



PERSONAL WELLBEING

The Mental Health Impact of Online Veterinary Reviews

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We all know the feelings—nervousness, excitement, anticipation, hopefulness, and a touch of dread—as we click into the app to check our veterinary clinic reviews. As humans, we seek this validation, defined as the desire to have someone else’s approval or agreement with what we do. As veterinarians, we have thrown so much of our lives into the profession—often placing what we do for work over our physical and mental health and our children, families, and friends—that it is only natural to seek acknowledgment for the sacrifices we make daily. So, when we see 5-star online client reviews, the elation we feel is second to none. For a short time following, we float and feel all those late nights and weekends of placing our jobs ahead of everything was worth it. That validation, however, soon vanishes as we read a critical or negative review.

There is a dichotomy in these reviews: The extremely happy clients leave 5-star reviews and the unhappy clients leave 1-star reviews, with very few in between.¹ Let’s face it, we rely on the same review services to help us choose a handyman, doctor, restaurant, party venue, pediatrician, or urgent care. We make these choices for our personal lives using those extreme reviews, and the reality is that our clients are likely familiarizing themselves with online reviews before choosing a veterinarian, too. A survey of 1000 human patients revealed that 71% used online reviews as the very first

step in finding a new doctor.² In another study evaluating human patients choosing physicians, 28.1% strongly agreed that a positive physician review alone would lead them to seek care from that practitioner.³ We can assume that similar human decision making would be used in the veterinary setting. Thus, positive reviews can be that practice-building boost we need to grow our client base.

On the other side of the spectrum, the “1-star haters” can deter clients from choosing a veterinarian or hospital. In the previously described study of human patients choosing physicians, 27% indicated that a negative review would lead them to pass on seeking care from a physician.³ We know that these critical reviewers may be unhappy in general with all services they encounter in life, often leaving a trail of similarly rated reviews when we click on their user profiles. We also know deep down that we, as veterinarians, are not perfect, that there may be truth to the negative reviews, and that we should endeavor to make changes, if needed. It may be about inefficiencies in the check-in or check-out process, long wait times, high costs, parking difficulties, or other factors that may have soured client experiences rather than the treatment and care pets received during the visit. Unhappy clients also result from having unrealistic expectations, such as demanding a cure when there is none. We know all of

this; however, it can be soul crushing nonetheless. We forget about the 40 other patients/clients we have made happy that week, the 100-plus patients we have helped that month, and the several hundred to 1000-plus patients we have saved that year. We obsess over that bad review and promptly forget the 5-star reviews from other clients. We take the review as a personal affront.

Why do we do this? Research shows that humans suffer from what is termed a negativity bias.⁴ Evolutionarily, paying attention to threats was a matter of survival. While this may have helped in early human history, this passed-down trait now impedes our ability to deal with negativity. Studies show that it often takes 5 positive interactions to undo the impact of 1 negative interaction. To compound this, an “amygdala hijack” occurs during a negativity bias situation leading to an overreaction and a reduced ability to have a rational emotional response.⁵⁻⁷ The amygdala, located at the base of the brain, is crucial in processing emotions. It sends signals to release cortisol and adrenaline at times of stress, and the sudden release of these hormones renders us incapable of responding rationally for a period of time.

It is important to recognize that dwelling on negative reviews can have significant mental health implications. Psychological distress in the veterinary profession is already high based on a 2015 report in *JAVMA*, showing that 1 in 11 veterinarians experienced serious distress and 1 in 6 veterinarians contemplated suicide after leaving veterinary school.⁸ Veterinarians are 3.5 times more likely to die by suicide compared to the general population due to mental health implications.⁹ A recent *Time* magazine article discussed clients villainizing veterinarians as one of many reasons for suicide in our profession.¹⁰

But it's not all bad news. While it is true that an abundance of negative reviews can destroy a business, having some negative reviews may not be all that bad. A special online analysis by Womply Research titled “How Online Reviews Impact Revenue” provides an understanding of online reviews' true financial impact. Surprisingly, businesses that have 15% to 20% negative reviews actually earn more revenue than those with 5% to 10% negative reviews.⁸ Negative reviews, up to a certain extent, show a sense of authenticity with the optimal negative reviews being between 10% to 25%.⁸ Clients expect to see negative reviews and having only 5-star reviews can make clients wonder if the reviews are fake or paid. A detrimental impact to revenue was

observed in businesses with negative reviews accounting for 25% or more of the total reviews.⁸ Fortunately, the average business has less than 19% in negative reviews. Knowing that negative reviews increase revenue may help temper the adverse feelings we have toward them.

There are also actions veterinarians can take to provide a sense of agency. In the same Womply analysis, businesses that responded to reviews were found to earn 35% more revenue than average.¹¹ Responding to reviews shows that the business cares, and this sentiment is demonstrated better when the business consistently responds.¹¹ This does not mean that we should respond only to the negative reviews with a defensive post. We ought to address both the positive and negative reviews with genuine responses. A study evaluating negative online reviews for physicians suggests addressing particularly negative reviews outside of the online platform (e.g., contacting the client for constructive feedback to address what could be done better).¹² Third-party management firms have also recently become a popular way to respond to reviews in a timely manner, but the value and efficacy of using these firms have not been evaluated to the author's knowledge. Another strategy is to increase the total number of reviews posted (both positive and negative), which research shows results in a more positive attitude toward the rated physician.¹³ Asking clients to provide feedback by including links to review sites on emails sent to clients, appointment reminder cards, and business cards can increase the total number of reviews, with most of them being positive statistically.

While we cannot prevent negative reviews online, we can work to better understand our reactions to those reviews, realize that negative reviews may be an opportunity for betterment and may not adversely impact our business, and work to address the underlying issues behind the reviews. We should have reasonable, sustainable goals for ourselves in regard to online reviews and, above all, be kind to ourselves. While we would all love a perfect rating, we should more realistically aim to maintain an overall rating between 3.5 and 4.5, not 5, out of 5 stars.¹¹ **TV**

References

1. Devgan LL, Klein EJ, Fox S, Ozturk T. Bifurcation of patient reviews: an analysis of trends in online ratings. *Plast Reconstr Surg Glob Open*. 2020;8(4):e2781. doi:10.1097/GOX.0000000000002781
2. Hedges L, Couey C. How patients use online reviews. Software Advice. April 3, 2020. Accessed December 22, 2022. <https://www.softwareadvice.com/resources/how-patients-use-online-reviews>

3. Burkle CM, Keegan MT. Popularity of internet physician rating sites and their apparent influence on patients' choices of physicians. *BMC Health Serv Res.* 2015;15:416. doi:10.1186/s12913-015-1099-2

4. Norris CJ. The negativity bias, revisited: evidence from neuroscience measures and an individual differences approach. *Soc Neurosci.* 2021;16(1):68-82. doi:10.1080/17470919.2019.1696225

5. Duan K, Gu Q, Petralia RS, et al. Mitophagy in the basolateral amygdala mediates increased anxiety induced by aversive social experience. *Neuron.* 2021;109(23):3793-3809.e8. doi:10.1016/j.neuron.2021.09.008

6. Roozendaal B, McEwen BS, Chattarji S. Stress, memory and the amygdala. *Nat Rev Neurosci.* 2009;10(6):423-433. doi:10.1038/nrn2651

7. Daviu N, Bruchas MR, Moghaddam B, Sandi C, Beyeler A. Neurobiological links between stress and anxiety. *Neurobiol Stress.* 2019;11:100191. doi:10.1016/j.ynstr.2019.100191

8. Nett RJ, Witte TK, Holzbauer SM, et al. Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. *JAVMA.* 2015;247(8):945-955. doi:10.2460/javma.247.8.945

9. Tomasi SE, Fechter-Leggett ED, Edwards NT, Reddish AD, Crosby AE, Nett RJ. Suicide among veterinarians in the United States from 1979 through 2015. *JAVMA.* 2019;254(1):104-112. doi:10.2460/javma.254.1.104

10. Chan M. Veterinarians face unique issues that make suicide one of the profession's big worries. *Time.* September 12, 2019. Accessed December 22, 2022. <https://time.com/5670965/veterinarian-suicide-help>

11. Womply. Impact of online reviews on small business revenue. Accessed December 22, 2022. https://www.womply.com/wp-content/uploads/2018/01/How_Online_Reviews_Impact_Revenue.pdf

12. Cooper HJ. Pearls: how to address negative online patient reviews. *Clin Orthop Relat Res.* 2018;476(6):1162-1163. doi:10.1097/01.blo.0000533614.05050.10

13. Grabner-Kräuter S, Waiguny MKJ. Insights into the impact of online physician reviews on patients' decision making: randomized experiment. *J Med Internet Res.* 2015;17(4):e93. doi:10.2196/jmir.3991

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Dr. Vinayak received her bachelor's degree in biology from the University of Georgia at the age of 19 before starting veterinary school. She then completed a 3-year surgical residency at Texas A&M University and stayed on for a year as a clinical instructor, during which time she became a diplomate of the American College of Veterinary Surgeons (ACVS). Dr. Vinayak then spent the following 7 years as a private practice specialty general surgeon in the Chicago area. The next phase in her career came as she saw consultation patients with cancer. During a 3-year residency, Dr. Vinayak elected to pursue an ACVS-credentialed fellowship in surgical oncology and was thrilled to be accepted to Colorado State University's Cancer Center. Dr. Vinayak is involved in research on numerous topics, as well as currently coauthoring a surgery textbook. She is blessed to have a wonderful husband, 2 boys, and her amazing cats.



Osurnia®

(florfenicol, terbinafine, betamethasone acetate)

Otic gel

For Otic Use in Dogs Only

Do not use in cats

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

BRIEF SUMMARY (for full prescribing information, see package insert)

DESCRIPTION: OSURNIA contains 10 mg florfenicol, 10 mg terbinafine and 1 mg betamethasone acetate per mL and the inactive ingredients propylene carbonate, glycerol formal, hypromellose, phospholipid, oleic acid and BHT in an off-white to slightly yellow translucent gel.

INDICATION: OSURNIA is indicated for the treatment of otitis externa in dogs associated with susceptible strains of bacteria (*Staphylococcus pseudintermedius*) and yeast (*Malassezia pachydermatis*).

DOSE AND ADMINISTRATION: OSURNIA should be administered in the clinic. Clean and dry the external ear canal before administering the initial dose of the product. Administer one dose (1 tube) per affected ear(s) and repeat administration in 7 days. Do not clean the ear canal for 45 days after the initial administration to allow contact of the gel with the ear canal. Cleaning the ear may affect product effectiveness (see **Effectiveness** in the product insert). If alternative otic therapies are required it is recommended to clean the ear(s) before application. Open tube by twisting the soft tip. Insert the flexible tip into the affected external ear canal(s) and squeeze entire tube contents into the external ear canal(s). After application, gently massage the base of the ear to allow the gel to penetrate to the lower part of the ear canal.

CONTRAINDICATIONS: Do not use in dogs with known tympanic perforation (see **Precautions** in the product insert). Do not use in dogs with a hypersensitivity to florfenicol, terbinafine, or corticosteroids.

WARNINGS:

Human Safety Warning:

OSURNIA may cause eye injury and irritation

Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans.

In case of accidental skin contact, wash area thoroughly with water. Avoid contact to the eyes. In case of accidental eye contact, flush thoroughly with water for at least 15 minutes. If symptoms develop, seek medical advice.

PRECAUTIONS: Wear eye protection when administering OSURNIA and restrain the dog to minimize post-application head shaking. Reducing the potential for splatter of product will help prevent accidental eye exposure in people and dogs and help to prevent ocular injury. Do not administer orally. The use of OSURNIA in dogs with perforated tympanic membranes has not been evaluated. The integrity of the tympanic membrane should be confirmed before administering this product. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Use of topical otic corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs (see **Animal Safety** in the product insert). Use with caution in dogs with impaired hepatic function (see **Animal Safety** and **Adverse Reactions** in the product insert). The safe use of OSURNIA in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

ADVERSE REACTIONS: The following adverse reactions were reported during the course of a US field study for treatment of otitis externa in dogs treated with OSURNIA in decreasing order: elevated liver enzymes, vomiting, weight loss (>10% body weight) and hearing loss. To report suspected adverse events, for technical assistance or to obtain a copy of the SDS, contact Dechra Veterinary Products at (866) 933-2472. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>. **POST-APPROVAL EXPERIENCE (2020):** The following adverse events are based on post-approval adverse drug experience reporting for OSURNIA. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using this data.

In humans, accidental exposure leading to corneal ulcers and other ocular injuries such as eye irritation, burning, stinging, and itchiness have been reported to occur when the dog shook its head after application of OSURNIA.

In dogs, the adverse events reported for OSURNIA are presented below in decreasing order of reporting frequency: Deafness, ear discharge, ear irritation and pain, vomiting, head shaking, head tilt, ataxia, vocalization, corneal ulcer, keratoconjunctivitis sicca, nystagmus, tympanic rupture, and facial paralysis.

INFORMATION FOR DOG OWNERS: Owners should be aware that adverse reactions may occur following administration of OSURNIA and should observe dog for signs such as deafness, ear pain and irritation, vomiting, head shaking, head tilt, incoordination, eye pain and ocular discharge (see **Animal Safety** and **Post-Approval Experience** in the product insert). Owners should be advised to contact their veterinarian if any of the above signs are observed. Owners should also be informed that splatter may occur if the dog shakes its head following administration of OSURNIA which may lead to ocular exposure. As a result, eye injuries in humans and dogs have been reported including corneal ulcers.

EFFECTIVENESS: Effectiveness was evaluated in 235 dogs with otitis externa. The study was a double-masked field study with a placebo control (vehicle without the active ingredients). One hundred and fifty-nine dogs were treated with OSURNIA and seventy-six dogs were treated with the placebo control. All dogs were evaluated for safety. Treatment (1 mL) was administered to the affected ear(s) and repeated 7 days later. Prior to the first administration, the ear(s) were cleaned with saline but not prior to the Day 7 administration. Six clinical signs associated with otitis externa were evaluated: pain, erythema, exudate, swelling, odor and ulceration. Total clinical scores were assigned for a dog based on the severity of each clinical sign on Days 0, 7, 14, 30 and 45. Success was determined by clinical improvement at Day 45. The success rates of the two groups were significantly different (p=0.0094); 64.78% of dogs administered OSURNIA were successfully treated, compared to 43.42% of the dogs in the placebo control group.

STORAGE CONDITIONS: OSURNIA should be stored under refrigerated conditions between 36° - 46° F (2° - 8° C). To facilitate comfort during administration, OSURNIA may be brought to room temperature and stored for up to three months.

MANUFACTURED FOR:

Dechra Veterinary Products
7015 College Boulevard, Suite 525
Overland Park, KS 66211 USA
Product of Great Britain

Approved by FDA under NADA # 141-437

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