

PROFIT AND STAFF WELLNESS: CAN WE HAVE BOTH IN VETERINARY PRACTICE IN NEW ZEALAND?

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INTRODUCTION

Veterinary practice wellness is under the spotlight, both in terms of financial wellbeing and the well-being of the staff. In a rapidly changing world, clients now value their animals more, and know and expect more from their veterinary practices, but they are not always willing to pay for it. At the same time, staff in veterinary practices recognise it is no longer personally sustainable or indeed best for their clients and patients, to sacrifice their own well-being for their chosen career.

Ricketts and Marchant (2017) argue that a happy practice is likely to be a successful one. Unhappy and/or stressed employees are unlikely to be able to provide the best service for clients and their patients, and this leads to poor client experience which will reduce the likelihood of them returning to the practice. In addition, it may lead to suboptimal animal care leading to compromised animal welfare. Ultimately the business suffers. Clients who have amazing experiences come back more frequently and spend more money with the practice.

The well-being of veterinarians is repeatedly reported as being lower than is acceptable (Weston, 2011; McErlean, 2013; Nolen, 2018; Gardner & Rasmussen, 2018). The literature related to the well-being of veterinary support staff (all other staff in the practice except veterinarians) is very limited but anecdotal evidence suggests that there are similar challenges for veterinary support staff too. This situation is very concerning for the industry.

Regardless of whether a business's key driver is to do the right thing (exceed compliance) or compliance driven (meet the minimum standards set by law), prioritising staff wellness is a legal requirement. The New Zealand Health and Safety at Work (HSW) Act 2015 requires attention to wellness of the people in the workplace. Section 36 states that the person conducting a business or undertaking (or 'PCBU') has a primary duty of care and employee well-being is part of that. Issues that affect well-being, for example work related stress, compassion fatigue and burnout, must be included in a business health and safety register and have a management plan for this. There is a risk of liability to the PCBU if burnout or any illness is diagnosed officially, and the cause is documented by a medical professional as being work related.

This study identifies the similarities of three New Zealand veterinary practices which have focussed on and achieved excellent staff well-being whilst meeting or exceeding business profit goals and achieved high client satisfaction. They also show this can be achieved without yet solving the industry wide issue of low remuneration. However, the healthy practices described here potentially provide a platform for beginning to address this.

METHODOLOGY AND FINDINGS

The overall methodology used for this study is defined as action research. A mixed method approach was used to collect data, including interviews, surveys, and focus groups.

This mixed methodology was chosen to obtain as much information as possible for selection of the right practices as case studies, and to show congruence between the employer, employees, and client interpretations of this business. Ethical approval was granted by Otago Polytechnic Ethics Committee in 2019 Number 808.

Table 1 summarises the research phases in the order that they were carried out. Each phase led into the next phase. Next, the details of each phase are provided, key findings presented and links to the next phase described.

Phase	Research Method	Brief Details	Practice Time Commitment	Practice Benefits	Analysis
1	Identify Potential Veterinary Practices	Advertising designed to reach a wide spectrum of New Zealand veterinary practices.	1-15 mins – email and/or short phone call.	Opportunity to help improve the wider profession's commitment to staff well-being and gain an insight into their own progress.	Review of the makeup of the self-nominated practices.
2	Employer Interviews	Background information about the practice and its drivers, and a self-assessment of where the practice currently is with regards to well-being, sustainable practices and profit.	1-1.5 hours for interview plus time to approve summary of information collected (approx. 30 mins).	Opportunity to help improve the wider profession's commitment to staff well-being.	Baseline data including practice self-assessment for comparison.
3	Work Environment Survey (WES)	Matching the employer information with responses of staff in terms of their well-being and what the practice is doing that is working for them.	15 minutes per employee	Practice received a full report of all data collected with suggestions for next steps.	Survey data analysis – comparison between practices and against employer interview data. Focus groups selected.
4	Focus Groups	Face to face with staff from selected case studies to further develop an understanding of why the practice is successful.	1-1.5 hours per practice	A time to connect and celebrate success. A summary of information collected, opportunity to share thoughts and ideas.	Thematic analysis.
5	Client Survey	To close the loop by confirming client satisfaction.	Max 1 hour to circulate to clients. 2 mins for a client to complete.	Data was anonymously collated and made available to practice for their own use.	Survey data and online reviews analysis.

6	COVID-19 Resilience Questions	As COVID-19 was significantly affecting business just after the initial data was collected – additional ethics approval was obtained to ask a set of general questions seeking employer insights (thematic analysis).	15 mins-1 hour from employer/ practice manager of case studies to record experiences.	Contributing to industry resilience by sharing their insights.	Thematic analysis.
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Table 1. Summary of the research phases.

Phase I – Identification of Veterinary Practices to Participate

Following advertising in a key New Zealand veterinary publication and on relevant social media pages requesting practices who felt they were performing well in both staff well-being and financial success to participate in this research. Table 2 outlines the practices who volunteered to participate and their level of participation throughout the study. No corporate practices came forward initially. Case Study F became a case study following direct contact with the major corporate veterinary practice owners.

	Location	Practice type	Ownership	Level of Participation
A	Large city	Companion animal practice	Privately owned by 2 female veterinarians	Participated in employer interview and work environment survey, then selected as a case study. Participated in focus group, client survey and additional questions regarding COVID-19.
B	Small city	Companion animal practice	Privately owned by 1 female veterinarian and 1 female non-veterinarian practice manager	
C	Medium sized urban town	Large mixed practice (majority companion)	Privately owned by 2 male veterinarians	
D	Rural service town	Large mixed practice (majority dairy)	Club practice	Participated in employer interview and work environment survey. Not selected as a case study.
E	Satellite town of large city	Small but fast-growing companion animal practice	Privately owned by 1 female veterinarian and her non-veterinarian husband	Participated in employer interview and work environment survey. Not selected as a case study.
F	Large city	Companion animal practice	Corporately owned	Agreed to participate after direct contact. Participated in employer interview and work environment survey. Not selected as a case study.
G	Large city	Companion animal referral practice	Privately owned by a male and a female veterinarian	Participated in employer interview but were unable to engage participation of employees in the work environment survey so withdrew from study.
H	Large city	Companion animal practice	Privately owned by 2 female veterinarians	Initially agreed to participate but pulled out before the employer interview due to lack of time available to commit to participation.

Table 2. Summary of the participation of the eight practices who came forward.

(Note that these are not recorded in order of contact, but were reordered for ease of data presentation moving forward)

Phase 2 – Employer Interview

The employer or practice manager from each of the participating practices listed in Table 2 were interviewed, except Case Study H which withdrew before an interview was arranged due to lack of time availability to commit to the study.

The interview questions (and those used later in the work environment survey) were developed from literature that outlines the aspects of success in terms of staff well-being, and related to:

- vision and values
- work hours and expectations
- staff leave and benefits
- health and safety
- performance reviews, professional development, and career pathways
- communication
- well-being
- position description and utilisation
- staff ratios
- sustainable practice
- leadership.

The practices all spoke about the veterinary team which was used as an inclusive term. They avoided “us” (the veterinarians) and “them” (the support staff) language. Two of the practices interviewed (A and B) started with a clear vision of staff and client well-being central to their ethos. The other practices, albeit in different ways, have a focus on wanting the practice to be a great place to come and work.

As part of the employer interview (undertaken in 2019), the practice owners or manager were asked to give an assessment of the practice’s performance in terms of social, environmental, and financial well-being. Table 3 summarises this and shows that they are all paying attention to staff well-being and were meeting business financial goals at the time of the interview, which was required to continue to the next stage of data collection.

Owners ratings	Rating explanation	A	B	C	D	E	F
Current practice well-being	0-5 (5 is excellent)	4	4**	Not recorded	Not recorded	Not recorded	4
Attention to staff well-being as a practice	0-5 (5 is a lot)	5	6***	4	4	4	4
Engagement with community	0-5 (5 is excelling)	3*	5	5	5	4.5^	3
Attention to improving environmental sustainability	0-5 (5 is excelling)	4	5	3	2	4	4^^^
In terms of business financial success, turnover level	0-5 (3 is at expectations, 5 is well over)	4	4	4	4	4	4
In terms of business financial success, profit margins	0-5 (3 is at expectations, 5 is well over)	3	4	4	3****	4^^	5

Table 3. Employer/Practice Manager interviews of case studies A–F:
Assessment of social, environmental and financial well-being

- * Part of the community but not doing a lot of work with the community.
- ** Owner noted that it would have been 5/5 if not for recent challenging staff member, she noted practice was still recovering.
- *** 6 is as owner stated.
- **** Not for profit organisation, any profit paid out in member discounts and staff bonuses.
- ^ Schools, preschools – come and visit, do bit of funding for Plunket and donations etc.
- ^^ Growth phase of practice and growth exceeding expectations.
- ^^^ Work in progress, keen to focus on this.

In addition to the data in Table 3, additional points from the employer interviews that that are important to draw attention to are:

- Practices have a focus on staff well-being and wanting to continue to improve.
- They identified themselves as learning practices and as such expected staff to be learning all the time and developing their skills. They also universally welcome students into their practices and found them a valuable addition to the practice.
- Low staff turnover is also a feature across all but one of the practices, and where there was turnover it usually related to maternity leave and staff heading on their “OEs” (overseas experiences).

Phase 3 – Work Environment Survey (WES)

The WES was developed by the researcher; using the same themes as those in the employer interview and set up using Qualtrics. The WES was tested on industry colleagues prior to being utilised in this study. This survey helped to show if there was congruence between what the employer interview revealed and what the staff feeling was.

Table 4 shows the participation rates in the WES for each practice. These were very high response rates except for case study D. Case study G withdrew when partway through collecting WES data due to lack of staff engagement.

	A	B	C	D	E	F
Number of respondents completing survey	17	11	20	21	6	8
Total number of staff employed	19	13	20	45	6	8
Percentage response	90	85	100	47	100	100

Table 4. Number of respondents to WES.

Based on the data collected from the WES, three case studies were chosen. These practices were chosen based on overall ranking as shown in Tables 5.1 to 5.4. The tables do not reflect the actual ratings returned, so in many cases the data was strong across the board, but the practice ranked 1, had the highest percentage responses in the combined agree (5.1 and 5.2) or in strongly agree (5.3 and 5.4).

ALL AGREE DATA	Ranking for all agree data comparative to other case studies					
WES SECTION	A	B	C	D	E	F
Vision and Values	2	1	3	4	6	5
Work hours and expectations	2	1	4	3	5	6
Staff leave and benefits	4	1	5	2	3	6
Health and Safety	5	1	2	3	4	6
Performance reviews, professional development and career pathways	1=	1=	2	3	5	4

Communication	3	1	1	2	1	1
Well-being	4	1	2	5	3	6
Position description and utilisation	2	1	1	3	5	1
Staff ratios	2	1	2	4	1	6
Sustainable practices	2	1	6	4	6	5

Table 5.1. Rankings from collated combined agree data from the WES.

CUMULATIVE TOTAL	A	B	C	D	E	F
Number of rank 1	1	10	2	0	2	2
Number of rank 1 and 2	6	10	6	2	2	2
Number of rank 1,2 and 3	7	10	7	6	4	2
Number of rank 1,2,3 and 4	9	10	8	9	5	3
Number of rank 1,2,3,4 and 5	10	10	9	10	8	5
Number of rank 1,2,3,4,5 and 6	10	10	10	10	10	10

Table 5.2. Cumulated total of the rankings for the combined agree data.

WES SECTION	Total % scores for each WES section for each case study					
	A	B	C	D	E	F
Vision and Values	2	1	3	4	6	5
Work hours and expectations	3	2	6	4	5	1
Staff leave and benefits	5	2	3	1	4	6
Health and Safety	4	2	3	1	5	6
Performance reviews, professional development and career pathways	1	5	2	3	6	4
Communication	3	2	4	6	5	1
Well-being	2	1	3	6	4	5
Position description and utilisation	4	1	2	5	1	3
Staff ratios	1	3	5	6	4	6
Sustainable practices	3	1	4	3	6	5

Table 5.3. Rankings from collated strongly agree data from the WES

CUMULATIVE TOTAL	A	B	C	D	E	F
Number of rank 1	2	4	0	2	1	2
Number of rank 1 and 2	4	8	2	0	1	2
Number of rank 1,2 and 3	7	9	6	4	1	3
Number of rank 1,2,3 and 4	9	10	8	6	3	4
Number of rank 1,2,3,4 and 5	10	10	9	7	7	7
Number of rank 1,2,3,4,5 and 6	10	10	10	10	10	10

Table 5.4. Cumulated total of the rankings for the strongly agree data.

Case studies A, B, C and D scored the highest rankings overall when considering the combined agree data. When considering the strongly agree data only, case studies A, B and C are at the top. These three practices also had high participation rates from staff ranging from 85 to 100 percent, whereas case study D had a participation rate of 47 percent. Case studies A, B and C were therefore selected as case studies. All three of these selected case studies were privately owned.

It is important to be clear that none of the selected case studies are examples of perfection, however they are examples of practices who are advanced in their journey of achieving staff well-being while still meeting their business goals.

Phase 4 – Focus Groups

Focus groups were carried out with case studies A, B and C. Guiding questions (Table 6) related to the WES feedback and specific industry issues were used to focus the discussions but they were set out to be able to allow free flow of conversation and therefore the direction of the conversation varied at each focus group.

Specific practice WES feedback guiding questions	Was the summary accurate?
	What else would you add to it?
	Would you take anything away?
	What are the key areas that make this practice a great place to work?
	What are the key changes needed to further improve it?
	How should change to be implemented?
Industry wide discussions	Leadership and its contribution to the workplace success
	Veterinary Industry pay rates
	Charging for services
	Attitudes to discounting and undervaluing services
	Attitudes to having students in the practice

Table 6. Guiding – Focus group guiding questions.

The focus groups revealed three very cohesive but very different teams, however there were some core similarities amongst them which built on the WES findings.

Leadership was an essential ingredient to success for each of these focus groups:

- lead by example – actively live by the clear vision and values, they are walking the talk
- favour collaborative leadership styles
- inclusive leaders that value the opinions of their team and include staff in decision making both day to day and strategically and operate on a continuous improvement model
- they understand that collaborative styles improve uptake of decisions and help employer understand employee values and thus engage them
- the leaders are still very much part of the team – it is not an 'us and them' scenario
- they are genuinely kind and caring.

In addition to overall leadership, these similarities were also noted during the focus groups:

- the way the teams interacted showed strong connected teams
- willingness to share what they were doing around staff well-being to help the profession
- the teams all focussed on improvement – with discussions often turning to this is what we have already done to improve a result in the WVES
- they felt safe in their workplace, able to speak up and included in future decision making
- they check in on each other and that it is ok for a team member to acknowledge that they are having a bad day and to talk about it
- they divorce clients
- they provide cover when staff are on leave and insist on breaks during the workday
- their positive attitudes to welcoming students into their workplaces
- they have social and/or community events as a team which are important to the teams in connecting and keeping connected
- they have rigorous employment procedures and actively employ for team fit, generally strengthened by past experiences of a previous wrong employment decision has created challenges
- they all believed the private ownership structure was an important ingredient in their success and had stories of corporate ownership falling short.

Phase 5 – Client Satisfaction

To show that the clients at these practices were also happy, clients were surveyed. All three case studies had strongly positive data with 86 to 95 percent satisfied. In addition, an analysis of Facebook and Google reviews was completed which showed even stronger results.

The main reasons stated for high satisfaction were:

- level of service provision
- the staff
- care compassion and kindness to them and their pets
- knowledge
- professional service.

Phase 6 – COVID-19 Resilience

The timing of the COVID-19 outbreak, and subsequent lockdown occurring just as data collection was concluding, provided an opportunity for the researcher to look at the resilience in these practices.

While all the practices had different experiences, the following themes emerged:

1. All the practices broke into two or three separate teams for the Level 4 Lockdown and just got on with what was needed. How each case study managed these teams varied but a key was maintenance of communication between the teams.
2. Clear communication to clients was maintained so they knew what to expect and what was expected of them. This was believed to be a key focus and most clients responded well.
3. Each case study had variable drops in income (due to only being allowed to undertake emergency work during Level 4) and variable utilisation of the wage subsidy but there were no redundancies (and this was very important to the case studies to avoid this if at all possible). A very short-term wage reduction for one practice was instigated. Each practice has experienced some bounce back post lockdown as the practices catch up on deferred non-essential services.
4. While acknowledging it has been hard, all the case studies were positive about how the team and business managed during the pandemic and the future. The practices all felt their teams really stepped up during the pandemic and the benefits of this are being felt in the post-lockdown phase.

These were already strong, well-functioning teams, and this appears to have stood them in good stead through the pandemic and for moving forward. All the case studies are going to continue with some of the things they implemented during lock down.

DISCUSSION

This study showcases examples of three New Zealand veterinary practices who are demonstrating high levels of staff well-being while meeting or exceeding their business goals and scoring high levels of customer satisfaction.

The four key enablers, documented by MacLeod and Clarke (2009) relating to strong a strategic narrative, quality leadership, employee voice and organisational integrity have run true throughout this study. MacLeod and Clarke (2009) also show a clear correlation between these enablers and improved business performance. Successful businesses are built up by having a clear vision – the why are we doing this (Sinek, 2017), setting clear values that the practice can live by, quality collaborative leadership and building the strong team that work together to succeed.

There are overarching themes seen in each case study, which are detailed below, are congruent with supporting literature, and can be used as a framework for success.

The Importance of the Vision and Values

It is commonplace for businesses to have a vision and values; however, many are not actually central to the business day to day in conversation and decision making. All the practices at interview stage had a vision and values but for the three practices that were selected as the case studies, they were clearer to staff and lived in everyday conversation by everyone on the team.

Leadership

In each focus group, the staff acknowledged how important the leadership was to the practice being a great place to work. The key themes of quality leadership in these practices are highlighted in the findings section.

Effective leadership from the practice manager/owner, as described widely in the literature (Tier, 2006; Sinek, 2017; Guesgen, 2018), is the key to getting a shift in the industry required to improve the wellness of staff, longevity in clinical practice, job satisfaction and business outcomes, and further supports the findings in this study.

All the case studies report low staff turnover. Gallup research (Gallup, 2008) has linked 75 percent of staff turnover to “bad bosses” which affects staff well-being. Some turnover in any business is expected as people’s circumstances change, however higher rates of turnover are a concern for any business. The presence of low staff turnover is an important measure of staff well-being and good leadership.

Despite practice ownership still being majority male in New Zealand with majority female staff, nearly all the practices that volunteered to be case studies in this study had female leadership. This raises the question that in our changing times where we need to change the focus to staff well-being and relationship-centred care of clients and animals, whether that is a style of leadership that comes more naturally to females (Eagly & Carli, 2003). That is not to say males cannot lead effective healthy organisations where staff are well looked after, but that the natural tendency to lead collaboratively with a focus on staff well-being is more common and accepted in female leaders.

Strong Teams

There is no business without a strong team, a team that is working together towards the same goal. If we reverse Lencioni's Five Dysfunctions of a Team (Lencioni, 2010) this gives you the five functions of a team:

- trust
- safe conflict
- commitment
- accountability
- attention to results.

You must have trust, before you can have any of the others. Brown (2019) better describes what trust is using the word "BRAVING" (Boundaries, Reliability, Accountability, Vault, Integrity, Non-judgement, Generosity).

Case studies A, B and C are all examples of strong functional teams. The teams have respect and trust for each other, are collectively involved in sharing challenges and solutions, and in formal decision making. The staff in these teams feel safe to speak up when they do not feel something is right.

All the case studies have rigorous employment procedures and actively employ for team fit. The wrong employment decision can have devastating effects on a team. Literature supports the importance of selecting the right person for the team (Grant, 2016).

There is however a difference between employing for team fit and "sameness" (Shellenbarger, 2019). This is a potential risk enhanced by the fact this is an industry that still lacks diversity. Employment decisions need to be made not only on how the person will fit into the team and also fill both technical and but perhaps, more importantly, working style gaps, for example, the team might be strong in ideas but weak in turning the ideas into reality, so selecting for someone with a strength in driving forward ideas.

Personnel Well-being

As well as financial key performance indicators (KPIs), case studies A, B and C have well-being KPIs. For case studies A and B, the practices were founded with these in place. For case study C, they are at the beginning of the journey that has these KPIs front and centre.

Wellness should not be treated in isolation of the business vision and values, but if it is managed central to these, staff well-being leads to a reduced risk of business failure (Ricketts & Marchant, 2017). Although first proposed in 1965, the Herzberg Hygiene theory (Kuijk, 2019) has an application here. This theory explains the factors that motivate and the demotivate staff. The concept is to ensure that the demotivating factors are attended to, and the motivation factors are enhanced.

Demotivating factors relate to working conditions, team relationships, practice policies and procedures, leadership quality, and pay. Many of the themes identified in this study show that these demotivating factors have been attended to including quality leadership, strong teams, cover for staff when they are on leave, making time for breaks (and making it not negotiable), divorcing clients, ensuring clear job descriptions and quality performance review processes (Phelan, 2009). The exception to this is the low pay.

In terms of keeping staff motivated, according to Herzberg the factors include achievement, recognition, responsibility, the actual job, opportunity for advancement and personal growth. In the veterinary industry, the job itself has a strong attraction for people – people that work in the industry really care about animals and their welfare, so the job itself is a very strong motivator.

Many of the successes identified in this study show these motivating factors have been addressed well in these practices and include placing high value on support staff, creating roles that meet needs (for example, more part-time roles or introducing a kennel hand), 'shout outs' to staff that go above and beyond, a plan to link performance reviews to professional development plans to develop staff, and allowing them to meet their career goals. If the demotivating factors are dealt with, the motivating factors will keep people in your business.

A complex industry issue that has not yet been resolved in any of the case studies is wages/salary levels which were largely reported to be not meeting needs. Kimber and Ratcliffe (2017) described the three 'E's of occupational well-being (engagement, exchange, exhaustion) in terms of veterinary nurses. This study investigates why individuals stay in veterinary nursing, and how they stay and manage to thrive in when operating in high-demand, high-strain, dangerous and underpaid roles. They conclude that improving coping and communication strategies may encourage positive workplace behaviours and occupational commitment as well as reducing burnout and intentions to quit. This is congruent with discussions with the case studies where the veterinary nurses commented on the quality of the workplace contributing to them staying in the role despite low pay.

Learning Focus

The three cases studies all described themselves as learning practices. This related not only to their staff and the learning journey they are on, but to welcoming in students – both veterinary and veterinary nursing students to obtain practical hands-on experience. Two of the case studies had students at their practice at the time of the focus group and invited them to participate. They were able to report on their experiences at the case studies and compare this with other experiences they have had. The clear message was that these practices were excellent places for student learning and experience. They felt welcomed as part of the team, and the practices provided a nurturing environment where learning could occur. The staff at all of the case studies stated how much they liked to have students as they love helping them learn, but also, they learn from them.

Experience in the education sector is that access to placements and experiences with placements is very mixed – from practices that offer a great experience, practices that refuse students and practices that take them reluctantly and offer mediocre experiences at best.

This leads to the following suggestion: if a practice culture is healthy and therefore staff are happy, welcoming students is part of that culture and if the culture is not so healthy then it is harder to make space for students because staff are so busy just surviving. Applying that to Maslow's hierarchy of needs, in unwell practices staff needs are not being met, so staff are operating at the levels of physiological and safety needs and there is no room for students. Once a practice begins to operate further up Maslow's hierarchy, the practice is in a space where staff can welcome learners, rather than struggling for their own survival.

Health and Safety

Earlier it was described that well-being is a part of health and safety and is therefore, a priority. The wellness aspect is in addition to the more obvious aspects of safety such as equipment, access to personal protective equipment. The selected case studies operate in a space where all aspects of health and safety are valued – both physical and mental.

In the time that lapsed between completion of the WES and the focus group, each case study had already worked on fixing any identified areas related to health and safety as a priority, even though they had high agreement scores in this area, suggesting a zero tolerance.

Some practices that the case studies have in common with regards to meeting the obligations of the HSW Act with regards to Section 36: Duty of Care included:

1. Actively divorcing clients – leadership take the stance that it is not ok for the client to treat my staff like that. The staff are valued more highly than the poorly behaving client.
2. Mental well-being is recognised as important and supported:
3. Encourage making space to breathe – it is to “take five” to gather yourself
4. Industry issues are acknowledged and talked about for example, compassion fatigue, burnout
5. Staff can access Employee Assistance Programmes
6. When reviewing things that have gone wrong, the case studies review the process not the person. Language is important – as a team, where did it break down, how do we avoid it next time.
7. Promote a culture of it being ok to report things/speak up. It is a legal requirement of the HSW Act to be able to speak up and not have any negative effects. The case studies try to create a culture that makes staff feel safe to do this.
8. Encourage (even enforce) breaks by creating a ritual to make it happen. These are a legal requirement but as an industry not something that is universally practised.

Resilience of the team

Resilience is the ability to recover quickly from difficulties. The COVID-19 pandemic has presented the perfect opportunity to test this. While there was no doubt that each of the case studies had challenges during the lockdown that followed the announcement of a worldwide pandemic, what was evident in reports from the practices is that the teams stepped up, navigated the challenges and have come through the lockdown period as stronger teams. This can likely be attributed to the fact that the teams were in a strong position heading into the pandemic, they have good leadership and collective decision-making ability. As a team, they navigated and solved or managed the challenges as they arose. While all these practices took varying degrees of a financial hit, they managed to retain all their staff and are positive about the future.

OPPORTUNITIES

The profession has an opportunity to become stronger together by forming communities of practice with other like-minded practices to help motivate and learn off each other to keep improving.

Another opportunity is for the profession to start measuring staff well-being annually and benchmarking this against other practices and discussing it in a community of practice to continue the improvement journey.

The leaders of the profession need to focus on developing collaborative leadership skills. By taking the team on the journey together, staff will thrive, the practice will thrive, and the dollars should look after themselves.

CHALLENGES THAT REMAIN

This study has highlighted several areas that need further research to help the industry with regards to improving staff wellness and business viability. These include research on the success of different practice ownership models, hours of practice opening including after-hours provision, support staff utilisation and ratios, staff salary/wages, invoicing, discounting, and client and veterinary industry perceptions of the cost of veterinary services.

CONCLUSION

The title of this paper posed the question “Profit and staff wellness – can we have both in veterinary practice in New Zealand?” The three cases studies clearly presented that the answer is yes. The law tells us it is essential that every employer must focus on wellness. It is likely the themes identified in this study that are congruent with literature, could be successfully transferred to any other business regardless of industry.

The key for each business in developing a staff well-being improvement plan, is to set up the framework to be successful in. This includes:

- attention to practice vision and values
- leadership training for success
- clear KPIs for well-being which are measured regularly to track improvements.

This will provide a strong framework for the team to work together collaboratively to achieve this. Connecting with businesses on a similar path to share experiences and learn of each other is likely to help with motivation and success on this journey.

Francesca Brown BVSc, BSc, NDAET, Cert Mata ā Ao Māori, Grad Dip Sustainable Practice is a veterinarian who graduated from Massey University (1998). Since graduating and gaining experience in clinical practice she moved to education and then leadership in Allied Veterinary Professional (AVP) education, at both Otago Polytechnic, as the Head of the School of Veterinary Nursing and nationally as the Chair of the Educational Standards committee for Allied Veterinary Professional Regulatory Council. Over her career she has seen first-hand and through her network of colleagues in the industry (both vets and AVPs) the significant challenges faced by personnel. In 2015 on completing a Graduate Diploma in Sustainable Practice which she entered focussed on wanting to fix the environmental issues in veterinary practice it became clear that until we can meet people’s needs in veterinary practice, trying to engage individuals and the industry as a whole in environmentally sound practice is going to be challenging. This led to her enrolling in a Master’s in Professional Practice with a research focus on socially sustainable practice and asking the question – can we be socially sustainable in veterinary practice in New Zealand while still meeting the financial bottom line.

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