

By Wendy Hauser, DVM Special Consultant Peak Veterinary Consulting

INTRODUCTION

There is a growing body of evidence to suggest that the demands of veterinary medicine are creating unhealthy work environments for animal health care teams and veterinarians. Recently, a study published in Journal of the American Veterinary Medical Association¹ created a taxonomy system to try to better understand the primary stressors affecting veterinarians. Study respondents represented all employment disciplines within the veterinary profession. Fifteen categories were identified as sources of stress in veterinary practices; the third most frequently listed category was "co-worker or interpersonal issues". This was identified by the researchers as an area that can be targeted for corrective actions to help mitigate one of the more common stressors within our hospitals.

One way to approach interpersonal issues and team discord is to empower team members to create healthy dialog. This is an integral part of creating psychological safety in the veterinary workplace and engendering trust within teams³. Role modeling by hospital leadership as well as active coaching are ways to teach animal health care team members how to have conversations that will help to lessen co-worker and interpersonal issues.

Why Talking to Each Other Is Hard

It is estimated that 70% to 80% of veterinarians have introverted personality preference styles⁴. As noted in *Quiet: The Power of Introverts in a World That Can't Stop Talking*⁵, author Susan Cain notes that introverts and extroverts have different ways of resolving conflict. Introverts avoid conflict whereas extroverts are "confrontive copers".

Confrontive copers are comfortable with a direct and sometimes confrontational communication style, both verbally and non-verbally. Introverts often find this style of communication so uncomfortable that they choose to ignore the situation causing conflict, in the hope that it will just go away.

Failing to openly address concerns deprives both parties of gaining full understanding as to why the misunderstandings have occurred, leading to unmet expectations and undeclared assumptions. This passive approach often results in confusion, distress, irritation and resentment, corroding the workplace culture.

Too often, within the veterinary hospital setting the priority is not on good intra-team communication. In the moment, we don't have the time to engage in thoughtful interactions. It is far easier to default to a more argumentative style or even a debate, where each party tries to prove a point or that they were 'right'.

Rather than pro-actively having critical conversations, we allow these points of

"Introverts and extroverts have different ways of resolving conflict."

contention to blossom into full scale conflict. It is difficult for introverts to quickly respond to the high emotions and copious information that accompanies moments of conflict; they prefer more time to process information and plan their responses. The anxiety that these situations create serves to reinforce their discomfort with difficult conversations, in a type of negative conditioning response.

When leaders encourage their teams to talk with each other rather than to each other, the involved individuals can focus on understanding each other. This resultant conversation is dialog, best described as "an exchange in which people discover something new" ⁶.

How to Have a Critical Conversation

Crucial conversations can best be described as an interchange between people when "opinions vary, stakes are high and emotions run strong."⁷ When engaging in a critical conversation, it is important to enter the conversation with a plan; these are not spontaneous exchanges. Key components of the plan should always be focused on seeking to understand the viewpoint of the person with whom you are having the dialog. This discussion should be centered on listening, asking questions and great non-verbal language. Dialog skills are learnable and can be taught to our animal health care teams. To effectively teach this skill, leaders must first master their own dialog skills.

In *Crucial Conversations*⁷, the authors outline how to engage in a crucial conversation. The first step is to "know your heart". This requires self-awareness, as only you know what you really want out of this conversation. To gain clarity in this step, the authors recommended that you ask yourself a series of questions:

- "What do I want for myself?"
- "What do I want for others?"
- "What do I want for the relationship?"
- "How would I behave is this were what I really wanted?"

"This discussion should be centered on **listening, asking questions and great non-verbal language.**"

The second step is to seek common ground, or "mutual purpose". When all parties in a conversation can be assured that there is a common goal and that each person in the dialog cares about the others' goals, welfare and ideals, then there is a mutual benefit to having the conversation. The third step is "mutual respect". To stay in the conversation, it is important that each person feels valued in the conversation. Some ways to achieve this is to truly listen to what the other person is saying and try to gain their perspective. Use good communication skills like reflective listening. When people are heard, they feel respected.

Be aware of your non-verbal language during this step. 93% of our communication occurs through non-verbal body language. If we are saying one thing, yet our non-verbal cues are telling a different story, incongruity occurs. In this situation, humans are hard wired to believe what we see (non-verbal) rather than what we hear.

An important prelude to the final step is to gain a thorough understanding of how "emotions, thoughts and experiences lead to our actions". The authors have described this process as "a path to action". The path to action involves understanding and identifying the steps between others' actions and your feelings. The authors recommend recounting what you saw or heard, telling your story, how it made you feel and finally how it impacted your actions.

The final step is to create a set of skills that can help navigate critical conversations. They are best remembered by the acronym STATE⁷:

S - **Share your facts:** By framing your facts in the context of a path to action, you will be able to tell a story to support your perspective of the facts. The authors recommend to "start with the least controversial and most persuasive fact".

T - **Tell your story:** Concisely summarize the major point or question in your story for your listener.

A - Ask for other's facts and stories: For a critical conversation to truly be a dialog, other perspectives must be invited and truly listened to. The listener will need to be willing to reframe their story as more information is voiced.

T - **Talk about what's a fact and what's an assumption:** Your story is just that, a story. Don't confuse it for a fact; listen to the other participants stories to test you own perceptions.

E - **Encourage differing views:** Actively invite participants in the conversation to present opposing views. By gaining the insights of all participants, then the outcomes of critical conversations will be more robust and well-informed.

In addition to the steps listed above, planning a critical conversation is also a matter of timing. These conversations should not be squeezed in between daily activities; schedule them at a time where there will be no interruptions or time constraints. This might mean leaving the hospital to have these conversations.

Recognize that sometimes it is necessary to take a 'time-out' if the situation is emotionally charged. Before stepping away, agreement about when to continue the dialog should be reached. In some cases, it might be a matter or minutes and in other situations, it might be the following day.

Be sure to finish the conversation clearly and schedule a time to follow up on the conversation. This helps to prevent 'imagined distance', which is the feeling of estrangement not based on reality.

...other perspectives must be invited and truly listened to.

The Role of Feedback in Veterinary Hospitals

A recent online survey by Harris Poll⁸ found that "A stunning majority (69%) of managers say there is something about their role as a leader that makes them uncomfortable communicating with their employees." Furthermore, "Over a third (37%) of America's business leaders reporting they are uncomfortable having to give direct feedback/criticism about their employee's performance that they might respond badly to."

These leaders are performing a large disservice to their employees by depriving them of feedback. Effective feedback serves as tool to create collaboration, a culture of connection and sustainable change. At the individual level, regular feedback can improve performance, help develop talents and increase employee engagement.

What is the role of feedback in your hospital? It is important to recognize that feedback comes in different forms. There is developmental feedback and there is positive feedback. As these serve different functions, it is important that hospital leadership provide employees with both types.

Developmental Feedback

Developmental (constructive, directive) feedback provides guidance, helping employees to focus on specific areas in which they can experience personal and professional growth, develop new skills and become more confident in their competence. Consensus among published articles^{9,10,11} suggests the following steps for engaging in constructive feedback conversations with employees:

1. Provide behavioral based feedback:

Include specific examples of observed behaviors that inspire the feedback. What is the employee currently doing? What are the desired behaviors that would indicate personal growth?

2. Listen: As explained in author Lou Solomon's article¹⁰, "a feedback conversation is meant to spark learning on both sides; you must understand the situation together to make a positive change."

3. Brainstorm specific solutions: Work together to find opportunities for growth by asking open-ended questions such as "In the moment, how did the situation feel and why?" and "What could have been done differently to obtain a more favorable outcome?" In *How to Deliver Criticism so Employees Pay Attention*¹¹, the author notes "Engaging employees in a specific solution ensures they'll get it right next time, communicates respect for their opinions, and builds their confidence."

"...regular feedback can improve performance... 4. Help employees understand how the feedback is impactful to them: By explaining how their behavior impacts things that are important to them, it will resonate more strongly. For example, if you have an employee that isn't consistent in documenting conversations with clients, you might ask them how they think the lack of documentation impacts the care of the patient?

5. Be fully present: As noted in the critical conversations section above, it is important to plan feedback conversations without interruptions or distractions. While these tend to be less intense, shorter conversations it is important that your actions convey the respect you have for your employee and your belief in them.

6. Be aware of your body language: In one study¹², "people who received positive feedback accompanied by negative emotional signals reported feeling worse about their performance than participants who received good-natured negative feedback. The delivery of feedback can often be more important than the message itself."

Positive Feedback

When considering how we give feedback, praise for an employee's strengths might be mentioned briefly, but the feedback conversation usually focuses on corrective feedback. Emphasizing an employee's strengths can help generate a sense of worthiness and help them to feel valued for their contributions. A Gallup survey found that 67% of employees whose managers focused on their strengths were fully engaged in their work, as compared to only 31% of employees whose managers focused on their weaknesses.¹² What are some ways to give positive feedback? In *Give Your Team More Effective Positive Feedback*¹², the author suggests making a list of all the positive contributions your employees make and begin to acknowledge them for their efforts. This can be done during one-onone meetings or in the moment, such as the time I heard one of my technicians performing a client call back outside my office door. Her professionalism, caring and compassion was apparent during the conversation.

When she had completed the call, I quietly thanked her for the outstanding help that she provided in patiently answering all the client's questions. It is important to recognize your employees in the way that they prefer to receive praise. Some employees want to be recognized in front of their peers, while others prefer more private appreciation.

Be specific with the feedback, providing examples of the desired behaviors and the impact of those behaviors. Be careful not to make the gratitude about you, but rather about how the employee's actions. As described by author Heidi Grant¹⁴, there are two basic ways to express gratitude. The first, "other-praising, acknowledges and validates the actions of the giver" and the second, "self-benefit, which describes how the receiver is better off for having been helped." She explains that "otherpraising gratitude was strongly related to perceptions of responsiveness, positive emotion, and loving - but self-benefit gratitude was not".

Conclusion

It is incumbent upon veterinary hospital leadership to create environments where teams can learn, grow and adapt to rapidly evolving workplaces. One way to proactively address and minimize workplace stressors such as co-worker and interpersonal issues is to create veterinary hospital cultures that embrace tools for managing critical conversations, empowering their animal health care teams to become proficient in the techniques. Furthermore, veterinary hospital leadership should endeavor to engage all animal health care team members in regular feedback conversations.

This is a restricted article sent to you for educational purposes only and may not be copied or disseminated without written consent from Peak Veterinary Consulting, LLC



Insurance products are underwritten by Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254). Insurance is produced by <u>PTZ Insurance Agency, Ltd.</u> (NPN: 5328528. Domiciled in Illinois with offices at 1208 Massillon Road, Suite G200, Akron, Ohio 44306). (California residents only: PTZ Insurance Agency, Ltd., d.b.a PIA Insurance Agency, Ltd. CA license #0E36937). The ASPCA® is not an insurer and is not engaged in the business of insurance. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution.

ABOUT THE AUTHOR



Wendy Hauser, DVM is the founder of Peak Veterinary Consulting and has practiced for 30+ years as an associate, practice owner and relief veterinarian. She has worked in the animal health industry as a pet health insurance executive and as a technical services veterinarian. Dr. Hauser, passionate about education and innovation, consults with both industry partners and individual veterinary hospitals. She is a regular presenter at veterinary conferences, facilitating workshops on hospital culture, associate development, leadership, client relations and operations. Frequently published, she is the co-author of "The Veterinarian's Guide to Healthy Pet Plans." Learn more about Peak Veterinary Consulting at <u>www.peakveterinaryconsulting.com</u>.

REFERENCES

¹Vande Griek OH, Clark MA, Witte TK, Nett RJ, Moeller AN, Stabler ME. "Development of a taxonomy of practice-related stressors experienced by veterinarians in the United States" J Am Vet Med Assoc. 2018 Jan 15;252(2):227-233. doi: 10.2460/javma.252.2.227.

²American Animal Hospital Association (website) https://www.aaha.org/public_documents/professional/resources/aaha_2016_ state_of_the_industry_fact_sheet.pdf. Accessed May 15, 2018

³Hauser, W. "Culture: Every Practice Has One...But Is It the One You Want?" Proceedings, ACVIM Forum 2018.

⁴Ancowitz N. Veterinary Team Brief (website): https://www.veterinaryteambrief.com/article/praise-introvets Accessed May 15, 2018

⁵Cain S. "Quiet: The Power of Introverts in a World That Can't Stop Talking". New York: Random House Books 2013

⁶Kohlrieser, G. "The power of authentic dialogue". Leader to Leader, 2006: 36–40. doi:10.1002/ltl.205

⁷Patterson, Kerry, eds. Crucial Conversations: Tools For Talking When Stakes Are High. New York : McGraw-Hill, 2012

⁸Solomon L. Interact (website): http://interactauthentically.com/new-interact-report-many-leaders-shrink-from-straight-talk-withemployees/ Accessed May 15, 2018

⁹Porter J. Harvard Business Review (website): https://hbr.org/2017/10/how-to-give-feedback-people-can-actually-use Accessed May 15, 2018

¹⁰Solomon L. Harvard Business Review (website): https://hbr.org/2016/03/two-thirds-of-managers-are-uncomfortablecommunicating-with-employees . Accessed May 15, 2018

¹¹Bright D. Harvard Business Review (website): https://hbr.org/2017/01/how-to-deliver-criticism-so-employees-pay-attention . Accessed May 15, 2018

¹²Porath C. Harvard Business Review (website): https://hbr.org/2016/10/give-your-team-more-effective-positive-feedback . Accessed May 15, 2018

¹³Seppala E, Cameron K. Harvard Business Review (website): https://hbr.org/2016/05/happy-workplaces-can-also-be-candid-workplaces. Accessed May 15, 2018

¹⁴Grant H. Harvard Business Review (website):https://hbr.org/2016/06/stop-making-gratitude-all-about-you . Accessed May 15, 2018