

The Resilient Leader: Mind, Body and Soul

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Short Communication

The chart (Figure 1) says it all - NOT! It starts with the practice culture. When a new staff member is recruited, their orientation should start with the Vision, Mission, and Core Values. This provides a framework, a compass if you will, that with a clear Standards of Care

(SOC) gets new staff members onto the right path - the practice's "way" - and keeps them there. "We serve our neighbors as respectful, expert, caring partners in their pet's health. We do this by creating innovative, effective, affordable systems of care that our clients will value."



Figure 1: The 12 phases of resilient leadership.

While resilience has always been a part of successful veterinary practices and the lead veterinarian's makeup, today's veterinary healthcare systems require more resiliency than ever before. When we get savvy practice owners together to discuss the current marketplace, most want to discuss the complexity of sharing leadership and empowering the practice staff. The complexity of veterinary healthcare delivery involves high stress throughout the organizational behavior culture (CHANGING PRACTICE CULTURES or ORGANIZATIONAL BEHAVIOR and the LEARNING ORGANIZATION monograph in VIN Bookstore, www.vin.com). In today's marketplace, savvy leaders see the need for a resilient workplace that can quickly adapt to change.

Veterinarians and nurse technicians wash their hands before and after they see a patient so they do not contaminate themselves or the next patient; it is the same with practice stressors. If we get contaminated by stress, we need to decontaminate ourselves so we do not contaminate others. To do that, we must be aware of the contagious nature of stress within a practice setting, as well as within the community. But there is a danger of catching the sense of despair and helplessness from clients who come in stressed, since they do not know what is wrong with their pet, nor do they know the cost of making things "right," for their four-legged, furry, household friend. A practice culture must look at the realities and what can reasonably be done about those realities. Realities are hard, but they need not be

negative. There is a difference between venting with colleagues and fanning negativity within the practice team which often leads to helplessness.

Traditionally, veterinary practices want to recognize change as a single event, whether it be a new procedure, a new regulation, or even a new AAHA standard, but the leadership seldom assess the emotional impact of the changes. Resilience has to do with emotional adaptability to the change(s) and the social connection that are critical to move the practice forward, especially in a team-based veterinary healthcare delivery culture. Some have even accessed the VIN Library for the landmark text, *The Practice Success Prescription: Team-based Veterinary Healthcare Delivery* - a free download is at:

(<http://www.vin.com/Proceedings/Proceedings.plx?CID=TomCat2007&O=Generic>).

Often veterinarians enter this profession because it is a calling, and most staff members enter because it is a calling. As such, the economics are modified by compassion for the clients, without equal concern for the practice staff. As such, I don't worry about practice leaders not caring enough; they care too much! They need to lean back, renew, and re-enter the playing field. Basically, it is not how you initially choose to respond to a change event, but rather, how you manage the intelligence of your emotions to navigate the transition.

There are many who focus on the bad that happens throughout the day, mainly because that is how most brains work. Behavior studies of healthcare workers show that 67% tend to resist change, they want to maintain the status quo; they want to resist for the fear of the unknown. Resilient leadership will talk about the possibilities of the future, instead of the problems of the change. Of these remaining 33%, about half will try to influence others to accept change, and the other half will march through walls to achieve the changes needed (foot prints on the backs of slow moving staff will be evident in most cases). The resilient leaders who understand these factors will use 'possibility language' rather than 'problem language', saying things like:

"What is the joy that we can find at this moment?"

"What is the best that happened to us this week?"

"Did I laugh out loud today?"

"What happened this week that caused someone else to smile?"

Gaining Resilience

It is obvious that becoming resilient does not happen overnight. It starts with finding time to lean back and think; personal time to process your thoughts. Easier said than done in a hectic, full schedule day. Personal time to process your thoughts is often difficult to squeeze into a busy day - but you can make it happen with specific scheduling. For instance, we have always recommended an early after noon hour for call backs; clients are told the doctor has set that time aside to call them back, unless they want to talk to the attending nurse right now (majority will take this latter option).

Resilient leadership takes patience, perseverance, and courage, which requires a daily period of personal debriefing. When debriefing, make sure you do not go down one of the three blind alleys:

First-arrogance-where you blame others-blaming others is only abdication of accountability for resolution.

Second - ignorance - where we condemn ourselves - statistically, the more involved you have been, the more you assume you have failed.

Third-discouragement - we often view practice as an acute demand - there is a problem and we must solve it, so we can move on . . . but healthcare delivery is actually chronic, there are always going to be issues, so getting discouraged is a downward spiral into ineffectiveness.

Instead of going down a "blind alley", try to adopt the spirit of intrigue. This is where you explore the process of the reality you are facing and not necessarily solve an immediate problem. Identify the elements to the reality and what can be accomplished and what can't. This opens up the right side of your brain in terms of creative thinking, and the normal problem-solving skills of left-brain thinking do not kick in because there is nowhere for them to go.

So that we begin to, in the spirit of positive psychology, not see ourselves as simply a repair shop for the veterinary healthcare system, but rather we look for those signature strengths in the practice culture and organizational behavior that have been distorted by the stress(es). There is a need to focus on situations rather than self-blame or projection. Take for instance a new associate who seems to procrastinate; a resilient leader views that associate not as lazy or unorganized, but rather as a colleague who has patience, takes consensus, and is interested in collaborations (new graduates call this mentorship).

Self-Awareness

A major aspect of achieving resilience is possessing the ability to recover from a bad decision. This resiliency starts with knowing yourself, using emotional intelligence tools (such as self-assessments), and accepting your strengths and weaknesses; this way, you are better in tune to know when you need help. If you fail in one project, the world will not end for you, you cannot be the "failure", you must continue with that new learning experience.

Many practice owners have a hard time taking the "long view" in the mirror to examine operational shortfalls in their own behavior. Growth comes from meaningful feedback, so have the courage to look in that mirror and see what the practice's operational organization needs, without your paradigms and bias. If you want your practice to thrive and you want to make a difference as a leader, one who is resilient, the practice culture needs extraordinary leadership, which requires you to know yourself better. Step 1 - know you are not perfect!

Step 2 - ensure you are grounded in reality - do not 'sugar coat' the challenges

Step 3 - put things into perspective and let others know so they can be effective in the changes needed (reducing the team's readiness gap)

Step 4 - do not lose control of your emotions (it sends the team into panic if you do)

Step 5 - put everything in terms of today - right now - this is the reality of the present

Step 6 - if the team understands the reality of 'now', extraordinary things can happen, as in a gridiron game, sharing the playbook, review at halftime, and have a strategy for the fourth quarter push

Physical and Spiritual Awareness

Being resilient is often viewed as a strong mental posture, yet many overlook the physical and spiritual components. Physical conditioning

allows recovery to be faster and quicker. The spiritual element of fitness means spending 5 to 10 minutes a day reading biographies of people who model maturity, generosity, and vision. This is not a “nicety”, it is a source of mentoring. Beyond this reading, there should be a circle of friends/colleagues that can challenge, support, and tease you, inspiring you to reach outside yourself. Spiritual fitness is not strengthened in a vacuum, but within a healthy veterinary healthcare community.

There are five key elements in building your resilient reserves:

Life expectations for success and significance

Have a meaningful level of participation

Have clear and consistent boundaries

Have life skills that support your career direction

Ensure self-care, since it takes a lot of energy when taking care of others

Back to Mission

Whenever you need to strengthen your resilience, return to the practice vision, the mission statement and the core values; the Standards of Care come from these elements, as well as state-of-the-art professional knowledge. Know what you have promised your clients and the community, and ensure your staff understands that commitment. Your team are your partners in this quest for excellence in veterinary healthcare delivery, practice pride, and operational harmony!