem amit mondanak	1	,2	COMPLY
miss the times to give flea treatment because of laziness	1	,2	LAZINESS
Mivel a macska kizárólag a lakáson belül él, ezért a féreghajtót nem feltétlenül évi 4, hanem néha kevesebb alkalommal kapja meg (kettő) - ellenőrzött és a lehetőségeinkhez képest minőségi macskaeledelt kap, ráadásul az állatorvos látogatása nagy stressz is számára.	1	,2	OWN DECISION
My vet gave instructions about that I should make sure that the buyers had the kittens neutered. Only one of them had a medical reason for it (I told that buyer to check with a vet and that he would probably have to neuter the cat) but with the others it was her own personal opinion and she said that it was necessary that all cats are.	1	,2	UNIMPORTANT INSTRUCTION
NA	1	,2	-
Napi időbeosztás (napi sokszori kezelés pl szemcsepp nem mindig kivitelezhető) fogyókúra: család többi tagjával megértetni a fontosságát	1	,2	HARD TO EXECUTE
Néha elfelejtem rájuk cseppenteni a küldő élősködők elleni cseppeket.	1	,2	FORGETFULNESS
Néha kivitelezhetetlen.	1	,2	HARD TO EXECUTE
Néhány esetben fordult elő, amikor a kutyám jelzéseit úgy éreztem jobban ismerem.	1	,2	OWN DECISION

Ne	em megvalósítható	1	,2	HARD TO
				EXECUTE
	em nagyon van ilyen.	1	,2	COMPLY
	em szokott előfordulni, mindent érthetően magyaráz és kérdéssel			PRICE-
	ármikor fordulhatunk hozzá. Oltás esetében szokott a késleltetés	1	,2	SENSITIVITY
	őfordulni anyagi okokból.			COMPLY
ne	em szokott ilyen előfordulni	1	,2	COMPLY
Ne	em szoktam felülírni az instrukcióit. Olyan már előfordult, hogy			
	ánaolvastam annak, amit mondott. Ilyen esetben, mindig	1	,2	COMPLY
	egerősítést kaptam, hogy más állatorvosok is hasonlóan látják a			
	érdést mint ő.			
	em találom lényegesnek a kérdést, melyben eltérek a tanácsolttól,			UNIMPORTANT
	zonban minden fontos kérdésben az általa javasoltakra	1	,2	INSTRUCTION
	agyatkozom.			
	em történt még ilyen, de akkor nem követném, ha az nem lenne			COMPLY
	redményes illetve ha nem lenne empatikus a köztem és a kutyám	1	,2	IF WOULD HARM
kö	özött levő kapcsolat vonatkozásában			RELATIONSHIP
				WITH ANIMAL
	em tudom ki a jelenlegi lakóhelyemen az állatorvos életem során			
	bbször költöztem. Eleinte kutyám is és macskám is volt. Jelenleg			
	sak macskám van. Vidéken minden évben új macskát kellett	1	,2	-
	eríteni a gyerekek könyörgésére, de sajnos ahogy telt az idő a			
	acskák egyszer csak nem jöttek haza. Tehát jelenlegi kóhelyemen nem jártam állatorvosnál.			
	em tudtam követni azt az utasítást, hogy beadjam a gyógyszert a	_	2	COMPLY
	cának, mert lehetetlen volt. (Így visszavittem, és megkapta jekcióban.)	1	,2	COMPLY
Ne	em volt még kifejezetten jellemző, de ha időközben változik			
va	alami és dönteni kell akkor meghozom a döntést a	1	,2	OWN DECISION
ta _l	pasztalataimra alapozva			
nir	ncs	1	,2	COMPLY
Ni	incs ilyen	4	,7	COMPLY
Ni	incs ilyen eset	1	,2	COMPLY
Ni	incs ilyen, kovetem, mert bizom a szakertelmeben	1	,2	COMPLY
nir	ncs ilyen.	1	,2	COMPLY
	incs ilyen.	2	,4	COMPLY
	incs ilyen. Ha az állatorvos pl. gyógyszert ír fel a kutyának, addig		, -	
	dom neki, amíg elő van írva. Nem bírálom felül. Ő a szakember.	1	,2	COMPLY
niı	ncs ilyen	1	,2	COMPLY
Ni	incs különösebb oka	1	,2	-
nie	ncs olyan	1	,2	COMPLY

Nincs oly	an eset	1	,2	COMPLY
Nincs oly	an, megfogadom a tanácsát	1	,2	COMPLY
not enouç	th time to do the instructions when they are to much time-			HARD TO
demandir	9	1	,2	EXECUTE
Olyan gyo	ogyszerbevételi módot ír elő, ami a kutyám esetében		0	HARD TO
kivitelezh	etetlen (szájba cseppentett olajos folyadék)	1	,2	EXECUTE
Other opi	nion	1	,2	OTHER OPINION
pénzügyi	időhiány,	,		PRICE-
		1	,2	SENSITIVITY
pl. nem tı	dom beadni a macskámnak a gyógyszert, hiába	1	_	HARD TO
szeretnér	n :-)	1	,2	EXECUTE
Pl.: ivarta	lanítás után kötelező lenne a gallér viselése, amit én			
elhagytar	n, mivel 0-24ben a kutyával voltam és az állat érdeke			
ebben az	esetben ezt diktálta. Az orvos utasításának ellenére a	1	,2	OWN DECISION
varratoka	t a műtétek után mindig én szedtem ki, szintén azért, hogy			
az állat n	rugodtabb körülmények között lábadozhasson.			
saját szét	szórtságom	1	,2	FORGETFULNESS
	ltozások vannak a rendelőben. Mindég más orvos van, de			
	k ivartalanítás és köteleő oltás volt + combinált. Így nem	1	,2	-
	lokit véleményezni.			
	léshez a porcukros kezelést választom,de a Doktor úr	1	,2	COMPLY
	esetben nem vitázik velem!			
	t with my dog 100% of the time, unlike me	1	,2	OWN DECISION
Simple fo	rgetfulness	1	,2	FORGETFULNESS
Small pie	ces of advice he offers that I may forget until the next visit.	1	,2	UNIMPORTANT
	main recommendations			INSTRUCTIONS
	es he showed clear unsureness of what caused my dog's			
	d had to look stuff up in a book in front of me, which made	1	,2	INCOMPETENCE
	o Google his advice later when I got home.			
	es I think he is not very extnsive, thats why I try to find			
	tions. In a lot of time, This is me who asked about a problem, it is not him,who tell me. So, sometimes I think "I	1	,2	INCOMPETENCE
	re" Than him			
	es is easier to say then do.			HARD TO
Sometime	is is easier to say then do.	1	,2	EXECUTE
Sometime	es it just won't work out, not because I don't trust her but			HARD TO
	of my doggie	1	,2	EXECUTE
	es my opinion conflicts with their opinion. Often times both			
	stable professional opinions just a personal choice makes	1	,2	OTHER OPINION
•			1 ′	

Szeparalas megoldasa nehezkes		_	HARD TO
	1	,2	EXECUTE
Szétszórt vagyok, és elfelejtem.	1	,2	FORGETFULNESS
Szinte soha nem fordul ez elő.	1	,2	COMPLY
Szoktam követni.	1	,2	COMPLY
Szteroid kezelésnél fél adagot adok, mert láthatóan nem jó a			
kutyának az előírt mennyiség. Ha betegség után mindent rendben	1	,2	OWN DECISION
találok nem mindig viszem vissza kontollra.			
Teljesen megbízok benne	1	,2	COMPLY
There are two other cats in the household My cat hates being			HARD TO
brushed My cat hates even more been teethbrushed	1	,2	EXECUTE
They are to complicated.			COMPLICATED
	1	,2	INSTRUCTION
They haven't given any instructions to follow or I felt they were not			001101101750
acting in the best interests of my pet in which case I would go to	1	,2	COMPLICATED
another vet for a second opinion.			INSTRUCTION
Too time-consuming and hard to brush the dogs teeth	1		HARD TO
	1	,2	EXECUTE
túl bonyolultak, vagy idő előtt jobban lesz/meggyógyul a kutya			COMPLICATED
	1	,2	INSTRUCTION
Túl drága javaslatot tesz, vagy bonyolultnak tartom.			COMPLICATED
	1	,2	INSTRUCTION
	l '	,∠	PRICE-
			SENSITIVITY
Ugy latom, hogy nem vezet eredmenyre,amit javasolt.	1	,2	OWN DECISION
Van amikor kéri, hogy hozzam be vizsgálatra a cicát,de nem mindig	1	,2	HARD TO
tudom megfogni őt(őket)	l '	,∠	EXECUTE
Vets have a tendency to prescribe antibiotics too fast too be on the			
safe side. My dog was experiencing loss of appetite (he usually			
eats anything and everything) and diarrhea (with some blood in it)			
and the vet prescribed a Hill's gastrointestinal dry and wet food, my			
dog refused this food but would eat the cheap brand wet food	1	,2	OTHER OPINION
bought from a grocery store and eventually his own dry food. In my			
opinion it was better for my dog to eat something than nothing at all.			
Being able to see your pet on a day-to-day basis gives owners a			
distinct advantage over vets, in addition I am a vet student.			
We following our vets instructions.	1	,2	COMPLY

	4		
Well the only instruction I got was to keep the cone one for four			
days. Which was deceptively easy to follow. (The cat didn't agree)			
Because of this I followed the instructions perfectly. I would imagine			
(and I say this based on earlier experience) that if I did not follow a			
veterinarian's instructions is because they ask more than I/we could	1	,2	HARD TO
provide. For example something that would require too much time,	l '	,∠	EXECUTE
when we're at work. Naturally we try to do a conscientous choice			
here, with the cat's best in mind. At one point we were asked to			
keep it away from other cats, which interfered with it's ability to get			
outside and play.			
When im not sure	1	,2	INSECURE
When it goes against my understanding or when the treatment is			INSECURE
from old times (only older vets still do it that way). Or when, in my	1	,2	UNIMPORTANT
opinion, not necessary vaccination is recommended			INSTRUCTION
When my animal is suffering (cancer) and is old, when euthanasia	4		CURRENT STATE
seemes to be a better solution than thousand of theathrments	1	,2	OF ANIMAL
When offering things I don't feel benefit my dog that much and that			MONETA BY GAIN
he is just looking for extra money	1	,2	MONETARY GAIN
When the vet did not explain it well or did not insist on it			COMPLICATED
	1	,2	INSTRUCTION
Yes	1	,2	
Total		100,	
	568	0	100,0

Bibliography

- 1 LUE W. T., PANTENBURG D.P., CRAWFORD P.M.: Impact of the owner-pet and client-veterinarian bond on the care that pets receive.: *Journal of the American Veterinary Medical Association*, 2008. 232. vol. 4. p. 531-540.
- BERRY L.L., SHOSTACK G.L., UPAH G.D. Ed.: Perspectives on Services. Marketing American Marketing Association, Chicago, IL, p. 25-28.
- **3** BEJOU D., PALMER, A.: Service failure and loyalty: an exploratory empirical study of airline customers, *Journal of Services Marketing*, 1998. 12. vol. 1. no. p.7 22.
- KOGAN L.R., BUTLER C. L., LAHONI L.K., BRANNAN J.K., McCONNEL S.M., HARVEY A.M.: Training in client relations and communication skills in veterinary medical curricula and usage after graduation. *Journal of the American Veterinary Medical Association*. 2004. 224 vol. 4. no. p. 504-507.
- DARBY M.R., KARNI E.R.: Free competition and optimal amount of fraud. *Journal of Law and Economics*, 1973. vol. 16. p. 67 86.
- PRITCHARD W.R.: Future directions for veterinary medicine. Durham, NC: Pew National Veterinary Education Program, Duke University, 1989.
- 7 LUE W. T., PANTENBURG D.P., CRAWFORD P.M.: Impact of the owner-pet and client-veterinarian bond on the care that pets receive.: *Journal of the American Veterinary Medical Association*, 2008. 232. vol. 4. p. 531-540.
- BROWN J. P., SILVERMAN J. D.: The current and future market for veterinarians nad veterinary medical services in the United States. *Journal of Veterinary Medical Association*, 1999. vol. 215, p. 161-183.
- NOGUEIRA BORDN L.J., ADAMS C. L., M-NPMMETT B. M., SHAW K. R., RIBBLE C.S.: Use of the measure of patient-centered communication to analyze euthanasia discussions in companion animal practice. *Journal of the American Veterinary Medical Association*, vol. 237, no. 11.
- LAING A.: Meeting patient expectations: healthcare professionals and service reengineering. *Health Services Management Research*. 2002. vol. 15, no. 3. p. 165-172.
- ROTER D. The enduring and evolving nature of the patient-physician relationship. Patient Education Counselling. 2000. vol. 39. no. 1. p. 5-15.

- RAO J. K., WEINBERGER M., KROENKE K.: Visit specific expectations and patient-centered outcomes: a literature review. *Archives of Family Medicine*. 2000. vol. 9. no. 10. p. 1148-1155.
- DAWN A. G., LEE P.P.: Patient expectations for medical and surgical care: a review of the literature and applications to ophthalmology. *Survey of ophthalmology*. 2004. vol. 49. no. 5. p. 513-524.
- **14** STOEWEN L. D., COE J.B., MACMARTING C., STONE E. A.: Qualitative study of the communication expectations of clients assessing oncology care at a tertiary referral center for dogs with life-limiting cancer. *Journal of the American Veterinary Medical Association*. 2014. vol. 245. no. 7. p. 785-795.
- SIMPSON M., BUCKHAM R., STEWART M., MAGUIRE P., LIPKIN M., NOVACK D. TILL J.: Doctor-patient communication: the Toronto consensus statement. *BMJ* 303. 1991. no. 3814. 1385-1386.
- HARGIE O., DICKSON D., BOOHAN M., HUGHES K.: A survey of communication skills training in UK Schools of Medicine: present practices and prospective proposals. *Medical Education*. 1998. vol. 32. no. 1. p. 25-34.
- HULSMAN R.L., ROS W.J.G., WINNUBST J.A.M., BENSING J.M.: Teaching clinically experienced physicians communication skills. A review of evaluation studies. *Medical Education*. 1999. vol. 33. no. 9. p. 655-668.
- MAKOUL G., SCHOFIELD T.: Communication teaching and assessment in medical education: an international consensus statement. *Patient Education and Counselling*. 1999. vol. 37. no. 2. p. 191-195.
- ADMIN. Institute of Behavioural Sciences Semmelweis University, 2014. URL: http://behsci.semmelweis.hu/component/content/article/121-faculty-of-medicne/318-medical-communication. Downloaded: 2015.03.11.
- SZABÓ GY.: Curriculum 2014/2015. University of Szeged, Faculty of Medicine, Dentistry & Pharmacy. 2014.
- **21** HAMOOD W. J., CHUR-HANSEN A., MCARTHURH M. L.: A qualitative study to explore communication skills in veterinary medical education. *International Journal of Medical Education*. 2014. 2014;5:193-198.
- 22 STOEWEN L. D., COE J.B., MACMARTING C., STONE E. A.: Qualitative study of the communication expectations of clients assessing oncology care at a tertiary referral cetnre for

dogs with life-limiting cancer. *Journal of the American Veterinary Medical Association*. 2014. vol. 245. no. 7. p. 785-795.

- **23** KOGAN L.R., BUTLER C.L., LAHONI L.K., BRANNAN J.K., MCCONNEL S.M., HARVEY A.M., Training in client relations and communication skills in veterinary medical curricula and usage after graduation. *Journal of the American Veterinary Medical Association*. 2004. vol. 224. no. 4. p. 504-507.
- **24** HAMOOD W. J., CHUR-HANSEN A., MCARTHURH M. L.: A qualitative study to explore communication skills in veterinary medical education. *International Journal of Medical Education*. 2014. 2014;5:193-198.
- **25** SHAW J. R., BARLEY G.E., HILL A.E., LARSON S., ROTER D.L.: Communication skills education onsite in a veterinary practice. *Patient Education and Counselling*. 2010. vol. 80. no. 3. p. 337-344.
- **26** TATES K., MEEUWESEN L., Doctor-patient-child communication. A (re)view of the literature. *Social Science and Medicine*. 2001. vol. 52. no. 6. p. 839-851.
- **27** COE J.B., ADAMS C.L., BONNET B.N.: A focus group study of veterinarians' and pet owners' perceptions of veterinarian-client-communication in companion animal practice. *Journal of the American Veterinary Medical Association*. 2008. vol. 233. no. 7. p. 1072-1080.
- **28** SHAW J. R., ADAMS L., BONNETT N., LARSON S., ROTER D.L.: Veterinarian-client-patient communication during wellness appointments versus appointments related to a health problem in companion animal practice. *Journal of the American Veterinary Medical Association*, 2008. vol. 233. no. 10. p. 1576-1586.
- **29** STOEWEN D.L., COE J.B., MACMARTIN C., STONE E.A., DEWEY C.E. Qualitative study of the communication expectations of clients accessing oncology care at a tertiary referral center for dogs with life-limiting cancer. *Journal of the American Veterinary Medical Association*. 2014. vol. 245. no. 7. p.785 795.
- **30** LUE T.W., PANTENBURG D.P., CRAWFORD P.M.: Impact of the owner-pet and client-veterinarian bond on the care that pets receive. *Journal of the American Veterinary Medical Association*. 2008. vol. 323. no. 4. p. 531- 540.
- **31** FRANKEL R.M.: Pets, Vets and Frets: What Relationship-Centered Care Research Has to Offer Veterinary Medicine. *Journal of Veterinary Medical Education*. 2006. vol. 33. no. 1. p. 20-27.

- STEIN T.S., NAGY V.T., JAVOBS L.: Caring for patients one conversation at a time: Musings from the interregional clinician patient communication leadership group. *The Permanente Journal.* 1998. vol. 2. no. 4., p. 62-68.
- **33** BRADDOCK C.H., EDWARDS K.A., HASENBERG N.M., LAIDLEY T.L., LEVINSON W.: Informed Decision Making In Outpatient Practice. Time to Get Back to Basics. *Journal of the American Veterinary Medical Association*. 1999. vol. 282. p.2314.
- SHAW J., ADAMS C., BONNETT BN., LARSON S., ROTER D.L.: Use of the Roter Interaction Analysis System to Analyse Veterinarian-Client-Patient Communication In Companion Animal Practice. *Journal of the American Veterinary Medical Association*. 2004. vol. 225. p. 222-229.
- COHEN-COLE S.A.: The Medical Interview: The Three Function Approach. St. Louis. M.O.: Mosby/Yearbook, 1991. p. 21-27.
- PARKER L.: When Pets Die at The Vet, Grieving Owners Call Lawyers: Courts Taking Notice of Medical Malpractice Suits. *USA Today*, 2005. vol. 1.
- **37** STRAND, E. B.: Enhanced Communication by Developing a Non-anxious Presence: A Key Attribute for the Successful Veterinarian. *Journal of Veterinary Medical Education*, 2006. vol. 33. no. 1. p. 65-70.
- 38 SPSS Inc. Released 2008. SPSS Statistics for Windows, Version 17.0. Chicago: SPSS Inc.
- IBM Corp. Released 2013. IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.
- DANCEY C., REIDY J.: Statistics Without Maths for Psychology: Using SPSS for Windows. London. Prentice Hall. 2004.
- CINDY L., KURTZ A., KURTZ S.: Building on Existing Models from Human Medical Education to Develop a Communication Curriculum in Veterinary Medicine, *Journal of Veterinary Medical Education*, 2011. vol. 33. no. 1. p. 28-37.

Acknowledgements

I would like to thank all the people who contributed in some way to the work described in this thesis. First and foremost, I thank my academic advisor and tutor, Dr. András Adorján, for accepting my idea, giving me freedom in my work, but at the same time providing me with helpful ideas and constructive feed-back every step of the way! I would also like to thank Anna Altbacker for her help with the statistic evaluation of the data, and Kata Márkus, for the Hungarian translation of the questionnaire. Finally, thank you to the participants, who took their time to fill out the questionnaire and formulate their comments. This thesis would not have been possible without you.