

# BMJ Open Prevalence and individual and work-related factors associated with suicidal thoughts and behaviours among veterinarians in Norway: a cross-sectional, nationwide survey-based study (the NORVET study)

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## ABSTRACT

**Objectives** Several studies have shown increased suicide rates among veterinarians. We investigated the self-reported prevalence of suicidal thoughts and behaviours and contributing and independent factors associated with suicidal thoughts and behaviours among veterinarians in Norway.

**Design** Cross-sectional, nationwide survey.

**Participants** 2596 veterinarians in Norway (response rate: 75%).

**Main outcome measure** Paykel's five-item questionnaire.

**Results** In total, 27% (n=682/2567) of veterinarians in Norway felt that life was not worth living during the last year, 5% (n=139/2562) had serious suicidal thoughts, and 0.2% (n=6/2537) had attempted suicide. Female veterinarians reported significantly higher prevalence of suicidal feelings and thoughts than males. For serious suicidal thoughts, women had nearly twice the prevalence as their male colleagues (6.2% (n=108/1754) vs 3.6% (n=28/766),  $\chi^2$ : 6.5, p=0.011). Independent factors associated with serious suicidal thoughts were being single (OR 1.76, 95% CI 1.13 to 2.72, p<0.05), negative life events (OR=1.43, 95% CI 1.22 to 1.68, p<0.001) and the presence of mental distress (OR 2.75, 95% CI 2.14 to 3.52, p<0.001). The veterinarians related their serious suicidal thoughts to work and personal problems, and a lesser degree to family, social and other problems. Nearly twice as many women (53%, n=57/108) as men (28%, n=7/25) reported work problems as the most important contributing factor to their serious suicidal thoughts ( $\chi^2$ : 4.99, p=0.03). 4% (n=6/139) reported work problems as the only factor of importance.

**Conclusions** Veterinarians in Norway have relatively high prevalence of suicidal feelings and thoughts, including serious suicidal thoughts. In multivariable analyses, the individual factors were more important than work-related ones, while work problems were the most reported contributing factor to serious suicidal thoughts by the veterinarians themselves. The role of gender and specific work-related factors should be further investigated to better understand the complexity of suicidal behaviour among veterinarians.

## Strengths and limitations of this study

- A major strength of our study is the high response rate (75%), incorporating all authorised veterinarians nationwide, in all main fields of work.
- An extensive questionnaire was used, making multi-variable analysis feasible.
- This is a cross-sectional study, which limits any conclusions regarding causality.
- The study possibly has limited generalisability, due to differences in organisation of work life in other countries.

## INTRODUCTION

Several studies have shown increased suicide rates among veterinarians. A review from 2010 found elevated suicide rates in all but 1 of the 15 studies published at the time. The suicide rate among veterinarians in the UK was three times that of the general population.<sup>1</sup> Recent studies have also indicated increased suicide rates in the profession.<sup>2-4</sup> Furthermore, three recent studies found a higher prevalence of suicidal ideation among veterinarians than the general population.<sup>5-7</sup>

There is little knowledge about the contribution of individual and work-related factors to suicidal behaviour in veterinarians. In a systematic review from 2012, which included 52 papers, the authors highlighted the paucity of research that investigated the factors that contribute to suicide among veterinarians, and that many of the studies were of poor quality.<sup>8</sup> An interview study found that patient issues, responsibility and poor work/life balance contributed to suicidal ideation among veterinarians.<sup>9</sup> It has been suggested that suicidal ideation among veterinarians is linked to the demanding nature of

their work.<sup>10</sup> Dealing with bereaved clients (ie, animal owners) has been shown to impact the mental health of veterinarians,<sup>11</sup> and attachment loss and trauma can contribute to both depression and suicidality.<sup>12</sup> Preoccupation, self-doubt, conflicting responsibilities (care of animals/human clients/financial demands) and insufficient support were important factors of job stress among veterinarians in a qualitative study.<sup>13</sup> When searching for independent work-related factors associated with suicidal thoughts and behaviour, it is important to control for known individual factors. These include having no partner,<sup>14 15</sup> negative life events,<sup>16</sup> anxiety symptoms, depressive symptoms,<sup>15 17</sup> personality problems<sup>18 19</sup> and the problematic use of alcohol.<sup>17</sup>

The gender balance among veterinarians has changed significantly over the past decades, from 66% male veterinary students in Norway in 1980 to only 16% in 2020 (personal communication, Ann Kristin Egeli, Norwegian University of Life Sciences, 22 June 2021). As of June 2021, 69% of veterinarians holding authorisation in Norway were women (personal communication, Bente N. Reve, The Norwegian Food Safety Authority, 12 July 2021). The gender shift in the profession corresponds to that in several other countries.<sup>20–22</sup> Studies have shown that being female and of younger age increases the risk of serious psychological distress as a veterinarian.<sup>7 8 11</sup> The prevalence of psychological distress, such as anxiety symptoms and depressive symptoms, is also higher among female veterinarians compared with that among male veterinarians.<sup>5 11 23</sup>

Furthermore, there is substantial evidence that certain personality traits may increase the risk of suicide.<sup>19 24</sup> Reality weakness is a deviant personality trait including chronic illusions, paranoid traits, identity-insecurity and relational problems.<sup>25</sup> This trait has demonstrated predictive validity in Norwegian medical doctors regarding the aggravation of suicidal ideation.<sup>18</sup> It is a significant predictor of serious suicidal ideation in other occupational groups as well.<sup>26 27</sup>

Over the last decades, the veterinary profession has turned from agriculture and food-producing animal medicine to an increasing proportion working with companion animals. Two US studies have found a higher suicide rate among companion animal practitioners compared with other specialisations,<sup>3 28</sup> and it has been shown that veterinarians in this field more often reported suicidal thoughts than other veterinarians.<sup>29</sup> Thus, attention is required in the different fields of veterinary medicine.

Few studies have investigated the direct association and contribution of individual and work-related factors to suicidal thoughts and behaviour. Therefore, we investigated the following questions:

1. What is the prevalence of suicidal thoughts and behaviour among veterinarians in Norway, and are there any gender differences?
2. What do veterinarians in Norway regard as contributing factors to their serious suicidal thoughts?

3. What are the independent individual and work-related predictors for serious suicidal thoughts?

## METHODS

### Sample

The sample included all veterinarians in Norway, holding valid authorisation as of May 2020 (n=4256), according to information retrieved from the Norwegian Food Safety Authority. We excluded veterinarians for the following reasons: no residential address in Norway (n=527), current address unknown (n=196), those working abroad (n=62) and those who were deceased (n=7). This resulted in an eligible sample of 3464 veterinarians.

### Questionnaire

A 12-page questionnaire, an information sheet and a prepaid postage envelope were distributed by mail in November 2020. The information sheet included contact information of a psychiatrist in the research group and the colleague-support network of the Norwegian Veterinary Association. Two reminders were sent in January and February 2021, respectively. Five gift cards from a sports shop were placed in a drawing for respondents as incentives to increase the response rate. An external company managed both the data collection and prize awards. Respondents returned their questionnaires in a sealed envelope, and the identities of the respondents were unknown to the researchers throughout. The complete questionnaire in Norwegian can be found as online supplemental file 1—Full questionnaire NORVET.pdf.

### Instruments: dependent variable

Paykel's questionnaire about suicidal thoughts and attempts was the dependent variable in this study.<sup>30</sup> It is a five-item instrument developed to study suicidal feelings in the general population. The items represent increasing severity, from unspecific suicidal feelings to actual suicide attempt. Previous studies on several professions in Norway have validated this instrument.<sup>14 15 26 27 31</sup> The five items have the following wording: (1) 'Have you ever felt that life was not worth living?' (2) 'Have you ever wished you were dead—for instance, that you could go to sleep and not wake up?' (3) 'Have you ever thought of taking your life, even if you would not really do it?' (4) 'Have you ever reached the point where you seriously considered taking your life, or perhaps made plans how you would go about doing it?' and (5) 'Have you ever made an attempt to take your life?' Question four was slightly altered in the Norwegian translation, to: '... and even made plans...', reinforcing the seriousness in this statement.<sup>15</sup> The responses to each question were never, hardly ever, sometimes or often. Responses were dichotomised into never (0) and any frequency (1) according to Paykel's original work. The preceding year's suicidal thoughts and attempts were investigated in this study. For questions 4 and 5, an additional question was asked: 'To what extent do you think the following factors contributed to your consideration of taking your life', with the following factors: (1) Personal

problems, (2) Family problems, (3) Social problems, (4) Work problems and (5) Other problems. Each of the factors had five response categories from 'not at all' (1) to 'very much' (5). For the regression analyses, Paykel item number four was used (serious suicidal thoughts) as the outcome variable, dichotomised as specified above.

### Independent variables: individual factors

The personality trait reality weakness was measured using the nine-item reality weakness dimension of Torgersen's Basic Character Inventory (BCI).<sup>32</sup> Each item had a dichotomous ('agree'/'do not agree') response, with a total sum score from 0 to 9. BCI-Reality weakness is an original, deviant trait related to perceptions and ideations on the borderline between reality and fantasy; this dimension also measures chronic illusions, paranoid traits, and traits related to severe personality disorders.<sup>25 33</sup> Examples of items are: 'I feel lonely most of the time' and 'Sometimes I feel I am not myself'. This measure has previously been validated to predict emotional disturbance, such as serious suicidal thoughts, severe depression, and lack of help-seeking among physicians.<sup>33</sup>

The Norwegian Centre for Research Data claimed the use of age intervals to keep the data as unidentifiable as possible. Therefore, age was reported in the following intervals: 20–25, 26–30 (...) up to 66–70 and >70 years. In this study, marital status was dichotomised into married/cohabitant and single/divorced/separated/widow(er) (coded 0 and 1, respectively).

Life events during the last 12 months was measured by 17 items, previously used by among others, Tyssen *et al*<sup>15 34</sup> and adapted to veterinarians. The adaptations were mainly linguistic and included the removal of items specific to physicians. Examples of life events were 'serious disease or accident', 'death of a relative/close friend' and 'serious economic problems'. All items were coded as 0 or 1, and the variable comprised the sum score of all items. To test the effects on serious suicidal thoughts, we used the weighted total score of all items significantly associated with such thoughts.

Mental distress (anxiety symptoms and depressive symptoms) in the last 14 days was measured using SCL-5, a five-item version of the Symptom Check List-25.<sup>35</sup> This five-item version is based on a factor analysis by Tambs and Moum,<sup>36</sup> and contains questions about how much one is bothered by the following: (1) 'Feeling fearful', (2) 'Nervousness or shakiness inside', (3) 'Feeling hopeless about the future', (4) 'Feeling blue' and (5) 'Worrying too much about things'. Each item was measured on a scale from 1 to 5 from 'not at all' to 'very much'. The sum score is used to indicate the level of mental distress. This version has been validated in medical students and physicians in Norway.<sup>37 38</sup>

Alcohol to cope was measured by a single item originally used in national surveys in the USA.<sup>39</sup> The item is: 'When you feel worried, tense, or nervous, do you ever drink alcoholic beverages to help you handle things?' The alternatives were 'never', 'seldom', 'now and then' and

'often'. In the analyses, responses were dichotomised into 0 'Never' and 1 'Any frequency', as validated in previous Norwegian studies.<sup>40–42</sup> The reason for dichotomising the response was for cultural purposes and we wanted a clear distinction between drinking to cope with tension or not, as accounted for in detail elsewhere.<sup>40</sup>

### Independent variables: work-related factors

The main fields of work were reported as 'companion animal practice', 'production animal practice', 'mixed clinical practice', 'equine practice', 'aquaculture', 'public administration', 'academia/researcher', 'pensioners' and 'others'. Those who classified themselves as pensioners were excluded from the logistic regression analyses, because work-related factors were included in the model.

Job stress was measured by a modified version of Cooper's Job Stress Questionnaire,<sup>43 44</sup> with minor adaptations to veterinarians' work conditions. These adaptations were mainly linguistic, but some items specific to the veterinary profession were added (as 'cross pressure between economy/animal welfare/ethics'). The veterinarians were asked how much different situations/factors made them stressed, with the response alternatives being reported by a five-point Likert type rating scale ranging from no stress at all (1) to a source of extreme stress (5). A factor analysis (principal component with varimax rotation, including scree plot evaluation) identified three job stress factors: emotional demands, work/life balance and fear of complaints/criticism. The first factor, emotional demands (Cronbach's alpha=0.87), contained six items: (1) 'Daily contact with dying and critically ill animals', (2) 'Taking care of terminally ill animals and their owners', (3) 'Taking care of suffering animals', (4) 'Requests about animals from friends and family', (5) 'Requests about animals from relatives' and (6) 'Emotional involvement with patients'. The second factor, work/life balance (Cronbach's alpha=0.86), consisted of five items: (1) 'Work affects family life', (2) 'Managing a balance between work and personal life', (3) 'Work affects social life', (4) 'Time pressure' and (5) 'Interruptions and nagging at work'. The third factor, fear of complaints/criticism (Cronbach's alpha=0.88), consisted of three items: (1) 'Worries about complaints from animal owners/customers', (2) 'Animal owners/customers do not appreciate your work' and (3) 'Dealing with challenging animal owners/customers'.

### Statistical analysis

SPSS V.27 and StataSE V.16 were used for the statistical analyses. Table analyses and the  $\chi^2$  test were used to test for gender differences. Controlled effects were reported as ORs, analysed through hierarchical logistic regression. The following variables were examined as possible predictors of serious suicidal thoughts: gender, age, civil status, negative life events, mental distress, reality weakness, use of alcohol to cope, main field of work and job stress. Initially, all independent variables were analysed bivariously with the dependent variable (crude ORs). In the adjusted model, all independent variables were entered



simultaneously in a logistic regression (adjusted ORs). In order to study possible mediating or confounding effects of mental distress and reality weakness, we performed an additional multivariable regression leaving out the variables mental distress and reality weakness. A  $p < 0.05$  was considered statistically significant for all analyses. To investigate gender-specific effects, we entered two-way interaction terms between gender and the other independent variables in separate analyses with the main effect included in the equations. Missing values were coded as 'system missing'.

### Patient and public involvement

The Norwegian Veterinary Association appointed a reference group for this project consisting of seven veterinarians from each of the professional subgroups: Small Animal, Equine, Production Animal and Aquaculture Veterinary Association, the Association of Veterinarians in Public Health Medicine, the Veterinary Students' Association and the Pensioners' Association. These veterinarians contributed with valuable input both to the design of the questionnaire, hypotheses and aims of this study.

## RESULTS

### Demographics

Of the 3464 eligible participants, we received 2596 responses, resulting in a response rate of 75%.

The most frequently reported age category was 41–45 years of age. The age varied between genders, with a higher proportion of younger women, and the majority of men were older than 50 years. In total, 69% were female and 31% male (table 1), which is an accurate reflection of the actual gender distribution of veterinarians in Norway.

### Prevalence of suicidal thoughts and behaviour during the last year

Twenty-seven per cent of the veterinarians reported that they felt that life was not worth living, and 20% had thought of suicide, even though they knew that they would not do it. Five per cent reported that they had serious suicidal thoughts, and six persons (0.2%) had attempted suicide (table 2). Female veterinarians reported significantly higher prevalence of suicidal feelings and thoughts than male colleagues did. This gender difference remained throughout all items; for serious suicidal thoughts; women had nearly twice the prevalence as their male colleagues (6.2% vs 3.6%,  $\chi^2$ : 6.5,  $p=0.011$ ). Economic problems (OR=10.88, 95% CI 5.20 to 22.78,  $p < 0.001$ ) were the most significant negative life event for veterinarians. Descriptive statistics for the veterinarians with serious suicidal thoughts is included as online supplemental file 2—Descriptives for veterinarians with serious suicidal thoughts.

### Self-reported factors contributing to serious suicidal thoughts

Among the veterinarians reporting serious suicidal thoughts ( $n=139$ ), work problems were the most

**Table 1** Description of study population

	Range of values	Frequency (%)	Mean (SD)
<b>Gender</b>			
Female		1776 (69.6)	
Male		776 (30.4)	
<b>Age</b>			
20–30		274 (10.8)	
31–40		697 (27.4)	
41–50		667 (26.2)	
51–60		432 (16.9)	
61–70		318 (12.5)	
>70		159 (6.2)	
<b>Marital status</b>			
Married/cohabiting		1962 (78)	
Single/divorced/widow(er)		552 (22)	
Life events	0–9		0.54 (0.89)
SCL-5	1–5		2.00 (0.98)
Reality weakness	0–9		1.38 (1.85)
<b>Alcohol to cope</b>			
Never		1769 (71)	
Any frequency		722 (29)	
<b>Main field of work</b>			
Companion animal practice		802 (31.8)	
Public administration		402 (15.9)	
Mixed clinical practice		268 (10.6)	
Academia/research		202 (8.0)	
Production animal practice		177 (7.0)	
Aquaculture		121 (4.8)	
Equine practice		102 (4.0)	
Other		250 (9.9)	
Pensioner		198 (7.9)	
<b>Job stress</b>			
Emotional demands	1–5		1.98 (0.79)
Work/life balance	1–5		2.67 (0.97)
Fear of complaints	1–5		3.06 (1.17)

Continued

**Table 1** Continued

	Range of values	Frequency (%)	Mean (SD)
Connection to work-life			
Employed		1561 (63.0)	
Self-employed		573 (23.1)	
Other		217 (8.8)	
Two or more connections to work life		127 (5.1)	
Position type			
Permanent position		2023 (88.1)	
Temporary position		70 (3)	
Temporary educational position		50 (2.2)	
Other		153 (6.7)	
Working full time		1922 (81.1)	
Frequency of working overtime (weekly or biweekly)		1550 (67.9)	

SCL-5, Symptom Check List-5.

frequently reported contributing factor (48%), followed by personal problems (37%) (table 3). The only significant gender difference was regarding work problems, with nearly twice as many women (53%) as men (28%) reporting work problems as the most important contributing factor to their serious suicidal thoughts ( $\chi^2$ : 4.99,  $p=0.03$ , Fisher's exact) and 4.3% reported work problems as the only factor of importance.

### Predictors of serious suicidal thoughts

Being single, negative life events, mental distress, reality weakness, use of alcohol to cope and the three job stress factors were significant unadjusted (crude) predictors

(table 4). In the adjusted model, the significant predictors were being single, negative life events and mental distress. There was no gender effect. No significant effect was found within the different fields of work or any of the three job stress factors in the adjusted model (table 4).

Post hoc, and in order to investigate any confounding or mediating effect of mental distress and reality weakness on the job stress-variables, we conducted an additional multivariable analysis. When processing the individual and work-related factors without the two variables of reality weakness and mental distress, the significant predictors were: being single, negative life events, use of alcohol to cope with tension and all three job stress factors. The results from the additional analysis can be found in online supplemental file 3—Additional analysis predictor model.

We found significant interactions between gender and negative life events (OR 0.65, 95% CI 0.46 to 0.92,  $p=0.015$ ), with clearly steeper gradients for females. There was also an interaction between gender and work/life balance (OR 1.11, 95% CI 1.01 to 1.22,  $p=0.026$ ), and the increase in suicidal thoughts with higher work/life imbalance was stronger among males than among females. A figure illustrating the interaction analysis can be found as online supplemental files 4-1, 4-2.

### DISCUSSION

A main finding of this study was that 27% of the veterinarians in Norway felt that life was not worth living during the last year, 5% had serious suicidal thoughts, and 0.2% had attempted suicide. Female veterinarians reported significantly more suicidal feelings and thoughts than their male colleagues. The veterinarians considered their serious suicidal thoughts mainly as related to work and personal problems, and to a lesser degree, family, social and other problems. Independent factors associated with serious suicidal thoughts were: being single, negative life events and mental distress.

Furthermore, veterinarians reported both suicidal feelings and serious suicidal thoughts more frequently (26.6% and 5.4%, respectively) than physicians (16.6% and 2.6%, respectively),<sup>14</sup> and police (8.9% and 1.7%, respectively)<sup>26</sup> in Norway. Furthermore, veterinarians, especially females, regarded work problems as the most

**Table 2** Prevalence of suicidal feelings and thoughts among veterinarians in Norway according to gender

	All	Men	Women	Total N for each item	$\chi^2$ and p-value
1. Felt life was not worth living	682 (26.6%)	148 (19.3%)	522 (29.7%)	2567	29.4, <0.001
2. Wished you were dead	498 (19.4%)	96 (12.5%)	394 (22.5%)	2565	33.6, <0.001
3. Thoughts of taking life	503 (19.6%)	102 (13.3%)	391 (22.3%)	2565	26.9, <0.001
4. Seriously considered taking your life	139 (5.4%)	28 (3.6%)	108 (6.2%)	2562	6.5, 0.011
5. Made a suicide attempt	6 (0.2%)	1 (0.1%)	5 (0.3%)	2537	NA

Not all veterinarians reported gender (n=2554). This leads to a difference in total sum for men+women compared with 'all.'  
NA, not available.

**Table 3** Self-reported contributing factors to serious suicidal thoughts among veterinarians in Norway

	Not at all+a little+somewhat			Quite a bit+very much			
	N (%)			N (%)			
	Total	Men	Women	Total	Men	Women	Total, n
Personal problems	84 (63.2%)	17 (65.4%)	67 (63.8%)	49 (36.8%)	9 (34.6%)	38 (36.2%)	133
Family problems	91 (68.4%)	19 (79.2%)	72 (67.9%)	42 (31.6%)	5 (20.8%)	34 (32.1%)	133
Social problems	108 (81.2%)	21 (84.0%)	86 (81.1%)	25 (18.8%)	4 (16.0%)	20 (18.9%)	133
Work problems	70 (51.9%)	18 (72.0%)	51 (47.2%)	65 (48.1%)	7 (28.0%)	57 (52.8%)	135
Other problems	90 (72.6%)	20 (83.3%)	70 (71.4%)	34 (27.4%)	4 (16.7%)	28 (28.6%)	124

Item four of Paykel's questionnaire was answered by n=2562 veterinarians (men=766, women=1754). The question was answered positively by n=139 (see [table 1](#)).

important contributing factor to their suicidal thoughts. A previous study found that physicians most frequently regarded personal and family problems as the most important factors for serious suicidal thoughts,<sup>14</sup> which may suggest that self-reported work factors play a more important role in suicidal thoughts in veterinarians than in physicians. Regarding suicide attempts, veterinarians

had a prevalence (0.2%) comparable to those of physicians and police (0.3% and 0.1%, respectively).<sup>14 26</sup>

The relatively high prevalence of suicidal feelings and thoughts concurs with findings among veterinarians in other countries. Two studies used 'National Survey of Psychiatric Morbidity',<sup>5 45</sup> an item originally sourced from Paykel's instrument.<sup>30</sup> These items use the same

**Table 4** Predictors of serious suicidal thoughts among veterinarians in Norway

	Crude		Adjusted*	
	OR	95% CI	OR	95% CI
Female	1.55	0.999 to 2.401	0.88	0.49 to 1.57
Age	0.93	0.86 to 1.00	1.11	0.996 to 1.235
Single	2.38***	1.65 to 3.43	1.76**	1.13 to 2.72
Negative life events <sup>1</sup>	1.78***	1.55 to 2.04	1.43***	1.22 to 1.68
SCL-5	3.08***	2.61 to 3.64	2.75***	2.14 to 3.52
Reality weakness <sup>2</sup>	1.47***	1.37 to 1.59	1.10	0.99 to 1.22
Alcohol to cope	2.14***	1.51 to 3.04	1.09	0.72 to 1.67
Main field of work (ref. category=mixed clinical practice)				
Companion animals	1.38	0.74 to 2.57	1.01	0.50 to 2.06
Production animals	1.28	0.56 to 2.94	1.97	0.77 to 5.05
Equine practice	1.21	0.45 to 3.28	1.02	0.32 to 3.26
Aquaculture	1.01	0.37 to 2.73	1.07	0.32 to 3.61
Public administration	1.08	0.53 to 2.20	1.15	0.49 to 2.71
Academia/research	1.12	0.49 to 2.56	1.07	0.39 to 2.99
Other	0.82	0.35 to 1.91	0.70	0.24 to 2.02
Job stress				
Emotional demands	1.12***	1.08 to 1.16	1.02	0.97 to 1.07
Work/life balance	1.13***	1.09 to 1.17	1.00	0.95 to 1.05
Fear of complaints	1.18***	1.11 to 1.25	1.01	0.93 to 1.09

\*\*P<0.05.

\*\*\*P<0.001

<sup>1</sup>The variable life events was entered into the model as a weighted variable ('Negative life events'), comprising the sum score of life events that was significant in a univariate model with the dependent variable.

<sup>2</sup>There was a high correlation between SCL-5 and reality weakness (Pearson's R=0.6). x Mark as

\*In the adjusted model, all listed variables were simultaneously entered in the model, that is, gender, age, civil status, negative life events, SCL-5, reality weakness, use of alcohol to cope, main field of work and the three job stress factors.

SCL-5, Symptom Check List-5.

wording for items one and three, which makes comparison possible. The prevalence of suicidal feelings in the past year among veterinarians in Norway was slightly higher (26.6%) than among those in the UK (23.0%)<sup>45</sup> and Canada (17.9%),<sup>5</sup> whereas suicidal thoughts in the past year were at the same level (19.6%, 21.3%, and 19.4%, respectively). However, veterinarians in Canada reported higher prevalence (17.0%) of serious suicidal thoughts than in Norway (5.4%), which is probably due to the reporting period for serious suicidal thoughts in the Canadian survey being 'since the start of veterinary education', while in this study, the reporting period was the preceding year.

Moreover, like female physicians,<sup>14</sup> female veterinarians had higher levels of suicidal feelings and thoughts than their male colleagues. Gender differences were also present in the self-reported contributing factors, as female veterinarians reported work problems more frequently than men. According to our own results and those of others,<sup>14</sup> work problems are more often considered a contributing factor to suicidal thoughts by veterinarians than by physicians. The perceived impact of work factors on serious suicidal thoughts may be partly influenced by the fact that veterinarians in Norway have less undergraduate training in communication, psychology and coping skills, and experience more professional isolation. Additionally, animal healthcare poses a cost issue (in Norway, human healthcare costs are funded by tax revenues), resulting in cross pressure for veterinarians at the intersection of animal welfare, costs and ethics. Conflicting responsibilities in the veterinary profession may be an overarching theme contributing to significant stress among veterinarians.<sup>13</sup>

Today, approximately 70% of veterinarians in Norway are female, and this proportion is expected to increase. There was no significant effect of gender in the adjusted model. This may be because age was highly correlated with the female gender. Being single and experiencing negative life events predicted serious suicidal thoughts in this study (76% and 43% higher odds, respectively). These findings are consistent with studies on physicians and others.<sup>14 15 18</sup> In contrast to physicians, where family and relationship issues were the most significant negative life events,<sup>14</sup> economic problems were the most significant negative life event for veterinarians. This also supports the hypothesis that there are other factors associated with suicidal thoughts among veterinarians than with physicians and that economic concerns are more important with veterinarians. In an Australian qualitative study, veterinarians were asked what they would do if they could change something in the profession, and the most common response was to remove money from the decision-making process.<sup>13</sup> Contrary to the findings in a recent review,<sup>16</sup> experiencing negative life events had a greater impact on serious suicidal thoughts among women than among men. Furthermore, work/life balance had a greater impact on serious suicidal thoughts among men than among women. These findings warrant further research.

Bivariately, drinking to cope was a significant predictor for serious suicidal thoughts, but not in the multivariable model. Previous research indicates that alcohol use is a risk factor for suicidal behaviour.<sup>17</sup> Research on veterinarians and alcohol use is scarce.<sup>8 46</sup> In a study examining drug-caused deaths in Australia, veterinarians were the group with the highest prevalence of alcohol detected in postmortem examinations.<sup>47</sup> Another study found that veterinarians who turned to alcohol to cope with their work-related stress were more likely to have suicidal thoughts.<sup>10</sup> In a recent study examining different occupational groups in the US Army, there was no significant difference in problem drinking in veterinarians, physicians and dentists.<sup>48</sup> The impact of alcohol regarding to mental health among veterinarians warrants further research.

There was no significant effect on serious suicidal thoughts regarding the main field of work, neither in the bivariate nor in the adjusted model. Subsequently, all job stress factors were significantly associated with serious suicidal thoughts bivariately, but not in the adjusted model. However, in the additional analyses, the use of alcohol to cope with tension and all three job stress factors remained significant without reality weakness and mental distress included in the model. The findings of emotional demands, work/life balance and fear of complaints/criticism as important job stress factors concur with previous research.<sup>8 10 49</sup> Although previous studies have suggested that work-related stress influences suicide risk in veterinarians,<sup>50</sup> longitudinal research design may further elaborate on the role of mediating and confounding effects.

Contrary to previous research,<sup>18 26 27</sup> the personality trait reality weakness, was not significant in the adjusted model. This may be explained by the high correlation between mental distress and reality weakness. The impact of mental distress on suicidal thoughts was high, with a nearly three times increase in odds for each step on the 1–5 scale. The direction of causality obtaining between job stress and mental health in this study cannot be unequivocally assessed. On the assumption that job stress actually is an effect of mental distress and reality weakness, our results would indicate that the effect of job stress factors probably was confounded by mental distress and reality weakness. However, if job stress is defined as the underlying causal factor, as posited above, our results would indicate that mental distress and reality weakness mediate the effect of job stress. Previous studies have found that psychosocial factors in the workplace may play a role for mental health,<sup>51</sup> and that individual factors such as stress are related to the way people perceive their jobs.<sup>52</sup> The importance of mental distress with respect to suicidal ideation is consistent with other research, both among medical doctors and others.<sup>15 17</sup> A previous study among junior physicians during internship found that the effect of work stress on suicidal thoughts and behaviour was absorbed by mental distress, in keeping with our finding.<sup>15</sup> First, our study emphasises the importance of using multivariable models when studying single factors



and self-report measures, in order to identify independent and more objective effects. Second, it is in keeping with previous research, that emphasises the complexity in predicting suicidal thoughts and behaviour, there may be both direct and indirect effects of several individual and contextual predictors.<sup>53 54</sup> Third, there may be specific work-related factors of importance for veterinarians with serious suicidal thoughts that we have not captured by our variables in the regression model. Altogether, this explains the apparent discrepancy in our study with regard to the role of work-related factors in serious suicidal thoughts.

To our knowledge, this is the only nationwide study of suicidal behaviour in veterinarians, incorporating all authorised veterinarians, in all main fields of work. A major strength was the high response rate (75%), making multi-variable analyses feasible, and reducing the effect of selection and response biases. Additionally, the questionnaire was quite extensive, allowing the use of a comprehensive predictor model and controlling for several variables. An important limitation is the cross-sectional design, which restricts conclusions about causality. Another limitation is the disparity in referred time span measured by serious suicidal ideation (last 12 months) and mental distress (past 2 weeks), this can lead to more recall bias with respect to suicidal ideation, and a relative overestimation of mental distress. The generalisability of the results may also be limited due to differences in the organisation of work life, including workload in other countries. Nevertheless, we believe the findings are representative of veterinarians in Northern Europe. The study was conducted during the COVID-19-pandemic, which may have affected the results. The survey was planned before the pandemic, and any potential effects of COVID-19 (eg, redundancy and economic effects in the practices) were not accounted for.

## CONCLUSION

In summary, the level of suicidal behaviour among veterinarians in Norway is relatively high, and both individual and work-related factors contribute to serious suicidal thoughts. In the multivariable analyses, the individual factors, and particularly mental distress, played a more important role than the work-related factors, while veterinarians themselves regarded work problems as the most contributing factor to their suicidal thoughts. The roles of gender and specific work-related factors should be further investigated to better understand the complexity of suicidal behaviour among veterinarians.

**Correction notice** This article has been corrected since it was first published. Table 4 footnote has been updated.

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## REFERENCES

- 1 Platt B, Hawton K, Simkin S, *et al*. Systematic review of the prevalence of suicide in veterinary surgeons. *Occup Med* 2010;60:436–46.
- 2 Milner AJ, Niven H, Page K, *et al*. Suicide in veterinarians and veterinary nurses in Australia: 2001–2012. *Aust Vet J* 2015;93:308–10.
- 3 Tomasi SE, Fechter-Leggett ED, Edwards NT, *et al*. Suicide among veterinarians in the United States from 1979 through 2015. *J Am Vet Med Assoc* 2019;254:104–12.
- 4 Witte TK, Spitzer EG, Edwards N, *et al*. Suicides and deaths of undetermined intent among veterinary professionals from 2003 through 2014. *J Am Vet Med Assoc* 2019;255:595–608.
- 5 Perret JL, Best CO, Coe JB, *et al*. Prevalence of mental health outcomes among Canadian veterinarians. *J Am Vet Med Assoc* 2020;256:365–75.
- 6 Schwerdtfeger KA, Bahramsoltani M, Spangenberg L, *et al*. Depression, suicidal ideation and suicide risk in German veterinarians compared with the general German population. *Vet Rec* 2020;186:e2.
- 7 Nett RJ, Witte TK, Holzbauer SM, *et al*. Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. *J Am Vet Med Assoc* 2015;247:945–55.
- 8 Platt B, Hawton K, Simkin S, *et al*. Suicidal behaviour and psychosocial problems in veterinary surgeons: a systematic review. *Soc Psychiatry Psychiatr Epidemiol* 2012;47:223–40.



- 9 Platt B, Hawton K, Simkin S, *et al.* Suicidality in the veterinary profession: interview study of veterinarians with a history of suicidal ideation or behavior. *Crisis* 2012;33:280–9.
- 10 Wallace JE. Burnout, coping and suicidal ideation: an application and extension of the job demand-control-support model. *J Workplace Behav Health* 2017;32:99–118.
- 11 Dow MQ, Chur-Hansen A, Hamood W, *et al.* Impact of dealing with bereaved clients on the psychological wellbeing of veterinarians. *Aust Vet J* 2019;97:382–9.
- 12 Waters D, Barnhart G, Cowan J, *et al.* Attachment loss and trauma: a descriptive phenomenological analysis of suicidality and depression in veterinarians. *Psychol Trauma* 2019 doi:10.1037/tra0000544
- 13 Whitnall VM, Simmonds JG. Occupational stress and coping strategies in experienced Australian veterinarians. *Vet Rec* 2021;189:e202.
- 14 Hem E, Grønvold NT, Aasland OG, *et al.* The prevalence of suicidal ideation and suicidal attempts among Norwegian physicians. results from a cross-sectional survey of a nationwide sample. *Eur Psychiatry* 2000;15:183–9.
- 15 Tyssen R, Vaglum P, Grønvold NT, *et al.* Suicidal ideation among medical students and young physicians: a nationwide and prospective study of prevalence and predictors. *J Affect Disord* 2001;64:69–79.
- 16 Howarth EJ, O'Connor DB, Panagioti M, *et al.* Are stressful life events prospectively associated with increased suicidal ideation and behaviour? A systematic review and meta-analysis. *J Affect Disord* 2020;266:731–42.
- 17 Turecki G, Brent DA. Suicide and suicidal behaviour. *Lancet* 2016;387:1227–39.
- 18 Tyssen R, Hem E, Vaglum P, *et al.* The process of suicidal planning among medical doctors: predictors in a longitudinal Norwegian sample. *J Affect Disord* 2004;80:191–8.
- 19 O'Connor RC, Nock MK. The psychology of suicidal behaviour. *Lancet Psychiatry* 2014;1:73–85.
- 20 Reijula K, Räsänen K, Hämäläinen M, *et al.* Work environment and occupational health of Finnish veterinarians. *Am J Ind Med* 2003;44:46–57.
- 21 Kersebohm JC, Lorenz T, Becher A, *et al.* Factors related to work and life satisfaction of veterinary practitioners in Germany. *Vet Rec Open* 2017;4:e000229.
- 22 Allen LCV. Feminisation: threat or opportunity? *Vet Rec* 2016;178:391–3.
- 23 Hatch PH, Winefield HR, Christie BA, *et al.* Workplace stress, mental health, and burnout of veterinarians in Australia. *Aust Vet J* 2011;89:460–8.
- 24 Brezo J, Paris J, Turecki G. Personality traits as correlates of suicidal ideation, suicide attempts, and suicide completions: a systematic review. *Acta Psychiatr Scand* 2006;113:180–206.
- 25 Torgersen S, Alnæs R. Localizing DSM-III personality disorders in a three-dimensional structural space. *J Pers Disord* 1989;3:274–81.
- 26 Berg AM, Hem E, Lau B, *et al.* Suicidal ideation and attempts in Norwegian police. *Suicide Life Threat Behav* 2003;33:302–12.
- 27 Sterud T, Hem E, Lau B, *et al.* Suicidal ideation and suicide attempts in a nationwide sample of operational Norwegian ambulance personnel. *J Occup Health* 2008;50:406–14.
- 28 Blair A, Hayes HM. Cancer and other causes of death among U.S. veterinarians, 1966–1977. *Int J Cancer* 1980;25:181–5.
- 29 Gardner DH, Hini D. Work-related stress in the veterinary profession in New Zealand. *N Z Vet J* 2006;54:119–24.
- 30 Paykel ES, Myers JK, Lindenthal JJ, *et al.* Suicidal feelings in the general population: a prevalence study. *Br J Psychiatry* 1974;124:460–9.
- 31 Rosta J, Aasland OG. Changes in the lifetime prevalence of suicidal feelings and thoughts among Norwegian doctors from 2000 to 2010: a longitudinal study based on national samples. *BMC Psychiatry* 2013;13:322.
- 32 Torgersen S. Hereditary-environmental differentiation of general neurotic, obsessive, and impulsive hysterical personality traits. *Acta Genet Med Gemellol* 1980;29:193–207.
- 33 Tyssen R. Personality traits. In: Brower K, Riba M, eds. *Physician mental health and well-being: research and practice*. Springer, 2017: 211–36.
- 34 Mahmood JI, Grotmol KS, Tesli M, *et al.* Life satisfaction in Norwegian medical doctors: a 15-year longitudinal study of work-related predictors. *BMC Health Serv Res* 2019;19:729.
- 35 Derogatis L. *Administration, scoring and procedures manual*. 2nd edn. Baltimore, MD: Procedures Psychometric Research, SCL-90-R, 1983.
- 36 Tambs K, Moum T. How well can a few questionnaire items indicate anxiety and depression? *Acta Psychiatr Scand* 1993;87:364–7.
- 37 Ruud N, Løvseth LT, Isaksson Ro K, *et al.* Comparing mental distress and help-seeking among first-year medical students in Norway: results of two cross-sectional surveys 20 years apart. *BMJ Open* 2020;10:e036968.
- 38 Rø KEI, Gude T, Tyssen R, *et al.* Counselling for burnout in Norwegian doctors: one year cohort study. *BMJ* 2008;337:a2004.
- 39 Timmer SG, Verhoff J, Colten ME, *et al.* Helplessness, and the use of alcohol and drugs to cope: an analysis of national survey data. In: Shiffman S, Wills TA, eds. *Coping and substance use*. Orlando, FL: Academic Press, 1985: 171–98.
- 40 Tyssen R, Vaglum P, Aasland OG, *et al.* Use of alcohol to cope with tension, and its relation to gender, years in medical school and hazardous drinking: a study of two nation-wide Norwegian samples of medical students. *Addiction* 1998;93:1341–9.
- 41 Sterud T, Hem E, Ekeberg O, *et al.* Occupational stress and alcohol use: a study of two nationwide samples of operational police and ambulance, personnel in Norway. *J Stud Alcohol Drugs* 2007;68:896–904.
- 42 Mahmood JI, Støen Grotmol K, Tesli M, *et al.* Contextual factors and mental distress as possible predictors of hazardous drinking in Norwegian medical doctors: a 15-year longitudinal, nationwide study. *Eur Addict Res* 2017;23:19–27.
- 43 Cooper CL, Rout U, Faragher B. Mental health, job satisfaction, and job stress among general practitioners. *BMJ* 1989;298:366–70.
- 44 Tyssen R, Vaglum P, Grønvold NT, *et al.* The impact of job stress and working conditions on mental health problems among junior house officers. A nationwide Norwegian prospective cohort study. *Med Educ* 2000;34:374–84.
- 45 Bartram DJ, Yadegarfar G, Baldwin DS. A cross-sectional study of mental health and well-being and their associations in the UK veterinary profession. *Soc Psychiatry Psychiatr Epidemiol* 2009;44:1075–85.
- 46 Harling M, Strehmel P, Schablon A, *et al.* Psychosocial stress, demoralization and the consumption of tobacco, alcohol and medical drugs by veterinarians. *J Occup Med Toxicol* 2009;4:4.
- 47 Pilgrim JL, Dorward R, Drummer OH. Drug-caused deaths in Australian medical practitioners and health-care professionals. *Addiction* 2017;112:486–93.
- 48 Rivera AC, Geronimo-Hara TR, LeardMann CA, *et al.* Behavioral health and sleep problems among US army veterinarians and veterinary technicians participating in the millennium cohort study. *J Am Vet Med Assoc* 2021;258:767–75.
- 49 Bartram DJ, Yadegarfar G, Baldwin DS. Psychosocial working conditions and work-related stressors among UK veterinary surgeons. *Occup Med* 2009;59:334–41.
- 50 Bartram DJ, Baldwin DS. Veterinary surgeons and suicide: a structured review of possible influences on increased risk. *Vet Rec* 2010;166:388–97.
- 51 Stansfeld S, Candy B. Psychosocial work environment and mental health – a meta-analytic review. *Scand J Work Environ Health* 2006;32:443–62.
- 52 Firth-Cozens J, Hardy GE. Occupational stress, clinical treatment and changes in job perceptions. *J Occup Organ Psychol* 1992;65:81–8.
- 53 Rich AR, Bonner RL. Concurrent validity of a stress-vulnerability model of suicidal ideation and behavior: a follow-up study. *Suicide Life Threat Behav* 1987;17:265–70.
- 54 Rudd MD. An integrative model of suicidal ideation. *Suicide Life Threat Behav* 1990;20:16–30.

# NORVET-undersøkelsen

## Arbeid, trivsel og mental helse hos veterinærer i Norge

På de fleste spørsmålene skal du angi svar ved å sette et kryss i en rute slik ☒  
Vennligst benytt en penn og sett krysset tydelig i ruten.

Noen steder skal du sette tall eller bokstaver i en eller flere ruter, slik  eller slik

Skjemaene vil bli lest maskinelt, derfor er det viktig at du skriver tydelig i rutene.

Det er svært viktig at du velger å merke av bare ett svaralternativ, der ikke annet fremgår av teksten. Hvis to alternativer synes like dekkende, bes du velge det ene. Dette vil jevne seg ut på gruppenivå.

Selv om det kanskje er noen spørsmål du synes er mindre viktige, ber vi deg svare likevel. Det vil bidra til å styrke undersøkelsen.

Det vil være en del spørsmål som blir gjentatt flere ganger i skjemaet. Dette skyldes at de utgjør en integrert del av standardiserte måleinstrumenter. Noen ganger spørres det også om opplysninger for ulike tidsperioder. Dette gjøres for å kunne foreta pålitelige sammenligninger med flere andre grupper, nasjonalt og internasjonalt.

**LYKKE TIL, OG PÅ FORHÅND TUSEN TAKK FOR INNSATSEN!**

## A. BAKGRUNNSOPPLYSNINGER

### A1 Kjønn:

- ☐ Kvinne  
☐ Mann  
☐ Annen kjønnsidentitet

### A3 Nåværende sivilstatus

- ☐ Ugift ☐ Separert  
☐ Samboende ☐ Skilt  
☐ Gift ☐ Enke/enkemann

### A2 Alder:

- ☐ 20-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45 ☐ 46-50 ☐ 51-55 ☐ 56-60 ☐ 61-65 ☐ 66-70 ☐ >70

### Partner

#### A4 Har du fast partner (kjæreste/samboer/ektefelle)?

- ☐ Nei  
☐ Ja

#### A5 Hvis JA, er din partner i arbeid?

- ☐ Nei  
☐ Ja

#### A6 Hvis JA, er din partner veterinær?

- ☐ Nei  
☐ Ja

### Barn og familie

#### A7 Hvor mange barn har du?

- ☐ Ingen ☐ 1 barn ☐ 2 barn ☐ 3 eller flere barn

### HAR DU I LØPET AV DE SISTE 12 MND. OPPLEVD NOE AV DET FØLGENDE?

A8 En alvorlig sykdom eller ulykke

☐

A18 Samlivsproblemer

☐

A9 Skilsmisse/separasjon med samboer eller kjæreste

☐

A19 Flyttet fra foreldre

☐

A10 Giftet deg/flyttet sammen med samboer

☐

A20 Permisjon

☐

A11 Fått barn

☐

A21 Sykefravær 21 dager eller mer

☐

A12 Dødsfall familie/nære venner

☐

A22 Du selv har vært involvert i tilsynssak fra tilsynsmyndigheter

☐

A13 Andre vansker hos nær familie

☐

A23 Alvorlig sykdom hos et nærtstående familiemedlem (partner/barn/foreldre)

☐

A14 Alvorlige økonomiske problemer

☐

A24 Andre alvorlige hendelser  
Spesifiser:

☐

A16 Alvorlige bomessige problemer

☐

A17 Du selv, eller noen i nær familie, har vært utsatt for, eller innblandet i, alvorlig lovbrudd

☐

## B. ARBEIDSFORHOLD OG ARBEIDSBELASTNING

### Hovedstilling

#### B1 Hvilken tilknytningsform har du til arbeidslivet?

☐ Ansatt ☐ Selvstendig næringsdrivende ☐ Annet, spesifiser: \_\_\_\_\_

#### B2 Har du en lederrolle?

☐ Ja ☐ Nei

#### B3 Hva slags hovedstilling har du nå?

- ☐ Smådyrpraksis  
☐ Produksjonsdyrpraksis  
☐ Kombinertpraksis  
☐ Hestepraksis  
☐ Akvakultur  
☐ Offentlig forvaltning  
☐ Akademia/forskning  
☐ Pensjonist  
☐ Annet, eventuelt spesifiser: \_\_\_\_\_

#### B3a Hva slags stilling er dette?

- ☐ Fast stilling  
☐ Tidsbegrenset utdanningsstilling  
☐ Vikariat Hvis vikariat, fyll inn antall mnd     
☐ Annet (samlet lengde)

#### B3b Jobber du i

☐ Bedrift som er del av kjede ☐ Frittstående bedrift

**B4 Hvor mange måneder har du vært i din nåværende stilling?** I ca.    måneder

### Arbeidstidsforhold

#### B5 Hvor mange prosent er din hovedstilling?

Angi prosent:  
   %

#### B6 Hvor lang er din fastlagte arbeidstid i timer per uke i din hovedstilling?

timer og   minutter pr uke

#### B7 Hvor mange timer jobber du faktisk i gjennomsnitt pr. uke (inkludert alle stillinger)?

timer

#### B8 I en gjennomsnittlig arbeidsuke, inkludert ev. bistilling(er), omtrent hvor mange timer pr. uke bruker du på:

1.1 Klinisk arbeid	<input type="text"/> <input type="text"/> timer	1.2 Møtevirksomhet	<input type="text"/> <input type="text"/> timer
1.3 Papirarbeid	<input type="text"/> <input type="text"/> timer	1.4 Telefoner/e-post	<input type="text"/> <input type="text"/> timer
1.5 Reisetid	<input type="text"/> <input type="text"/> timer	1.6 Totalt	<input type="text"/> <input type="text"/> timer



**B9** Hvor mange timer overtid har du i gjennomsnitt i din hovedstilling i en vanlig arbeidsuke? (Ikke forlenget arbeidstid eller utrykning på vakt, kun tilfeldig overtid.)

Betalt:

Ubetalt:

timer pr. uke

timer pr. uke

**B10** Hvor ofte har du overtidarbeid/forlenget arbeidstid (betalt eller ubetalt)?

- ☐ Aldri  
☐ Sjeldnere enn en gang i måneden  
☐ Minst en gang i måneden  
☐ Omtrent annenhver uke  
☐ Hver uke

### Bistilling

**B11** Har du noen fast bistilling eller ekstrajobb i tillegg til din hovedstilling?

- ☐ Nei  
☐ Ja

**B12** Hvis du har en bistilling, hvor mange arbeidstimer utgjør denne stillingen gjennomsnittlig pr. uke?

timer pr. uke

### Vakter som veterinær

**B13** Hvis du har faste vakter ut over normal arbeidstid i din hovedstilling, hva slags vaktordning har du nå?

- ☐ Tar ikke faste vakter \*    ☐ 9-delt  
☐ 2-3-delt                      ☐ 10-delt  
☐ 4-5-delt                      ☐ 11-delt  
☐ 6-7-delt                      ☐ >12-delt  
☐ 8-delt

*\*Gå til spørsmål B18*

**B14** Hvilken type vaktordning deltar du i?

- ☐ Offentlig vakt    ☐ Privat vakt

**B15** Hvis du tar faste vakter ut over normal arbeidstid i din hovedstilling, hvor lange er vaktene?

- ☐ Ca 1/2 døgn  
☐ Ca. 1 døgn  
☐ Mer enn 1 døgn  
☐ Annet; hva \_\_\_\_\_

**B16 Ca. hvor mange timer av dine faste vakter tilbringer du**

Aktiv:   timer Har du ☐ tilstedevakt eller ☐ hjemmevakt

Hvilende:   timer

Sovende:   timer

**B17 Hvis du har faste vakter, cirka hvor lenge arbeider du dagen etter vakt?**

- ☐ Arbeider ikke rett etter vakt
- ☐ 1-3 timer
- ☐ 4-6 timer
- ☐ 7 timer eller mer

**B18 Hvis du har vakter som en del av en bistilling, cirka hvor mange timer av disse vaktene tilbringer du**

*Hvis du ikke har vakt som del av bistilling, gå til B19*

Aktiv:   timer

Hvilende:   timer Har du ☐ tilstedevakt eller ☐ hjemmevakt

Sovende:   timer

**B19 Cirka hvor mange avspaseringsuker pr. halvår benytter du til ikke-faglig aktivitet?**

- ☐ Ingen uke
- ☐ 1 uke
- ☐ 2 uker
- ☐ 3 uker
- ☐ 4 uker
- ☐ 5 uker
- ☐ 6 uker eller flere

**B20 Dersom du jobber i klinisk praksis, hvor mange avlivinger utfører du omtrent på en vanlig uke?**

- ☐ 0-4
- ☐ 5-9
- ☐ 10-14
- ☐ 15 eller fler

**Belastningsfaktorer****I hvilken grad gjør de følgende situasjoner/faktorer deg belastet (stresset)?****Sett ett kryss i den ruten som passer best for deg.**

	Ikke noen belastning	Litt belastning	Endel belastning	Mye belastning	Svært mye belastning
<b>B21</b> Kritikk av veterinærer i media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B22</b> Kundene/dyreeierne setter ikke pris på det du gjør	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B23</b> Bekymring over klager fra kunder/dyreeiere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B24</b> Å ha ansvar for dyrenes liv 24 timer i døgnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B25</b> Telefoner, sykebesøk og utrykning om natten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B26</b> Å ta seg av vanskelige veterinærmedisinske problemstillinger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B27</b> Å ta seg av vanskelige kunder/dyreeiere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B28</b> Krysspress mellom økonomi og dyrevelferd/etikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B29</b> Bekymringer knyttet til egen økonomi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B30</b> Bekymringer knyttet til bedriftens økonomi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B31</b> Sykejournaler og annet papirarbeid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B32</b> Kirurgiske inngrep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B33</b> Arbeidsmiljøet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B34</b> Tidspress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B35</b> Jobben går ut over familieliv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B36</b> Jobben går ut over sosialt liv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B37</b> Daglig kontakt med døende og kritisk syke dyr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B38</b> Å ta seg av dødssyke dyr og deres eiere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B39</b> Forespørsler om dyr fra venner og bekjente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B40</b> Forespørsler om dyr fra slektninger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B41</b> Være i generell beredskap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Ikke noen belastning	Litt belastning	Endel belastning	Mye belastning	Svært mye belastning
<b>B42</b> Følelsesmessig engasjement i dyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B43</b> Forventninger om at veterinæren også skal hjelpe med ikke-medisinske problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B44</b> Avbrytelser og mas i arbeidssituasjonen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B45</b> Å ta seg av lidende dyr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B46</b> Konflikt med kolleger/medarbeidere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B47</b> Å få til en balanse mellom arbeid og privatliv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Forhold til kolleger**

	Ingen grad				I svært høy grad			
<b>B48</b> I hvilken grad trives du i det store og det hele blant dine kolleger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B49</b> I hvor stor grad har du følt deg ivaretatt av dine veterinærkolleger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Stemmer helt	Stemmer ganske bra	Stemmer ikke særlig bra	Stemmer ikke
<b>B50</b> Det er rolig og behagelig stemning på min arbeidsplass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B51</b> Det er godt samhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B52</b> Mine arbeidskolleger stiller opp for meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B53</b> Det er forståelse for at jeg kan ha en dårlig dag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B54</b> Jeg kommer godt overens med mine overordnede*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B55</b> Jeg trives bra med mine arbeidskolleger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Besvares bare dersom du har en overordnet.*

**B56** Når du føler deg bekymret, engstelig eller nervøs - drikker du noen gang alkohol for å klare situasjonen bedre?

☐ Aldri   ☐ Sjelden   ☐ Av og til   ☐ Ofte



<b><u>Vedrørende ditt arbeid</u></b>		Meget sjelden eller aldri	Nokså sjelden	Av og til	Nokså ofte	Meget ofte eller alltid
<b>B57</b>	Er det fastsatt klare mål for din jobb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B58</b>	Vet du hva som er ditt ansvarsområde?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B59</b>	Vet du nøyaktig hva som forventes av deg i jobben?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B60</b>	Må du gjøre ting du mener burde vært gjort annerledes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B61</b>	Får du oppgaver uten tilstrekkelig hjelpemidler og ressurser til å fullføre dem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B62</b>	Mottar du motstridende forespørsler fra to eller flere personer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B63</b>	Fordeler din nærmeste sjef arbeidsoppgaver rettferdig og upartisk?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B64</b>	Behandler din nærmeste sjef de ansatte rettferdig og upartisk?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B65</b>	Er forholdet mellom deg og din nærmeste sjef en kilde til stress for deg?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Besvares bare dersom du har en overordnet.*

		Ja, ofte	Ja, noen ganger	Nei, sjelden	Nei, så godt som aldri
<b>B66</b>	Krever arbeidet ditt at du arbeider meget raskt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B67</b>	Krever arbeidet ditt at du arbeider meget hardt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B68</b>	Krever arbeidet ditt for stor arbeidsinnsats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B69</b>	Har du tilstrekkelig tid til å utføre arbeidsoppgavene dine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B70</b>	Forekommer det ofte motstridende krav i arbeidet ditt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B71</b>	Får du lære nye ting i ditt arbeid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B72</b>	Krever ditt arbeid dyktighet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B73</b>	Krever ditt arbeid oppfinnsomhet/kreativitet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B74</b>	Innebærer ditt arbeid at du gjør samme ting om og om igjen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B75</b>	Har du frihet til å bestemme hvordan ditt arbeid skal utføres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B76</b>	Har du frihet til å bestemme hva som skal utføres i ditt arbeid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C HELSE

Nedenfor finner du en oppstilling av plager som man av og til har.

Les nøye gjennom dem, en for en, og angi deretter hvor mye hvert enkelt problem har plaget deg eller vært til besvær i løpet av de siste 14 dagene

		Ikke i det hele tatt	Litt	Måtelig	Ganske mye	Veldig mye
<b>C1</b>	Nervøsitet, indre uro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C2</b>	Stadig redd eller engstelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C3</b>	Følelse av håpløshet med tanke på fremtiden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C4</b>	Mye bekymret eller urolig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C5</b>	Nedtrykt, tungsindig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C6 Hvis du har hatt psykiske problemer i løpet av det siste året, har du da søkt/fått hjelp for dette?**

☐ Ikke hatt psykiske problemer av betydning\*

*\*Gå til spørsmål C13*

☐ Har ikke søkt hjelp selv om jeg nok kunne ha hatt behov for det

☐ Ja, har konsultert allmennlege eller fastlege

☐ Ja, har konsultert psykolog/psykiater

☐ Ja, har vært innlagt i psykiatrisk avdeling

**C7 Hvis du har vært i kontakt med psykolog/psykiater, hva slags behandling har du fått?**

*Det er mulig å sette flere klyss*

☐ 1-5 samtaler

☐ Flere enn 5 samtaler

☐ Psykoterapi/psykoanalyse

☐ Gruppeterapi

☐ Medikamentell behandling

**Hvis du har hatt psykiske problemer i løpet av det siste året, i hvilken grad mener du at følgende forhold var medvirkende til at det ble vanskelig for deg?**

		Betydde ingenting	Betydde litt	Betydde endel	Betydde ganske mye	Betydde svært mye
<b>C8</b>	Personlige forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C9</b>	Forhold til familie/ektefelle/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C10</b>	Sosiale forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C11</b>	Problemer i forbindelse med veterinæryrket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C12</b>	Andre forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Livslyst**

De følgende spørsmål dreier seg om du i løpet av det siste året har mistet livslysten, og i så fall i hvilken grad?

**C13** Har du noen gang i løpet av det siste året følt at livet ikke er verdt å leve?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

**C14** Har du i løpet av det siste året ønsket at du var død - f.eks. at du skulle sovne inn og aldri våkne igjen?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

**C15** Har du noen gang i løpet av det siste året tenkt på å ta livet ditt, selv om du vet at du ikke vil gjøre det?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

**C16** Har du noen gang i løpet av det siste året vært i den situasjonen at du alvorlig har overveiet å ta livet ditt og til og med planlagt hvordan du i såfall skulle gjøre det?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

Hvis det har hendt, i hvilken grad mener du de følgende forhold var medvirkende til at det ble så vanskelig for deg?

	Betydde ingenting	Betydde litt	Betydde endel	Betydde ganske mye	Betydde svært mye
<b>C17</b> Personlige forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C18</b> Forhold til familie/ektefelle/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C19</b> Sosiale forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C20</b> Problemer i forbindelse med veterinæryrket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C21</b> Andre forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C22** Har du i løpet av det siste året forsøkt å ta ditt eget liv?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

Hvis det har hendt, i hvilken grad mener du de følgende forhold var medvirkende til at det ble så vanskelig for deg?

	Betydde ingenting	Betydde litt	Betydde endel	Betydde ganske mye	Betydde svært mye
<b>C23</b> Personlige forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C24</b> Forhold til familie/ektefelle/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C25</b> Sosiale forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C26</b> Problemer i forbindelse med veterinæryrket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C27</b> Andre forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Holdninger til aktiv dødshjelp**

**Aktiv dødshjelp** er en samlebetegnelse på eutanasi og legeassistert selvmord. I noen europeiske land er aktiv dødshjelp tillatt, men i Norge er det ulovlig.

**Eutanasi** er en leges tilsiktede drap på en person ved å sette en sprøyte med dødbringende medikamenter etter at personen frivillig har bedt om det.

**Legeassistert selvmord** er en leges hjelp til selvmord, ved å skaffe til veie medikamenter som personen kan innta selv.

Ta stilling til følgende påstander		Svært enig	Litt enig	Verken enig eller uenig	Litt uenig	Svært uenig
<b>C28</b>	Legeassistert selvmord bør tillates for personer som har en dødelig sykdom med kort forventet levetid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C29</b>	Eutanasi bør tillates for personer som har en dødelig sykdom med kort forventet levetid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C30</b>	Aktiv dødshjelp bør tillates også for personer som har en uhelbredelig kronisk sykdom, men ikke er døende.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C31</b>	Det finnes tilfeller der det kan være riktig/moralsk forsvarlig av legen å utføre aktiv dødshjelp, selv om det er ulovlig.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Holdninger til psykiske lidelser**

Ta stilling til følgende påstander		Svært enig	Noe enig	Ikke sikker/ubestemt	Noe uenig	Svært uenig
<b>C32</b>	Behandling kan hjelpe mennesker med psykiske lidelser til å føre et normalt liv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C33</b>	Folk er generelt sett omsorgsfulle og positivt innstilte overfor personer med psykiske lidelser.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## D Personlige egenskaper

### Ta stilling til følgende påstander

	Stemmer ikke	Stemmer
<b>D1</b> Det er vanskelig for meg å stole på folk ettersom de så ofte vender seg mot meg eller lar meg i stikken	<input type="checkbox"/>	<input type="checkbox"/>
<b>D2</b> På en eller annen måte føler jeg at jeg ikke vet hvordan jeg skal oppføre meg sammen med andre mennesker	<input type="checkbox"/>	<input type="checkbox"/>
<b>D3</b> Jeg opplever meg selv som helt ulik til ulike tidspunkter	<input type="checkbox"/>	<input type="checkbox"/>
<b>D4</b> Jeg føler meg ensom mesteparten av tiden	<input type="checkbox"/>	<input type="checkbox"/>
<b>D5</b> Folk som virker bra til å begynne med, ender ofte opp med å skuffe meg	<input type="checkbox"/>	<input type="checkbox"/>
<b>D6</b> Jeg føler det av og til som om jeg lever i en tåke	<input type="checkbox"/>	<input type="checkbox"/>
<b>D7</b> Noen ganger føler jeg at jeg ikke er meg selv	<input type="checkbox"/>	<input type="checkbox"/>
<b>D8</b> Folk kan oppfatte meg som uhøflig eller hensynsløs uten at jeg skjønner hvorfor	<input type="checkbox"/>	<input type="checkbox"/>
<b>D9</b> Av og til får jeg rare tanker i hodet som jeg ikke er i stand til å få vekk	<input type="checkbox"/>	<input type="checkbox"/>

### D10 Eventuelle kommentarer til spørreskjemaet?

## Supplementary File 2 – Description of sample for veterinarians with serious suicidal thoughts

Variable	Range of values	Frequency (%)	Mean (SD)
<b>Gender</b>			
Female		108 (79.4%)	
Male		28 (20.6 %)	
<b>Age</b>			
20-30		16 (11.7 %)	
31-40		47 (34.3 %)	
41-50		41 (29.9 %)	
51-60		21 (15.3 %)	
61-70		10 (7.3 %)	
>70		2 (1.5 %)	
<b>Marital status</b>			
Married/cohabiting		82 (61.2 %)	
Single/divorced/widow(er)		52 (38.8 %)	
<b>Life events</b>	0-9		1.3 (1.4)
<b>SCL-5</b>	1-5		3.3 (1.0)
<b>Reality weakness</b>	0-8		3.2 (2.1)
<b>Alcohol to cope</b>			
Never		73 (53.3 %)	
Any frequency		64 (46.7 %)	
<b>Main field of work</b>			
Companion animal practice		53 (39.6 %)	
Public administration		21 (15.7 %)	
Mixed clinical practice		13 (9.7 %)	
Academia/research		11 (8.2 %)	
Production animal practice		11 (8.2 %)	
Aquaculture		6 (4.5 %)	
Equine practice		6 (4.5 %)	
Other		10 (7.5 %)	
Pensioner		3 (2.2 %)	
<b>Job stress</b>			
Emotional demands	1 - 5		2.44 (0.84)
Work/life-balance	1 - 5		3.22 (0.98)
Fear of complaints	1 - 5		3.63 (1.11)
<b>Connection to work-life</b>			
Employed		80 (58.4 %)	
Self-employed		37 (27.0 %)	
Other		11 (8.0 %)	
Two or more connections to work life		9 (6.6 %)	
<b>Position type</b>			
Permanent position		115 (87.8 %)	
Temporary position		6 (4.6 %)	
Temporary educational position		2 (1.5 %)	
Other		8 (6.1 %)	
<b>Working full-time</b>		101 (75.4 %)	

Frequency of working overtime (weekly or bi-weekly)		92 (71.9 %)	
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Supplementary File 3 – Additional analysis predictor model – Predictors of serious suicidal thoughts among veterinarians in Norway, without mental distress and reality weakness

	Adjusted <sup>2</sup>	
	OR	95 % CI
Female	0.88	0.50 to 1.53
Age	1.02	0.92 to 1.13
Single	2.17***	1.44 to 3.27
Negative life events <sup>1</sup>	1.61***	1.39 to 1.86
Alcohol to cope	1.52*	1.02 to 2.27
<b>Main field of work (ref. category= mixed clinical practice)</b>		
Companion animals	1.17	0.59 to 2.30
Production animals	1.72	0.71 to 4.19
Equine practice	1.02	0.34 to 3.04
Aquaculture	1.23	0.39 to 3.89
Public administration	1.47	0.65 to 3.31
Academia/research	1.53	0.59 to 4.01
Other	0.80	0.29 to 2.17
<b>Job stress</b>		
Emotional demands	1.05*	1.003 to 1.104
Work/life-balance	1.08**	1.03 to 1.13
Fear of complaints	1.08*	1.001 to 1.164

<sup>1</sup>The variable life events was entered into the model as a weighted variable ('Negative life events'), comprising the sum score of life events that was significant in a univariate model with the dependent variable.

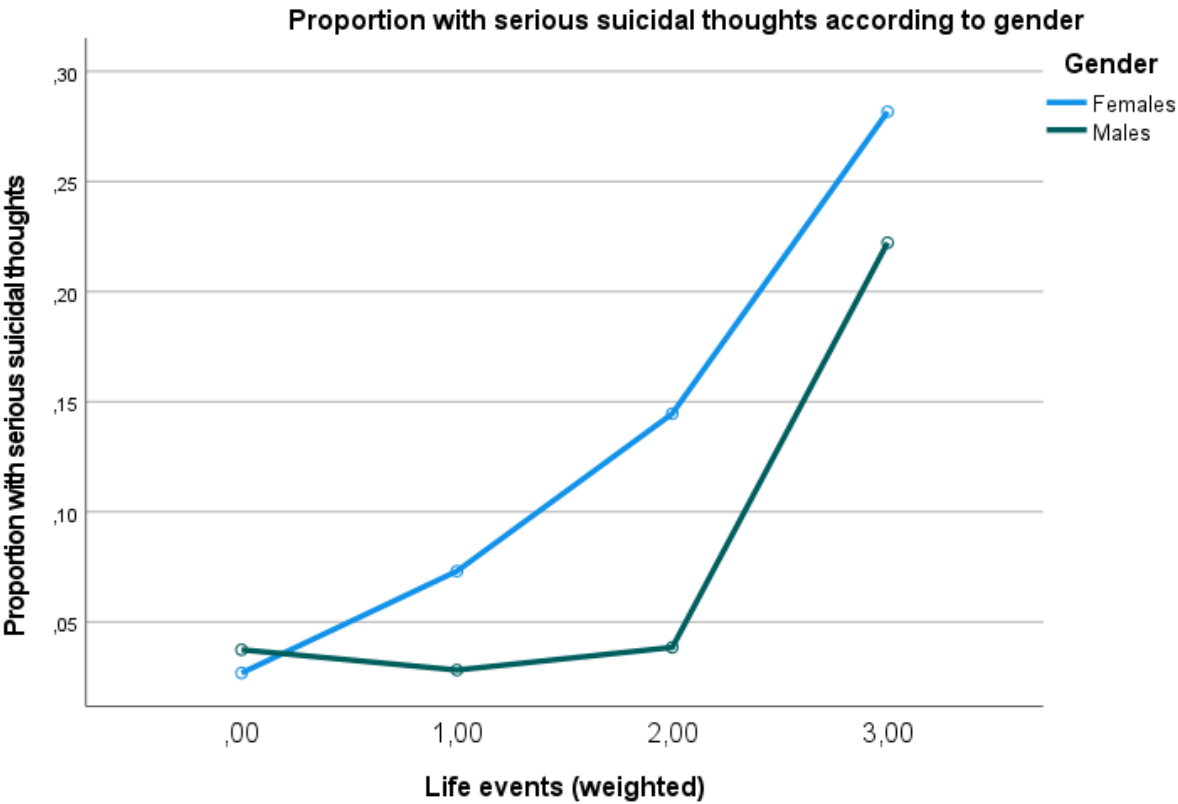
\*P<0.05

\*\*P<0.01

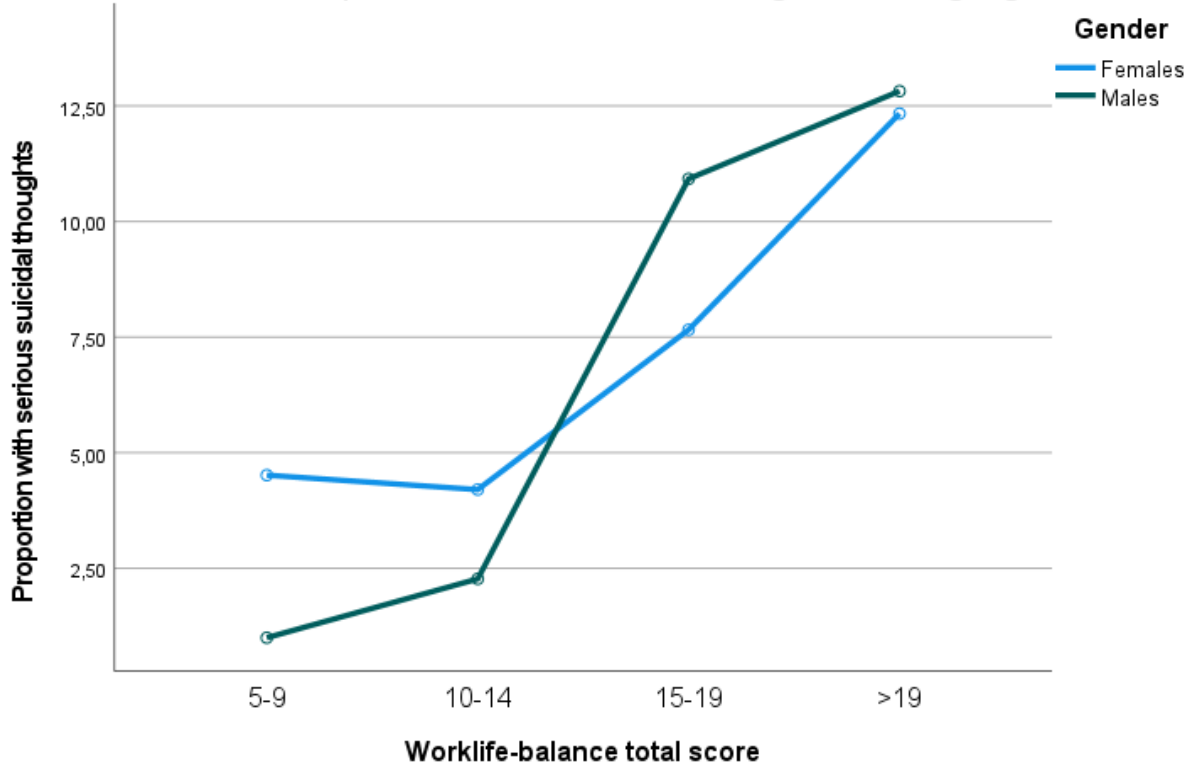
\*\*\*P<0.001

<sup>2</sup>In the adjusted model, all listed variables were simultaneously entered in the model, i.e. gender, age, civil status, negative life events, use of alcohol to cope, main field of work and the three job stress factors.





Proportion with serious suicidal thoughts according to gender



Supplementary File 4-1 (Interaction between life events and gender): Illustration of the two-way interaction between gender and life events (weighted). The life events scale has been divided into four categories to improve readability of the graph. The gradient is significantly steeper for females than males.

Supplementary File 4-2 (Interactions between work/life balance and gender): Illustration of the two-way interaction between gender and work/life-balance. The increase in suicidal thoughts with higher work/life imbalance was significantly stronger among males than among females.

# NORVET-undersøkelsen

## Arbeid, trivsel og mental helse hos veterinærer i Norge

På de fleste spørsmålene skal du angi svar ved å sette et kryss i en rute slik ☒  
Vennligst benytt en penn og sett krysset tydelig i ruten.

Noen steder skal du sette tall eller bokstaver i en eller flere ruter, slik  eller slik

Skjemaene vil bli lest maskinelt, derfor er det viktig at du skriver tydelig i rutene.

Det er svært viktig at du velger å merke av bare ett svaralternativ, der ikke annet fremgår av teksten. Hvis to alternativer synes like dekkende, bes du velge det ene. Dette vil jevne seg ut på gruppenivå.

Selv om det kanskje er noen spørsmål du synes er mindre viktige, ber vi deg svare likevel. Det vil bidra til å styrke undersøkelsen.

Det vil være en del spørsmål som blir gjentatt flere ganger i skjemaet. Dette skyldes at de utgjør en integrert del av standardiserte måleinstrumenter. Noen ganger spørres det også om opplysninger for ulike tidsperioder. Dette gjøres for å kunne foreta pålitelige sammenligninger med flere andre grupper, nasjonalt og internasjonalt.

**LYKKE TIL, OG PÅ FORHÅND TUSEN TAKK FOR INNSATSEN!**

## A. BAKGRUNNSOPPLYSNINGER

### A1 Kjønn:

- ☐ Kvinne  
☐ Mann  
☐ Annen kjønnsidentitet

### A3 Nåværende sivilstatus

- ☐ Ugift ☐ Separert  
☐ Samboende ☐ Skilt  
☐ Gift ☐ Enke/enkemann

### A2 Alder:

- ☐ 20-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45 ☐ 46-50 ☐ 51-55 ☐ 56-60 ☐ 61-65 ☐ 66-70 ☐ >70

### Partner

#### A4 Har du fast partner (kjæreste/samboer/ektefelle)?

- ☐ Nei  
☐ Ja

#### A5 Hvis JA, er din partner i arbeid?

- ☐ Nei  
☐ Ja

#### A6 Hvis JA, er din partner veterinær?

- ☐ Nei  
☐ Ja

### Barn og familie

#### A7 Hvor mange barn har du?

- ☐ Ingen ☐ 1 barn ☐ 2 barn ☐ 3 eller flere barn

### HAR DU I LØPET AV DE SISTE 12 MND. OPPLEVD NOE AV DET FØLGENDE?

A8 En alvorlig sykdom eller ulykke

☐

A18 Samlivsproblemer

☐

A9 Skilsmisse/separasjon med samboer eller kjæreste

☐

A19 Flyttet fra foreldre

☐

A10 Giftet deg/flyttet sammen med samboer

☐

A20 Permisjon

☐

A11 Fått barn

☐

A21 Sykefravær 21 dager eller mer

☐

A12 Dødsfall familie/nære venner

☐

A22 Du selv har vært involvert i tilsynssak fra tilsynsmyndigheter

☐

A13 Andre vansker hos nær familie

☐

A23 Alvorlig sykdom hos et nærtstående familiemedlem (partner/barn/foreldre)

☐

A14 Alvorlige økonomiske problemer

☐

A24 Andre alvorlige hendelser  
Spesifiser:

☐

A16 Alvorlige bomessige problemer

☐

A17 Du selv, eller noen i nær familie, har vært utsatt for, eller innblandet i, alvorlig lovbrudd

☐

## B. ARBEIDSFORHOLD OG ARBEIDSBELASTNING

### Hovedstilling

#### B1 Hvilken tilknytningsform har du til arbeidslivet?

☐ Ansatt ☐ Selvstendig næringsdrivende ☐ Annet, spesifiser: \_\_\_\_\_

#### B2 Har du en lederrolle?

☐ Ja ☐ Nei

#### B3 Hva slags hovedstilling har du nå?

- ☐ Smådyrpraksis  
☐ Produksjonsdyrpraksis  
☐ Kombinertpraksis  
☐ Hestepraksis  
☐ Akvakultur  
☐ Offentlig forvaltning  
☐ Akademia/forskning  
☐ Pensjonist  
☐ Annet, eventuelt spesifiser: \_\_\_\_\_

#### B3a Hva slags stilling er dette?

- ☐ Fast stilling  
☐ Tidsbegrenset utdanningsstilling  
☐ Vikariat Hvis vikariat, fyll inn antall mnd     
☐ Annet (samlet lengde)

#### B3b Jobber du i

☐ Bedrift som er del av kjede ☐ Frittstående bedrift

#### B4 Hvor mange måneder har du vært i din nåværende stilling? I ca. måneder

### Arbeidstidsforhold

#### B5 Hvor mange prosent er din hovedstilling?

Angi prosent:  
   %

#### B6 Hvor lang er din fastlagte arbeidstid i timer per uke i din hovedstilling?

timer og   minutter pr uke

#### B7 Hvor mange timer jobber du faktisk i gjennomsnitt pr. uke (inkludert alle stillinger)?

timer

#### B8 I en gjennomsnittlig arbeidsuke, inkludert ev. bistilling(er), omtrent hvor mange timer pr. uke bruker du på:

1.1 Klinisk arbeid	<input type="text"/> <input type="text"/> timer	1.2 Møtevirksomhet	<input type="text"/> <input type="text"/> timer
1.3 Papirarbeid	<input type="text"/> <input type="text"/> timer	1.4 Telefoner/e-post	<input type="text"/> <input type="text"/> timer
1.5 Reisetid	<input type="text"/> <input type="text"/> timer	1.6 Totalt	<input type="text"/> <input type="text"/> timer



**B9** Hvor mange timer overtid har du i gjennomsnitt i din hovedstilling i en vanlig arbeidsuke? (Ikke forlenget arbeidstid eller utrykning på vakt, kun tilfeldig overtid.)

Betalt:

Ubetalt:

timer pr. uke

timer pr. uke

**B10** Hvor ofte har du overtidsarbeid/forlenget arbeidstid (betalt eller ubetalt)?

- ☐ Aldri  
☐ Sjeldnere enn en gang i måneden  
☐ Minst en gang i måneden  
☐ Omtrent annenhver uke  
☐ Hver uke

### Bistilling

**B11** Har du noen fast bistilling eller ekstrajobb i tillegg til din hovedstilling?

- ☐ Nei  
☐ Ja

**B12** Hvis du har en bistilling, hvor mange arbeidstimer utgjør denne stillingen gjennomsnittlig pr. uke?

timer pr. uke

### Vakter som veterinær

**B13** Hvis du har faste vakter ut over normal arbeidstid i din hovedstilling, hva slags vaktordning har du nå?

- ☐ Tar ikke faste vakter \*   ☐ 9-delt  
☐ 2-3-delt   ☐ 10-delt  
☐ 4-5-delt   ☐ 11-delt  
☐ 6-7-delt   ☐ >12-delt  
☐ 8-delt

*\*Gå til spørsmål B18*

**B14** Hvilken type vaktordning deltar du i?

- ☐ Offentlig vakt   ☐ Privat vakt

**B15** Hvis du tar faste vakter ut over normal arbeidstid i din hovedstilling, hvor lange er vaktene?

- ☐ Ca 1/2 døgn  
☐ Ca. 1 døgn  
☐ Mer enn 1 døgn  
☐ Annet; hva \_\_\_\_\_

**B16 Ca. hvor mange timer av dine faste vakter tilbringer du**

Aktiv:   timer Har du ☐ tilstedevakt eller ☐ hjemmevakt

Hvilende:   timer

Sovende:   timer

**B17 Hvis du har faste vakter, cirka hvor lenge arbeider du dagen etter vakt?**

- ☐ Arbeider ikke rett etter vakt
- ☐ 1-3 timer
- ☐ 4-6 timer
- ☐ 7 timer eller mer

**B18 Hvis du har vakter som en del av en bistilling, cirka hvor mange timer av disse vaktene tilbringer du**

*Hvis du ikke har vakt som del av bistilling, gå til B19*

Aktiv:   timer

Hvilende:   timer Har du ☐ tilstedevakt eller ☐ hjemmevakt

Sovende:   timer

**B19 Cirka hvor mange avspaseringsuker pr. halvår benytter du til ikke-faglig aktivitet?**

- ☐ Ingen uke
- ☐ 1 uke
- ☐ 2 uker
- ☐ 3 uker
- ☐ 4 uker
- ☐ 5 uker
- ☐ 6 uker eller flere

**B20 Dersom du jobber i klinisk praksis, hvor mange avlivinger utfører du omtrent på en vanlig uke?**

- ☐ 0-4
- ☐ 5-9
- ☐ 10-14
- ☐ 15 eller fler

**Belastningsfaktorer****I hvilken grad gjør de følgende situasjoner/faktorer deg belastet (stresset)?****Sett ett kryss i den ruten som passer best for deg.**

	Ikke noen belastning	Litt belastning	Endel belastning	Mye belastning	Svært mye belastning
<b>B21</b> Kritikk av veterinærer i media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B22</b> Kundene/dyreeierne setter ikke pris på det du gjør	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B23</b> Bekymring over klager fra kunder/dyreeiere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B24</b> Å ha ansvar for dyrenes liv 24 timer i døgnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B25</b> Telefoner, sykebesøk og utrykning om natten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B26</b> Å ta seg av vanskelige veterinærmedisinske problemstillinger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B27</b> Å ta seg av vanskelige kunder/dyreeiere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B28</b> Krysspress mellom økonomi og dyrevelferd/etikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B29</b> Bekymringer knyttet til egen økonomi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B30</b> Bekymringer knyttet til bedriftens økonomi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B31</b> Sykejournaler og annet papirarbeid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B32</b> Kirurgiske inngrep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B33</b> Arbeidsmiljøet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B34</b> Tidspress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B35</b> Jobben går ut over familieliv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B36</b> Jobben går ut over sosialt liv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B37</b> Daglig kontakt med døende og kritisk syke dyr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B38</b> Å ta seg av dødssyke dyr og deres eiere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B39</b> Forespørsler om dyr fra venner og bekjente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B40</b> Forespørsler om dyr fra slektninger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B41</b> Være i generell beredskap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Ikke noen belastning	Litt belastning	Endel belastning	Mye belastning	Svært mye belastning
<b>B42</b> Følelsesmessig engasjement i dyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B43</b> Forventninger om at veterinæren også skal hjelpe med ikke-medisinske problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B44</b> Avbrytelser og mas i arbeidssituasjonen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B45</b> Å ta seg av lidende dyr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B46</b> Konflikt med kolleger/medarbeidere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B47</b> Å få til en balanse mellom arbeid og privatliv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Forhold til kolleger**

	Ingen grad				I svært høy grad			
<b>B48</b> I hvilken grad trives du i det store og det hele blant dine kolleger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B49</b> I hvor stor grad har du følt deg ivaretatt av dine veterinærkolleger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Stemmer helt	Stemmer ganske bra	Stemmer ikke særlig bra	Stemmer ikke
<b>B50</b> Det er rolig og behagelig stemning på min arbeidsplass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B51</b> Det er godt samhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B52</b> Mine arbeidskolleger stiller opp for meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B53</b> Det er forståelse for at jeg kan ha en dårlig dag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B54</b> Jeg kommer godt overens med mine overordnede*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B55</b> Jeg trives bra med mine arbeidskolleger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Besvares bare dersom du har en overordnet.*

**B56** Når du føler deg bekymret, engstelig eller nervøs - drikker du noen gang alkohol for å klare situasjonen bedre?

☐ Aldri   ☐ Sjelden   ☐ Av og til   ☐ Ofte

<b><u>Vedrørende ditt arbeid</u></b>		Meget sjelden eller aldri	Nokså sjelden	Av og til	Nokså ofte	Meget ofte eller alltid
<b>B57</b>	Er det fastsatt klare mål for din jobb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B58</b>	Vet du hva som er ditt ansvarsområde?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B59</b>	Vet du nøyaktig hva som forventes av deg i jobben?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B60</b>	Må du gjøre ting du mener burde vært gjort annerledes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B61</b>	Får du oppgaver uten tilstrekkelig hjelpemidler og ressurser til å fullføre dem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B62</b>	Mottar du motstridende forespørsler fra to eller flere personer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B63</b>	Fordeler din nærmeste sjef arbeidsoppgaver rettferdig og upartisk?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B64</b>	Behandler din nærmeste sjef de ansatte rettferdig og upartisk?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B65</b>	Er forholdet mellom deg og din nærmeste sjef en kilde til stress for deg?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Besvares bare dersom du har en overordnet.*

		Ja, ofte	Ja, noen ganger	Nei, sjelden	Nei, så godt som aldri
<b>B66</b>	Krever arbeidet ditt at du arbeider meget raskt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B67</b>	Krever arbeidet ditt at du arbeider meget hardt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B68</b>	Krever arbeidet ditt for stor arbeidsinnsats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B69</b>	Har du tilstrekkelig tid til å utføre arbeidsoppgavene dine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B70</b>	Forekommer det ofte motstridende krav i arbeidet ditt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B71</b>	Får du lære nye ting i ditt arbeid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B72</b>	Krever ditt arbeid dyktighet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B73</b>	Krever ditt arbeid oppfinnsomhet/kreativitet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B74</b>	Innebærer ditt arbeid at du gjør samme ting om og om igjen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B75</b>	Har du frihet til å bestemme hvordan ditt arbeid skal utføres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B76</b>	Har du frihet til å bestemme hva som skal utføres i ditt arbeid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C HELSE

Nedenfor finner du en oppstilling av plager som man av og til har.

Les nøye gjennom dem, en for en, og angi deretter hvor mye hvert enkelt problem har plaget deg eller vært til besvær i løpet av de siste 14 dagene

		Ikke i det hele tatt	Litt	Måtelig	Ganske mye	Veldig mye
<b>C1</b>	Nervøsitet, indre uro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C2</b>	Stadig redd eller engstelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C3</b>	Følelse av håpløshet med tanke på fremtiden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C4</b>	Mye bekymret eller urolig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C5</b>	Nedtrykt, tungsindig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C6 Hvis du har hatt psykiske problemer i løpet av det siste året, har du da søkt/fått hjelp for dette?**

☐ Ikke hatt psykiske problemer av betydning\*

*\*Gå til spørsmål C13*

☐ Har ikke søkt hjelp selv om jeg nok kunne ha hatt behov for det

☐ Ja, har konsultert allmennlege eller fastlege

☐ Ja, har konsultert psykolog/psykiater

☐ Ja, har vært innlagt i psykiatrisk avdeling

**C7 Hvis du har vært i kontakt med psykolog/psykiater, hva slags behandling har du fått?**

*Det er mulig å sette flere klyss*

☐ 1-5 samtaler

☐ Flere enn 5 samtaler

☐ Psykoterapi/psykoanalyse

☐ Gruppeterapi

☐ Medikamentell behandling

**Hvis du har hatt psykiske problemer i løpet av det siste året, i hvilken grad mener du at følgende forhold var medvirkende til at det ble vanskelig for deg?**

		Betydde ingenting	Betydde litt	Betydde endel	Betydde ganske mye	Betydde svært mye
<b>C8</b>	Personlige forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C9</b>	Forhold til familie/ektefelle/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C10</b>	Sosiale forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C11</b>	Problemer i forbindelse med veterinæryrket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C12</b>	Andre forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Livsløst**

De følgende spørsmål dreier seg om du i løpet av det siste året har mistet livsløsten, og i så fall i hvilken grad?

**C13** Har du noen gang i løpet av det siste året følt at livet ikke er verdt å leve?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

**C14** Har du i løpet av det siste året ønsket at du var død - f.eks. at du skulle sovne inn og aldri våkne igjen?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

**C15** Har du noen gang i løpet av det siste året tenkt på å ta livet ditt, selv om du vet at du ikke vil gjøre det?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

**C16** Har du noen gang i løpet av det siste året vært i den situasjonen at du alvorlig har overveiet å ta livet ditt og til og med planlagt hvordan du i såfall skulle gjøre det?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

Hvis det har hendt, i hvilken grad mener du de følgende forhold var medvirkende til at det ble så vanskelig for deg?

	Betydde ingenting	Betydde litt	Betydde endel	Betydde ganske mye	Betydde svært mye
<b>C17</b> Personlige forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C18</b> Forhold til familie/ektefelle/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C19</b> Sosiale forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C20</b> Problemer i forbindelse med veterinæryrket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C21</b> Andre forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C22** Har du i løpet av det siste året forsøkt å ta ditt eget liv?

☐ Aldri ☐ Nesten aldri ☐ Noen ganger ☐ Mange ganger

Hvis det har hendt, i hvilken grad mener du de følgende forhold var medvirkende til at det ble så vanskelig for deg?

	Betydde ingenting	Betydde litt	Betydde endel	Betydde ganske mye	Betydde svært mye
<b>C23</b> Personlige forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C24</b> Forhold til familie/ektefelle/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C25</b> Sosiale forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C26</b> Problemer i forbindelse med veterinæryrket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C27</b> Andre forhold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Holdninger til aktiv dødshjelp**

**Aktiv dødshjelp** er en samlebetegnelse på eutanasi og legeassistert selvmord. I noen europeiske land er aktiv dødshjelp tillatt, men i Norge er det ulovlig.

**Eutanasi** er en leges tilsiktede drap på en person ved å sette en sprøyte med dødbringende medikamenter etter at personen frivillig har bedt om det.

**Legeassistert selvmord** er en leges hjelp til selvmord, ved å skaffe til veie medikamenter som personen kan innta selv.

Ta stilling til følgende påstander		Svært enig	Litt enig	Verken enig eller uenig	Litt uenig	Svært uenig
<b>C28</b>	Legeassistert selvmord bør tillates for personer som har en dødelig sykdom med kort forventet levetid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C29</b>	Eutanasi bør tillates for personer som har en dødelig sykdom med kort forventet levetid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C30</b>	Aktiv dødshjelp bør tillates også for personer som har en uhelbredelig kronisk sykdom, men ikke er døende.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C31</b>	Det finnes tilfeller der det kan være riktig/moralsk forsvarlig av legen å utføre aktiv dødshjelp, selv om det er ulovlig.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Holdninger til psykiske lidelser**

Ta stilling til følgende påstander		Svært enig	Noe enig	Ikke sikker/ubestemt	Noe uenig	Svært uenig
<b>C32</b>	Behandling kan hjelpe mennesker med psykiske lidelser til å føre et normalt liv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C33</b>	Folk er generelt sett omsorgsfulle og positivt innstilte overfor personer med psykiske lidelser.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D Personlige egenskaper

### Ta stilling til følgende påstander

	Stemmer ikke	Stemmer
<b>D1</b> Det er vanskelig for meg å stole på folk ettersom de så ofte vender seg mot meg eller lar meg i stikken	<input type="checkbox"/>	<input type="checkbox"/>
<b>D2</b> På en eller annen måte føler jeg at jeg ikke vet hvordan jeg skal oppføre meg sammen med andre mennesker	<input type="checkbox"/>	<input type="checkbox"/>
<b>D3</b> Jeg opplever meg selv som helt ulik til ulike tidspunkter	<input type="checkbox"/>	<input type="checkbox"/>
<b>D4</b> Jeg føler meg ensom mesteparten av tiden	<input type="checkbox"/>	<input type="checkbox"/>
<b>D5</b> Folk som virker bra til å begynne med, ender ofte opp med å skuffe meg	<input type="checkbox"/>	<input type="checkbox"/>
<b>D6</b> Jeg føler det av og til som om jeg lever i en tåke	<input type="checkbox"/>	<input type="checkbox"/>
<b>D7</b> Noen ganger føler jeg at jeg ikke er meg selv	<input type="checkbox"/>	<input type="checkbox"/>
<b>D8</b> Folk kan oppfatte meg som uhøflig eller hensynsløs uten at jeg skjønner hvorfor	<input type="checkbox"/>	<input type="checkbox"/>
<b>D9</b> Av og til får jeg rare tanker i hodet som jeg ikke er i stand til å få vekk	<input type="checkbox"/>	<input type="checkbox"/>

### D10 Eventuelle kommentarer til spørreskjemaet?

## Supplementary File 2 – Description of sample for veterinarians with serious suicidal thoughts

Variable	Range of values	Frequency (%)	Mean (SD)
<b>Gender</b>			
Female		108 (79.4%)	
Male		28 (20.6 %)	
<b>Age</b>			
20-30		16 (11.7 %)	
31-40		47 (34.3 %)	
41-50		41 (29.9 %)	
51-60		21 (15.3 %)	
61-70		10 (7.3 %)	
>70		2 (1.5 %)	
<b>Marital status</b>			
Married/cohabiting		82 (61.2 %)	
Single/divorced/widow(er)		52 (38.8 %)	
<b>Life events</b>	0-9		1.3 (1.4)
<b>SCL-5</b>	1-5		3.3 (1.0)
<b>Reality weakness</b>	0-8		3.2 (2.1)
<b>Alcohol to cope</b>			
Never		73 (53.3 %)	
Any frequency		64 (46.7 %)	
<b>Main field of work</b>			
Companion animal practice		53 (39.6 %)	
Public administration		21 (15.7 %)	
Mixed clinical practice		13 (9.7 %)	
Academia/research		11 (8.2 %)	
Production animal practice		11 (8.2 %)	
Aquaculture		6 (4.5 %)	
Equine practice		6 (4.5 %)	
Other		10 (7.5 %)	
Pensioner		3 (2.2 %)	
<b>Job stress</b>			
Emotional demands	1 - 5		2.44 (0.84)
Work/life-balance	1 - 5		3.22 (0.98)
Fear of complaints	1 - 5		3.63 (1.11)
<b>Connection to work-life</b>			
Employed		80 (58.4 %)	
Self-employed		37 (27.0 %)	
Other		11 (8.0 %)	
Two or more connections to work life		9 (6.6 %)	
<b>Position type</b>			
Permanent position		115 (87.8 %)	
Temporary position		6 (4.6 %)	
Temporary educational position		2 (1.5 %)	
Other		8 (6.1 %)	
<b>Working full-time</b>		101 (75.4 %)	

Frequency of working overtime (weekly or bi-weekly)		92 (71.9 %)	
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Supplementary File 3 – Additional analysis predictor model – Predictors of serious suicidal thoughts among veterinarians in Norway, without mental distress and reality weakness

	Adjusted <sup>2</sup>	
	OR	95 % CI
Female	0.88	0.50 to 1.53
Age	1.02	0.92 to 1.13
Single	2.17***	1.44 to 3.27
Negative life events <sup>1</sup>	1.61***	1.39 to 1.86
Alcohol to cope	1.52*	1.02 to 2.27
<b>Main field of work (ref. category= mixed clinical practice)</b>		
Companion animals	1.17	0.59 to 2.30
Production animals	1.72	0.71 to 4.19
Equine practice	1.02	0.34 to 3.04
Aquaculture	1.23	0.39 to 3.89
Public administration	1.47	0.65 to 3.31
Academia/research	1.53	0.59 to 4.01
Other	0.80	0.29 to 2.17
<b>Job stress</b>		
Emotional demands	1.05*	1.003 to 1.104
Work/life-balance	1.08**	1.03 to 1.13
Fear of complaints	1.08*	1.001 to 1.164

<sup>1</sup>The variable life events was entered into the model as a weighted variable ('Negative life events'), comprising the sum score of life events that was significant in a univariate model with the dependent variable.

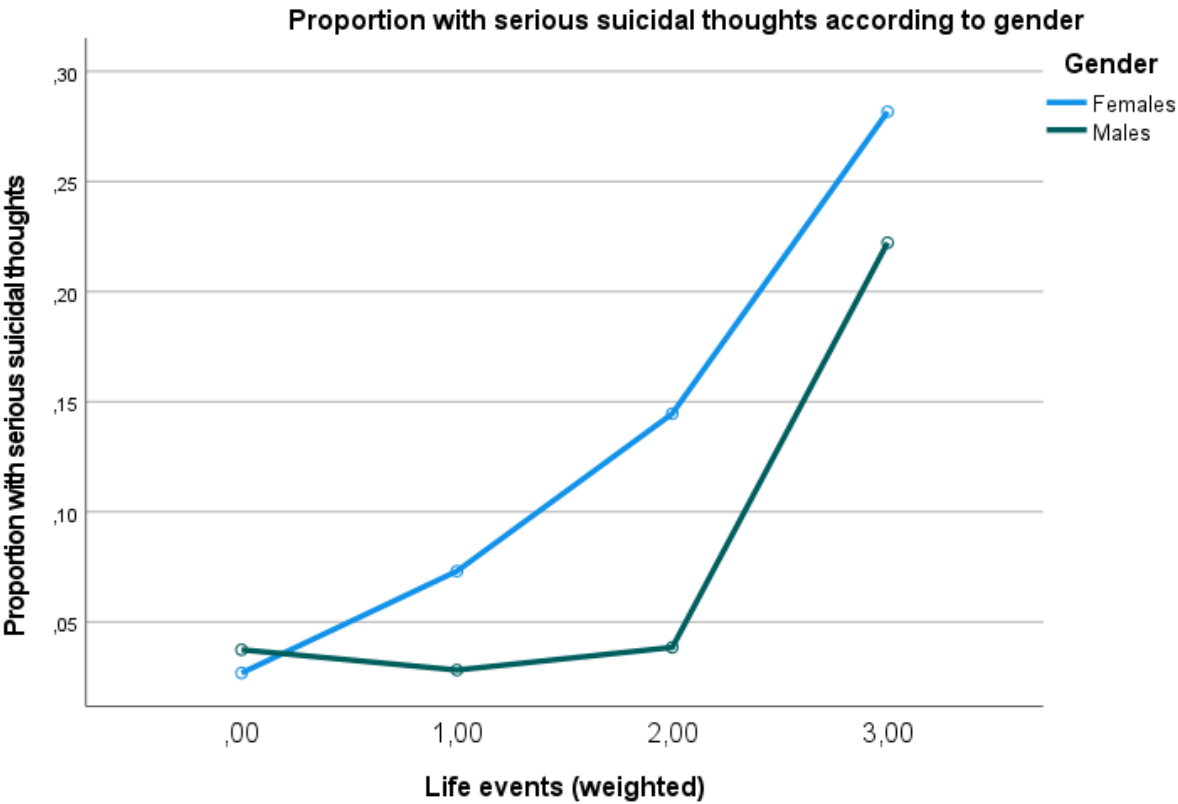
\*P<0.05

\*\*P<0.01

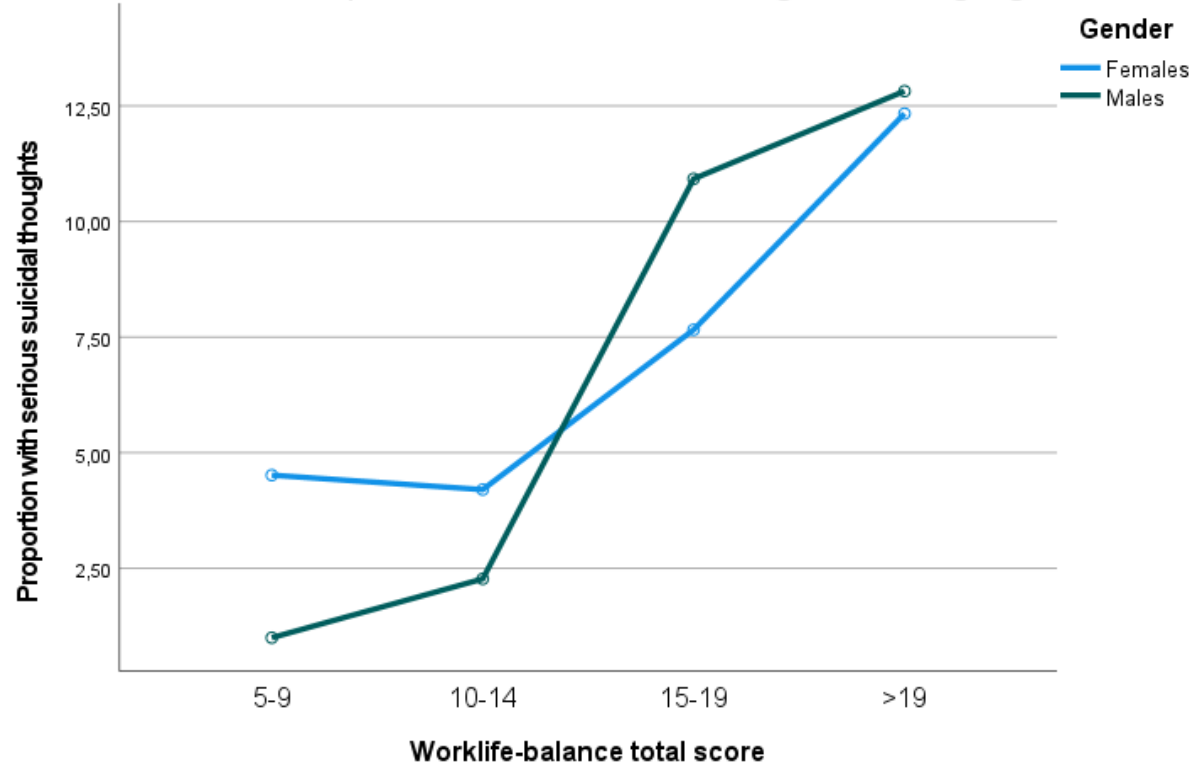
\*\*\*P<0.001

<sup>2</sup>In the adjusted model, all listed variables were simultaneously entered in the model, i.e. gender, age, civil status, negative life events, use of alcohol to cope, main field of work and the three job stress factors.





Proportion with serious suicidal thoughts according to gender



Supplementary File 4-1 (Interaction between life events and gender): Illustration of the two-way interaction between gender and life events (weighted). The life events scale has been divided into four categories to improve readability of the graph. The gradient is significantly steeper for females than males.

Supplementary File 4-2 (Interactions between work/life balance and gender): Illustration of the two-way interaction between gender and work/life-balance. The increase in suicidal thoughts with higher work/life imbalance was significantly stronger among males than among females.