

POLITICS IN THE PRACTICE

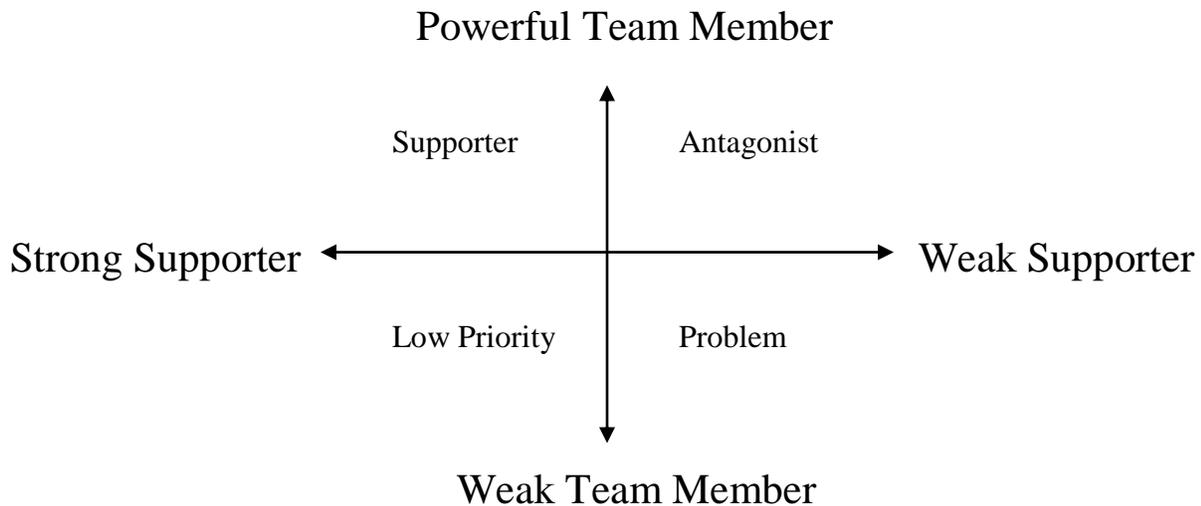
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Strategic thinking looks at the politics in the practice as well as the systems. All organizations have politics – they have weak and strong members as far as power to make decisions or to influence the team. They also have people who have or don't have influence over other people in the practice. Much of our interaction with other team members is based on our ability to understand and work within the power structure.

Although most of us don't think of ourselves as playing games or manipulating others, in fact we human beings do this naturally, and often unconsciously, all the time. We vie for power, or the attention of the higher ranked members of the team. Or maybe we work outside the system or form cliques. Sometimes we may become buddies with people who should really just be coworkers, or we anger the wrong people and lose social standing. Sounds complicated, doesn't it?

Well, it is complicated. However, if you sit back and watch people interact with each other you can often see little power struggles and meaningful exchanges happen right under your nose. Good managers and leaders are able to understand and influence these office politics.

Managers sometimes put people in different categories as to their importance in the practice, and then plan how to address conflicts or disagreements more effectively. One of the tools we use to do that looks like this:



This tool ranks people as strong or weak supporters of the decision, policy or goal in question, as well as by how much power they have in the practice. Each person will fall into one of the four quadrants of **Supporter**, **Antagonist**, **Problem** or **Low Priority**.

Let's say one of the doctors is against a decision the team made. Doctors are generally powerful people in the practice. If they publicly don't agree with a decision, and are stirring up trouble about it, it then may become the job of the management team to "sell" the decision to that doctor, so that they become a strong supporter and not an antagonist. Depending on the issue, it

may be critically important to turn this person around, or it may be an annoyance that is not important enough to argue over.

Managers may work quite hard to reach agreement with someone who is out of synch with the team or the leadership of the team. Eventually, however, if someone is consistently an Antagonist or a Problem, that person will part ways with the practice. It is both uncomfortable and unproductive to have long-term conflict.

Ideally, the practice team has a certain level of respect and trust for each other. In that framework, where the values of the practice center on community, openness, integrity and trust, decisions are made, both by the group and by individuals, to reflect the purpose, principles and vision of the practice. The emphasis for the strategic planning of the group is to align our own personal values and goals with those of the team, to produce a functional unit that makes good decisions - and backs each other up once those decisions have been made.

Leadership in a group is about facilitating inclusion – encouraging input and participation by every team member, while also dealing effectively with disagreement and negotiation. It's important for every team member, and especially the team leaders, to be servants to the organization's mission and vision. If you as an individual do not believe in the philosophy of the practice, if you don't agree with the core values or mission, you will become a "problem" instead of a "supporter." Leadership is about facilitating inclusion within the organization's culture, and encouraging participation and innovation.

1) Who are the powerful members of the team in most veterinary practices? Where does their power come from – their position? Their leadership qualities? Their integrity?

2) Who are the powerful members of a team you have worked on, at work or school? Where did their power come from? How did they make that power clear to you?

3) Who tend to be the weak members of a veterinary hospital team? Are they weak because of their position or their behavior?

4) Who were the weak members of the team you worked on? How could you tell? How could they have increased their power?

5) What behaviors do strong supporters show? Does that type of behavior also increase their power?

6) From whom do you think it's appropriate to receive coaching? Just the practice owner? How about other associates? Techs? Receptionists?

7) If you accept coaching or correction from a non-DVM does this decrease your political power? In whose eyes?

8) Would listening to a receptionist diminish your self esteem?

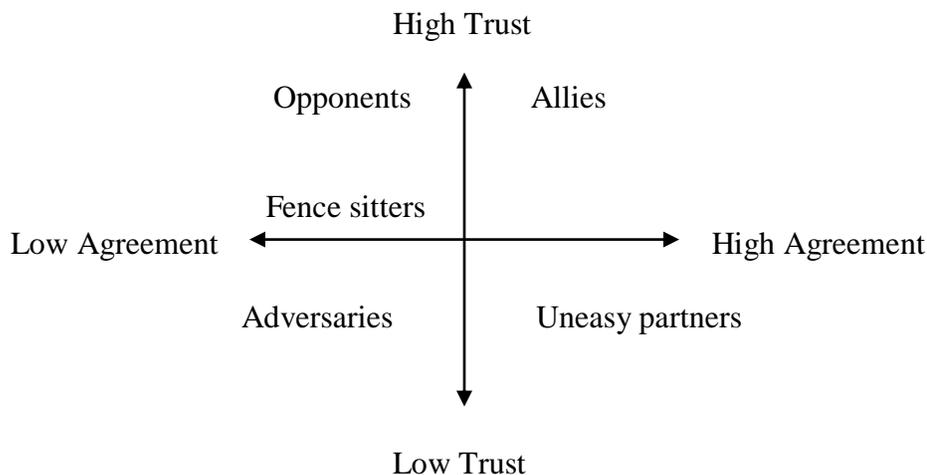
9) How would you react if corrected in front of a client? Would this reduce your power or status in the eyes of the client?

10) A common political problem for a new veterinarian to grapple with is what to do when you disagree about a standard or protocol. It could be that you want to improve pain management, try a new anesthetic protocol or institute blood pressure monitoring for senior cats. How would you go about introducing the change you want to make?

11) How soon after you start working in a practice do you think it's appropriate to begin working on changing protocols? What would be the repercussions if you try to change things too early?

12) How would the scenario be different if the practice's protocol were below the standard of care? If you treat a patient differently, but better, than the practice owner would have does this make you an antagonist?

Here is another matrix that presents this same idea a little bit differently. This one is called the Block Political Partnerships model, developed by Peter Block.



Allies or supporters are people with whom we have high trust and high agreement – we have shared goals and can rely on each other. This is what we hope all our team members will be, but we may be allied on some issues and not others, or be less trusting of some people than others.

Opponents are not necessarily enemies – in fact, opponents often challenge us to think harder or differently about a problem or solution by questioning our plans or decisions. “Are you sure that’s the best way to handle that? What if we tried it this way instead?”

Weak supporters, as in the previous diagram, aren’t usually a problem for managers if they are not powerful people in the practice. For example, it doesn’t matter if a quiet, non-assertive person doesn’t agree with our new boarding policy, because they probably won’t voice their opinion anyway. An **uneasy partnership**, however, can cause stress and tension. An example of this would be two partners who have had disagreements or difficulty getting along in the past, but are now trying to work together on a project.

Adversaries are a problem. Powerful people with strong negative opinions can cause a lot of trouble for the practice if they don’t publicly support its goals. It’s OK to be an opponent and disagree or present your point of view. But once a decision is made it’s not OK to sabotage or publicly bad-mouth that decision. Leaders should be a positive influence on the team.

Leadership can arise from anywhere in an organization. We are each a teacher, an example and a role model. Gandhi once said we must “become the change we want in the world.” At work, you must become the person you want to be working next to, the person who is a supporter, not a problem.

William James, the father of modern psychology, said that, “The greatest discovery of the 20th Century is that we have the power to change ourselves.” Thus we also have the power to

change how we behave at work and within the team. We have the power to choose our responses to others' behavior, too. In fact, we have the power to make our workplace better and the power to make it worse.

As a team member, you may be expected to set your own personal goals, as well as to participate in the goal setting of the practice as a whole. Your goal may be to become a technician, a management team member, a better doctor – or simply to become a more patient teacher, a more coachable student or a more effective team member.

If you start down the road of progress, deciding that you yourself will change and grow as the business grows, you will be setting a course toward success for both yourself and your hospital. The culture of a business, a nation or a family consists of the collective stories of all the individual members. It reflects the sense of purpose and meaningfulness of our work and our interconnectedness. Unfortunately, sometimes it also reflects confusion, stress, inefficiency and frustration. The role of strategic planning and goal setting is to find effective and healthy ways to deal with these setbacks while continuing to progress toward the vision we have co-created together.

3) How does trust or reliability influence personal power in a business? Do mistakes or broken promises make you more or less powerful?

LEADING CHANGE

Peter Senge's book "The Fifth Discipline" talks about five stages or levels through which decisions are made and goals are reached. There are many decisions reached in a busy veterinary practice every day. Some are simple – which brand of paper toweling should we buy. Others are complex – what should our medical protocol be for hemorrhagic gastroenteritis, or how much money should we budget each year for marketing.

Some decisions are made on-the-spot by individuals. Others involve a group of people – the receptionist team, the management team, the marketing committee. Major decisions are usually made with input from at least some of the team. Some goals cannot be developed without a group effort. Regardless of the level of decision needed, it takes practice to make decisions at a higher level. An organization cannot move directly from square one to the fifth and highest level. It must first develop a team through discussion and dialogue.

The five stages or levels are:

Stage I: Telling

In this system, the business or the people working within it do whatever the boss says. Staff members have no opportunity for input. The message is "This is my vision. Be excited about it or choose to work elsewhere." This is the traditional authoritarian method, which is especially prevalent in small businesses with one or two owners/managers. It is also the level that is used in crisis management – "We've got to do this."

In the Army, this is the best system. There isn't time in a battle to argue about who is doing what and why. This is also how the doctors make medical decisions. In a business situation, however, it leads to poor cooperation and buy-in from the team members.

Stage II: Selling

At this level, management says “We have the best answer. Let’s see if we can get you to buy in.” The leader(s) attempts to enroll the staff in the vision. The employees are like the boss’s customers and he/she is trying to sell them on a product.

This works well if the product has been well thought out and well presented. Not every decision can or should be made by the entire team. Team members may not have the knowledge or training to make financial or hiring decisions for the practice. They have no financial stake in the business either vs. the owner-investor.

This is the level we used when my management team presented the new Best Friends compensation plan to the rest of the group. Here’s what we developed, here’s what’s good about it, here’s what’s different.

Stage III: Testing

Testing implies the staff will influence the results and the final decision. At this level, management asks “What excites you about this vision? What doesn’t? How could we make it better?” We determine how enthusiastically the team will support the vision and what aspects matter most to them. Then the boss reserves the role of judge and final decision maker.

You might see this level at work when purchasing new equipment or hiring a new team member. We might solicit opinions as to which software system the team likes best or get feedback on a person who had an interview and observation day at the hospital. The final decision is then made by the practice manager or owner.

Stage IV: Consulting

Here we might present two or three scenarios that we have pre-selected and then recognize input from the team. The question asked is “What vision do team members recommend that we adopt?” We already know that either of the options presented would be OK.

We might, for example, give the team a couple choices in uniform styles and let them choose the ones you like best. We might ask, “What’s on our stupid list that we should stop doing?” and then decide to stop selling non-prescription food or stop taking boarders.

The last stage is Stage V: Co-creating

Here, team members work toward what they collectively want to build for their future, vs. what the boss wants. The theme becomes, “Let’s create the future we individually and collectively want and then move forward.” The staff uses personal vision and proceeds via self-realization. Teams articulate a common sense of purpose. Each individual is a part of a creative organization. This team then works together to create the practice they want to be in. Strategic thinking happens at this level – what do we stink at? What do we enjoy? Not enjoy? What makes us money? What is our competition? What opportunities are we overlooking?

This level of thinking is best done in a smaller group of 3-8 people. A team of 22 is overly large and cumbersome. This is why companies have executive boards, committees, management teams or work groups. These groups of individuals usually have a specific task or set of tasks to work on, such as developing a compensation plan, planning a new building, or making decisions on procedures that affect the entire team.

Each work group will have its own culture, its own vision and its own mission. Each group should be working within the core values and vision that govern the entire enterprise. Each

individual within the group should have their own vision aligned with the group's vision. Poor alignment in philosophy and values leads to poor decision-making.

Whenever a new vision is created it must be adopted by the team. This, too, has a system and a hierarchy.

1) Establish a sense of urgency, e.g. "We have a decreasing client base, insufficient working capital – we need to be more profitable and work on getting new clients!"

2) Creation of a guiding coalition, e.g. the management team or marketing committee.

3) Develop vision and strategy, for example "We want to add canine rehabilitation as an income center, as well as improve customer service and marketing."

4) Communicate the change and the vision, in other words hold staff meetings and explain the plans

5) Empower employees for broad-based action, which means forming action plans that committees or individuals then implement.

6) Generate short term wins, i.e. make some progress toward the goals and celebrate it.

7) Consolidate gains and produce more change, so "Our new client numbers were up in February due to our dental marketing strategy, so we will implement another similar strategy for heartworm prevention. Our marketing program for fecals in March was not successful, however, so we are changing our approach on that."

8) Anchor new approaches in the culture, so if the marketing team was effective we perpetuate it, and it becomes "how we do things around here."