

## **TITLE: Your Culture – Examining this “Patient” for Signs of Illness**

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Your very first patient of the day is presented to you as soon as you walk in the door. The patient is a little weak, experiencing bouts of diarrhea and vomiting, sometimes running hot, other times a little cool. It is reported that sometimes the patient appears to be doing fine, and that this fluctuation between good days and bad days started a few months ago – nothing specific about the start of this condition. You go to your standard SOAP format and begin to assess the patient....

Sounds about right, kick into exam mode and begin working through the various systems, deciding what diagnostics are needed, assessing, and formulating the plan for treatment. But what if your patient was not an animal at all? What if your “patient” was your culture? You are faced with your practice culture as soon as you enter the building. You are given the subjective part of your SOAP – what seems to be hurting, what patterns are noticed, what symptoms are showing up, and what seems to alleviate certain symptoms – as you deal with issues that arise within the team’s performance.

Now for a serious question for you to ponder: Should you react when your culture becomes sick? Is there a way to be proactive and prevent your culture from becoming sick? The answer is, “Yes” – if you are truly committed to promoting and modeling certain behaviors, attitudes, and beliefs.

### **Understanding the Basic Breed of Your “Patient”**

Most of us who wanted to work with animals spent hours reading about the breeds – anything from canine breeds, to feline, to bovine... you get the picture. However, how many of us spent any time reading about the different breeds of workplace culture? Most likely, the number is low. Before you attempt to assess and cure your culture, you need to understand the breed.

Organizational culture is a set of shared assumptions, values, and perceptions. It may be family-type environment, or one driven by competition and goals. It may like to take risks and be the first to do things, or it may function on rules, policies, and processes. Whichever “breed”, any of these cultures function to give an identity to its group, a commitment to the mission, stability, and acceptable behaviors. As Fritz Wood, CPA, CFP puts it, “Culture defines what is okay, and what is not okay; what is encouraged and rewarded, and what is discouraged and frowned upon”. So what does your “breed” look like? What is encouraged? What is frowned upon?

To help you identify your particular culture, take a walk – a Culture Walk that is. A culture walk has you looking at how office space is set up (open doors, cubicles, side-by-side, walled off), what is posted on bulletin boards, what is displayed on the walls, counters, and desks, how team members communicate and interact with one another (memos, emails, verbally – and what words and tone are being used), and how the team communicates with clients (Heathfield).

Another way to identify your culture is to conduct interviews and surveys of your team (Heathfield). The following are a sampling of questions that can enlighten you as to the type of culture prevalent in your practice.

- What is the one thing you would most like to change about this organization?
- Whom is the hero around here and why?
- What kinds of people fail in this practice?
- What would you tell a friend about this practice if they wanted to work here?
- How proud are you to work at this practice?
- Do you trust the leadership?

Think of these steps as part of your SOAP's objective portion. It is the time you examine your system to identify what is going on in the "patient", what is working well, and what is not within normal limits. People like to use the phrase about 'keeping your fingers on the pulse' of an organization – so your walk, interviews, and surveys are your way checking the pulse, temperature, and respiration of your culture.

### **Assess What Ails Your Culture**

Upon completion of the aforementioned steps, what have you uncovered? If you list a core value of providing a personal touch for every patient, do you see the team actively engaged in calling a client back to answer questions regarding a patient they saw...or do you see people pawning off the call because they are too busy to stop and waste time calling a client? If you say employees are top priority do you show concern when someone calls in sick, or do you start complaining about trying to find someone to cover their shift and how the sick employee is going to have to make it up to everyone? Do you promote high-quality medical care (striving to offer or recommend tests and medical treatments), or do you only promote what makes you the highest returns (or worse, refuse to even treat a patient because it is close to quitting time)?

In a nutshell, your practice culture is saying how the team behaves, not what strategies you developed, or what banners you place on your website. According to Fritz Wood, your practice culture will "scream – this is how we do things here" without saying any words. When you took your culture walk, did your current culture "scream" anything to you?

What "conditions" are you identifying that will require treatment? Is there a good prognosis based on your assessment of your culture – even if a few things do need attention? Identifying what is making your culture ill is the first step in treating it. Common "infections" can come from intolerance, arrogance, bureaucratic overrun, priority in one's self-interest, entrenched behaviors, resistance to change, dysfunctional subcultures, and gossip.

Of all the infections listed, gossip was identified in a Forbes.com article as the fastest way to kill your culture (Myatt). Gossip occurs when management is not present and even a few disgruntled employees can sabotage efforts to maintain a good culture. This type of infection spreads when gossip is left unchecked and free to spread.

Deerfield Veterinary Hospital's Dr. Denise Roche, points out that arrogance infects a practice's culture when someone or some group feels superior to another. In that moment, the infection causes the 'us versus them' symptom – front versus back, tech versus CSR, etc. "Clients can easily sense this division or fracturing of the team".

Dysfunctional subcultures may be considered as a politically correct way of labeling a 'clique' within the overall team. Dysfunctional cliques can stray away from the established norms, creating their own unique group norms. Cliques often ostracize those who do not fit in and follow their lead – even to the point of driving away talent (Heskett).

Once you have determined your diagnosis for your culture ailment, you must formulate a treatment plan to eradicate the infection and lead to positive change.

### **Formulating the Treatment Plan for Your Culture**

The final SOAP step in dealing with a patient is the plan. Your culture patient is no different. You heard about some symptoms of illness, you examined and diagnosed; now you need to plan the treatment. Changing your culture is not a one-shot visit, it is long-term care. As Dr. Roche prefers to explain, "There is no cruise control or auto pilot for [culture]. It takes constant steering and adjusting..." Culture must be part of the business' strategy – abdication involvement with your culture only lets others take control and establish what they want.

One of the primary needs for maintaining a good, strong culture is leadership. Trisha Jones, Hospital Administrator at Raintree Veterinary Center and Olympia Pet Emergency, believes that a strong culture depends on the "consistency and effectiveness of the leadership, owners, and managers". This entails being

on the same page, walking the talk, and involving the team in the business side of veterinary medicine. When leadership fails to correct “dark issues” creeping up in the culture, team members are not held accountable for their behaviors, and the result is a degradation of the culture. Unbridled gossip is a good example of failing to correct a “dark issue” - thus permitting the team to continue the behavior and spreading the infection.

If arrogance is infecting your culture, perhaps some discussions on appreciating and recognizing roles and achievements are needed. Releasing those who continue to infect the culture with their arrogance must be considered a viable option.

Dysfunctional subcultures (cliques) can prove difficult to eradicate – their strength is in their ability to make a person feel a sense of identity and belonging to a group. A clique “infection” usually occurs when management is weak (Smith). To inoculate your culture against cliques, consider using team-building activities and mixing different team members to work on a project or task force – activities that foster common goals of the entire community.

Consider some other tips listed below to help you as you build your treatment plan for changing your culture.

- Clarify the mission, values, and vision (does upper management and leadership walk-the-talk, do they profess the same values)
- Leaders and managers must support and communicate any cultural changes
- Communicate the big picture (strategic goals) – engage the team, involve the team
- Give the team the “why” – why the change is needed, why it is in their best interest
- Manage communications – both words and actions. (Use stories, slogans, rituals, legends, and heroes to communicate the culture you want to achieve)
- Have deliberate role modeling in training and coaching programs (teach your team what behaviors are expected of them)
- Ensure that rewards and recognition are in agreement with behaviors wanted in the change
- Change may require you first work with the current culture instead of against it
- Culture is introduced to a new hire through the process of socialization (do you want cliques to get their hands on the new hire, or would you rather communicate the shared values and norms of a good, strong culture in training sessions)

Notice that none of the tips says to simply give the orders and expect change to occur. The plan does not require major steps, major surgery, or major life style changes – think about starting with smaller initiatives. A few examples in Markidan’s article on culture changes fits veterinary practices: Do a Net Promoter Score survey and act on the results. ‘Wow’ just one client each week and tell the story at a team meeting. Easy enough to do and easy enough to demonstrate behaviors that are desired for the cultural change.

### **Culture Cures**

Dealing with a difficult patient or a difficult client is standard teaching material for most veterinary hospital personnel, but dealing with a difficult culture? Workplace culture seems to be an exotic breed we are trying to master. To answer the ‘why should this be important to me’, look no further than Dr. Mike Cavanaugh’s 2016 State of the Industry report. “Culture and relationships within a veterinary practice may have a significant impact on the success of a veterinary hospital”, which can be backed up by the fact that practices with positive cultural scores have higher production per FTE veterinarian (AAHA NEWStat). Culture must be a part of business strategy.

Approach your culture with a strategy – a strategy that involves observing signs of an ill culture, examining the systems affected, assessing the condition, and formulating a treatment. Curing an ailing culture not only benefits the people working in a toxic culture, it also benefits the patient care, client service, and business financial success. Having a strong Circle of Care means having a healthy culture.

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