



PRACTICE MANAGEMENT

Optimizing Work Schedules in Veterinary Practice: Impact on Staff Wellbeing and Career Satisfaction

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Veterinary teams are carrying a heavy load: rising caseload complexity, staffing shortages, emotional labor, and the reality that bodies and brains have limits.¹⁻⁵ Scheduling sits at the center of it all. In a recent mixed-methods pilot and primary study of veterinary professionals across many roles and settings led by the author, respondents linked outdated scheduling patterns with burnout, reduced recovery time, and avoidable friction in daily operations (**BOX 1**).¹ As a clinic director shared, “Shifting our scheduling model wasn’t just a change; it was a vital lifeline for staff morale and patient care.”¹



This article translates key takeaways from this and other studies into practical scheduling moves that are realistic for general practice, emergency, and referral settings. The goal is not a single perfect schedule. It is a more intentional system that protects team wellbeing while supporting safe and consistent patient care.

BOX 1

Study Methods Snapshot¹

The study of focus used a 44-item online survey that captured quantitative scheduling preferences (hours, days, shift length, breaks) and qualitative reflections on challenges and perceived benefits. Data collection ran from January 15 through March 31, 2025. Participants were recruited through veterinary professional social media communities and listservs, with attention to representing multiple facility types. Sixty-five professionals accessed the survey, and 51 completed all core items. Quantitative responses were summarized with descriptive statistics. Narrative comments were reviewed using a thematic approach to identify repeated patterns related to scheduling strain, autonomy, recovery time, and perceived impacts on care quality. The findings reflect respondents' experiences and perceptions and are intended to guide practical clinic-level decision-making.

THE CURRENT STATE OF VETERINARY SCHEDULING

More than half of respondents (58%)¹ reported that their work environment prevents them from achieving a healthy work-life balance.⁶ This shows up in daily reality: missed meals; unpredictable overtime; end-of-shift case creep; and the slow erosion of time for family, sleep, and recovery. One respondent described the difference a predictable schedule made: "Having a predictable schedule allowed me to plan my family time better and significantly reduced my burnout."¹ These trends are summarized in **FIGURE 1**, which illustrates the most commonly reported scheduling stressors and their relationship to burnout.

KEY FINDINGS AND WHAT THEY MEAN IN REAL CLINICS

Meaningful Blocks and Recovery Time

A strong majority of respondents preferred consecutive workdays, most often in 3- to 4-day blocks followed by equivalent rest periods (72%).¹ Many participants described scattered shifts as uniquely exhausting because they prevent real recovery.¹ Days off only restore a person if those days actually exist as uninterrupted time. **FIGURE 2** highlights the scheduling models respondents found most supportive of recovery and sustainability.

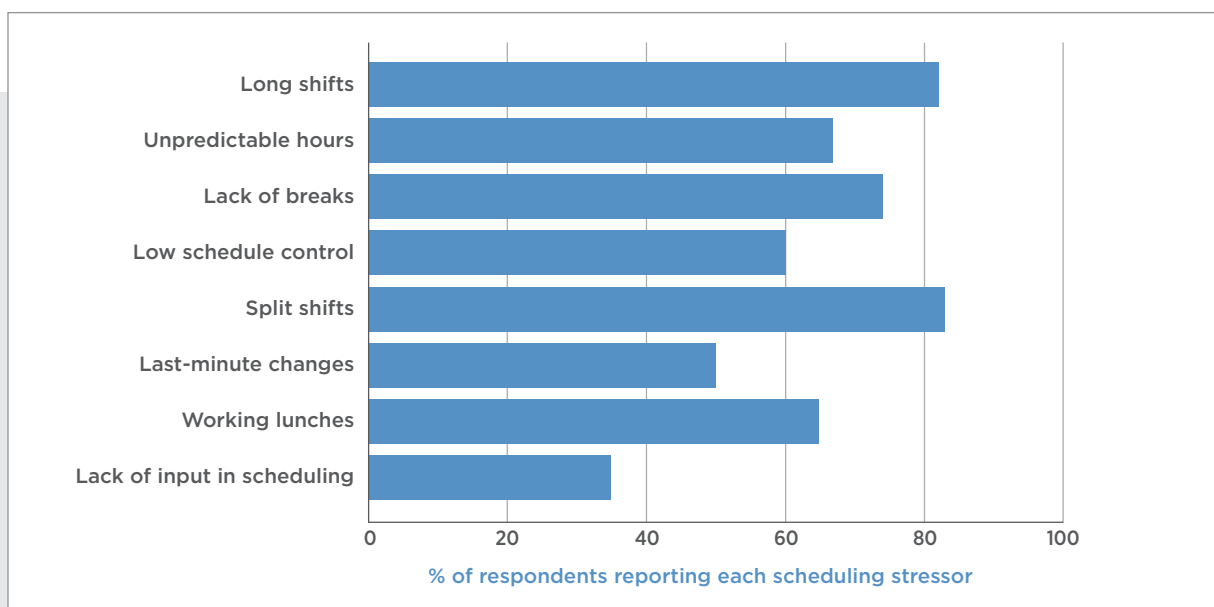


FIGURE 1. Overview of scheduling stressors reported by respondents¹



Flexibility (With Guardrails)

Nearly three-quarters of respondents (73%) believed flexible scheduling would improve their mental health and work-life balance.¹ In comments, flexibility usually meant input, predictable boundaries, and a fair system for swaps, not constant last-minute changes.¹ Flexibility without structure can quickly feel like “always available,” which is the opposite of sustainable.¹

Breaks as a Patient Safety Issue

When regular breaks were a part of the schedule, 85% to 90% of respondents reported better mental clarity, fewer mistakes, and improved team communication.¹ This is perception-based data, but it aligns with what many teams already know: Fatigue changes how we think, how we prioritize, and how well we catch small errors before they become big ones.⁷ The operational takeaway is not only to “offer breaks” but to “engineer coverage” so that breaks can exist in practice, not only on paper.¹

Role-Based Scheduling Needs

Different roles experience scheduling pressure differently. Veterinary nurses often described having the least control because their hours expand to match doctor flow.¹ One veterinary nurse captured it bluntly:

“If the doctor takes on another patient, we all stay late. Techs are often the last ones out; scheduling doesn’t reflect our needs.”¹ Role-aware scheduling helps prevent “flexibility” from landing on the same people every day, and it reduces resentment that silently erodes teamwork.

EVIDENCE-INFORMED SCHEDULING OPTIONS THAT TEAMS ACTUALLY WANT

Offer Shift Length Choices

Preferences were split between 8- to 10-hour shifts (39.5%) and 10- to 12-hour shifts (41.6%), suggesting that 1-size-fits-all scheduling is unlikely to succeed.¹ A practical approach is a small menu: a standard track (8 to 10 hours) and a compressed track (10 to 12 hours), offered only when staffing and case flow can support it. The guardrail is overlapping coverage so the last hours do not become a skeleton crew.

Peak-Hour Coverage Without Late-Stay Culture

When a clinic has predictable surge windows (e.g., late afternoon walk-ins, midday surgery-to-outpatient bottleneck), consider targeted overlap shifts or optional

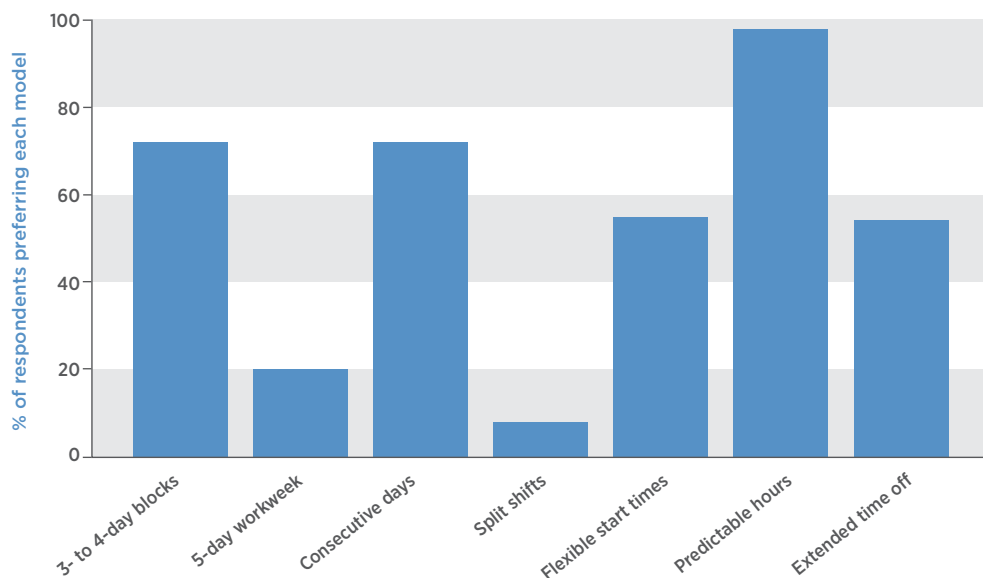


FIGURE 2. Preferred scheduling models and their effects¹



split shifts. A 4- to 6-hour surge shift can add hands exactly when needed, which often protects end-of-day boundaries for the full-day team. Split shifts should be offered with consent and a real recovery break between blocks.

Break Systems: Make Breaks Real

In the author's survey, 43% preferred a full 60-minute lunch.¹ Breaks become reliable when they are assigned like any other operational task: Coverage is planned, break timing is visible, and there is a designated space where veterinary team members can actually decompress. One practical tactic is to schedule breaks as fixed calendar blocks, then build appointment templates around those blocks rather than trying to fit breaks in later.

Here is an example of what this can look like. In a 4-doctor general practice, a rotating pattern of four 10-hour shifts can be paired with a short midday overlap shift for triage and discharges. Staggered lunch blocks (two 30-minute breaks or one 60-minute break, depending on role) are preassigned, and the last appointment template is protected so the closing team can finish charts and recoverables without daily late stays.

Predictability: The Cheapest Intervention With the Biggest Emotional Payoff

Nearly 98% of respondents agreed that consistent schedules improve job satisfaction and work-life balance,¹ with other studies backing this sentiment as well.^{6,8,9} Predictability can be created by publishing schedules farther in advance; using repeating rotations; limiting last-minute changes to truly urgent staffing events; and establishing a transparent system for shift requests, vacations, and swaps.

WHAT THIS MEANS FOR RETENTION AND CLINIC STABILITY

Scheduling issues are career-shaping. In the survey, 60% of respondents described feeling trapped by their schedule, while 75.6% favored predictable scheduling patterns.¹ In narrative responses, predictability was frequently described as a reason veterinary professionals could envision staying in the field longer, while unpredictability was framed as a contributor to burnout and disengagement.¹ Scheduling cannot fix everything in veterinary medicine, but it is among the most immediate levers leaders can pull to make the job more sustainable.^{3,6,8,10}

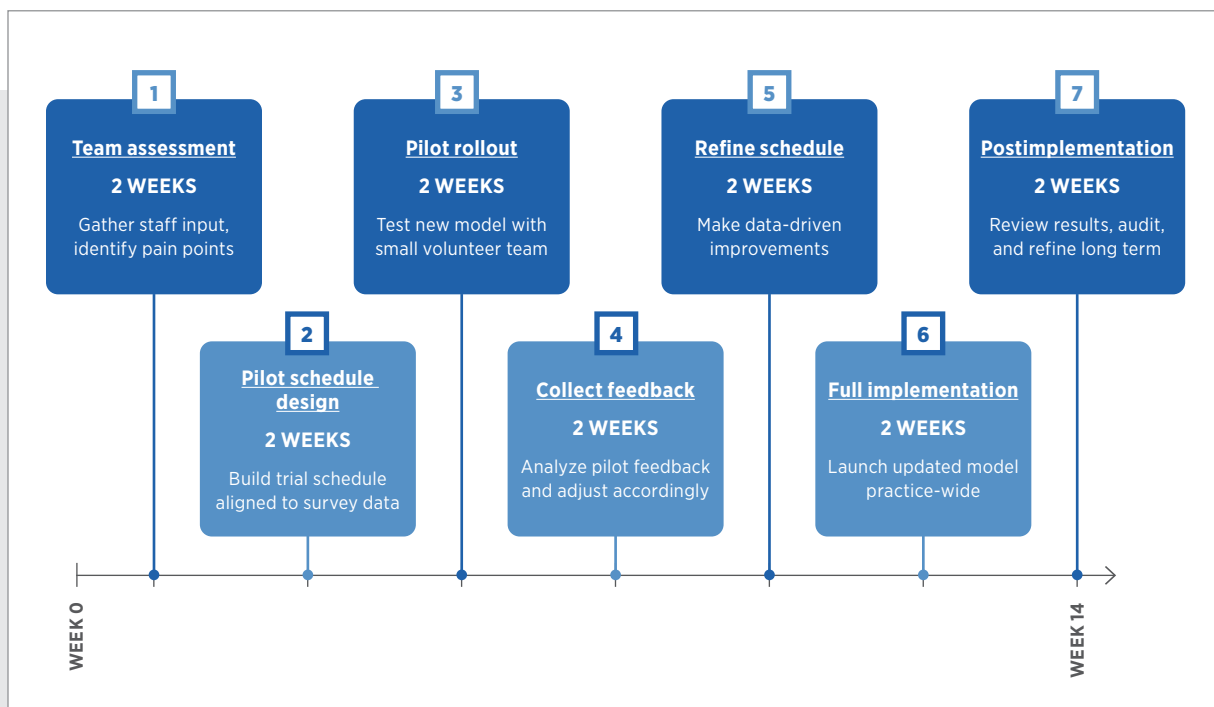


FIGURE 3. Sample pilot-to-implementation timeline¹



Measuring What Matters: Turning Scheduling Into a Feedback Loop

If you want scheduling reform to last, measure a small set of indicators and review them openly. Useful options include on-time departures, break compliance, overtime hours, sick calls and unscheduled absences, and a brief weekly 1 to 10 pulse survey rating for fatigue and team communication. A simple monthly review of shared indicators reduces the sense that scheduling decisions are arbitrary and helps teams refine the model without blame.

IMPLEMENTATION STRATEGIES

Step 1: Start With Assessment

Begin with an internal survey that mirrors what matters most: ideal shift length, preferred consecutive days, minimum recovery time, and non-negotiables (e.g., childcare, school, medical needs). Pair that with operational mapping: Where do you consistently run late and why?

BOX 2

Role-Based Examples: Quick Wins Without a Full Redesign

- **Veterinary nurses:** Create a defined closing task list and a clear late-stay rule. If a new case is added after a set time, assign additional support or shift the case to preserve predictable end-of-shift boundaries.
- **Client service representatives:** Treat lunch coverage the same way you treat exam room coverage. A short overlap shift during peak phone volume can prevent breaks and client flow from collapsing.
- **Veterinarians:** Match appointment templates to staffing reality, and protect a daily block for callbacks and records to prevent end-of-day spillover.
- **Practice managers:** Use repeating rotations that staff can anticipate and a swap policy that supports teamwork without quietly punishing the people who always say yes.

Step 2: Run a Time-Limited Pilot (30 to 60 Days)

Pilot a new scheduling model with volunteers and define success metrics up front. Track on-time departures, break compliance, overtime hours, and a short weekly pulse survey question about fatigue and communication. Short pilots protect the team from permanent change based on a guess and give leadership real data to refine the model. An example timeline for this process is provided in [FIGURE 3](#).

Step 3: Scale With Clear Rules and Feedback

When a model works, scale it with documentation. The most common failure point is uneven enforcement: A department never gets breaks, a doctor routinely runs late, or a manager changes rotations weekly. Write the rules down and audit the schedule regularly.

Implementation Pitfalls to Watch For

Flexibility that becomes unpredictability, breaks without coverage, a schedule built around a single role, ignoring peak-hour reality, and poor communication about the why and the timeline are common reasons scheduling reforms fail.

See [BOX 2](#) for a breakdown of examples of changes that can be made per role.

SUMMARY

Optimizing schedules is not a luxury. It is a foundation for sustainable practice. In the author's survey, 80% of participants agreed that flexible schedules would improve their overall wellbeing, and nearly all endorsed the value of consistency and predictability.¹ Small, thoughtfully implemented scheduling shifts can reduce burnout pressure, strengthen team communication, and support safer patient care.^{2,3,6-8,10} **TVN**

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Sarah is currently pursuing her doctor of acupuncture and Chinese herbal medicine degree at the National University of Natural Medicine. She is a certified veterinary technician with nearly 20 years of experience in veterinary rehabilitation, pain management, and integrative care. She began her career in 2006 and in 2019 became a VTS in physical rehabilitation. Sarah has cofounded a successful rehabilitation practice in Oregon, taught veterinary students at Oregon State University, lectured internationally, and served as the first technician president of the American Association of Rehabilitation Veterinarians in 2025. She is deeply passionate about integrative medicine and the physical and mental wellbeing of both pets and people.



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