Since the dawn of written history, happiness has attracted the attention of great philosophers, including Confucius, Buddha, Socrates, and Aristotle (McMahon, 2006; The Pursuit of Happiness). Happiness has been variously conceptualized and defined throughout history, influenced by the thinking of the times. Today it has come to be recognized as, “the experience of joy, contentment, or positive well-being, combined with a sense that one’s life is good, meaningful, and worthwhile” (Lyubomirsky, 2007, p. 32). This definition of happiness encompasses two distinct components: eudaimonic happiness, which comes from meaningful pursuits and is associated with life satisfaction, and hedonic happiness, which comes from pleasure or goal fulfillment and is associated with positive affect (Ryan and Deci, 2001). Perhaps because it sounds more precise or scientific, researchers often refer to happiness as “subjective well-being.”

Subjective well-being is typically assessed by measuring both components, life satisfaction and positive affect (Lyubomirsky, 2007). Interestingly, the emerging scholarship of happiness extends beyond the study of individual happiness to embody group and organizational happiness, and even the happiness of entire societies and countries, measuring perceptions of life satisfaction and affective states as reported by the citizenry (2012 World Happiness Report). One country has gone so far as to prioritize “Gross National Happiness” over “Gross National Product” believing, “If the Government cannot create happiness for its people, there is no purpose for the Government to exist” (2012 World Happiness Report, p. 111). Bhutan has gained global attention for its national policy and development plans to bring about a society-wide rise in happiness.

The question as to what makes people happy (and why some are happier than others) is an important one (Fisher, 2010). One of the primary goals of scientific enquiry in this area has been to identify the main predictors of human happiness (Galinha and Pais-Ribeiro, 2011). The focus has been on “chronic” happiness, the enduring level of happiness over a particular period of life, not the ups and downs of momentary or daily happiness (Lyubomirsky et al, 2005a). Substantial research has grown around three primary types of factors that are believed to causally affect chronic happiness, namely, the set point, life circumstances, and intentional activity (Lyubomirsky et al, 2005a).

There’s a growing body of literature that proposes that happiness is heritable, that we are born with what’s called a "set point" for happiness (Lyubomirsky et al, 2005a). About fifty percent (50%) of happiness is thought to be “set” (i.e. genetically determined), and in this way, is fixed, stable over time, and immune to influence or control. As Lyubomirsky and colleagues (2005a) forward, “The set point probably reflects relatively immutable interpersonal, temperamental, and affective personality traits, such as extraversion, arousability, and negative affectivity, that are rooted in neurobiology, are highly heritable, and change little over the life span.” (p. 117) It appears that we have an inborn predisposition to be happy or unhappy related to person-specific neurological differences (Diener et al, 1999).

Beyond a hereditary predisposition to happiness, about ten percent (10%) of happiness is thought to be related to circumstantial factors, that is, the incidental but relatively stable aspects of an individual’s life (Lyubomirsky et al, 2005a). Such factors include demographic variables such as the individual’s age, gender, and ethnicity; personal history variables (i.e. life events that may affect happiness); life status variables, including marital status, occupational status, job security, income, health, and religious affiliation; and location variables, including the national, geographical, and cultural aspects of where the individual resides (Lyubomirsky et al, 2005a). In her 2010 review on happiness, Fisher states, “There is evidence that subjective well-being is on average higher among those who are married, embedded in supportive social networks, employed, participate in religious and leisure activities, earn more money, are of higher social and occupational status, believe they are healthy, and live in prosperous, democratic and individualistic countries as opposed to poorer collectivist countries.” (p. 392)
Importantly, you’ll be happy to know that the remaining forty percent (40%) of happiness is thought to be related to engaging in intentional activities, including regularly exercising, nurturing social relationships, choosing and pursuing authentic goals, seeking opportunities to experience flow, meditating, and practicing gratitude, kindness, forgiveness and spirituality (Lyubomirsky et al, 2005a). Unlike trying to increase one’s set point or changing one’s life circumstances, both arguably often difficult to impossible, these happiness-enhancing activities and practices are considered fruitful avenues to sustainable increases in chronic happiness (Lyubomirsky et al, 2005a). Thus, 40% of happiness lies within personal control.

As almost everyone wants to be happy, and “the happy life” is the preferred life (Lyubomirsky et al, 2005b), knowing that there are ways to increase happiness is encouraging. Increasing happiness, however, is not necessarily as straightforward as one might think because of an evolutionary aspect of human nature called hedonic adaptation (or the hedonic treadmill). As described by Frederickson and Loewenstein (1999), hedonic adaptation is the psychological process by which people become accustomed to a positive or negative stimulus, such that the emotional effects of that stimulus are attenuated over time. What this means is that, despite major positive or negative events or life changes, we tend to continually adapt and return to a relatively stable baseline of happiness. Through declines in positive emotions and rises in aspirations – the two ways in which adaptation occurs – we return to the original set point (Sheldon and Lyubomirsky, 2012). The good news, however, is that the adaptation effect has been found to be weaker with intentional activities than life circumstances, enabling the potential to increase happiness over time (Lyubomirsky et al, 2005a).

The benefits of happiness are multifold. Based on 225 research studies, happy people are more successful across multiple life domains (Lyubomirsky et al, 2005b). Happy people are more creative; are better leaders and negotiators; are more helpful and philanthropic; have superior jobs and make more money; are more productive at work; have more friends and social support; are more likely to marry and have fulfilling marriages (and less likely to divorce); cope better with stress and trauma; and health-wise, have stronger immune systems, are physically healthier, and live longer. Research findings point towards a bidirectional link between happiness and success: not only does success make people happy, but positive affect – the hallmark of happiness – engenders success (Lyubomirsky et al, 2005b).

With the virtually universal desire to be happy, live the happy life, and be successful, the question of happiness in the workplace is compelling. The average person spends more time working than any other daily activity of life (Bureau of Labour Statistics) and, over a lifetime, an average of 90,000 hours on the job (Pryce-Jones, 2010). With that much time spent in the workplace, happiness at work cannot but contribute to a substantial share of overall happiness. Although happiness is not a term that has been widely used in the study of employee experiences, organizational researchers have studied a number of person-level constructs that seem to have considerable overlap with the broad concept of happiness (Fisher, 2010). These include job satisfaction (the most central and frequently used construct), organizational commitment, job involvement, engagement, thriving and vigor, flow and intrinsic motivation, and affect at work. When contemplating the question of happiness in the veterinary workplace, the closest data to answer this may be found in veterinary career and job satisfaction surveys (e.g. 2015 Veterinary Economics Career and Family Survey, 2005 & 2015 dvm360 Job Satisfaction Surveys, and the 2004 & 2015 OVMA Veterinary Career Satisfaction Surveys), veterinary wellness surveys (e.g. 2013 ABVMA Member Wellness Survey), and an occasional peer-reviewed article on the topic of job satisfaction (e.g. Moore et al, 2014).

Keeping in mind that happiness can only be partly assessed based on career and job satisfaction studies (as job satisfaction is only a related construct to estimate workplace happiness), based on these studies, the following broad strokes may be forwarded. It appears, based on global questions of career and job satisfaction, that the majority (70-80%) of veterinarians are happy. At the same time, it appears that happiness may be on the decline, as fewer veterinarians consider themselves “more happy,” and more consider themselves “less happy,” than 5 years ago; fewer veterinarians consider themselves physically, mentally, and emotionally healthy as compared to a decade ago; and fewer veterinarians seem to be recommending veterinary medicine as a career. Sources of dissatisfaction include the on-the-job amount of stress (with time management, clients’ inability to pay for services, and difficult client and coworker relationships), the amount of money earned, the chances for promotion,
and the amount of recognition received. Sources of satisfaction include challenging work and keeping up with advances, good client and coworker relationships, and helping clients and animals.

In truth, these studies tell us very little about veterinary happiness. The study of happiness falls under the auspices of positive psychology, a relatively new field of study that examines healthy states, such as happiness, strength of character, and optimism (Seligman, TED Talk). Psychology has traditionally focused on dysfunction (mental illness and other psychological problems) and how to treat it, however positive psychology, founded by Dr. Martin Seligman at the turn of the century (Seligman and Csikszentmihalyi, 2000), focuses on how ordinary people can become happier and more fulfilled (Psychology Today). It proposes that “people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play” (Positive Psychology Center).

Scientific research on happiness in the field of veterinary medicine has not yet begun. Although this is similar to what’s (not) happening in human medicine (Appel et al, 2013; Angood, 2013), there is early evidence of research efforts in nursing (Appel et al, 2013, Ozkara San, 2015; Boonyarak, 2012). It is not surprising that there is so little research in the health care professions – positive psychology is an emerging field of research. As the scholarship expands and establishes a stronger foothold in the arena of scientific enquiry, this will change. There is a call for research on happiness in the health care professions, most notably from leaders in medicine and nursing (Angood, 2013; Kerfoot 2012; Ozkara San, 2015). As Kerfoot states, “We now have the opportunity to learn from the research and embed happiness and well-being in our organizations.”

Although we don’t really know how happy veterinarians are or what particular aspects of their daily endeavours make them happy, for the time being we can draw on the research findings in the broad study of organizational happiness. According to Warr (2007), and referenced by Bartram and Boniwell (2007), the following factors are considered fundamental to happiness in the workplace:

1. Positive contact with other people
2. Supportive and considerate supervision
3. The freedom to voice ideas and be heard
4. A sense of involvement in change
5. Recognition of achievements
6. The belief that you are doing something worthwhile
7. A reasonably clear role
8. Some personal control (discretion and decision latitude)
9. Variety in tasks, skills, or location
10. The opportunity to use and acquire personal skills
11. A manageable workload and goals
12. Equity (shared expectations, fairness, absence of discrimination)
13. A sense of job security
14. Safe and comfortable surroundings
15. Doing a job that is valued by the organization and society

If we render these factors into the context of veterinary medicine, what might this mean for us in our places of work when envisioning happy veterinarians and teams working in happy practices? It means, first and foremost, that there needs to be open communication. We need to flatten the traditional hierarchical system of management and encourage participative management (Bartram and Boniwell, 2007). We need to cultivate personable environments where it is safe to speak up and express feelings. We need to value and take genuine interest in our colleagues, not only to discover their unique strengths and interests, but to provide the platform to enable them to build those strengths and pursue those interests. We need to embrace a workplace culture that practices kindness, gratitude, optimism, curiosity, playfulness, humor, open-mindedness, and hope, for these are the character virtues that facilitate happiness (Seligman, 2002). We need to coach, guide, acknowledge, and appreciate, igniting not just the spark, but the torchbearer within each of us. We need to balance support with challenge, stability with variety and new opportunities, and ensure that workloads are shared and demands are
reasonable. We need to trust and respect one another, and lastly, we need to remember that what we do does make a difference.

Aristotle, one of the greatest thinkers in the history of western science and philosophy, stated, “Happiness is the meaning and purpose of life, the whole aim and end of human existence.” If this is true, which I believe it is, it is time for us to join the call for research on happiness in health care. Echoing Kerfoot, let us take the opportunity to learn from the research so we can embed happiness and well-being in our organizations – from primary care practices to university-based tertiary care centres. Echoing Kerfoot, “When can we get started?”

References


COMPASSION FATIGUE: WHAT IT IS, WHAT IT ISN’T, AND WHAT CAN BE DONE
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Compassion, defined as the “sympathetic consciousness of others’ distress together with a desire to alleviate it,” (Merriam Webster 2014) is based on a passionate connection with others as fellow beings. Compassion calls for empathy. Empathy, however, is a double-edged sword. Just as it facilitates caring, it can leave the caregiver vulnerable. When exposed to others’ emotional distress, caregivers, too, will feel the effects. David Hilfiker (1985) sums this up very well: “All of us who attempt to heal the wounds of others will ourselves be wounded; it is, after all, inherent in the relationship.”

Compassion, although well intentioned, can give way to unhealthy boundaries wherein dedication can turn into codependency, empathy can become enmeshment, and commitment can lead to over-commitment and fatigue. In medicine, compassion can negatively impact practitioner wellbeing. It can extort a cost. The “cost of caring,” as termed by Charles Figley, a psychologist and pioneer in trauma science, is a relatively new condition in the human medical literature, known as “compassion fatigue” (Mitchener and Ogilvie 2002). Profoundly significant, compassion fatigue is recognized as “the greatest threat to personal, professional and financial success among those who truly provide compassionate care” (Veterinary Economics 2005).

What Is Compassion Fatigue?

Compassion fatigue is emotional, psychological, spiritual, and physical exhaustion. Defining it by necessary variables, it necessitates a care-giving relationship within which there is an exchange of empathy, emotions, and information, along with a strong desire on the part of the caregiver to help alleviate the receiver’s suffering and pain (Figley 2006). Compassion fatigue emerges as a natural consequence of caring and, accordingly, is not necessarily a problem, but a by-product (Figley 1995).

Compassion fatigue cannot be clearly differentiated from other environmental stressors. From a systems perspective, compassion fatigue has been conceptualized as the convergence of primary traumatic stress, secondary traumatic stress, and cumulative stress (Gentry 2002). There is an interactive or synergistic effect among these, wherein the experience of symptoms from any one diminishes resiliency and lower thresholds for the adverse impact of the other two.

What Is It Not?

Compassion fatigue is often mistaken as burnout. Despite compassion fatigue being a contributing factor to professional burnout, the two conditions are, in fact, uniquely different, though seemingly feeling the same (Mitchener and Ogilvie 2002). Since the two have uniquely different causes and paths to recovery, it is vital that they be clearly understood and differentiated.

While compassion fatigue is always related to the process of dispensing care, burnout can result from any type of work-related stress. Burnout is brought about by excessive, prolonged, and unrelieved work-related stress, and is driven by organizational concerns, policies, procedures, and bureaucracy (Mitchener and Ogilvie 2002). Essentially, it is the consequence of a disconnection between the individual’s expectations and the organization’s structure. Both are treatable, but, in contrast to compassion fatigue, burnout may require changing jobs or careers.
What Are The Symptoms?

The personal symptoms of compassion fatigue are numerous and interrelated, and include the following: personality change; anger and irritability; tearfulness; lethargy (with physical and emotional exhaustion); physical deterioration; accident proneness; memory loss and forgetfulness; a negative self-image; interpersonal problems and increasing isolation; skepticism, cynicism, embitterment, and resentment; mood swings, anxiety, depression, and even suicidal thoughts or gestures, as well as reduced sympathy and empathy for others. The professional symptoms of compassion fatigue include client and staff complaints about changing attitudes or behaviors; loss of efficiency and reliability; indecision; inappropriate clinical judgement; compromised patient and client care; unpredictable work habits and patterns; excessive time at work or increased sick time and time away from work; heavy “wastage” of drugs; and avoidance of certain patients, clients, and euthanasias (Mathieu 2011).

Overall, compassion fatigue disturbs the ability to think clearly, modulate emotions, feel effective, or maintain hope. In fact, feelings of helplessness and inadequacy are among the reported symptoms. Over time, it can be difficult to separate work life from personal life.

What Are The Consequences?

Compassion fatigue can contribute to a wide range of physical and psychiatric disorders. Some veterinary staff may find themselves dealing with stress-related physical ailments such as headaches, gastrointestinal upsets, and chronic pain and fatigue, while others psychiatric conditions such as dissociative disorders, mood disorders (e.g. anxiety and depression), addictions (including smoking, alcohol, drugs, and gambling), eating disorders, and personality disorders (Stebnicki 2000).

Compassion fatigue compromises the ability to effectively empathize, engage with, and care. The obligation to act in a manner that promotes wellbeing may gradually and nearly imperceptibly wane, risking the potential for less-than-optimal patient and client care – and outcomes (Stebnicki 2000). Working less conscientiously, some veterinary staff may even find themselves making mistakes.

Some veterinary staff may eventually find professional life disappointing and unfulfilling. They may engage in premature job changes, believing the problem to be specific to the place or type of employment. Experiencing increasingly poor job performance and plummeting self-esteem, they may eventually drop out of private practice and take a job that doesn’t require much public interaction to avoid any kind of compassion stress. Compassion fatigue has driven both promising and seasoned professionals out of their professions entirely, permanently altering the direction of career paths (Mitchener and Ogilvie 2002).

What Can You Do?

Life Balance and Self-care

Establishing and maintaining boundaries and limitations on availability, involvement, and personal investment in the profession can help to achieve life balance (Mitchener and Ogilvie 2002). Do not allow one area of your life to overpower or overshadow the entirety of your identity. Maintain good self-care through nourishing body, mind, and spirit (Stoewen 2006). If you don’t care for yourself as well as you do your patients, clients, and co-workers, there may be little of quality left to give. If you do not devote time and energy to keeping a healthy “number one,” all the other dimensions that depend on you will ultimately suffer the consequences.
Team Support
All members of the veterinary team need both formal and informal opportunities to debrief and process heavy emotional material (Stoewen 2006). A positive space for sharing, venting, and support is imperative to healthy individual and team functioning. In contrast, but along the same line, celebrate the success stories and each other, for it is only through interdependency and team effort that happy outcomes are achieved. Time for reflection and acknowledgment can be found in spontaneous conversations in the midst of daily activities or during organized social events. Such events (e.g. birthday and holiday celebrations, organized team-building activities, and staff retreats) increase feelings of group cohesion and mutual support, lifting everyone.

Practice Support
Practices need to be mindful of their obligation to facilitate their employees’ personal and professional growth (Stoewen 2006). A practice culture that normalizes the effect of working in a helping field of care can provide a supportive environment for team members to address the effects of compassion stress. Healthy practices provide opportunities to vary caseload and work activities, support self-care and family obligations, respect time needed for illness and wellness, and empower through inclusivity in decision-making surrounding policies and procedures. They also promote continuing professional development, recognizing it as integral to job endurance.

Professional Assistance
Veterinary professionals experiencing compassion fatigue benefit from “talk(ing) about their experience and concerns in a safe context that is validating and non-judgmental, offers empathic connection, and supports clear thinking toward effective action” (Geller 2004). They can also find ways to better cope with ongoing stressors and make use of their natural support systems. Medical support to manage the more serious consequences of compassion fatigue may also be helpful.

Healthy life balance, nourishing self-care, social sustenance, organizational support, and professional assistance together can enable the successful management of compassion fatigue and its deleterious consequences (Stoewen 2006). The nurturance of the individual within the sustenance of the community is key. Although compassion fatigue is a consequence of relationship, it is through relationship, both with ourselves and others, that we are able to remain well.

References
It’s our nature as humans to pursue activities that directly or indirectly take us to new levels of fulfillment. In the caring professions, the highest level of fulfillment is compassion satisfaction. We can enhance our capacity, proficiency, and competence, and in this way fulfill our personal as well as professional potential – and flourish – if we strive for the joy found in practice. As stated by Fredrickson & Losada (2005), to flourish means “to live within an optimal range of human functioning, one that connotes goodness, generativity, growth, and resilience.”

According to a theoretical model forwarded by Radey & Figley (2007), one’s affect, ‘physical, intellectual, and social’ resources, and standard of self-care predict whether one will experience compassion satisfaction or compassion fatigue. Along with appropriate discernment and judgment, maximizing these three essentials maximizes the positivity ratio, which maximizes the potential to experience compassion satisfaction.


If we commit to cultivating the appropriate perspectives, resources, and self-care, our potential to experience compassion satisfaction expands exponentially, and therein, our potential to flourish. There are tangible steps – or calls to action – that each of us can take to maximize the positivity ratio, improving both our personal and professional well-being as well as the service we provide to our patients, clients, and each other. Here’s what you can do to set your compass due north to achieve compassion satisfaction and flourish in practice.

**Essential #1: Sustain A Positive Attitude**

The first call to action is to sustain a positive attitude. There are a surprising number of ways in which you can do this. Daniel Goleman, psychologist, science journalist, and author of the internationally best-selling book, *Emotional Intelligence*, asked George Kohlrieser, a professor of leadership at the International Institute for Management Development, about the importance of maintaining the right kind of attitude. Kohlrieser said, “The mind’s eye is like a flashlight. This flashlight can always search for something positive or something negative. The
secret is being able to control that flashlight – to look for the opportunity and the positive. When you do that, you’re playing to win. You’re able to focus on the right things and maintain that positive self.” He continued, saying, “The brain by default is going to look for what is negative until you’re assured of survival. Once you feel that you are able to survive, then you can look for the positive. So many people... are looking at what can go wrong in order to survive, and they don’t play to win. They play not to lose... The state you’re in is determined by what you focus on.” The message in Kohlrieser’s statement is to focus your flashlight not on what is not working, but on what is working. Search for and find the opportunities and “silver linings.” As Viktor E. Frankl in his book Man’s Search for Meaning said, “Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.” Learning to find positive meanings in the circumstances of our lives is a key route to increasing positivity (Park et al. 1996). And as Kohlrieser says, it’s playing to win.

Another route to sustaining a positive attitude is to live your life through an “attitude of gratitude.” Express respect, appreciation, and liking; smile at those you pass; and leave kind words behind you. Gratitude is, in fact, good for you. Researchers have found that purposefully generating feelings of gratitude can lower the levels of stress hormones in your body (McCraty and Childre 2004). But how do you generate gratitude? It’s not easy to feel grateful when colleagues are annoyed and clients are demanding your attention. Here are a few tips to try (Institute of HeartMath 2014):

- When you hear yourself starting to blame, whine, vent, or complain, stop yourself. Identify one good thing that’s right about the situation and comment on that.
- When you find yourself thinking critical thoughts, say “Hmm... That’s interesting, but not true.” and then let the thought go. Thoughts are just thoughts – you don’t have to believe them!
- When you find yourself grumbling about a specific client or situation, don’t generalize your feelings. Maintain perspective. Say, “This situation is frustrating, but overall I work in an amazing place!”

The best news of all is that when you start identifying things to appreciate, you are more likely to notice things to appreciate. The practice of appreciation creates a self-fulfilling prophecy. So take up the appreciation torch – use gratitude as a strategy to enhance positivity. Give compliments. Acknowledge successes. And most importantly, keep a gratitude journal. At the end of each day, pick out one positive experience that stood out. It can be little, like a smile that warmed your heart, or big, like having saved a patient’s life when the odds were against you. Journalling not only focuses your attention on developing more grateful thinking, it guards against taking life and the many gifts therein for granted.

“Say ‘Yes’ to life.” Eckhart Tolle, author of The Power of Now, wrote these famous words, adding, “– and see how life suddenly starts working for you rather than against you.” Saying “Yes” means believing in the limitless potential of life. Expect the best; believe that the best is ahead of you – and believe in the best in people. Assume that people are reasonable, honest, and grateful. While not everyone always is, most are. If you convey confidence in people, they’ll live up to your expectations. But since no one is perfect, have the grace to give second chances. You’ll find you receive more too. Saying “Yes” also means embracing change, because life is all about change. When you embrace change, you look forward, live forward, and will find yourself living a life that says “Yes!”

Sustaining a positive attitude also becomes possible when you release the humorist within you. We all have experienced moments of being funny. We have witnessed the reverberations as the laughter lit the room or eased up a tough situation. Unfortunately, sometimes we are inclined to suppress our natural sense of humour out of fear of looking unprofessional, being judged, or offending. Of course, humour tends to be spontaneous, but sometimes it takes courage. The keys to releasing the humorist within you are to be bold, take risks, persist, and avoid getting hung up on responses. Let that natural part of yourself shine. Dare to be funny! Laughter can be especially important when no one feels like laughing. It releases “feel good” endorphins, and studies suggest it may lower blood pressure, boost the immune system, and increase circulation (Institute of HeartMath 2014). Humour has been regarded as one of the highest forms of coping with life stress. So treat yourself and others to laughter. Good humour is a gift.
It’s important not to censure “dark humour.” Dark humour is not a sign that someone is putting on a facade when “nice” to clients and patients up front, and then, at the back of the hospital, showing their true colours by saying “not so nice” things (Cain 2012). It’s not a sign that someone doesn’t really care. Both ‘up front’ and ‘at the back’ behaviours are authentic. In truth, every social interaction is actually a performance (guided by our norms, i.e. what is acceptable, what is not, how acceptable etc.), and we all have ‘front stage’ and ‘back stage’ behaviours.

“Front stage behaviors emphasize compassion, while backstage behaviors include dark humor, strategizing, and detachment” (Cain 2012). Back stage behaviours make front stage behaviours possible. They allow you the time and space to prepare for your role, practice appropriate ways of being, blow off steam, and take a break from the “emotional labour” of practice (Cain 2012). So don’t censure dark humour; accept and use it. Dark humour may even inspire new ideas or alternate meanings. It’s a natural part of being human and may even help you to be able to forgive and let go.

Searching for the positive, living through an “attitude of gratitude,” saying “Yes” to life, and daring to share humour are all routes to sustaining a positive attitude. But there’s more! Positivity can be generated through engaging in acts of altruism (e.g. pro bono services), benefiting you, your team, and your practice, as well as the beneficiaries. Altruism rouses the social emotion of “elevation,” which is “the warm or glowing feeling in the chest [that] makes people want to become better moral beings” (Keyes and Haidt, 2003). Elevation, roused by “witnessing acts of human moral beauty or virtue,” enhances the desire to “affiliate with and help others” (Keyes and Haidt, 2003). It fosters hope in the potential of humanity and finds joy in the outcomes, which broadens and builds positivity.

**Essential #2: Build Your Resources**

The second call to action is to maximize your intellectual, social, and physical resources. Starting with the intellectual side of you, take advantage of the many continuing education opportunities available to expand your knowledge and skills, such as provincial, national, and international conferences that offer lectures, seminars, workshops, and wet-labs; local veterinary academy meetings; in-class and distance education courses; and industry-delivered educational sessions. In-house, you can be creative and develop a peer education program, taking turns researching and presenting on issues particularly germane to the interests of your staff and practice. Staff meetings are refreshing, fun and appealing when they include a CE focus.

Learning tends to be most meaningful (and thus most memorable) when it happens in context, within the daily flow of practice. This is where pulling a book off a shelf, logging into VIN, and consulting with peers and specialists comes in. Conducting independent on-line research, reviewing educational videos/DVDs, reading journals, and keeping up with the publications produced by your regulatory body and provincial association also play a part in your professional development. Research in nursing has found a statistically significant negative correlation between compassion fatigue and ‘knowledge and skill’ (Burston and Stichler 2010), making lifelong learning protective. Even reading for pleasure makes a difference. It develops your vocabulary and keeps your imagination alive, “exercising” your brain outside of veterinary medicine. Consider poetry, crossword puzzles, and word games. Challenge your brain in the more playful and less perfunctory ways.

Moving to the social side of you, get and stay connected – and I don’t mean on Facebook! Build your social network. Reach out to colleagues, friends, and family. Set aside “sacred time” for those who are important to you. Intentionally affiliate with those who share your values, believe in you, and nurture your growth, both inside and outside of work. Create social events to honour and celebrate your colleagues. Such events improve the quality of your interactions and enhance the sense of social belonging. Be inclusive. We are inevitably better when we look to each other for support.

Last, but not least, you need to take care of the physical side of you. Quoting Jim Rohn, businessman, author, and motivational speaker, “Take care of your body. It’s the only place you have to live.” So strive towards a healthy balanced diet, watch your weight, and make sure you maintain adequate activity and rest. In taking care of your
physical health, you can better take care of your patients and clients. Your physical health is one of your greatest resources.

Overall, you function at your best when all three resources are optimized. So take the initiative to maximize your intellectual, social, and physical resources. They all contribute to the resilience that sustains positivity.

**Essential #3: Take Care Of Yourself**

The third call to action is to take care of yourself. This encompasses the whole self, the balance of body, mind, and spirit. Whatever helps you to feel uplifted and rejuvenated counts. It can be as simple as taking your dog for a walk, or as un-simple as taking sky-diving lessons. Pursue your passions, but never forget the simple things in the pursuit of the less simple things. Sometimes the simplest things make the biggest difference. The key is to find what enlivens you. Cultivate interests, activities, and hobbies beyond work. Participate in sports. Make time to read and play. Eat well – and what you enjoy. Embrace spirituality. Practice relaxation techniques. Get in touch with nature and the outdoors. Take meandering soul-filling walks. Interact with children and animals. Volunteer and contribute to your community. There are many creative and personally meaningful ways to feel invigorated and soothe your senses and make you feel alive, relaxed, and well.

Practices can take care of you too, and in this way help you to take care of yourself. They can provide appropriate training and supervision, the necessary tools to practice well, opportunities for continuing education, schedules that honour work-life balance, and adequate salaries and benefits.

**Use Good Judgement**

The last call to action is to discern the degree to which you give of yourself. Be sensitive to healthy boundaries to avoid under- or over-extending the self, attending to both personal as well as professional boundaries. Self- and other-awareness are the prerequisites to good judgement. Know yourself, what motivates you, and why, and question your motives and actions. Be aware of the needs and interests of others. Checking in with a trusted friend or colleague can help you maintain balance and perspective.

**Ultimate Outcomes**

With appropriate boundaries, increased affect, resources, and self-care can generate a higher positivity-negativity ratio, creating the optimal potential for compassion satisfaction, and hence, the opportunity to flourish in practice. But it doesn’t end here! Research in nursing has demonstrated a statistically significant positive correlation between compassion satisfaction and caring, meaning that compassion satisfaction motivates caring (Burtson and Stichler 2010). This means that when you experience the reward of compassion satisfaction, it will motivate you to care even more for your patients, clients, and each other, which potentiates a number of valued outcomes.

Greater caring means:

- More conscientious, creative, and consistent patient care, and a higher commitment to patient advocacy, resulting in improved patient quantity and quality of life, and greater client appreciation and loyalty
- Stronger veterinary-client partnerships, which promote greater adherence to treatment plans and improved patient healthcare outcomes, and enhanced veterinary-client relationships, which promote greater commitment to you and your practice, reduced complaints and malpractice claims, and increased referrals
- Warm, considerate, and respectful interactions with colleagues, generating mutual goodwill and support, improved morale, improved productivity, happier workplaces, and an even greater capacity to care for patients and clients
The bottom line with all of these outcomes is greater prosperity, for you, your patients, your clients, your colleagues, and your practice.

Compassion for animals and people is a raison d’être for doing the work we do. The satisfaction we experience from engaging in compassionate care is the deeply rewarding sense of fulfillment that comes from helping others. Maximizing positivity to experience compassion satisfaction and flourish is “playing to win” and, ultimately, is a win – for everyone. Set your compass due north and aim for peak performance, the place where work becomes play. Find the joy – and flourish!

References


Cain CL. Integrating dark humor and compassion: identities and presentations of self in the front and back regions of hospice. J of Contemporary Ethnography 2012;41:668-694.


Success in clinical veterinary practice can be measured in many ways – achieving optimal patient and client outcomes; being part of a happy, engaged practice team; reaching financial imperatives; and experiencing ongoing practice growth. Whichever way it is measured, outside of a viable business model, the single most important factor in organizational success is culture.

Workplace culture is typically described as “a complex set of values, beliefs, assumptions, and symbols that define the way in which... business [is conducted].” It can be understood as a fingerprint in that although similar to others, it is distinctly singular – a unique identifier. Likewise, it can also be understood as “the personality” of the organization or “how things are done around here.”

Culture tells people what matters to the organization. It shapes behaviour, language, and social interaction. More specifically, it informs us as to what is acceptable and unacceptable, and influences how we view, value, treat, talk to, and interact with one another. It is subtly apparent as a similarity in the way people behave, regardless of role or responsibilities, and includes all the day-to-day behaviors that, from a bottom-line perspective, enhance or detract from business performance.

Importantly, although culture can be understood broadly as the “fingerprint” or “personality” of an organization, it can also be understood in relation to a number of attributes:

<table>
<thead>
<tr>
<th>Cultural Attributes</th>
<th>Controlling</th>
<th>Collaborative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top down decision-making</td>
<td>Participative</td>
<td></td>
</tr>
<tr>
<td>Rigid</td>
<td>decision-making</td>
<td></td>
</tr>
<tr>
<td>Cold</td>
<td>Relaxed</td>
<td></td>
</tr>
<tr>
<td>Disjointed</td>
<td>Caring</td>
<td></td>
</tr>
<tr>
<td>Quantity/number-focused</td>
<td>Integrated</td>
<td></td>
</tr>
<tr>
<td>Hierarchical</td>
<td>Quality-focused</td>
<td></td>
</tr>
<tr>
<td>Micromanaged</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>Reactive</td>
<td>Autonomous</td>
<td></td>
</tr>
<tr>
<td>Secretive</td>
<td>Proactive</td>
<td></td>
</tr>
<tr>
<td>Relationship saving</td>
<td>Honest</td>
<td></td>
</tr>
<tr>
<td>Indifferent</td>
<td>Truth telling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Curious</td>
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</tbody>
</table>

(Hamill, 2015)

To the extent to which an organization is characterized by these attributes influences not only the fundamental nature of the organization, but its success as well. The “collaborative” attributes directly correspond to many of the keys to happiness as defined by Warr (2007), and happiness (referred to as “well-being” in research) directly correlates with business success. As reported in a meta-analysis of workplace well-being and its relationship to business outcomes, the presence of positive workplace perceptions and feelings are associated with lower rates of turnover, higher customer loyalty, higher productivity, and higher profitability. A collaborative culture, therefore, with values, beliefs, and assumptions that sustain the people that sustain the organization, is well positioned for business success.
Culture starts at the top. It is driven by leadership, which, in the world of clinical veterinary practice, are the practice owners and managers. At the same time, culture is socialized through relationships, the side-to-side (horizontal) as well as top-down (vertical) relationships. Veterinary practices can be thought of as social systems, and according to systems theory, each part of a system interacts with and influences another. This means that no matter what one’s position, every person counts. It is up to everyone to model the cultural attributes of the workplace that contribute to each other’s well-being and business success. Even though it is the practice owners and managers who are responsible for workplace culture – just as they are for business strategy – as a group initiative, workplace culture becomes a shared responsibility.

Just as culture evolves through the top-down and side-to-side relationships, relationships evolve through conversations. Conversations are important. As Susan Scott, author of Fierce Conversations, says, “Our work, our relationships, and our lives succeed or fail one conversation at a time.” Despite their importance, it’s easy to take the conversations of our lives for granted. As Showkeir & Showkeir (2008) state, “They are so ingrained in our daily life that we often don’t realize how deeply they influence our experience of the world. Conversations are more significant than we are aware of, more powerful than we acknowledge.”

By definition, conversations are “the oral exchanges between two or more persons in which thoughts, feelings, and ideas are expressed, questions are asked and answered, or news and information is exchanged.” Conversations reveal what we perceive in the world and what meaning we attach to what we see; and through conversations, we invite others to see what we see, the way we see it, and as a result, either sustain or change the meaning of what we see. As such, conversations can create, reveal, sustain, or change organizational culture, so it is vital to be mindful of the conversations that we have. It is conversations that demonstrate openness, transparency, and authenticity; curiosity, listening, and acknowledgment; collaboration, inclusion, and empowerment; hope, positiveness, and encouragement; and appreciation, care, and empathy that create the relationships and culture that engender success – however measured.
Openness, transparency, and authenticity

What are the conversations like at your practice? Is information openly shared so each member of the practice is "on the same page"? Is it clear and accurate? Or do various versions float around the hospital? Open sharing and honesty connects people and provides a sense of cohesion, common purpose, and security, just as limited or selective sharing leads to subgrouping, speculation, and insecurity. Organizations that are transparent and disseminate information well and to everyone typically achieve strong business results – and stay in business.4

Do the conversations convey the correct information in an easy to understand manner? Are things carefully explained to avoid misunderstandings? Not everyone can be on same page when it comes to vocabulary, so are there efforts to simplify terminology and eliminate ambiguities? Are there efforts to explain things so they’ll be more easily remembered?

Does everyone feel they can open a conversation to share their concerns freely and without judgement? Is there an open-door policy to enable open communication? Culture influences whether people choose to share or withhold information, and whether to defer to another person’s position instead of authentically state their own.5 Open communication can help eliminate misunderstandings and encourage a safe, secure, and relaxed work environment.

Some conversations are easy; others take more effort. Are there conversations to openly deal with conflicts, differences of opinion, and what’s not going well? Is the playing field even? Are people willing to share? These conversations may take extraordinary courage, yet they are often the grist for innovation and fresh, sometimes unexpected opportunities.

Curiosity, listening, and acknowledgement

Are the conversations two-way or of a “telling” nature (i.e. dictate, command, and direct)? Do they enable an open flow of ideas, concerns, questions, and “what if’s”? Do they welcome or squash inquiry and exploration? Both open- and closed-ended questions can open the doors to discussion inviting multiple perspectives. Have you asked or been asked, “What’s the real challenge for you?” or “What’s on your mind?” or “How do you see it?”

Asking is effectively useless if the questioner doesn’t listen to, comprehend, and acknowledge the responder. Listening is an art. It requires the listener to set personal motives and preconceptions aside and truly be present. Reflective listening demonstrates understanding, enabling momentum for conversations to move forward. How well do you and your colleagues listen to one another? How might the conversations change if everyone was to take a step back and listen more intently, more deeply? Can you be the first to pause and step back?

As ideas and perspectives are shared, are they acknowledged, whether or not implementable? Or is the comment overlooked or the topic changed? Everyone wants to play a valuable role and be recognized for their contributions. Acknowledgement not only validates personal intrinsic worth, but also fortifies a feedback-rich culture wherein colleagues can give and receive perspectives, ask for support, and enable each other to achieve their highest aspirations.
Collaboration, inclusion, and empowerment

‘Openness, transparency, and authenticity,’ and ‘curiosity, listening, and acknowledgement’ together facilitate ‘collaboration, inclusion, and empowerment.’ They enable conversations that value differences, enabling everyone to contribute despite the inequalities of hierarchy, knowledge, or interpersonal skills. Talent may well remain undiscovered unless coaxed and nurtured within an inclusive, supportive environment, one that empowers each person to do and be the best they can. Do the conversations in your hospital encourage people to speak up? Do they value the suggestions offered? Do they regularly include pronouns like “we” and “us” which implies that everyone counts, or focus on “I” and “me”? Who talks to whom, about what? In what manner? And to what end? Are people spoken to equally or is favouritism present? Challenges are often best tackled together, drawing on the fullest range of knowledge, skills, and talents. Through interdependence and caring about each other’s success as much as our own, we increase the likelihood that everyone benefits. And if people benefit, the business benefits.

Hope, positiveness, and encouragement

Referring to the conversations held in medicine, Place and Talon (2013) state, “The culture of medicine has historically focused on pathology and pessimistic perspectives. Conversations between providers can be filled with off-handed negative quips toward patients or other team members, and physicians are known to engage in jaded, demoralizing and victim-blaming conversations. These conversations can perpetuate an atmosphere of negativism and burnout.”

How does this account compare with the kinds of conversations at your hospital? Do you and your colleagues get tangled up in negativity, blame, and frustration about what is or is not happening? Or do you seek opportunities to incorporate positive conversations into your day? Do you talk about “what has, can, and will work” to transform the negativity? Do you treat setbacks as small mistakes, learn from them, and see them as opportunities? Do you provide hope and encouragement by expressing confidence and making the mistakes seem easy to correct? Do conversations focus on strengths rather than “perceived” deficits?

Appreciation, care, and empathy

How is appreciation shown? How are the wins celebrated? How are people honoured for their contributions? Is praise given in public – and criticism in private? When mistakes are made, do colleagues acknowledge their own first, to level the playing field, before calling attention to others’? As improvements are noticed, are the slightest and every improvement praised to inspire ongoing improvement? Does your team give each other “a fine reputation” to live up to, to inspire each other to highest standards? Are “thank you’s, a simple courtesy which cost nothing, generously shared?

Some worry that getting “too personal” may be unproductive or unnecessary, but of the many interaction skills of leaders, empathy is recognized as the most critical driver of job performance. Do you have conversations that get personal? Getting personal doesn’t mean that colleagues must be friends with one another, but simply be friendly. Be open to each other’s personalities and life stories. Demonstrate interest and find value in each person to cultivate genuine personal relationships. It’s often the talk we have about everyday life that serve as a bridge to the more meaningful conversations.
One conversation at a time

The conversations that you have are the essence of what it’s really like to work in your practice. They define the fundamental nature of your practice – your culture – which, on a day-to-day basis, shapes how the real work gets done. Culture is important. It is heralded as the single most important factor for business success, second only to the overall business model. An organization with “collaborative” attributes is adeptly positioned for business success.

Great organizations carefully cultivate and manage their culture; they astutely recognize it for what it is: a competitive advantage. How “great” do you want your workplace to be? How can you and your colleagues create, sustain, and grow a winning practice culture? Through Kaizen – the practice of continuous improvement – one conversation at a time. The way to a winning culture is to change the conversations. As Showkeir and Showkeir (2008) share,

“Changing a conversation in the moment can change the culture in the room. Changing the culture in the room in any given moment is the best any of us can do. If new conversations change the culture in the room enough times and in enough rooms – the organization’s culture will change.”

We can be more conscious of the conversations that we have, one conversation at a time. Kaizen suggests that “big results come from many small changes accumulated over time.” Kaizen has been misconstrued as meaning “small changes,” but it really means “everyone involved in making improvements.” Every member of the practice can become a “culture champion,” living the culture every day. In this way, the many small changes will lead to big results.

Are you at the beginning of a new conversation?
References


Veterinary-client-patient interactions are founded upon communication. Communication is recognized as a core clinical skill, just as vital to the practice of veterinary medicine as discipline-based knowledge, physical procedural skills, and problem solving abilities. All are essential for the practice of high quality veterinary medicine (Bayly, 2016, in Adams and Kurtz, 2016). As a profession, our mandate is patient health and well-being, but we also have the privilege – and responsibility – to support client health and well-being. With clients increasingly relating to their pets as “members of the family,” we have an ethical responsibility to provide services in a manner that honours the bond, necessitating communication practices that will promote quality of care.

Unlike the various disciplines of human healthcare, the phrase, *quality of care*, whether in relation to the patient or client, has not been meaningfully applied in the veterinary context. This does not mean the concept has not been important, or indeed, a guiding principle. On the contrary, as the profession has evolved within its obligation to meet the needs of an ever-changing society, it has strategically both followed and led society in establishing standards of practice to improve the interests of animals and people alike. As the profession continues to do so, ever new ways of not only providing, but even envisioning veterinary medicine are likely to emerge (Stoewen, 2012).

This may be no truer than now. According to Pine and Gilmore (1999), and envisioned by others (Toffler, 1970; Holbrook and Hirschman, 1982; Jensen, 1999), society is transitioning into a new economy: *The Experience Economy*. The Experience Economy is referred to as the next economy following the Agrarian Economy, the Industrial Economy, and the most recent Service Economy (Wikipedia, 2016). Each economy, based on commodities, goods, services, and experiences, respectively, differs from the others in a range of fundamental ways. (See Table 1)

<table>
<thead>
<tr>
<th>Economic Offering</th>
<th>Commodities</th>
<th>Goods</th>
<th>Services</th>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economy</td>
<td>Agrarian</td>
<td>Industrial</td>
<td>Service</td>
<td>Experience</td>
</tr>
<tr>
<td>Economic Function</td>
<td>Extract</td>
<td>Make</td>
<td>Deliver</td>
<td>Stage</td>
</tr>
<tr>
<td>Nature of Offering</td>
<td>Fungible</td>
<td>Tangible</td>
<td>Intangible</td>
<td>Memorable</td>
</tr>
<tr>
<td>Key Attribute</td>
<td>Natural</td>
<td>Standardized</td>
<td>Customized</td>
<td>Personal</td>
</tr>
<tr>
<td>Method of Supply</td>
<td>Stored in bulk</td>
<td>Inventoried after production</td>
<td>Delivered on demand</td>
<td>Revealed over a duration</td>
</tr>
<tr>
<td>Seller</td>
<td>Trader</td>
<td>Manufacturer</td>
<td>Provider</td>
<td>Stager</td>
</tr>
<tr>
<td>Buyer</td>
<td>Market</td>
<td>User</td>
<td>Client</td>
<td>Guest</td>
</tr>
<tr>
<td>Factors of Demand</td>
<td>Characteristics</td>
<td>Features</td>
<td>Benefits</td>
<td>Sensations</td>
</tr>
</tbody>
</table>

Table 1. The features of various economic offerings
The first shift, from the Agrarian Economy to the Industrial Economy, occurred just over two centuries ago, and the next shift, from the Industrial Economy to the Service Economy, approximately thirty years ago (Pine and Gilmore, 1999). The service sector is by far in the lead in Canada, employing about three quarters of Canadians and accounting for 70% of GDP (CIA-CA, 2016). The statistics are similar in the US (CIA-US, 2016). The Service Economy is the dominant engine of economic activity in North America.

With the pressure of growing competition, companies everywhere are working to differentiate themselves from competitors, seeing this as necessary for profitability, and even survival (Pine and Gilmore, 1999). With goods becoming commoditized, price differentiation no longer sustainable, and customer expectations rising, companies have directed their focus to delivering superior customer experiences (Peppers and Rogers, 2005; Smith and Wheeler, 2002). The customer experience has emerged as vital for companies in all industries to achieve success (Peppers and Rogers, 2005; Smith and Wheeler, 2002). Goods and services are no longer enough; future economic growth lies in the value of experiences. As forewarned by Pine and Gilmore (1999), "Those businesses that relegate themselves to the diminishing world of goods and services will be rendered irrelevant. To avoid this fate, you must learn to stage a rich, compelling experience."

The idea of staging experiences as a necessity for profitability, and even survival, may seem far-fetched, but the staging of experiences is argued to be a natural progression in the value added by businesses over and above the delivery of services, and the next step in the progression of economic value (Pine and Gilmore, 1999). (See Figure 1) Successful companies are already packaging their services as customer experiences.

![Figure 1. The Progression of Economic Value](image)

Although it may seem ambiguous, the customer experience is as real an offering as any service, good, or commodity (Pine and Gilmore, 1998). Outwardly, it is defined as all of the events experienced by customers in their interactions with the goods and services of an organization (Holbrook and Hirschman, 1982). Inwardly, it may be understood as “the internal response of an individual to their interactions with a company’s products, people, processes, technologies, and environments,” and includes “the thoughts, feelings, senses, physical reactions and emotions experienced” (Wallace, 2013). Altogether, it is “the cumulative impact” of every touchpoint over the course of the customer journey (Zwilling, 2014).
The staging of experiences is not simply a matter of wrapping experiences around your customary offerings. To realize the full benefit of experiences, you need to intentionally engage customers and connect to them in a personal, memorable way (Pine and Gilmore, 1998). Think of it this way: Your business is a stage, and work is theatre (Pine and Gilmore, 1999). Whenever a customer happens across your bare stage of business, you and your troupe ‘take the cue.’ The performance begins, and together you orchestrate memorable moments for your customers. Even the most routine transactions can be turned into something memorable (Pine and Gilmore, 1999).

**Staging the Veterinary Experience**

So how might we, in veterinary practice, stage experiences? How might we, from a business perspective, transform the value of what we offer, and from a humanistic perspective, enhance client quality of care? Veterinary hospitals tend to offer comparable goods and services (i.e. interventive and/or preventive care), yet each presents a unique stage with unique players, and in this way, offers unique experiences. Attractive facilities with state-of-the-art equipment are likely to leave a good impression, but to create a rich, compelling experience, we need to focus not on the stage, but on the performance.

Our performances include what and how we communicate, verbally and nonverbally. Memorable experiences start with placing client communication expectations at the centre of every interaction. “Meeting and exceeding” expectations is the route to client satisfaction, and client satisfaction is the very foundation of memorable experiences. We need to begin with the “needs, wishes, and values” of those we serve (Neuberger, 2000), and from there institute best practices to meet and exceed those expectations (Stoewen, 2014a).

**Meeting and Exceeding Client Expectations**

What do clients expect? As per the veterinary literature (Case, 1988; Coe et al., 2007; Coe et al., 2008; Stoewen et al., 2014a; Stoewen et al., 2014b), clients expect information to be provided in a straightforward, understandable, and timely manner; in a manner that conveys hope and possibilities; with empathy, compassion, and a nonjudgmental attitude; and with kindness, consideration, and respect. Clients expect to share their personal perspective; be listened to and have their concerns addressed; be asked the right questions and given multiple options for care; be treated as individuals; and receive patient care within a veterinary-client partnership with those with whom they are familiar. Providing information in the above described ways, incorporating the perspective of clients, and responding with care, offer the opportunity to create memorable experiences. We may be tempted to practice in a manner to meet the practical needs of the situation – to reach a productive outcome – at the expense of personal needs – to be valued, understood, involved, and supported – when we can, indeed, do both. It’s in doing both that we have the opportunity to stage memorable experiences.

Above and beyond the opportunities that meeting and exceeding client expectations offer, the aspects of communication that inspire trust, promote a sense of safety, generate hope, and create appreciation are of particular value. These aspects enhance psychological well-being, and if, through our interactions, we “leave clients in a better place,” we indeed, from a humanistic perspective, with quality of care in mind, must be doing something right. The veterinary hospital can be a place of great vulnerability, where clients experience any mix of difficult emotions: anxiety, fear, worry, distress, guilt, impatience, powerlessness, and heartbreak, to name a few. If what and how we communicate serves to soften or transform such feelings, affording relief, despite the circumstances, we are on our way to staging memorable experiences.
Inspiring Trust

Trust, which may be described as confident reliance on someone when in a position of vulnerability, entails general beliefs and attitudes about the extent to which others are likely to be dependable, cooperative, or helpful (Simpson, 2007). As within other health-care disciplines, the veterinary-client-patient relationship is based on trust. Our profession is one of the most trusted of professions, but trust still needs to be earned.

Honesty is paramount when it comes to trust. Abiding by the principle of truth-telling, the challenge of conveying bad or difficult news can be met, not by avoidance, but by imparting the information in an honest, clear, direct, yet compassionate manner (Stoewen, 2014a). If you feel the need to stray from the truth, for whatever reason, take a step back and momentarily remove yourself from the situation to regroup and determine the best course of action. Even at times of personal vulnerability, honesty is best practice (as well as a professional ethical obligation!).

Because trust is a relational concept, an inclusive, collaborative approach, with a back-and-forth exchange where the client’s perspective is valued and integrated to establish a shared perspective, is helpful. Being involved, included, and heard is validating, empowering, and respectfully appreciated. This approach necessitates asking open-ended questions to elicit the client’s story, as well as active listening, empathy, and acknowledgment. It is especially important to note the value of empathy, that unique attunement to another’s feelings and situation. Empathy, both verbal and nonverbal, facilitates trust, because attuning to personal meanings and (intuitively) mirroring nonverbal style, including vocal tones, helps people feel understood and cared about (Halpern, 2003).

According to research in the health-care fields, including veterinary medicine, information is a key source of trust. The proficient delivery of adequate information contributes to an opinion of competence and caring (Roter and Hall, 2006; Hall et al., 1988), both of which are fundamental to the development of trust (Bruhn, 2001). Whereas poor delivery of information and undisclosed, inconsistent, or contradictory information diminishes trust, proficient delivery of information and credible, complete, and scientific information builds trust (Teutsch, 2003). Because trust is foundational to the confidence to engage in veterinary services and the acquisition of trust is an iterative process, requiring repeated evidence (Osborne, 2002), it’s important to assess and meet clients’ information expectations on an ongoing basis (Stoewen, 2014a). Remember that different clients have different information preferences (Coe et al., 2007; Stoewen, 2014a). Most prefer to know as much as possible, while others prefer just the basics. Inquiring about and attending to information preferences so as not to under- or overwhelm, but provide the right amount and type of information, supports the development of trust.

Consistency throughout the customer journey contributes to trust. Confusing or contradictory processes or procedures undermines clients’ sense of security, while standardized protocols for service with continuity of service personnel promotes confidence and certainty. Trust results from the delivery of a consistent and cohesive customer journey that meets or exceeds expectations.

Promoting a Sense of Safety

With illness, disease, and physical injury, there is an underlying sense of insecurity or threat that arises in relation to uncertainty. “The practice of medicine has always been characterized by uncertainty, arising from limitations of professional knowledge, problems of diagnosis, ambiguities of treatment and outcome, and the unpredictability of patient response” (Geller et al., 1990). Uncertainty prompts a
discomforting, uneasy sensation (Penrod, 2001), which, if unmanaged, can become a significant source of psychological distress and reduce quality of life (Neville, 2003). Just as uncertainty undermines one’s sense of safety, the reduction of uncertainty promotes a sense of safety.

Uncertainty can be reduced in a number of ways. The provision of information would seem a simple solution, but uncertainty reduction is not necessarily a straightforward process. The complexity of the information given can give rise to new, unanticipated uncertainties, and the reduction of one uncertainty can potentially lead to a cascade of subsequent uncertainties (Babrow and Kline, 2000). Ironically, information can not only reduce, but also *increase* uncertainty. To minimize this potential, attention to the quality and structure of the information is necessary. Quality relates to the “sufficiency” (clarity, completeness and volume) and the “reliability and validity” (accuracy, source ethos, ambiguity, applicability, and consistency) of the information (Babrow et al., 1999). Structure relates to the order in which the particulars are presented (Babrow et al., 1999). The provision of clear, accurate, complete, consistent, and appropriately measured increments of applicable information, structured in a logical format, can be of great benefit in reducing uncertainty (Stoewen, 2012).

Not only should information be given, but questions solicited. Research suggests that we, as health-care providers, need to take responsibility to encourage questions from clients to counter ignorance, correct misconceptions, and provide reassurance (Fallowfield et al., 1995). Questions left unanswered can result in needless anxiety. Unfortunately, without encouragement, important questions may remain unasked. Creating a psychologically safe environment, giving permission to ask questions, inviting questions, and checking for understanding supports the clients’ propensity to ask questions (Silverman et al., 2005).

Another way to reduce uncertainty is to maximize continuity of service (Stoewen, 2012). The provision of service by those with whom clients are familiar reduces what is called “relational uncertainty” (Parrot et al., 2000). Familiarity enables both parties to know what to expect from one another. Interpersonal relationships within health-care settings are critical: although they are the medium through which information is accessed, they are also a vital source of emotional support. Continuing relationships not only reduce relational uncertainty, but also build trust and confidence in the service, which reduces the overall burden of uncertainty (Stoewen, 2012).

Another facet of continuity of service is attention to the timeliness of service (Stoewen, 2012). Waiting is recognized as a problematic phenomenon in the medical health-care fields (Murray, 2000). Waiting generally has 3 common features: uncertainty, threat, and powerlessness, which in combination result in psychological distress (Fogarty and Cronin, 2008). Clients feel much better when service is provided in as time-efficient a manner as possible, minimizing wait times. Service designed with an emphasis on continuity along all aspects of service timelines (including, for example, the time between determining the need for a test, performing the test, and providing the results) can minimize wait times, and in so doing, prevent unnecessary uncertainty – and psychological distress (Stoewen, 2012).

**Generating Hope**

Interestingly, but perhaps not surprisingly, information is key in generating hope. Information enables clients to be able to take action, and this moves them from a place of helplessness to empowerment. It engenders a sense of control and capability and, likewise, fosters hope for the future (Stoewen, 2014a). Most noteworthy, the shift in clients’ state of mind originates not from actually “doing” something, but from “the ‘knowing’ that preempts the ‘doing’” (Stoewen, 2014a). This is where the sense of empowerment, control, capability, and hope starts.
There is actually a wealth of data reported in the human medical literature that shows that information positively contributes to psychological well-being. Information has been documented to reduce anxiety, limit fears, prevent unnecessary distress, engender a sense of mastery or control, augment the ability to adjust and cope with illness, increase confidence, enhance hopefulness, and lead to realistic expectations. These beneficial effects pertain to both favorable and unfavorable information, as for most people, “not knowing is worse than knowing” (Stoewen, 2014a).

Importantly, information does not just serve our profession’s ethical and legal imperatives to enable informed decisions to improve the health and well-being of patients, but also the profession’s ethical imperative to provide veterinary service in a manner that supports the health and well-being of clients. If a central tenet of practice is to provide humanistic service, then it is vital to recognize the power of information and, in turn, consciously provide information in ways that will promote client well-being. Doing so will make the journey easier.

As well as information (the “what”), the way we give information (“the how”), and communicate in general, both verbally and nonverbally, can give rise to hope (Stoewen, 2014b). Conversations characterized by friendliness, attentiveness, niceness, and courtesy are known to foster hope (Kennedy et al., 2006; Hedlund, 2008). Conversing in a sensitive, compassionate manner (Kennedy et al., 2006; Hedlund, 2008) and using positive talk (such as agreement, encouragement, and reassurance) (Teutsch, 2003) are also helpful. Positively framed language (such as discussing the probabilities of survival rather than death) (Hagerty et al., 2005) as well as words that leave the door open to possibilities (such as “may,” “might,” “could,” and “you never know”) (Kirk et al., 2004) is also associated with hopefulness.

Creating Appreciation

From the moment a client enters a practice to the moment they leave, every moment counts. As well as meeting and exceeding client communication expectations, and intentionality communicating in ways that will inspire trust, safety, and hope, we need to attend to the details that create client appreciation. It’s tempting to think that the details of the client experience are inconsequential, but, when added together, a number of seemingly minor details can leave the client with an experience of far more value than without them. The sum of the parts is greater than the whole, and the little things do count.

Attentiveness, consideration, personalization and recognition create appreciation. The more every member of the troupe can play a part in creating a seamless experience that incorporates these aspects of communication, the better. Attentiveness requires keeping both eyes open, always being aware of what’s going on in the moment. Be attentive of the client (and patient), anticipate needs, and step in to meet those needs at every chance. Be willing to go the extra mile. Pick up on nonverbal cues (i.e. aspects of body language), which often reveal much more than what is verbally expressed (as 93% of communication is nonverbal in nature) (Mehrabian, 1972), and respond as necessary to keep the experience on course. Attentiveness includes having your troupe visible and available to “escort” the client through the customer journey in as satisfying a manner as possible.

Consideration is a consequence of attentiveness when you come from a help this person mindset (Kasanoff, 2013). With this mindset, you start every interaction with three words in your head: help this person. This requires you to be generous, expert, trustworthy, purposeful, open-minded, persistent, and present (Kasanoff, 2013). With this mindset, you step in wherever you can to make the client experience better (for example, walking clients to the door and opening it when they’re leaving, or helping them to
the car, especially when they’re managing purchases as well as a pet). From moment to moment, with each interaction, your first instinct should be to help.

Getting acquainted with clients on a personal level helps them feel welcomed, valued, and respected (Adams and Kurtz, 2016). Inquiring about work, family, whether they have other pets, or if they’re new to the area, and sharing something about yourself, as well, helps to build rapport and establish common ground. Likewise, clients welcome, respect, and value you more if you take the initiative to introduce yourself, and explain your role. A personalized approach makes the client experience more enjoyable.

A meaningful and treasured detail that greatly adds to the clients’ experience is using clients’ and patients’ names. As Dale Carnegie (1936) emphasized, “Remember that a person’s name is to that person the sweetest and most important sound in any language.” Using names affirms, “You are an individual, you matter and you have value.” Another courtesy that reflects recognition is to let clients know that you appreciate that they’ve chosen you and your practice for veterinary care. For example, “Thank you for bringing Pet in to see us and placing your trust in us for his care.”

Summary: Entering, Envisioning, and Staging Experiences

The Experience Economy is a new economic era in which businesses need to stage memorable experiences for their customers (Pine and Gilmore, 1999). Today’s consumers unquestionably desire experiences, and increasingly businesses are responding by explicitly designing, promoting, and staging them (Pine and Gilmore, 1998). Experiences are staged whenever businesses engage customers – whenever they connect with them in a personal, memorable way. Pine and Gilmore (1999) propose that the question isn’t whether, but when – and how – to enter this new economy.

To enter the Experience Economy, we must strive to envision the practice of veterinary medicine in a new light. Can you see yourself not as a deliverer of services, but as a stager of experiences? Can you think of your practice as the stage, your work as theatre, and your performance as the orchestration of memorable moments? If you can open yourself to the possibilities, you can make it happen.

How? By focusing on what and how you communicate. While keeping clients’ communication expectations at the centre of all you do, communicate in ways that inspire trust, safety, hope, and appreciation, as noted below. And when? As the proverb goes, “There’s no time like the present.”

1. Be honest.
2. Take a collaborative approach, eliciting and integrating the clients’ perspective.
3. Provide information proficiently and according to client preferences.
4. Ask questions to ensure clarity and provide reassurance.
5. Maximize continuity of service with procedures, protocols, and service providers.
6. Minimize wait times.
7. Demonstrate empathy.
8. Be friendly, attentive, nice, courteous, and compassionate.
9. Use positive talk, positively framed language, and words that encourage possibilities.
10. Anticipate needs and respond in a timely fashion.
11. Provide service with a help this person mindset.
12. Engage in small talk to get to know your clients on a personal level.
13. Use clients’ and patients’ names.
14. Thank clients for using your services.
References


