

Central Line: The AAHA Podcast

Episode Title: Systemic Change in Veterinary Medicine: Be the Tail That Wags the Dog

Guest: David Ballard, PsyD, MBA

Katie Berlin: David Ballard, thank you so much for joining us on Central Line.

David Ballard: My pleasure, thanks for having me, Katie.

KB: David, would you mind giving us a little bit of an intro to yourself, how you got involved with Veterinary Visionaries, and what you're up to now?

DB: Sure. I am a psychologist, but I focus primarily on occupational health psychology issues. I was at the American Psychological Association for 16 years on executive staff, where I was the Senior Director of their Office of Applied Psychology, their Center for organizational excellence and their psychologically healthy workplace program. I do tons of work with NIOSH and the CDC, with other groups that are focused on workplace health promotion and wellness, and on organizational level interventions that create a healthy high-performing organization, and I've done work that spans lots of different industries.

I relocated to Northern Ireland at the end of 2019, settled in in January 2020, only for everything to shut down in March of 2020 due to the pandemic. That's put a big focus on issues around mental health in the workplace, for all people in all industries, and in fact, if there's a silver lining, it normalized us talking about those things because it's no longer something that you talk about in secret - it's something that we've all had to deal with. And not just on an individual level, but for employers, for organizations to do the kinds of things that help support people through not only difficult times like the pandemic, but through normal times, even as we move forward, all of these issues will still exist and we'll need to continue to address those.

I have a long history of involvement with systems-level change efforts to create these healthy high-performing organizations, as well as a lot of experience developing evaluation mechanisms and recognition programs for these kinds of healthy workplace interventions. So when the Veterinary Visionaries challenge started coming together, Karen Meyer, who's also working on this project, reached out to me. I've worked with Karen in the past on some workplace health promotion and well-being programs, and she connected me with Garth [Jordan, CEO of AAHA].

When I spoke with him, I was thrilled to find out that he was already familiar with some of the large systems change initiatives that are going on in the space, like the new ISO guidelines for psychological health and safety in the workplace. Things that are going beyond just telling people to become more resilient and handle their stress better, but are actually changing organizations to support that and help people thrive. I was excited to hear that Garth was already familiar with a lot of that and he was already thinking big when it came to Veterinary Visionaries, so he and I hit it off and the rest is history. I've been working on the program to help put this together for the submissions and the evaluations, and I'm really excited to help support this important effort.

KB: We're so excited to have you involved. I think it strengthens the project a lot to have someone like you involved with evaluating the ideas, because so many of the issues that we have in this field can parallel the challenges that we see in human health care and other fields. We seem like we're a little bit late to that party – like the psychologically healthy workplace conversation took a little bit

longer to get started.

And you're right - COVID really exploded those conversations because it uncovered a lot of weaknesses in the way that we handle mental health and well-being in the workplace in general, in all professions, but vet med definitely, as I've seen from the inside. So I'm really excited to see what comes out of Veterinary Visionaries.

David, now that you've had a little chance to spend some time in the veterinary space, talk to Garth, talk to some other veterinary professionals, I'm interested... What one thing would you put on a billboard for us all to see on our way to work in the morning?

DB: I'm imagining one of those motorized billboards with the big rear end of a dog with the tail actually wagging on it, and I would say, "Let the tail wag the dog." The concept that the smaller parts of a system can create big changes. I had a Great Dane/German Shepherd mix, and let me tell you, that tail wagged the dog, eas well as cleared dining room tables! Those are stories for another time. But those smaller parts of the system can create big changes, and we need healthy thriving veterinary teams to help keep pets healthy, which in turn helps keep families and communities healthy and thriving as well. So even though it might seem like a really huge task to try to change the landscape of veterinary medicine, if people come together, the collective efforts can really make a big difference.

KB: I want to come back to that later, because it can feel like this industry, like so many others, is being taken over by large corporations - that has its benefits for sure, as they have so many resources and can create so much change so quickly. But there are so many things that we can do on a smaller level to create change, and I don't want us to forget that. It can feel really daunting at times.

How much did you know about the mental health and well-being challenges in veterinary medicine specifically before you started working with us?

DB: I guess my earliest experiences growing up with pets, dogs primarily, but growing up, I had cats and guinea pigs and hamsters and gerbils and ferrets, and lizards and snakes, and fish, it was...

KB: You were one of us.

DB: It was pretty much a zoo in my house. Needless to say, we knew the local veterinarian and the people who worked in that practice really well, and one of the things that struck me is that veterinarians and their staff, they're cornerstones of communities. They know everybody, they know all the families, they know all the pets, they meet the kids and they watch them grow up and go off to school, and they generally have their finger on the pulse of what's going on in a community.

Later on, in addition to my psychology degree, I did a business degree that focused on health care administration. Most of my experience has been working with healthcare organizations, but there are a lot of similar issues that we will probably touch on later on in this conversation.

KB: So although you may not have had first-hand experience with the kind of challenges that we face in veterinary medicine, you could extrapolate pretty well that we would face them based on what you knew about healthcare in general. Sometimes we feel like people outside the profession

just think we play with puppies and kittens all day - how could that possibly be hard? But the puppies and kittens come attached to people, which makes everything hard.

DB: People do make everything hard.

KB: We hear a lot about self-care these days. I know Mars did a big study recently that came up with some big messages from the results that they got and one of them was that we need to learn coping techniques to handle the stress that we face in vet med.

Self-care is good, but if everyone is struggling, it seems like we need more change at a systemic and organizational level. Do you think that that is possible without dramatically restructuring the way we practice?

DB: I think this isn't an either/or situation. I think it's a both/and situation. As you mentioned, self-care is important and people need to learn and develop effective coping skills and be able to handle pressures and stress, but it's totally ineffective to put that onus completely on the individual and just say, "Well, you need to develop healthier coping skills or you need to become more resilient."

As a leader in an organization or as an employer, if you're putting all these resources into putting armor on people so that they can handle things better, it's not going to be very effective. If you put on all that armor over and over and over, and you keep throwing people back into the arena that get beaten up over and over again, not only is it ineffective, but it's a colossal waste of resources.

There's a great quote from an Indian philosopher named Krishnamurti. He said, "It's no measure of health to be well-adjusted to a profoundly sick society." I think the same is true of organizations: yes, you want people who are well-adjusted, who can cope and who have the skills to handle things, but is that really healthy if you're trying to get them to do that in a toxic environment? It's much better to equip people and create an environment that takes away unnecessary stressors and hazards they might face, and help them be able to do that better. That's your role and responsibility as an employer - it cannot possibly just all be put on the individual.

KB: I feel like vet professionals, at least, tend to be very type A high achievers, just like many human healthcare professionals are, I'm sure. We tend to blame ourselves when we don't know how to fix something or feel better, and we just feel like, "Well, if we were really cut out for this, we should be able to handle this." But you can't yoga your way out of a bad system or a system that allows you to continue to be injured in these ways.

So the next question I guess I have is, if we do have to do both - learn how to take care of ourselves and make changes at the higher level - if we have to pick one to start with, do we start high level and focus our resources there? Do we start with the individual and work up?

DB: I actually think we have to work it from both ends, because if someone really needs help, they need more than just self-care. They need more than a yoga class or tips for how to get better sleep or to get more exercise. We know most of those things that we need to do; the problem is we're in a situation that makes it difficult for us to do them.

So beyond the self-care aspect, you need to provide professional level support for people as well. They need to have access to good mental health benefits, like a high quality employee assistance

program. And at the same time, you have to address the organizational and job level issues that are contributing to the problem. If there are problems with the way things are done in scheduling or with workload or with conflicts that are happening in the workplace, you need to be able to identify and remove those hazards to mitigate the risk that they might be facing at the same time.

KB: At this point, you just have to scroll Facebook for a few minutes to find solutions for self-care, help with mindfulness or a free yoga class. Now it seems like if we have to focus resources somewhere, because those are so ubiquitous now, the resources would be best put toward a larger scale reformation of how we train, how we accommodate, how we view our teams - at least that's how it sounds to me and how it looks to me.

DB: Absolutely.

KB: Are there things in human healthcare that have worked that you think we could potentially adopt in vet med?

DB: I think it's important to step back and look at the bigger picture, and start by creating a well-being or mental health strategy that's linked to the organization's larger strategic and operational priorities. You can take examples of programs and benefits and practices and things in a workplace, and each one might have some value, but there really needs to be a bigger picture strategy and that needs to be linked to what the organization is doing as a whole. That way it's not something that gets shoved to the side because it's not linked to any business outcomes or business goals.

Creating a strategy starts with doing an assessment, understanding what the hazards are, what problems people are facing, where the opportunities are to make a difference, and what the needs and preferences are of the people who are working there. Using that information to craft a strategy has a better chance of success, rather than just saying, "Oh, here's this great app or benefit we can offer people." Those things might be great, but they need to be tied to a larger strategy that's moving in a certain direction rather than just one-off fragmented efforts.

KB: Would you do this with your team? Or at least with the leadership team?

DB: When organizations are doing it really well, they're bringing together a cross-functional team of people from the organization who are all at the table. They're all contributing to this because they all have different perspectives on the needs of the different segments of the workforce.

In smaller practices, it might be a key leader or small group or just a time-limited work that gets pulled together to craft that; but if you really want to get leadership buy-in in an organization, especially if it's connected to a larger group of owners or firm, then it has to connect up to the larger goals and strategy and mission of the organization as a whole. How are all these things you're trying to do going to affect things like employee satisfaction, employee retention and turnover, performance on the job, engagement with the organization, motivation for people to do their best at work?

When people are physically on the job, but they're checked out because they're so stressed and overwhelmed or sick that they can't perform up to their full capacities, link it to those organizational level outcomes, so that what you're doing isn't just a nice thing to do or the right thing to do for people who work there, but it's also smart business. If you do these things, you're going to set

yourself apart as an employer of choice, you're going to provide better quality services to the community, and people want to come and stay there, so you'll have the best and the brightest who want to be part of that.

KB: I love the picture I just had in my head when you were talking about this plan for well-being for everybody in the organization. It does seem, from my personal experience anyway, that we've often had just managers at that table. I've been in practices where these conversations have happened, but it's been a team of managers, a medical director and an office manager and a practice manager and an owner, and those people may have the best of intentions, but they don't necessarily know what it's like to be a CSR or a veterinary assistant or an associate vet.

It must be so empowering to have people in what aren't normally considered "leadership" positions have a role in shaping how everyone is treated and how the experience is for everyone. I love that idea.

DB: You really do want people from all levels and in all functions within an organization, because they're sitting in a different spot, they see different needs, and they might have different ideas about solutions. Too many times these sort of decisions get made from the top and then just handed down to people without any input from people in the various roles, and then it's all just based on assumptions. It might be with very good intentions, but it's not likely to meet those needs, and it's not likely to get good buy-in from people in the organization if they haven't been involved. And because people have been involved in helping co-create the strategy along the way, they already have some ownership of it and want to see it succeed.

KB: As someone who's worked for a large corporation, and knowing a lot of really wonderful people who work for large corporations - we have often expected changes to occur in the industry for the better for mental health and well-being of our teams at the hands of these organizations. They are all talking about this now, but it seems like we haven't seen them coming up with lasting change mechanisms. I feel like things are not getting better in the way that I would hope they would when people with so many resources and so much human power behind them are having the conversations.

So I want to know: In your experience, is this a perception issue? Or is there really that much disconnect between what I feel like they could be doing and what we're actually seeing being done?

DB: I think there's so much variability across different groups, different practices, from excellent to terrible and everything in between. Because there's not a unified community, sharing ideas and examples and learning from each other and moving it forward more collectively, I think sometimes good examples get lost in the mix. The challenge is, how do you find those good examples where things are working, even if it's only small pieces that are working well? How do you identify those and share that with others, and then potentially pilot those things in other places so that it can snowball from there? I've seen it happen in other industries where there's a similar view that across the board as a whole, the industry is lagging and they're not consistently addressing these issues particularly well - but there are always bright spots within the industry. It just sometimes takes a lot of digging to get to those bright spots and unearth them.

I'm hoping through Veterinary Visionaries we see some examples, not only of suggestions of things that we could do, but examples where there has been a pilot - there has been something tried out

that either went brilliantly or it went fairly well, and then they learned some things from it, and we can iterate and do better. These big organizations do have the resources to invest and to help share those.

KB: What you're saying, it sounds like, is that, yes, large entities could be the key to this systemic change across the industry, because they have the resources to really disseminate what's working for certain practices – but we need those practices where they are fostering that psychologically healthy workplace and they are taking care of their teams and their teams are seeing results from the systems they've put in place. We need to put a megaphone in front of those practices and make sure that everybody can learn from their example, and the big entities have the resources to do that.

That paints a really good picture of little practices sending up a flare, and then the big corporations or associations being able to say, "Hey, everybody look here, this is a really cool thing, let's talk about it and see if it could work for you." Love that so much, and hopefully that does come out of Veterinary Visionaries.

DB: In larger organizations, they have the advantage of the scale and the resources to more effectively evaluate the efforts, and to be able to measure and see if they're getting the results they had hoped for and share. Often in a smaller practice, you don't have the resources to do that. The challenge is, in a larger organization, there's more bureaucracy, more hierarchy, more red tape to have to cut through to get anything done, and it complicates things. You also tend to offer a broader range of activities or initiatives or a bigger menu of things that you're doing, where in a smaller organization, you don't necessarily need to do all of those things, you just need to do the right things.

In a smaller organization, the advantage is that they can do things in a really unique and idiosyncratic way. If you tried to do that in a big complex organization, it'd be a mess - they'd never be able to get it done because there would always be a brick wall to run into. But in a small practice you can tailor things to the very unique needs of the people who work there. I've seen very small organizations be able to successfully do things with a fraction of the resources; they identify what few things are really important and that they can do well in a way that's a great fit for the people who work there.

KB: I just had a conversation with a wonderful practice owner who reached out after he heard the podcast and wanted to share what he and his team have been doing over the past couple of years during COVID. It was just really great to hear about a practice that's taking these steps and that they're working for that team. I'm hoping more people will feel empowered to do that.

David, thank you so much. I have one more question for you, because we've been talking about having all the voices in the practice heard, and that all the voices on a veterinary team are important for creating a psychologically healthy workplace. There are a lot of people listening who are not in a workplace where they feel like management is going to hear this and say, "Okay, we're going to have a big sit down with everybody on the team and talk about how we can make this a safe place." If you could pick a couple of things that somebody in any role in the practice – a veterinary assistant, a CSR - could start doing, regardless of their role, to ignite that spark, what would those things be?

DB: If they are in a practice or in an organization where they're feeling like leadership isn't hearing

it or they're not open to it, the first thing I would say is: talk about it and continue to talk about it. I don't mean continue to talk about how stressed you are, or you're annoyed with the conflict and instability on the team - we all know those issues, and one of the things that leaders do is they start to tune out the ones they frame as the complainers.

When you talk about it, talk about the organizational characteristics, the way things are structured, the way things function in the organization or the practice that are contributing to that stress, or what things help offset and help reduce some of those stressors you're facing. Share that kind of feedback about what the organization is doing. If you see ideas of how that could be improved, share that information.

Create an informal employee group to start talking about these issues, and then I'd say regardless of your level, model the kind of behaviors you want to see. If the issues are incivility in the workplace and there's conflict between people in different roles, model how to behave civilly towards each other. Support each other, be a force for positive change when you all come together.

And, if you have a great idea and it's not being absorbed there, go beyond your own team. Go out into the veterinary ecosystem, submit something to the Veterinary Visionaries challenge, share in other forums and with other people who are working in the space, even beyond your particular organization or practice if it's not being heard there. There needs to be a sea change, and when that starts happening, then those practices who don't do it are going to be the places that won't be able to get the good people who want to work there, who want to give back and be engaged in this kind of work.

So I'd say, keep talking about it, stay engaged, support each other and talk about solutions, not just the problems that are in the organization. And if you're totally unheard there, take it beyond there, and start making the bigger change system wide.

KB: That makes me feel like I could go out and fix things, just listening to you talking about that. I would encourage anybody, if you're feeling like you're hitting that wall in your practice, if leaving the practice isn't an option, or if you wouldn't for other reasons, do start a conversation with people from other practices. It's so easy to do that now, with social media.

If you're having trouble figuring out where to go with your ideas, reach out to me. I would love to hear about your ideas, and hopefully we could help connect you to other professionals who are like-minded. No one should feel like they're alone in this profession - there are so many movers and thinkers and leaders from within who are out there just like you thinking about these things. Even if you feel alone in your organization, please reach out a hand because there are people who want to take it.

David Ballard, thank you so much for all of this. I feel more optimistic now after having talked to you that it doesn't have to be as scary and daunting to create the changes that we need. In fact there are so many people working towards it, I know we're going to figure it out.

DB: Start small, you don't have to change it all at ones, just keep wagging the dog.