

THE BEATINGS WILL CONTINUE UNTIL THE MORALE IMPROVES

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A veterinary practice with internal dissension is drained of energy BEFORE it has a chance to devote it to its proper purpose: clients, patients, and team harmony. Dr. Cat

The title tells all we need to know about the fair compensation of the professional and paraprofessional staff of veterinary hospitals. We cannot compete for quality staff with the mind-set that exists in the majority of veterinary practices today.

DO WE COMPETE IN TODAY'S MARKETPLACE?

In the average veterinary practice, the paraprofessional staff is paid as if they were expendable; in Australia the wage is 2.5 to 3 times higher than the USA, but in either case, it is not a living wage - it is substance at best. The average veterinary practice competes today not by dollars but by being a place where caring people can find some form of satisfaction. Recent research by the American College of Healthcare Executives has shown that healthcare workers in the United States are motivated **first, by recognition** and **second, by belonging**. Most quality veterinary practices show caring and are still small enough to see themselves as a practice family. Lateral research has shown that 80 percent of the American work force is not happy in their job; in Australia, that has been rated at 65 percent. The ability to get the "warm fuzzies" associated with patient care and to feel comfortable within practice communications, allows the veterinary practice (without trying) to be marginally competitive for the single, or second income, quality paraprofessional staff member.

But for those practices that are not trying, the original premise, "*The beatings will continue until the morale improves,*" is not that far off center. Most often, control of the process has replaced caring for the staff. Many of the veterinary practice staff members feel unappreciated, especially the animal caretakers; the ownership doesn't seem to be tuned into this problem. They don't understand why that caring person they hired just a few months ago turned into a "disgruntled loser" overnight. The reason is generally due to a lack of recognition more than lack of pay.

As for the professional staff, it is similar to the staff situation. If we look at the years of education and compare with other professions, our profession generally doesn't pay the new graduate enough to support themselves, much less a family. Many of the factors discussed above make the young adult pursue a veterinary medical profession, but the lack of compensation has begun to shift veterinarians into the second income category. This has recently been compounded by new veterinary schools pushing out graduates who want to return home, or at least to a capital city in the case of Australia. Maybe this is one reason for the lack of job offerings, geographic limitations of job applicants, especially female applicants.

CAN WE COMPETE TODAY?

In the practices that I consult, we try to adjust the compensation mind-set to the real world. This is the real world in the community where the practice is located, not the unreal world shown by statistically invalid journal reports or veterinary media surveys. The time proven Catanzaro Rule of Compensation is a simple comparison with the community values:

1. For unskilled labor, hire at the price that the local McDonald's has set as an entry wage - plan to reassess after 90 days of orientation and training.
2. By the end of the first year, the practice should have developed the new staff member to the competency equivalent of at least an assistant manager at the local Target or K-Mart, so pay the paraprofessionals accordingly.
 - a. Increase the compensation quarterly during the training year to recognize competency progression, to keep their interest, and show the commitment to excellence.
 - b. At the end of the first year, a special interest track is established based on practice needs. Performance pay standards are set and supplemental management or productivity monies are earned, not bonused, for exceeding expectations.
3. When the paraprofessional staff member extends their abilities into problem solving rather than problem identification, risk taking rather than risk avoidance, and applied creativity rather than mindless conformity, a management track needs to be identified, such as:
 - a. **Paraprofessional Manager** - receives a management fee (e.g., percentage of savings) for controlling payroll expenses within the cash budget percentage target established.
 - b. **Inventory Manager** - receives a management fee (e.g., percentage of savings) for controlling the cost of goods sold below the cash budget percentage target established.
 - c. **Nutritional Manager** - receives a management fee (e.g., percentage of savings) for increasing the nutritional sales beyond the cash budget projections for growth.
 - d. **Behavior Management Specialist** - receives a portion of the hourly fee, a portion of the puppy club or kitten carrier class cross-marketing sales and Family Fit consultations, and special continuing education opportunities.
 - e. **Dental Hygiene or Parasite Prevention and Control Counselor** - shares a portion of product or service sales.

- f. **Client Relations Manager** - receives a management fee for available appointment fill rates in excess of established daily goals, numbers of new clients by direct referral, client/patient return rates or similar client-centered measurements.
- g. The title of **Business Manager or Office Manager or even Hospital Administrator** denotes a total practice commitment, and management fees need to be based on net income increases. I would require a Veterinary Hospital Managers Association calibration (i.e., Certified Veterinary Practice Manager) before I ever recommend for a practice to go over 2.8 percent of the gross income as a compensation.

NOTE: The title that is given a staff member means nothing if authority and responsibility is not delegated concurrently. They must be able to directly and unilaterally affect what they are expected to manage. The major challenge is that training and competency development seldom precedes delegation in most veterinary practices. It is more like, *“Here is the name tag and the title, now go do it and do not dare make errors occur in the system!”*

The veterinarian is a different problem than the paraprofessional staff, partly because of supply and demand, but also because of the values of recent graduates. The trend toward practice ownership has decreased -- many of the new graduates do not want that level of commitment and responsibility. They appreciate flexible hours and a freedom from the problems of business and personnel management. A practice can compete when they negotiate a percentage salary (with or without a base), and if the hospital director can establish clear professional expectations and manage the quality of health care delivery.

A veterinary practice must realize that it can't change the external environment; it can only be true to its own values and promote from within. Competing for staff members in the veterinary healthcare marketplace is possible, but in our profession today, success and happiness are generally conditions of the heart, not of the wallet.

THE MARKETPLACE OF TOMORROW?

The future of our profession is not secure. There are practices looking for quality people but can't find them because they are not financially able to compete. That is a fact of the marketplace. The veterinary profession is changing, with economies of scale causing larger practice networks to emerge. The day of the one-veterinarian community practice is going since it can no longer compete on services. The expected income levels are still set on the arbitrary pricing standards within the community. It is interesting to note that there are geographic pockets of quality care veterinary communities where price cutting is not a standard of care.

- These professional communities believe in offering quality care and letting the client decide.

- Each practice flourishes based on the ability of the staff and veterinarian(s) to communicate with the client.
- They compete based on quality care, not pricing strategies. They can afford to pay their staff a living wage, and some even do.

I don't know if we can turn this profession of ours around; I'd like to believe we can. The veterinary practices I consult with have increased their delegation to paraprofessionals, empowering the team to perform many of the functions that the veterinarians used to do. The veterinarians are then free to return to patient health care and client communications; they are regaining the fun of practice. These practices share the fiscal success from these efforts with the staff, including health insurance packages, retirement accounts, and progressive continuing education opportunities. Concurrently, the paraprofessional staff has more pride and the team has more harmony - fun is possible again. It is all possible, but it requires a personal and dedicated team effort at the practice philosophy level.

INCREASING THE FUN

You do realize that we cannot guarantee happiness, just as we know motivation is internal to the individual. We can help set a practice culture, and we can ensure behavior is a term of employment. Yet most practices do not work on having fun within the practice culture. This is 1) a shame, and 2) an opportunity lost!

Attached are some games to help start practice culture formation. A practice culture founded on teamwork and fun helps everyone feel they **belong** to a practice that **recognizes** them as individuals within the team.

PLAYING DRUCKER'S VIOLIN
Learning Who Can Contribute What
(5 minute exercise)

Peter Drucker, the father of modern management science, has many books in print. One quote I often use is: *We have nothing to sell in the new millennium except knowledge; in all else, we can be undersold by third world countries.* In this exercise, we use a story of a young manager who approached Peter and asked how he could better his management skills. Drucker advised the executive-wannabe to *"learn to play the violin"*. In open discussion, discuss how such learning could enhance managerial skills.

Then segue to the fact that those in the meeting room have knowledge, skills, and abilities that go well beyond their job positions. Ask each person to write down something he/she does well outside of the practice, and how it could contribute to the work facing them at this time, and in the future.

Call on participants one at a time to share what they have written.

BACKGROUND/APPLICATIONS

- 1) The first leadership skill in group forming that we teach is KNOWING & USING THE RESOURCES OF THE GROUP . . . review the text, *Building the Successful Veterinary Practice: Leadership Tools* (Volume 1), Blackwell/Wiley & Sons Publishing.
- 2) Drucker's quotation is not mysterious as it might initially seem. Learning to play a musical instrument teaches timing and discipline; it improves our listening ability; it exposes us to new ideas, which often spark ideas we can relate to practice challenges. Violinists know they are part of an orchestra that does not permit any soloist to dominate. Comparisons go on and on, including the need for a conductor, learning to attend to the conductor's instructions, and to read from the same sheet of music as everyone else, even the conductor!
- 3) All of these parallels have relevance for practice leaders as well as meeting participants. The concept of recognizing non-veterinary skills to business issues is simply building a high performance team, and taking the time to learn who knows what, so tasks can be aligned with talents/interests.

DIRECTION DIGRESSIONS
Encouraging Clear Communications
(5 minute exercise)

Communication is a trite term in current literature, and lack of it is blamed for many sins within any practice culture. Simply, Effective Communication is the GETTING and GIVING of information (not just data), but most people have forgotten the ratio the Good Lord gave them - two ears, two eyes, and one mouth (that is 20% talking for those weak at math).

Participants will need paper and pens. Identify a "digression director" and give them 7 inflated balloons and a pin. The leader identifies the 'issue of the moment' needing alternatives and a productive outcome, and introduces the digression director, with the full authority to pop one of the balloons when the discussion starts to digress and announce "WE DIGRESS GOOD PEOPLE".

Advise the group that you appreciate their willingness and commitment to move efficiently toward the alternatives and productive outcome needed to solve the current practice challenge. Also add you appreciate them allowing the "digression director", and point out that after the seven balloons are all popped, the current "digression director" will identify the primary diverter and issue that person seven balloons to inflate - then transfers the accountability of "digression director" to that new person.

This will continue until the productive outcome is identified, as well as identifying DIG team volunteers to ensure implementation.

BACKGROUND/APPLICATIONS

1) DIG TEAM concepts are in the text, *Building the Successful Veterinary Practice: Innovation & Creativity* (Volume 3), Blackwell/Wiley & Sons Publishing.

2) One of the primary causes of ineffective problem resolution is wasting time as discussions move to irrelevant tasks. Often the practice manager or leader is pulled into one of these tangents of distraction, or the group does not realize their discussion is non-productive for the issue at hand. A concurrent challenge is many feel uncomfortable putting a stop to an active discussion of an irrelevant discussion.

3) The appointment of a time-director is also a possibility, who actually tracks each staff meeting agenda and is empowered to advise the group, leaders included, when they have exceeded the time allotted for the various items on the agenda. This assumes a staff meeting agenda is developed for each staff meeting that includes expected time spans for each item.

4) The second leadership skill in group forming that we teach is EFFECTIVE COMMUNICATION . . . review the text, *Building the Successful Veterinary Practice: Leadership Tools* (Volume 1), Blackwell/Wiley & Sons Publishing.

HAVE YOU EVER

Focus: Get Moving, Get To Know One Another

This is not a game for the first night! In two facing lines, tape small pieces of paper to mark spots for people to stand on. If you have 20 people, make 19 spots. Leave enough room between the lines for plenty of movement.

The person without a spot stands in the middle and asks a question. "Have you ever eaten a kiwi?" Anyone who can say, "Yes", must then leave their space and find a new one. They can't stay in the same spot or move to a spot immediately to their left or right. Whoever is left without a spot now asks the next question.

As a moderator of the game, don't be afraid to "accidentally" not find a spot and be in the middle. In doing so, you can change the tone of the game to more serious questions or more humorous questions, depending on the group dynamic.

BACKGROUND/APPLICATIONS

1) The basic premise is that 'characteristics' do not often change, but 'needs' are always evolving. When one 'need' is met, another 'need' surfaces. Example - poor eye sight and corrective lenses . . . when we add glasses, new needs arise with frames and fashion, and when someone has multiple fashion frames, cleaning lenses becomes a need . . . as well as subsequent visits to the ophthalmologist for check-ups of the prescription.

2) One of the primary causes of poor practice culture is a lack of team harmony. While BEHAVIOR can be a term of employment, personal preferences are often buried and ignored. This exercise may reveal characteristics or paradigms that have never been revealed before, but in a fun format.

3) The need to move fast adds some energy release, and can be an activity after a longer sit-down planning session.

4) The third leadership skill in group forming that we teach is UNDERSTANDING THE CHARACTERISTICS AND NEEDS . . . review the text, *Building the Successful Veterinary Practice: Leadership Tools* (Volume 1), Blackwell/Wiley & Sons Publishing.

HIGHS & LOWS

Focus: Getting Personal

An activity like this is good for a small group or a group that is coming to the close of a year. Hand out two pipe cleaners to each participant and begin by doing the activity yourself.

Start by tying a looping knot with one pipe cleaner around the other, and place it at one end of the straight pipe cleaner . . . then say where you born, when, and to whom. Move the looped pipe cleaner slightly up the straight pipe cleaner. Then go through your educational and employment past and identify the highs and lows you've experienced, while moving the pipe cleaner to display the ups and downs.

Other variations that can make people more comfortable with the activity include describing only educational experiences or the past 12 months of practice life.

BACKGROUND/APPLICATIONS

1) The basic premise is that reflection is good of moving from the "me" to the "we" in a group. When one shares the highs and lows of a life period, they are actually revealing assessments of how life has met their basic characteristics/needs. When they share these assessments of their life evolution, it is a form of personal reflection, and if the parameter was a practice period, a reflection of group interaction within the practice culture.

2) One of the primary causes of poor practice culture is a lack of team awareness of the harmony perceptions of others. While BEHAVIOR can be a term of employment, personal experiences are not always readily shared. This exercise may reveal personal assessments of relationships and/or aspects of the practice harmony.

3) The fourth leadership skill in group forming that we teach is REFLECTION, of the individual and the group harmony . . . review the text, *Building the Successful Veterinary Practice: Leadership Tools* (Volume 1), Blackwell/Wiley & Sons Publishing.

ESSENCE CIRCLE

Focus: Positive Ending

This is great in the dark under a sky full of stars or at the end of a hard planning retreat for improved Standards of Care.

Everyone sits in a circle and puts their name into the middle (a hat or box). The person that begins chooses a name to describe but does not say the name. They do NOT describe the person's appearance or clothes; they describes the person's essence/characteristics. Talk about how this person (trying not to reveal gender) always helps make everyone feel better, is always willing to take the time to listen, goes the extra mile for making the patient encounter fear free, etc.

After a good description, people can say who they think it is. (Try to describe in enough detail that it really singles them out, or at least narrows it down to a few people). Then the person they were describing describes the characteristics or essence of another and so on until everyone has been described. For an average practice, it's basically half an hour of compliments and can feel very motivating.

BACKGROUND/APPLICATIONS

- 1) The basic premise of reflection is an understanding of how individual characteristics have been perceived by team mates.
- 2) Belonging and recognition are most often two of the top motivators for staff members. This exercise ensures the day ends with positive recognition, and in the process, a team appreciation of each staff member, influencing the feeling of belonging.
- 3) The third leadership skill in group forming that we teach is UNDERSTANDING THE CHARACTERISTICS AND NEEDS . . . and the fourth is REFLECTION. This exercise combines both. Please review the text, *Building the Successful Veterinary Practice: Leadership Tools* (Volume 1), Blackwell/Wiley & Sons Publishing.

REPRESENTING THE GROUP (A Field Trip Exercise)

This exercise requires a bit of preplanning by the practice leadership. It requires finding a number of dental practices in your community who use hygienists and prebooking (85% of dental practices do, so don't worry about the search) and agree to allow a couple of your practice team members to observe their client prebooking operations for two hours on a single day.

Goal is to form teams of two to monitor the exit pre-booking narratives used by the dental practice front desk team, and then determine by interview how they follow-up with clients in 5-6 months to ensure adherence by clients.

NOMENCLATURE REMINDER

NEED replaces RECOMMEND

COMPLIANCE is behavior consistency exhibited by practice staff

ADHERENCE is client's response to doing what they were told.

After a couple of observation hours, teams reassemble at practice and share their observations. The practice leadership only facilitates the discussion, NEVER becoming a hero of the discussion. The goal is to determine HOW prebooking can be utilized in the practice - start with last puppy/kitten vaccine to prebooking the desex (spay/neuter) appointment. This is NOT a WHAT or WHY discussions, those are leadership givens; these are a WHO and HOW discussions with outcome planning expectations.

BACKGROUND/APPLICATIONS

1) The basic premise of this exercise is how prebooking is actually representing the needs of the pet while reinforcing the caring of the practice; this is a form of representing the group.

2) The second transitional leadership skill, fifth in the sequence, in group forming is REPRESENTING THE GROUP . . . and the fourth was REFLECTION, the fifth is REPRESENTING THE GROUP. This exercise combines both. Please review the text, *Building the Successful Veterinary Practice: Leadership Tools* (Volume 1), Blackwell/Wiley & Sons Publishing.