

## WINNING STAFFS THRU WINNING ATTITUDES

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For those who follow my written ramblings, this was originally published in an abbreviated format in *AAHA Trends Magazine, June/July 1989*, while I was their Hospital Services Director. So I dusted it off and updated it for this publication.

I have encountered a few practices where distrust was a major issue – the owner thought his desire for check and balances, coupled his ability to address worst case scenarios at every level of operation, even if the chance was slim to nonexistent, was a “right on” approach. It had destroyed all initiative and any chance for continuous quality improvement. It had caused back delegation from staff members to middle managers, who then back delegated to the owner, making the “leadership team” over busy with details that should have been handled by staff in the trenches.

The book, *In Search of Excellence*, by Tom Peters and Robert H. Waterman, Jr., is often quoted regarding the work place. But the leaders surveyed had very unique profiles. Seventy percent rated themselves in the top 25 percent in terms of leadership. The self-esteem and leadership attitudes shown by top management made their companies winners. A good example has been IBM, where quotas are specifically set and systems managed so more than 60 percent of the sales force will exceed the goal. The majority will feel like winners as opposed to competitors where less than 40 percent make quota. Label your staff as losers and they will start to act that way. The bad news is that 10 years post-publishing, 70% of the featured practices had been faltering because owners and senior managers believed their own press and had killed the creativity and team effort that had made them special.

I have been staffing and/or leading week-long leadership courses over the past 30 years, mostly with a high adventure format, where the application of one skill becomes a discovery of the next skill to be shared (that is ‘effective teaching’, *Building the Successful Veterinary Practice: Leadership Tools (Volume 1)*, Wiley/Blackwell publishing). In these weeklong courses, we have participants write a personal contract on how they will use the leadership skills back home, and they have 6 to 24 months to complete that contract. Their course trainer keeps in touch and becomes a personal mentor of their individual efforts. Now we are seeing more “Feel good” leadership events, many of which have been occurring since the turn of this century, especially with weekend leadership courses.

- One that sticks in my mind was the Disney method era of “guest relations”, offered in the late 90s into this new millennium. In veterinary medicine, no clients come in unstressed looking for a happiness and thrills – they come in stressed with the unknown (often the fee that will be charged when the smoke clears) and worried about their four-footed, furry, family member.
- Another more recent offering is when key staff members are sent off to a weekend “SMILE” leadership conference and came back to the practice with

this “HAPPINESS goal posture”. Sorry to say, programs goals disappeared and the expectation for the practice to keep them happy had replaced the client-centered patient advocacy posture. Dentals had stagnated, baseline well blood and well urine screening had been downplayed, and the expectation now was the practice’s goal should be to make them happy!

- It is important to note, these weekend courses can provide important teaching points, but they must be integrated with the overall practice leadership thesis of the practice. The same goes for the “feel good” leadership texts, e.g., Who Moved My Cheese, Ken Blanchards ‘one minute’ series, McNally’s Eagle series, etc. They all gives us ‘sound bites’ of good ideas that need a strong practice leadership posture that can absorb and integrate the new ideas.
- With discussion, we usually can guide the practice into a pride posture: pride in performance, pride in responsive client-centered service, and pride in their dedication to patient advocacy. Personal competency, service excellence and targeted recognition are key factors in providing a culture of happiness. Happiness initiatives did not lead to pride, but pride in performance with timely recognition, can lead to happiness.
- As a note – key practice indicators that are dollar based are SELDOM staff motivators; they are business indicators that must be tracked, but they do virtually nothing for the three key motivators of healthcare teams: a feeling of belonging, enhancing personal competency, and pride in community positioning (i.e., surveys show that money is in the top six, but never appears in the top three, in healthcare teams). Targeted individual recognition is critical in developing these motivational aspects.

Look at your own practice and your approach to your staff. Is it as positive as it could be? Do your staff members see themselves and the practice as winners, or are they constantly reminded of shortcomings and needs? Are they given dollar goals that they have no person impact upon, or do they have procedure-based goals that are based on client-centered patient advocacy? There are four key factors to consider when you review your practice philosophy:

### **PEOPLE TEND TO ACT IN ACCORDANCE WITH THEIR IMAGE OF THEMSELVES.**

If they see themselves as well-regarded, they will try harder to perpetuate that image. This is where praise, appreciation, respect, and other specific recognitions become so important. New responsibilities with delegated authority is a form of recognition veterinarians often overlook, since they often assume bonuses are enough to keep the staff motivated. Staff self-esteem and subsequent productivity are affected by all of these factors.

### **STAFF MEMBERS WILL REACT BITTERLY TO ATTACKS ON THEIR SELF-ESTEEM.**

You can compare it to the antibody response to an infection. It is a natural, self-protective reaction that leads to an adverse relationship. Unlike antibody reactions, it is always counterproductive. When we design our management systems to control or react to the lazy ten percent, we demoralize the 90 percent of our staff who are dedicated professionals.

## **PEOPLE TEND TO REACT POSITIVELY TO POSITIVE DIRECTION.**

The difference between correction and criticism is cooperation. "You can do better than this" elicits more of an "I'll-try-again" response than, "I'm getting tired of your lousy work." To keep the staff ready to listen, be a builder not a crusher.

## **PEOPLE CAN SURPRISE YOU IF GIVEN THE OPPORTUNITY.**

When you expect solutions, ideas, and alternatives, even the most uncreative person can surprise you with fresh ideas. If you make it clear that you'll listen to suggestions, consider new possibilities, act on and reward whatever advances your practice, the staff will rally to your aid. If mistakes are not allowed or expected from your staff, there will be no need to look for new ideas. In human healthcare, a 20 percent success rate for new ideas is considered excellent. What does your practice expect from your staff?

### **MIND MAPPING (e.g., Tony Buzon text)**

In some cases, we have used MIND MAPPING to reignite the innovation engine, and turn the team focus to program-specific elements. When mind mapping, a couple hints:

- Every comment is good and will be placed on the mind map
- There are NEVER any value judgements offered to any idea
- Mind maps are NOT neat linear thinking exercises – cross links are to be expected
- A 'parking lot' is used for random ideas/comments that do not apply to the central thesis or sequential expansion concepts of the mind map (e.g., remind me to get milk before I go home)

Once completed, the mind map is allowed to sit for at least 24 hours before a DIG team is allowed to act upon it.

**REFERENCE:** The DIG Team system and Mind Mapping is offered in the text, *Building the Successful Veterinary Practice: Innovation & Creativity (Volume 3)*, Wiley/Blackwell publishing. The Program Planning Worksheet (and buy-in hints) for moving mind-map elements to Action Plans are in the *Leadership Action Planner* monograph, available from the VIN Bookstore ([www.vin.com](http://www.vin.com)).

The good news is that the above principles are solid. The bad news is that over half of the "most successful" corporations featured in *The Search of Excellence* have failed by the end of the 1980s because they forgot that continual change was a requirement for success. The corporations which rested on their reputation did just that. They sat back and waited for everyone else to catch up to them. They were not only overtaken, they were left in the dust. Change is magic, it is a vision shared with many. Change is an energy force directed to make things better for everyone, staff and clients alike. Change is the competitive edge!

The veterinary profession has always embraced Quality Assurance (QA) and Quality Control (QC); they are even AAHA Standards. The QA effort is focused on ensuring the process is consistent, and QC spot checks outcomes for quality expectations of similar product/service. If our systems are all focus on sameness, the only way to change things is go back and plead with the boss. This is not a participative leadership culture. In human healthcare, they added Continuous Quality Improvement (CQI) early in this Millennium as an expectation at all levels of the organization. During Joint Commission surveys, every member of the staff is asked, "What improvement did you make this month within your sphere of influence?" The concept is basic – people can make improvements to activities within their own sphere of influence without seeking approval before the action – post-action review is a caring recognition of the individual's efforts.

I have said it before: Change is magic, it is a vision shared with many. Change is an energy force directed to make things better for everyone: clients, patients, staff and practice alike. Change is the competitive edge!

### SUMMARY

There are always those individuals who will not respond to encouragement, to suggestions, or to the possibility of a recognition/reward. They may lack the interest, the energy or the capability to do so. These people are called exceptions. Don't allow them to disprove your positive effort.

Look forward to the first mistakes. They mean something new has been attempted. Promote the individual effort and acknowledge it publicly, regardless of success rate. Honda only allows middle management to veto ten percent of all staff suggestions. The remaining suggestions have to be implemented. The improvements are seen in very cost-effective, quality vehicles. Your vehicle is your practice. How do you plan to promote quality and innovation? Pride in performance, and your upscale thinking with a positive attitude, will provide you with the answers.