

What Shelters Can Do About Euthanasia-Related Stress: An Examination of Recommendations From Those on the Front Line

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Shelter employees with euthanasia responsibilities are an at-risk population for a variety of psychological and emotional ailments. This study surveyed 305 employees from 62 shelters throughout the United States to gather first-hand perspectives on what should be done to assist shelter workers in dealing with euthanasia-related stress. Researchers conducted a qualitative analysis of 359 improvement suggestions to identify broad common themes and sorted the suggestions into 26 thematic categories. The most common participant suggestion concerned management supportiveness (13.17% of participants). Some other issues raised involved providing counseling, job rotation, assistance or more help, breaks and time off, support groups and meetings, better communication, skills-based training, stress and coping seminars, and employee appreciation and morale-boosting initiatives.

Anywhere from three to four million dogs and cats are euthanized in the United States each year (Humane Society of the United States, 2006). Given a limited number of shelters with finite room for surrendered and abandoned companion animals—coupled with societal tendencies (reckless breeding habits, animal abandonment, disinterest in adopting “used” pets)—euthanasia will not soon disappear. Typically, the job of performing euthanasia on society’s unwanted companion animals falls in the hands of animal shelter workers. In this study, employees from shelters throughout the United States were surveyed to gather their perspectives on what can be done to assist shelter workers in dealing with euthanasia-related stress.

ASPECTS OF EUTHANASIA

A Work-Related Stressor

Euthanizing nonhuman animals is a physical act, a technical act, an emotional act, and—by its very nature—an act putting the animal care employee in direct contact with death. Euthanasia is not an acute trauma that emerges suddenly at some point in time (as is often the case for police officers, firefighters, and physicians). Instead, euthanasia combines the regularity and predictability of a daily hassle with the potential intensity of acute trauma. Rollin (1986) has argued that shelter workers who perform euthanasia are exposed to a type of stressor that is qualitatively different from other types of physical, task, and role-process stressors studied in the occupational stress literature. Euthanasia is a moral stressor. Namely, shelter workers, most of whom enter the occupation because they want to help nonhuman animals, are faced with a daily conflict between their ideal occupational selves (protectors and caretakers of nonhuman animals) and the reality of having to kill healthy—but unwanted—nonhuman animals (Rollin, 1986). As one shelter employee commented, “Much of my anger, guilt, frustration, and outright sadness is connected to my work and my passion for wanting to save

the animals I kill” (White & Shawhan, 1996). Many shelter workers experience a “caring–killing paradox” (Arluke, 1994; Arluke & Sanders, 1996). Unless suitable homes are found in a timely manner, shelter workers are expected to euthanize nonhuman animals for whom they have been providing care and protection.

The animal sheltering community in the United States has acknowledged the potentially disturbing psychological ramifications of euthanasia work (Rollin, 1986; Smith, 1984). Articles in the popular press (McDiarmid, 2000; “Shelter Workers,” 2000) have also discussed how shelter employees with euthanasia responsibilities are an at-risk population for a variety of psychological, emotional, and physical ailments:

1. High blood pressure,
2. Ulcers,
3. Unresolved grief,
4. Depression,
5. Substance abuse, and
6. Suicide.

In the most comprehensive study to date, researchers (Reeve, Rogelberg, Spitzmüller, & DiGiacomo, 2005) surveyed attendees at an animal welfare conference in the United States, many of whom were directly involved in euthanasia activities at an animal shelter. The authors showed that self-reported perceptions of euthanasia-related strain were prevalent among shelter employees. Further, the researchers found a pattern of differences in stress and well being between those employees who were directly involved with euthanasia and those who were not directly involved. Those animal care employees who were directly involved in euthanasia reported significantly higher levels of work stress, stress-related somatic complaints, work–family conflict, and lower levels of satisfaction with the work they actually did compared to their colleagues who did not perform euthanasia. These results provided a quantitative confirmation of prior qualitative studies (Arluke, 1994).

Euthanasia-Related Stress

Advice for dealing with euthanasia-related stress can be found in several publications, Web sites, and training programs. For example, the magazine *Animal Sheltering* published several recommendations on strategies to help ensure employees’ mental health and to prepare them for the daily stresses of animal protection work (“Shelter Speak,” 2003). This article addressed such important questions as “How do you motivate your staff and prevent burnout?” and “What strategies and resources do you use to help ensure their mental health and to pre-

pare them for the daily stresses of animal protection work?" The Animal Welfare Information Center (2006), Animal Sheltering (2006), and the American Veterinary Medical Association (2006) provide information addressing many aspects of euthanasia relevant to individual employees and shelter management alike. Common training programs with potential impact also exist: compassion fatigue workshops and euthanasia technical training/certification (Figley & Roop, 2006; Rhoades, 2002).

Previous research on individual coping suggests that shelter workers often adopt apparently unhealthy and unproductive coping mechanisms for dealing with the stress associated with euthanasia. For example, several studies have identified shelter workers' tendency to displace guilt and frustration associated with performing euthanasia onto members of the public who relinquish animals to shelters (Arluke, 1994; Taylor, 2004). A study by DiGiacomo, Arluke, and Patronek (1998) challenged this coping mechanism by investigating the perspective of individuals relinquishing pets. The researchers found that the relinquishers surveyed had struggled with their decision to give up a pet, often grappling with multiple issues, revealing a process more complicated than the typical perception granted by at least some shelter staff. Together, these findings reveal a conflict between shelter workers' negative perception of the public and the need for shelter staff to collaborate with pet owners (intervention and education) in order to assist animals. The need for the animal sheltering field to find alternate strategies for addressing shelter workers' euthanasia-related stress is clearly indicated.

In this study, we augment the extant wisdom and advice by taking an approach that, to the best of our knowledge, has not been undertaken previously. We systematically sought the advice and recommendations of those who are directly involved in performing euthanasia, the animal shelter employees. As part of a cross-national study, we surveyed more than 500 employees in the United States and asked them to tell us what they think shelter management should or could do to assist shelter workers in dealing with euthanasia-related stress. Collecting and synthesizing recommendations directly from a representative sample of employees who have first-hand experience with euthanasia has many merits. Most notably, employees' recommendations are potentially insightful, well informed, and couched in real-time experiences.

METHOD

Sample and Procedure

We contacted directors from 88 animal sheltering facilities throughout the United States. These facilities were selected from a combination of sources in-

cluding Humane Society of the United States (HSUS) Animal Care EXPO conference registration lists and from shelter listings compiled by 10 regional offices of the HSUS and from the region served by the HSUS Companion Animals Department. Regional office representatives were asked to narrow down lists by identifying open-admission animal shelters known to perform on-site euthanasia and where the name of the chief operating executive was known. Researchers made initial calls directly to these contacts.

After discussing the current project, directors (or operation managers) from 72 shelters representing 31 different states initially agreed to participate in the study. However, due to rapid turnover among shelter management and a few managers changing their decision to participate, our final pool contained 62 shelters. Most were private shelters. Typical operating budgets ranged from \$500,000 to \$1.5 million. Some participating shelters were extremely small (fewer than 5 employees) and others were quite large (around 100 employees).

Survey packets were sent to shelter directors, who then distributed surveys to employees. The survey packet contained a letter describing the purpose and nature of the project, instructions, and a batch of individual employee surveys. Participants returned individually completed surveys directly to the researchers in stamped, preaddressed envelopes included in the packet. A total of 505 surveys were returned. Although we cannot determine an exact response rate for the study, based on projections from the shelters concerning the total number of positions they have and the number of surveys returned, we estimate a study response rate of 40%.

A good percentage of the returned surveys were from employees without euthanasia responsibilities. These data were dropped from our sample. This resulted in 305 usable surveys. Respondents were mostly female (74%) and between the ages of 25 and 34. On average, the respondents had 78 months of experience, including past jobs doing euthanasia-related activities ($SD = 47$ months). Most (69%) were certified euthanasia technicians. Finally, 47% had at least a high school education, and another 42% had some amount of college education.

Measures

The survey assessed a range of information about respondents' work settings, job attitudes, and euthanasia experiences. Of interest to this study was a section asking employees to "Please tell us what you think shelter management should or could do to assist shelter workers in dealing with euthanasia-related stress." This broad-based, open-ended question was accompanied by a large, lined area where the individual could write a response.

Data Analytic Process

Responses to the open-ended question, on average, were clear and descriptive. In a rare instance, the answer was left blank. The item completion rate was 80%. As there were a great number of individual comments, a qualitative analysis was conducted to identify broad common themes of responses. The qualitative process used in this study was consistent with published research guidelines (Bateman, O'Neill, & Kenworthy-U'Ren, 2002). Initially, comments were independently reviewed by two raters to identify common thematic categories (logical groupings of individual comments) that would compose the coding system. Using the initial coding system to determine the thoroughness and appropriateness of the thematic categories, raters next independently sorted a test sample (approximately 50 comments) into identified categories. Rater observations from this test sample coding resulted in slight modifications, as is typical, to what was now the final coding system. All comments, including the test sample, were next coded and placed into thematic categories independently by the raters. Where the respondents provided more than one piece of advice (which was quite common), each independent piece of information was separated and coded accordingly. As is typical practice in qualitative analyses, the reliability of the final set of coding results was examined by looking at agreement statistics between the two independent raters (percent agreement and Cohen's kappa). The rare disagreements were discussed until consensus was reached as to where the advice should be categorized. The study's first author, who was not one of the two coders, then made slight modifications to improve clarity.

RESULTS

Raters' independent sorts were high in agreement (> 80%) and surpassed acceptable thresholds (Cohen's kappa > .70). Table 1 provides a complete recording of the categories of advice, the number of times the category of advice was mentioned by respondents, and some representative comments. Overall, there were 359 suggestions that were sorted into 26 thematic categories. Some categories contained the advice of only a few participants. Categories of advice were wide ranging, covering job design issues as well as systemic shelter recommendations. The amount of advice provided by a respondent was not related ($p > .05$) to any of the demographic variables assessed (gender, age, euthanasia tenure).

TABLE 1
A Summary of Recommendations

<i>Category of Response</i>	<i>% of Employees Mentioning Response</i>	<i>Sample Comments</i>
Be supportive and encourage support from others	13.17	<p>More understanding from management and coworkers who do not perform euthanasia</p> <p>Ask people how they are handling it</p> <p>Not allow other staff to attack those involved in euthanasia</p> <p>Make sure noneuthanizing staff does not criticize what they don't know</p> <p>Open to talk with people when they are having issues around euthanizing</p> <p>Back people up. Let them know why we do this everyday. We are the good guys. Don't let anyone make them feel guilty for it</p> <p>Keep an open-door policy</p> <p>I would say make other employees who don't euthanize keep their mouths shut</p>
Counseling and professional help	12.35	<p>Counselors brought in monthly to those who need it</p> <p>Counselor to talk to—especially during kitten season</p> <p>Offer free stress counseling</p> <p>Counselor to come weekly to talk to staff</p> <p>Offer counseling for employees with a professional. Whenever they feel the need—so each have an understanding ear that will not judge them for the duties they have to perform</p>
Rotation	10.70	<p>Take turns; don't do it so often</p> <p>Don't let the same people do it day after day</p> <p>I think they need to rotate people more so that people do not get "burned out"</p>
Assistance/more help	10.29	<p>Enough workers to do the job thoroughly and well</p> <p>Hire more people. We only have 11 officers and we need 30</p> <p>Have more people dealing with euthanasia. Nice not to have to deal with it so much. If more dealt with process, others would understand why you need to do it better</p> <p>More employees to lighten the workload will decrease the stress</p>
Provide breaks and time off	9.05	<p>Have about one day a month where we don't have to euthanize</p> <p>For the people that perform daily euthanasia there should be more time off given</p> <p>Make sure they do not euthanize too many days in a row</p> <p>Paid mental health days</p> <p>Time alone to go and take an extra 15 minute break if needed</p> <p>Everybody has time for themselves after euthanasia</p>

(continued)

TABLE 1 (Continued)

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<i>Category of Response</i>	<i>% of Employees Mentioning Response</i>	<i>Sample Comments</i>
Support groups and meetings	7.82	<p>Have sessions every so often where we can all just get together and let it all out</p> <p>Meetings every so often where we could share our stories and cry if need be and comfort one another</p> <p>Offer a workplace debriefing group</p> <p>It would be healthy to set up meetings frequently to discuss euthanasia-related issues on a regular basis</p> <p>More meetings where you are asked if there is anything you want to talk about, good or bad, to-get-it-off-your-chest-type thing</p>
Better one-way and two-way communication	5.76	<p>Make sure all employees understand why we make the choices we do</p> <p>They could provide more specific understandings as to why certain animals are being euthanized, so we can feel it is justified</p> <p>Allow employees to be more involved with the selection of what animals are being put to sleep</p> <p>Apply workers' input</p> <p>Employees have input on euthanasia decisions</p> <p>Make sure employees understand why we make the choices we make</p>
Skills-based training	5.35	<p>Provide euthanasia certification training to all staff</p> <p>Have more people certified</p> <p>Cross-training</p> <p>Make sure all staff is trained well for euthanasia</p>
Stress and coping seminars	4.12	<p>Mandatory compassion-fatigue seminars twice yearly for all staff</p> <p>Stress management class</p> <p>Seminar or retreat for coping with anxiety, depression, euthanasia-related emotional fatigue</p>
Euthanasia room	4.12	<p>Euthanasia should be done in a quiet room</p> <p>Improve euthanasia room temperature</p> <p>Have a place in the shelter dedicated to do the euthanasia, not be reused and interrupted while performing euthanasia</p> <p>Make euthanasia room a bit more colorful and not one single dull color</p> <p>A well lit euthanasia room</p>

Employee appreciation and morale boosting	3.70	Employee appreciation gestures; cookouts, get-togethers, pizza, just about anything that says “Hey, you’re appreciated” A party once in awhile Go out to lunch as a group Give more appreciation and recognition for the job we do, euthanasia and noneuthanasia related
Try to prevent it	3.70	Offer spay and neutering to those who can’t afford it Better educate the public Encourage city and other shelters to enforce the ordinances Create more programs to assist and educate public I think the shelter could educate the public more through the media. Its bad enough having to do euthanasia but taking the heat for it through a misguided public is unbearable Be proactive in the community to lessen the overpopulation
Enough time allocated for a session/not too many animals	3.29	To not make me and my partner rushed I would ask that those of us who need more time to take our time, be given it without being rushed and made to feel like we are wasting time Create a better system so we can euthanize animals without the pressure of getting done and having to go out and clean kennels Don’t wait until the last minute of the day to euthanize 20 animals Cut down the number we have to euthanize at any one time
Stop euthanizing healthy animals	2.88	Stop euthanizing healthy, adoptable animals Quit putting good animals down
Health club access and exercise programs	2.06	Benefit of access to health club or equivalent Implement an exercise program Maybe start up a gym membership program Fitness room
Better shelter facilities	2.06	Enlarge the shelter We need a new facility Overall looks of the facility, which hinders people from visiting for adoptions or volunteering Break room
More pay	1.65	Pay employees more—\$8.00 to take something’s life way! Seems cruel at times Decent wages

(continued)

TABLE 1 (Continued)

<i>Category of Response</i>	<i>% of Employees Mentioning Response</i>	<i>Sample Comments</i>
Adopt out more animals	1.23	Adopt out more dogs and cats
Euthanize earlier in day	0.82	Start earlier to allow time after the morning euthanasia to get over it Get euthanasia taken care of as early in the morning as possible so that it does not affect the entire morning and afternoon
Two technicians in a session	0.82	Have two working euthanasia at all times
Save sick and hurt animals	0.82	It helps when we get to “save” sick or hurt animals once in a while
Memorial service	0.41	My recommendation would be to have an annual event in which staff and volunteers can gather and have a memorial service for the animals we’ve euthanized. I feel it is important to recognize that the animals had worth and that we honor their memory
Did not provide a suggestion/just expressed frustration	16.05	
I don’t know	7.41	I don’t know what they can do that they haven’t done already I don’t know if there is anything Honestly, I don’t know what the shelter could do to help
Nothing can be done	4.53	Just how it is Honestly, I don’t think much can be done
No help needed	4.12	I don’t have stress I don’t need any help

Get More People Involved and Share the Load

The need for job rotation programs were mentioned by 10.70% of participants. To prevent burnout, this usually was recommended in an effort to minimize the euthanasia load on any one set of employees. It basically entailed bringing a larger set of current shelter employees into the pool of available euthanasia technicians. In addition to more available “hands,” one employee indicated that job rotation was also a way of creating a shared sense of empathy across the shelter (a subtle but direct consequence of job rotation programs). Related to this, 10.29% of participants stressed the need for the shelter to increase overall staffing levels. Many employees indicated that understaffing puts additional strain on the existing staff that compounds over time.

Training

Participants recommended two types of training programs for shelters to consider. The need for skills-based training programs was indicated by 5.35% of respondents. These programs are designed to increase levels of technical expertise related to euthanasia (euthanasia certification training). The other type of training recommended was geared to emotion-based coping. Namely, 4.12% of employees stressed the need for stress management training programs. Compassion fatigue seminars were held up as an exemplar of this recommendation. A smaller number of employees recommended formal exercise programs or access to health clubs (2.06%) as a way of handling euthanasia-related strain.

Direct Psychological Interventions to Promote Coping

Participants (12.35%) recommended that shelters consider implementing professional counseling programs. Specifically, participants recommended having a counselor either available to the staff when needed and/or having one who regularly comes to the workplace and makes himself or herself available to employees or groups of employees on an ad hoc and even an impromptu basis. Similarly, it was suggested by 7.82% of employees that shelters should foster and promote peer support groups and meetings. Participants suggested that support groups could meet periodically as a way of expressing feelings and discussing euthanasia-related issues on a regular basis. One unique psychological coping intervention was suggested by a single participant, who recommended that a shelter schedule a periodic memorial service. In this memorial service, the euthanized animals are remembered and honored.

Time and Money

A small percentage of participants (1.65%) indicated that shelters should increase employee wages as a vehicle to aid in euthanasia-related coping. Notably, 9.05% discussed how additional breaks and time off would promote health and well being. This time off could manifest in a few different forms. On a daily basis, it would involve allowing for a break immediately following a euthanasia session (rather than going right back to work). Holistically, time off could involve taking a break from euthanasia activities over the course of a week or a month and even allowing the employees to take a paid mental health day periodically.

Recommendations Targeting Euthanasia Processes

The next set of recommendations tie directly into the act of euthanasia: how and where it is conducted. A very small number of participants (0.82%) suggested that shelters should conduct euthanasia activities early in the day in order “to just get it over with.” An equal proportion of participants (0.82%) suggested the need to always have two technicians involved in the euthanasia session. A larger number of participants (4.12%) stressed the importance of having an adequate and more “comfortable” euthanasia room (better temperature, colorful, well lit). Finally, 3.29% of participants discussed allocating the appropriate amount of time (or have a decreased number of animals) to a euthanasia session so that employees do not feel rushed and pressured. This would also allow the employee the time needed to comfort and care appropriately for the animals throughout the euthanasia process.

Organizational-Level Recommendations

From a broader organizational perspective, 3.70% of participants encouraged shelters to engage more actively in outreach (spay and neuter programs) and public education initiatives as a way of allaying euthanasia-related strain. Explicitly, an additional 1.23% discussed the need for better adoption programs. A set of participants (2.88%) suggested ideally having policies prohibiting the euthanasia of healthy and adoptable nonhuman animals. A small number of participants (1.23%) wrote about the need to occasionally save a sick and hurt animal. Finally, beside these policy issues, 2.06% of the participants wrote about the need to have an attractive facility that encourages adoptions and volunteers—and a facility sufficient in size to handle population needs.

Support and Morale Recommendations

The most common participant suggestion concerned management supportiveness (13.17% of participants). This took two forms. First, management was encouraged to demonstrate concern and interest in employee well being and welfare (asking how employees are doing and caring about the answer). Second, management should ensure that other employees (those not engaged in euthanasia) support those who are charged with euthanasia responsibilities. The participants emphasized the need for more understanding and less criticism from those who do not perform euthanasia and pointed out that management sets the tone for realizing these goals through their actions, communications, and policies.

Related to the aforementioned recommendations, 3.70% of participants discussed the need for employee appreciation and morale-boosting interventions. These interventions could take many forms: cookouts, parties, or other ways of expressing the sentiment that “we appreciate what you do.” A final set of recommendations expressed by 5.76% of participants concerned open communication. These participants encouraged management to listen and take into consideration the ideas and thoughts of employees as they relate to euthanasia. At the same time, management should help employees understand the decisions made by management.

Comments Not Containing Recommendations

A sizable number of participants provided responses that did not explicitly state recommendations to promote employee well being: 4.53% participants stated that euthanasia-related strain was a problem about which nothing can be done, 7.41% said they just did not know how to fix the situation, 16.05% chose to provide a personal story or complaint about their particular shelter rather than a recommendation to shelters in general, and 4.12% of participants said that they do not see euthanasia-related strain as a problem.

DISCUSSION

This investigation took as its departure point anecdotal reports, ethnographic studies, and quantitative research establishing that animal shelter workers tasked with performing euthanasia are at risk for a unique kind of strain that threatens their well being. Given the relationship between employee health and overall organizational effectiveness (absenteeism and turnover), as well as the detrimental effects of counterproductive coping strategies such as resentment toward members of the public, considering different ways that may help affected employees

cope with euthanasia-related stress is a valuable exercise for animal care professionals and researchers. Although the survey respondents were not randomly selected, they were part of a large, cross-national study—employees from 62 small-to-large shelters representing 31 states participated.

We collected a variety of suggestions and sorted them into 26 thematic categories. Of the 310 total employees surveyed, only 4.12% reported that they did not need help because they did not experience stress. At the other end of the spectrum, 4.53% of respondents felt that nothing could be done to improve euthanasia stress. The majority of respondents, however, contributed at least one improvement recommendation. Many mentioned practices that are currently in place in shelters across the United States, whereas some suggestions were more unique and creative (health club memberships). The reasons for specific suggestions were not given, but some were most likely prompted by the respondents' personal experiences, either direct or indirect. Many of the suggestions shared by the surveyed shelter employees were well grounded in practicality and can be reasonably implemented. In general, the suggestions taken as a whole should offer shelter managers valuable guidance in their effort to help their employees cope with euthanasia-related stress.

Participant recommendations varied on many dimensions. Some recommendations were management-focused, and some were peer focused. Some recommendations discussed external resources needed, and others focused on internal resources needed. Some suggestions highlighted "big picture" shelter mission issues, whereas others were focused on the specifics of the euthanasia act. As a whole, the entire organizational system was touched by the suggestions offered. The most popular and perhaps noteworthy category of suggestions had to do with promoting understanding and support between euthanasia technicians and noneuthanasia employees who work side-by-side. Many comments in this category appeared grounded in personal and upsetting experiences ("make sure noneuthanizing staff does not criticize"; "not allow other staff to attack those involved in euthanasia"). Clearly, a good number of euthanasia technicians feel that criticism from colleagues aggravates their already difficult jobs. These comments may reveal a miscommunication problem that merits special attention. Promoting a culture of support within any organization is a valuable goal in general; within animal sheltering organizations, it may be an imperative. After all, it is often the case that those charged with euthanasia responsibilities experience a dearth of support from the public and even family and friends (Reeve et al., 2005).

Another popular category of suggestions had to do with availability of professional scheduled or impromptu counseling, specifically regular staff access to counselors (monthly, weekly, or during especially busy seasons of animal intake). A smaller percentage of respondents explicitly suggested holding stress management or compassion fatigue seminars. Group seminars are more widely available across the field, possibly because of the greater costs and logistics associated with arranging for individual professional counseling.

Respondents also suggested euthanasia-related work improvement steps that are commonly promoted throughout the animal care and control field in trade publications and in national and local conferences. These included providing shelter employees with technical training and certification, designating a comfortable private euthanasia room, and ensuring that two euthanasia technicians participated in each euthanasia session. Cross-training across departments was another suggestion intended to meet two ends:

1. Enhance and promote understanding and empathy across the shelter for those charged with euthanasia responsibilities, and
2. Facilitate job rotation and lead to having more employees who are able to share the task of euthanasia.

Many respondents also believed that management should actively solicit employee input about euthanasia-related decisions and practices.

Managerial focus on improving euthanasia-related practices would certainly fall short of addressing the root cause of euthanasia. Respondents emphasized the need for proactive community outreach, education, and adoption programs designed to reduce the number of abandoned and surrendered companion animals. However, many respondents who worked in open admission shelters with limited capacity appeared aware that completely eliminating euthanasia was not currently feasible.

The intractability of euthanasia makes introspection and discussion about its impact critically important. However, euthanasia remains a sensitive issue. Shelter managers who shoulder the burden of requiring staff to perform a uniquely stressful job may be reluctant to seek direct feedback from their employees about ways to address euthanasia-related stress. In effect, "What can we do to help staff deal with euthanasia-related stress?" is a loaded question.

This study provided respondents a unique opportunity they might not otherwise have by offering them a confidential and safe platform on which to share their suggestions about managing the strain of euthanasia. The results were both informative and encouraging. Over 80% of surveyed employees had something constructive to say about addressing euthanasia-related stress. This issue is certainly on the minds of many shelter employees, and it calls for attention from shelter managers and administrators.

Limitations and Future Work

Although the original 88 shelters contacted for this study do not represent a truly random sample, we believe the responses collected from the resulting pool of respondents are extremely informative, given that they reflect such a large number

of shelter employees from a broad range of shelters across the country. Although we believe our findings are comprehensive and inclusive of many shelter environments, it is still important to recognize that no single research methodology should be relied on to reveal the whole truth. As a result, we do not offer this as an exhaustive list of ways to improve shelter life. Most important, this study did not address the practicality and efficacy of suggestions presented. With regard to the latter, some suggestions may not be equally realistic for every shelter; this may frustrate shelter managers who want to implement improvements. With regard to the former, a comprehensive evaluation of various strategies currently being implemented by shelters across the nation is warranted to compare and expand on the findings reported here. In-depth examination of the effectiveness of some of the more common suggestions would also be beneficial (especially implementing combinations of interventions).

This research is not intended as a one-size-fits-all blueprint for animal shelters to follow to help euthanasia technicians deal with the potential strain of their work. However, the suggestions offered in these surveys are informed by experienced individuals who possess insights that can be valuable to shelter leaders concerned about the impact of stress on organizational health and well being. At the very least, we encourage shelter leaders to periodically reflect on this study's findings, together and with employees, to determine what can, and should, be considered in a given shelter to aid with euthanasia-related stress. Then, over time, shelter leaders should assess the impact of the intervention choices made and make necessary adjustments.

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REFERENCES

- American Veterinary Medical Association. (2006). Retrieved January 5, 2007, from <http://www.avma.org>
- Animal Sheltering. (2006). Retrieved January 5, 2007, from <http://www.animalsheltering.org>
- Animal Welfare Information Center. (2006). Retrieved January 5, 2007, from <http://www.nal.usda.gov/awic/>
- Arluke, A. (1994). Managing emotions in an animal shelter. In A. Manning & J. Serpell (Eds.), *Animals and human society* (pp. 145–165). New York: Routledge.
- Arluke, A., & Sanders, C. R. (1996). The institutional self of shelter workers. In A. Arluke & C. R. Sanders (Eds.), *Regarding animals* (pp. 82–106). Philadelphia: Temple University Press.

- Bateman, T. S., O'Neill, H., & Kenworthy-U'Ren, A. (2002). A hierarchical taxonomy of top managers' goals. *Journal of Applied Psychology, 87*, 1134–1148.
- DiGiacomo, N., Arluke, A., & Patronek, G. (1998). Surrendering pets to shelters: The relinquisher's perspective. *Anthrozoös, 11*, 41–51.
- Figley, C. R., & Roop, R. G. (2006). *Compassion fatigue in the animal-care community*. Washington, DC: Humane Society Press.
- Humane Society of the United States. (2006). *HSUS pet overpopulation estimates*. Retrieved May 10, 2006, from http://www.hsus.org/pets/issues_affecting_our_pets/pet_overpopulation_and_ownership_statistics/hsus_pet_overpopulation_estimates.html
- McDiarmid, Jr., H. (2000, January 30). At area animal shelters, care often entail killing: Euthanasia taking toll on workers too. *Detroit Free Press*.
- Reeve, C. L., Rogelberg, S. G., Spitzmüller, C., & DiGiacomo, N. (2005). The “caring–killing” paradox: Euthanasia-related strain among animal shelter workers. *Journal of Applied Social Psychology, 35*, 119–143.
- Rhoades, R. H. (2002). *The Humane Society of the United States euthanasia training manual*. Washington, DC: Humane Society Press.
- Rollin, B. E. (1986). Euthanasia and moral stress. *Loss, Grief and Care, 1*, 115–126.
- Shelter speak. (2003, November–December). *Animal Sheltering*, pp. 30–32.
- Shelter workers suffer from dealing in death. (2000, May 15). *The Washington Times*, p. A2.
- Smith, B. H. (1984, July–August). Your “E.T.” has feelings too! *Community Animal Control*, pp. 14–15, 28.
- Taylor, N. (2004). In it for the nonhuman animals: Animal welfare, moral certainty, and disagreements. *Society & Animals, 12*, 317–339.
- White, D., & Shawhan, R. (1996). Emotional responses of animal shelter workers to euthanasia. *Journal of the American Veterinary Medical Association, 15*, 846–849.