

Episode 7 | The Impact of the Toxic Veterinary Work Environment

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The Joyful DVM PODCAST

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Toxic work environment, clinic, culture, and the power you have to change your own experience, that's what we're talking about in Episode 7. Welcome to the Joyful DVM Podcast. I'm your host, Veterinarian and Certified Life Coach Cari Wise. Whether you're dealing with the challenges in Vet Med, struggling with self-confidence, or you're just trying to figure out how to create a life and a career that you actually enjoy, you'll find encouragement, education and empowering concepts, you can apply right away. Let's get started.

Hey everybody, today, we're going to be talking about clinic culture and specifically the concept of the toxic work environment. We've all heard the phrase before, so we're going to dig into it so we can understand what's really going on.

The quality of clinic culture is directly related to the gap between expectations and reality.

Let me say that again. The quality of clinic culture is directly related to the gap between expectations and reality. And as we consider that, and we think about clinic culture and the concept of the toxic work environment, I want to start out and give you some definitions so we can actually look at these words, and understand a little bit further what's happening.

Let's start out with culture. Merriam Webster defines culture as the set of shared attitudes, values, goals, and practices that characterize an institution or an organization. So culture is that set of shared values, attitudes, goals, and practices of the organization. Now, let's look at the word environment because we often say toxic work environment. So what does environment actually mean?

Environment alone means the circumstances, objectives or conditions by which one is surrounded. Circumstances, objects, or conditions by which one is surrounded. So if we think about that in relation to a veterinary facility, the circumstances are the things that are happening around us. So the clients that are coming in, in and out, the patients that are there for appointments, everybody that's hospitalized, surgeries, all the things that are going on, all the words that are being spoken, all the people that are there, those are all the circumstances. Then we have the objects. This is like the physical plant. So this is the equipment, the building, the inventory, the supplies all of that. Those are the objects of the environment. And then we have the conditions. The conditions are things like the day of the week, the appointment density for the day, the staffing density for the day, the temperature and humidity and lighting in the building, the time it is, those types of

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things make up the conditions. So the environment of the circumstances, objects and conditions by which one is surrounded.

But what I like to look at is the next definition of environment because I think that helps us understand this whole idea and concept of toxic work environment that we often refer to. The other definition of environment then is the aggregate of the social and cultural conditions that influence the life of an individual or community. The aggregate of the social and cultural conditions. Remember culture is that set of shared attitudes, values, goals, and practices. So if we take a look now at the veterinary work environment, and we think about the shared attitudes, goals, values, and practices of that facility, of that actually that organization that we work for and then we look at the aggregate of the conditions we add into that, the circumstances, objects and conditions of the actual physical environment that we're in, that creates our work environment. It's the combination of the physical and the combination of the culture. That is what we often label as toxic. In order to understand that we need to look a little bit closer at the cultural part of this, because I think that we would agree, toxic work environment probably doesn't really relate to things like the equipment and the inventory and the physical plant and the day of the week and the temperature and humidity and those types of true environmental factors, right? It's more about the shared attitudes, values, goals, and practices, which is what creates the culture.

So what are the components of clinic culture? They really are just the expectations that are set at the time of hire, or perhaps as sometime later, when expectations are communicated. We have these expectations and then we experience reality. The reality that we experience in our jobs either strengthens the intended culture or actually deteriorates it, which creates a miserable work condition. We label this as the toxic work environment. It all boils down to this gap between expectation and reality. The quality of clinic culture is directly related to the gap between the expectations and the reality.

So what are the main expectations when we're thinking about clinic culture, what are the five main components. They boil down to these: leverage, schedule, pay, policy and leadership. Let's take a look at each one. Leverage, what I'm talking about here is team leverage. Bodies in the building doing different jobs at any particular time. So this would be the number of veterinarians that are in the hospital at any given time, the ratio of veterinarians to support staff, perhaps the ratio of support staff per shift, or DVMs per shift, maybe even something like the number of people that are there for opening and the number of people who are there we're closing. There is some type of expectation that has been set regarding leverage at the time that you're hired or something that has

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been communicated at some point afterwards, that has said, this is the way that we do it here. This is the number of veterinarians that we have scheduled at any time. This is how we schedule support staff accordingly. This is a number of people here at opening and closing. People in this department, of that department. That leverage is one of those components.

A second component is schedule. So what am I talking about with schedule? First off, just the hours that the actual facility is open. So whenever it opens, whenever it closes, there is some kind of expectation of those being the actual operating hours. In addition to that, then we also have expectations around our own personal schedules. The days of the week that we will be working. The hours of each day that we will be working. There's some type of expectation that is set when we are hired.

Pay, that's the next one. In this case, when we are hired, there is some kind of expectations set around how we're going to be paid. Now, for those of us who are on like a Procell type of salary, then there's been some kind of information communicated about how your Procell is being calculated. So there's an expectation there. There's also likely been some kind of communication about your ability to earn a certain amount based on the type of appointment density that you'll be seeing. So there's some kind of expectation there. For our support staff, you're likely given an hourly wage. You're probably also told about opportunities for our future raises or for advancement within the organization. So there's some kind of actual expectations set there as well.

The next one, policies. I'm talking about internal policies and external policies. The internal policies are the internal business policies. So things like when you get paid, is it every other Friday? Is it twice a month? Like there's some kind of expectation that is set around when you're going to be paid, around the type of time off you're going to accrue, the benefits that you're going to be given, the meetings that you're going to have to attend. Those are all the internal type policies and internal type workings. Those expectations are usually set at the time of hire. Then there's also the external policies. These are the more of like customer-facing policies. So it's communicated to you at some point, usually when you're hired, around, what it is that your hospital does in the event of, let's say, for example, somebody shows up late for their appointment. There is a policy around that. You know, what that policy is. So there's an expectation that that policy is going to be enforced. Perhaps you also have policies around refills, how often, or how recently they have to have been seen in order to get a refill labs that might be required. That kind of stuff. You're also going to have vaccine protocol policies. You're going to have surgery, protocol policies. All those little things that we don't really consider day in and day out,

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but there are expectations set there when you're hired. And when you're onboarded as to how these things are going to happen and function within the facility where you work.

So those five pieces of this expectation/reality gap: leverage, schedule, pay, policies and leadership. What's so important to recognize is when there is a gap between what you expect to happen and what you actually experienced in reality, that gap creates discomfort in culture. It starts to create that kind of poor clinic culture that many of us end up eventually labeling as a toxic work environment.

So why does that happen? It's because of this gap in each of these areas. Let's go back and take a look at all five of these again, and really look at where the gap might exist, how it often shows up in our facilities.

Number one, leverage. If we're expecting there to be a certain number of veterinarians per shift, or a number of support staff per veterinarian, or a number of people there at closing, and then we experience something different, We're "shorthanded". We don't have the support staff that we anticipate. The technicians don't have the insistence that they anticipate. There's not enough people in surgery for what you expected to be there that day. That is a gap then between what you expected and what the reality was. So the expectation that was set and what I want to be real clear about is these expectations are not just your own personally decided expectations. These are the expectations that were put in place and communicated to you either during your hire process or during your onboarding process, or even at some point later when there's been a change in the way that the hospital does things. So somewhere leadership has actually communicated these expectations to you and now the experience that you have in reality is different. That's where the gap is created.

And work schedule, yeah, it could have been communicated that your facility, the organization you work for is open from like 8:00 AM to 6:00 PM. But then your reality becomes that you're still staying appointments every night at six-thirty or seven o'clock because they just continue to add them on and you didn't anticipate that. So that's an example of the gap in work schedule. Also, along with that schedule is how appointments are scheduled. You might have been told that appointments get scheduled every 30 minutes, but then your reality is they schedule them, they double-book them every 30 minutes or there every 15 minutes, or there are every 30 minutes, but if somebody calls, they just get added on. That's what changes. That's what creates a gap between the expectation and reality. Okay.

So what about pay? Where we end up saying the gap created with pay, it comes down to basically three main areas. The first one just really sloppy privacy policy. So basically where leadership has gotten sloppy and people know what other people are making, there is a lot of gap that gets created between expectation and reality. When everybody knows everybody else's business around their pay scale, and that's actually private information, it's never going to help us to have that kind of comparison going on because every situation and higher decision is individual. So there's that. If there's a lot of conversation that's going on about what other people are making, then that's definitely going to make that gap a little bit wider. The next one is misunderstandings around how Procell is calculated. This happens a lot, and it actually creates a lot of unnecessary drama, but it's very sensitive because people are very interested in understanding how they're being paid. And so if it's communicated to them, that their pay is going to be calculated one way, and then when it all comes down to it, it's calculated in another way, or they're not even provided with the information on how their salary was calculated, then that creates a gap between expectation and reality. That is going to actually erode culture. The third one has to do with our salary or hourly employees. So employees who are anticipating that they're going to be eligible for raises at particular times in the future or eligible for advancement, and then those conversations never happened. They never get raises. They never have evaluations. There's never opportunity to move forward. Those conversations actually just never happened. Like that's more, mostly how this shows up. It's not that the, it wasn't communicated in advance. The expectation was, but when it came down to it, there was never an opportunity for a raise or for advancement because those conversations just never happened. They never got evaluated. The practice was too busy. Whatever there are a million excuses that we make as leaders. But if those conversations never happen, then what happens to our staffed employees is that there's not any adjustment in their scale and their opportunity either. And so that actually creates a lot of gap when it comes to expectation and reality.

Now policies - internal and external policies. Policies, this all comes down to walking our talk. We have these policies in place. These have been communicated. The expectations have been set, but then when push comes to shove, nobody holds them up. So usually this starts at the top, but not always. It can be the little things. It can be the big things. When we start to break down our own internal policies, when we don't walk our talk, we don't keep our word, for example, if we say you have two weeks, give two weeks notice to be able to turn in a request for paid time off and then somebody turns into request for two weeks, two weeks in advance and now all of a sudden the new policies, and I'm sorry, you have to turn that in a month in advance,

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we just didn't tell you, right. Or they just change it at the last minute. Like that erodes trust. That changes the gap between expectation and reality. People don't have a chance to do it right if it's not communicated. Other places is if benefits change all of a sudden. So the things that you thought you were getting wasn't communicated, the benefit package was changing and then you just find out after the fact. That erodes trust. That creates a wider gap. On the external side, this is one of the most damaging things to our clinic culture is when we have external client-facing policies and then we don't equally enforced them. So if we have a late appointment policy and we never enforce it. If we have a refill policy, but we let certain people get away with being able to refill medications, no matter what.

Now I'm not saying there's not going to be one-off situations. Of course, there are. We can evaluate every situation individually, but if you have general policies, then that means that most of the time you need to be following them. Otherwise they're useless and they're actually counteractive. They're actually counterproductive when it comes to building up your clinic culture, because every time your policy isn't upheld, then what happens is that trust erodes even further. And finally leadership. The expectation here is who's in charge. When you're hired on, there is an expectation. There is information communicated to you about who your manager is, who the shift leads are, who the owners are of the organization. And you need to know that. But what often happens is you're told one thing and then you get in there and who actually has power and who makes decisions that are impacting your actual employment may be different and what it is different than what you expected. Again, that gap starts to grow and culture starts to erode. That trust starts to erode and culture starts to shift. We need to have that clear chain of command. And that goes all the way through the ability to get, to have accountability, to be provided feedback, to understanding how you're doing, right, like overall, like, are you performing the way that you are hired to? Are you getting any of that kind of conversation? Who is it that you go to when you have a question or you need something? If that clear chain of command isn't in place, then it leaves a lot to confusion. And what tends to happen is when we're hired, we're told one thing, but then we get in there and we experience something completely different. This passing the buck, this inconsistent chain of command, this ambiguity about who actually makes decisions and has the power to make changes, creates a lot of a gap between expectation and reality. It really erodes trust and it really negatively impacts the clinic culture. So this is how it happens, but then what does it look like?

So it's enough to say, okay, the components of clinic culture are leverage, schedule, pay, policies and leadership. And we can identify clearly now how we have expectations

that are set in all of those areas at the time that we are hired and at the time that we were onboarded. But then what we experience is often different and that's creating that gap, which is eroding trust. But then how does it show up? This is a really important part to understand why we label this as a toxic work environment. When the expectation-reality gap shows up, it shows up in three main ways. It shows up in interactions among coworkers. It shows up in individual staff behavior, and it also shows up in individual leadership behavior. So let's look at all three of those.

First off, interactions among coworkers. This is what that lack of clinic culture, that eroding clinic culture looks like in interactions among coworkers: Gossiping, that's probably the biggest one, gossiping. So what are they gossiping about? They're gossiping about clients and coworkers and leadership and pay and all those same things. There's a lot of gossiping around that. There's also a lot of commiserating and complaining again around those five things, leverage, schedule, pay, policies and leadership. Standing around in groups, they're gossiping, they're complaining, they're commiserating. The next thing that we often see in these interactions among coworkers who are acting out, this gap between expectations and reality is the formation of cliques. So you may have little pockets of people who kind of bond together within the organization. Those people will make bond together in groups by position - so the technicians versus the doctors. It could be by shift - the day workers versus the night workers. It could be by hire date - the new people versus the people who've been here for 10 years. So all kinds of different ways that this happens and I know that you guys have seen this. That formation of those cliques and how these people function within the organization has these little herds, these little pods of people. That's just an indicator that there is a gap in expectation and reality, and that clinic culture is at risk. Another way that this shows up is in disrespectful behavior and communication. So this is within the hospital personnel. So this is doctors and technicians and assistants and receptionists and managers and everything. The way that they communicate with each other is often disrespectful. Snipping at each other, being sarcastic, being disrespectful. So all of those types of things tend to show up when there is that gap between expectation and reality. The second way, remember staff behavior. So individual staff behavior. What are the people doing when they're really experiencing this gap between expectation and reality? Number one, you get a lot of people who are calling off or they're showing up late for work. So very little personal responsibility to even be there. They're calling off, they're showing up late, maybe they're leaving early. There are also, some of them are actually refusing to work with particular people. So if you have somebody in your hospital or lots of somebody in your hospital who say, I refuse to work with Dr. So and So, or I refuse to work with technicians So and So, just recognize

that that is a behavior that is displayed when there is a gap between expectation and reality. Another thing that happens a lot is threatening. Threatening to quit, throwing tantrums, having breakdowns. So a lot of emotional behaviors inside the workplace. And finally, there's also some bending of the rules. So individually people are making the choice to bend the rules. This comes back to those policies, internal and external. So this is the policy, but this time we're going to let you do this. You really need to put in your time off request two weeks ahead of time. But this time we're going to let you put it in two days ahead of time. So it's that bending of the rules. It's both internally within our internal organizational policies and also externally client-facing. You really need to come in for that physical exam before we can actually refill that heartworm prevention, because you haven't been here for like a year and a half, but this time I'm going to go ahead and refill that for ya. And that when you look back in the notes, it's like the third last time, right? It just can't happen over and over and over again, which totally devalues the whole purpose of the policy to begin with. That's how individual staff behavior shows up when there is that gap growing between expectation and reality.

The final thing is leadership behavior. This is really crucial to understand because oftentimes as leaders, we don't always even recognize what we're doing. The one thing that many of our coworkers would say when they're doing the gossiping and commiserating and all that about leadership, cause remember leadership is one of the five, the five being leverage, schedule, pay, policies and leadership. When our people that work in our organizations are standing around and commiserating and gossiping and complaining, one of the things that is often overheard is that leadership plays favorites. What does that even mean? Well, really boils down to, there is an inconsistent distribution of information. So some people know some things, other people know other things, and there's going to be, when that happens, when there's inconsistent and unequal distribution of information, there's going to be a group of people who feel informed and a group of people who feel left out. And that is not a strong way to lead. That actually erodes trust and it definitely grows that gap between the expectation and reality. It also shows up with leadership and things like canceling meetings. So if you have a standard staff meeting on the second Tuesday of every month, and then it gets to be the second Tuesday of every month and it's at two o'clock in the afternoon, and then at one-thirty, it gets canceled and that just happens over and over and over again or it gets moved to a later time, that be unable to, that inability or that decision not to keep your word about something that's been scheduled in advance, that's how that shows up in a leadership behavior. Another thing is just adding on meetings. So everybody's kinda got their marching orders as to when they're going to be meeting as an organization. All of a sudden here comes another meeting and here comes another

meeting and here comes another meeting and things have to get shuffled. It's like a moving target. People can't settle into their routine because leadership's often changing the meetings, and why is that? Because a lot of times, these new really important meetings, and I say that in air quotes come because they're changing their demands. They've coming up with a broad sweeping generalizations that apply to everybody. And a lot of time, these extra meetings kind of turn into this everybody's in trouble kind of situation. That expectation is really a moving target. And that's probably one of the key indicators of the gap is that the expectation to find even by leadership is something that is difficult to put a finger on. And finally, the other thing that happens is that there is promise of change, but then there's no follow-through. So when people are brave, doctors and technicians and assistants and receptionists and all of that, people within the organization are brave and they go in and they have a conversation with leadership about what they see, um, an opportunity to change and they make suggestions, or they are given a lot of empty promises and then nothing ever changes. So it's a lot of like placating in the moment, people-pleasing behavior by leadership that then doesn't have any meat behind it or any intent to actually change anything. And that's actually worse than not agreeing to do anything at all. Saying that you're going to do something that you then don't follow through will actually makes a huge impact on eroding clinic culture and increasing that gap between expectation and reality.

When it all comes down to it, all of these behaviors, so the way that the coworkers are interacting with each other, remember gossiping, cliques, commiserating, disrespectful behavior. The way the staff individually is behaving. Remember things like calling off, showing up late, refusing to work with particular people, threatening to quit, tantrums, bending the rules. And then finally, how leadership is behaving, playing favorites, canceling meetings, changing meetings, adding meanings, making broad, sweeping generalizations, making promises and not following through, those three things together, which is the display of that gap between expectation and reality, that creates a miserable work experience because it erodes trust.

The toxic work environment that we often speak of comes from the way that we feel when we witnessed this stuff. So it's when we see all of this happening within our organizations, those interactions, those individual staff behaviors, that individual leadership behaviors. When we see that, when we experience those behaviors, we feel uncomfortable. That's where the toxicity comes from. When we witness those things, we feel miserable. That's the toxicity. In the emotional and volatile industry we work in, where patient outcomes are never guaranteed and client interactions are unpredictable and often argumentative, hospital culture is the thing that makes the difference.

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When we are, number one, consistent in the execution of our policies, both internal and external. Number two, when we do what we say we are going to do, we keep our word first to ourselves and also to our team. Then number three, we create an environment where sharing different ideas for improvement is encouraged. Number four, we are confident in why we exist in the veterinary space. We know what our hospital mission is. And number five, we walk our talk. Then our company culture lifts everyone up in the organization. Then the challenges that automatically come with this job are lessened as the conviction and support of the organization, as a whole, share in the burden then, and only then do the individual employees at every single level, believe that they are part of something bigger than themselves. And when that happens, individual focus shifts from self to serving. The gap narrows. Culture improves. Culture toxicity has a very hard time surviving when the organization, as a whole, keeps front and center, why they exist and what they value.

Now, some of you may say, but Cari, you don't know my hospital. You don't know what I'm up against, and you're going to give me examples. I can hear it already. You're going to tell me about the decades old practice, where you work, where you've got the longterm employees, the old boys club, how nobody's open to change. You're going to tell me about the corporate practice, where you work, where all the management and leadership were offsite, and nobody understands what you're experiencing at your individual level. And you're going to tell me about the brand new clinic owner, who doesn't have a clue on what she's doing, but she's just trying to make everybody happy and as a result, making everybody miserable. And to that I want to say, I hear you. I understand I've been there. And I also challenge you to lead where you are. It would be wonderful if we could snap our fingers and change all of this for our entire hospital tomorrow but we can't. Organization level change takes time and full reaching organizational change must start at the top, but don't misunderstand. I'm not suggesting that you just wait for that type of change to happen.

There is one crucial thing that we must all keep in mind as we work to create our own happiness in our veterinary lives. It comes down to the idea of a toxic clinic culture itself.

Toxic is an adjective. It is subjective. Not everybody would agree when we apply that toxic adjective to culture or to work environment. Clinic culture is a noun. It's just is what it is. And so therefore the entire idea of a toxic clinic culture or a toxic work environment really is just a mental construct. It is something that we made up with our own thinking. Now hang with me because this is actually really good news. We've already determined that the expectation-reality gap specifically in relation to leverage, schedule, pay,

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policies and leadership, either supports or erodes clinic culture. this happens by creating or destroying trust. However, 100% of the time you have the ability to trust yourself. 100% of the time you and you alone can decide what you want to believe about the leverage, schedule, pay, policies and leadership of the organization, where you work. What you believe will create your personal experience.

When you intentionally decide how you want to show up and serve clients and treat patients every day and you intentionally decide not to engage in the activities that put your focus on the gap and pull it away from clients and patients your experience of the clinic culture will begin to change. That change is noticeable in the way that you interact with others, in the way that you complete your tasks, in the way that you exist, you will feel better. Others will notice. Others will want to feel better. They will follow your lead. When attention shifts from what is wrong to what is right, and more importantly, what we can improve on, then courage and confidence grow. Potentially difficult conversations can be had about the gap and personal decisions can be made based on data and not just opinion. Personal leadership grows.

So what I encourage you and challenge you to do is that if you're identifying your culture as toxic, if you're identifying your clinic as a toxic work environment, I want you to step back. I want you to remember that you can a hundred percent of the time trust and depend on yourself, and you always have the opportunity to lead where you are. Improving clinic culture starts with one person, and that one person can be you.

If you want to learn more about how you can increase your power and confidence in Vet Med, you need to join us in Vet Life Academy. Check out my free webinar at joyfuldvm.com/webinar to learn more.

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