



PSYCHOLOGICAL HEALTH & SAFETY GUIDELINES

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Executive Summary

Spring 2022 was the genesis of Veterinary Visionaries® — a future-focused collaboration that convened for an online, crowd-sourced problem-solving event to address increasingly pervasive, concerning issues related to mental and emotional health in the veterinary profession.

Exploring the pages that follow will lead you through the Origin Story of Veterinary Visionaries and into a body of work that provides insight into the language, framework, and world of Psychological Health and Safety.

You will find answers to questions such as ***What IS Psychological Health and Safety? Why focus on this now? And why in Veterinary Medicine?***

These guidelines signal a veterinary profession renaissance, bridging the gaps between existing government workplace protections at the federal and state/provincial level, our current reality, and workplace settings where there is an intentional focus on providing ways to actively prevent harm, mitigate the known risks of the profession, *and* promote thriving in veterinary hospitals, organizations, and related organizational systems.

Responding to a winning submission in the VV Big Ideas call for proposals, a small Psychological Health and Safety Task Force comprised of U.S. and Canadian volunteers vested in the mental and emotional health of veterinary professionals was convened. Their wide and varied experience and expertise in the fields of veterinary medicine, well-being, positive psychology, social work, and psychological health and safety ensured a comprehensive and robust development process.

They collaborated to first gather, review, and integrate existing internationally implemented guidelines, standards, evidence-based practices, and resources. Next was an iterative process of synthesizing a veterinary-informed narrative and framework, including trauma-informed practices, into an outline of the required factors for a psychologically healthy and safe veterinary workplace. They were organized into three core categories: Organizational Culture, Workplace Experience, and Workplace Relationships, containing eleven ⁽¹¹⁾ Specific Foundational Guidelines.

This first version of Psychological Health and Safety Guidelines is presented with a strong organizational perspective. The intentions are threefold. First, to inspire organizations towards aspirational and actionable change. Second, to provide a framework highlighting the responsibilities of an organization and its leaders to both lead by example and provide the structure to empower employees to share in the co-creation of psychological health and safety. Finally, to spark critical conversations throughout the profession to improve the lives of veterinary professionals across the entire veterinary landscape.

The intent of this project is to ignite a transformation in the veterinary community, fostering a thriving workplace by fully embracing, integrating, and embodying these guidelines. Together, by adopting this level of accountability, the authors believe the material here can have a very positive impact and bring about a reimagined sense of vitality for the profession. You are invited to engage in this process by celebrating your current successes and personally championing one or more of the opportunities proposed within.

**Veterinary Visionaries
Psychological Health and Safety Guidelines**

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Veterinary Visionaries Big Idea: The Origin Story

“We’re all in the same profession. We all face the same issues. We all ponder unique solutions. It’s time we all get into the same space and share them...” ⁽¹⁾

Spring 2022 was the genesis of Veterinary Visionaries™ — a future-focused collaboration established by American Animal Hospital Association (AAHA) and hosted by nearly 50 veterinary health stakeholders that convened for an online, crowd-sourced problem-solving event to address pervasive and rapidly growing issues in the veterinary profession. ⁽²⁾

Veterinary Visionaries solicited ideas, and a team of solving champions reviewed 133 Big Ideas. Coral Doherty, RVT, CPHSA, submitted the winning proposal deemed most urgent. Her idea was to coordinate with professional experts to develop psychological health and safety guidelines for veterinary organizations and, potentially, subsequent accreditation for small to large organizations interested in adopting best practices. Coral is the Workplace Psychological Health and Safety Development Director with Better Mental Health for the Future from Manitoba, Canada.

U.S. and Canadian volunteers vested in the mental and emotional health of veterinary professionals convened as a Psychological Health and Safety Guidelines Task Force. The following guidelines outline the required factors in a psychologically healthy and safe workplace.

The Task Force built this document on the foundational work of previous well-being champions inside and outside the veterinary profession and views these guidelines as a meaningful contribution to a veterinary profession renaissance. Join in a new vision for the profession and consider the possibilities of being part of the solutions proposed here.

1. <https://veterinaryvisionaries.org/about-mhe>
 2. <https://www.aaha.org/practice-resources/veterinary-visionaries/veterinary-visionaries/>
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Introduction

Workplace well-being and satisfaction have become increasingly recognized as core components of post-pandemic organizational success. While this applies across various professions and fields, it is particularly salient within veterinary medicine. The mental health of veterinary professionals is paramount not only for their own well-being but also directly impacts the quality of care provided to patients and the support and education provided to clients.

Veterinary leaders today juggle multiple roles: maintaining a profitable business model, attracting and recruiting diverse and inclusive talent, ensuring work environments are psychologically healthy and safe, preventing or mitigating potentially harmful behaviors, and developing supportive systemic cultures. This document's primary emphasis is to promote the conversation about universal workplace guidelines that address the psycho-social condition of our veterinary workforce.

It is understood that the guidelines connect to and interact with workplace factors such as diversity, equity, and inclusion, neurodiversity, generational differences, clinical mental health concerns, and gender dynamics. We encourage advocacy and special interest groups to use these universal guidelines to expand conversations for greater awareness, understanding, and change.

Strong, inclusive, and psychologically safe workplace environments have positive impacts on organizations, the profession, and the recruitment of future team members.

Why Guidelines? Why Now?

Burnout – a state of mental, emotional, and physical exhaustion caused by excessive and prolonged stress – is notably prevalent among veterinarians, with 50.2% at high risk via a Professional Quality of Life Assessment survey.⁽¹⁾ Furthermore, a 2022 study found burnout rates among credentialed veterinarian technicians to be nearly 70%.⁽²⁾ The repercussions of occupational burnout and psychological harm extend beyond the individual employee in significant organizational costs, accounting for an estimated \$125 to \$190 billion in healthcare costs annually.⁽³⁾ These results suggest that ignoring the psychosocial risks and hazards in the workplace, such as unreasonable workloads, work-life balance issues, and lack of job autonomy and decision-making, can financially drain veterinary practices. Experts estimated the attributable cost of burnout in veterinary medicine alone in 2022 to be between \$1 to \$2 billion annually in the US.⁽⁴⁾ Given the high risk of burnout among veterinary professionals, the financial costs associated with ignoring it, ongoing concerns regarding recruitment and retention, and the impact on patient care, urgently assessing and addressing psychosocial risks and hazards in veterinary workplaces is considerably more than just an ethical obligation.

Strategies and Solutions

The historically popular notion that the sole solution to burnout is building greater personal resilience among team members is increasingly being debunked. While resilience and stress management training certainly have their merits for personal development, it places the responsibility for one's overall occupational well-being entirely on the individual rather than acknowledging systemic factors potentially contributing to the problem. It is also essential to remember instead of being homogenous, the profession expands across diverse areas such as research, clinical practice, industry, and emergency care, bringing nuanced psychosocial risks and mitigation approaches. Nevertheless, nurturing certain universal workplace conditions, like civility and respect, honesty,

trust, and fairness, is fundamental to team members' well-being across all levels and areas of the veterinary profession and is discussed here.

The good news is that strategies and interventions to improve workplace well-being have been researched, and data-driven evidence indicates they work. Amy Edmondson, Novartis Professor of Leadership and Management at Harvard Business School, coined the term 'psychological safety' to mean a psychologically safe environment where employees feel comfortable expressing concerns without fear of repercussions⁽⁵⁾. Organizational support programs, such as Employee Assistance Programs (EAPs), stress management and resilience workshops, reducing work overload, and simple modifications such as scheduled breaks can make a significant difference.^(4,5) For example, in human medicine, a randomized controlled trial found that organizational-level interventions were more effective at addressing physician burnout than individual-level interventions by up to 45%. (Panagiotis et al., 2017)

Global Attention

Several national and international bodies have formulated frameworks to address well-being concerns. For instance, *ISO 45003* is an international standard that provides guidelines for managing workplace psychological health and safety risks. Developed by the International Organization for Standardization, it helps organizations identify, assess, and control factors that could negatively impact team members' psychological well-being. It offers specific examples such as job design, flexible work schedules, and surveys as remedial measures. *Safe Work Australia*, part of the Australian governmental body, offers practical recommendations for identifying and managing psychosocial hazards through risk assessments and interventions like training programs and managerial support. In Canada, the *National Standard of Canada for Psychological Health and Safety in the Workplace* provides a framework that focuses on improving psychological health and safety through policies, assessments, and employee feedback and engagement. In the United States, the Surgeon General has addressed the importance of well-being in the workplace, emphasizing the cultivation of growth, mattering, voice, equity, connection, work-life harmony, and protection from harm.

Recommended Guidelines

At the outset of this endeavor, the VV Task Force was determined to focus on positive actions leaders of veterinary organizations can take to create environments where they, their employees, clients/patients, and industry partners experience well-being. Having considered the international frameworks above, conducted extensive literature and data reviews, and leveraged professional experiences, the VV Task Force determined **11 Foundational Guidelines** that must be in place for workplace psychological health and safety. They are presented in this document under three core headings: **Organizational Culture, Workplace Experience, and Relationships**. Regardless of their sector, veterinary teams and leaders are encouraged to strengthen their existing well-being initiatives and set goals for adopting all eleven guidelines. All organizations' efforts contribute to healthier, more productive work environments that benefit not just individuals and organizations but the profession and its future.

The task force recognizes this work is ongoing and evolving rapidly, and tools and resources must be continually updated when required.

Definitions

Psychological Health (Mental Health)

A state of well-being in which individuals realize his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

World Health Organization

Psychological Health and Safety

A psychologically healthy and safe workplace is one that “promotes workers’ psychological well-being and actively works to prevent harm to worker psychological health, including neglect, reckless, or intentional ways.”

Mental Health Commission of Canada

Psychological Safety

Employees feel included, safe to learn, safe to contribute
safe to challenge the status quo without fear of being
embarrassed, marginalized, or punished

Timothy R. Clark

The Four Stages of Psychological Safety: Defining the Path to Inclusion and Innovation

Organizational Culture

Although extensive academic literature exists on organizational culture, a generally accepted definition has yet to be developed. Instead, the literature expresses many different views, and because industries and situations vary significantly, there is no one-size-fits-all culture template that meets the needs of all organizations.

Overall, an organization's culture demonstrates the accepted way to behave and how to belong within the organization. This culture consists of shared beliefs and values established by leaders (identified as anyone who oversees or manages people) and then communicated and reinforced through various methods, ultimately shaping employee perceptions and behaviors. Developing and ingraining psychological safety principles within an organization's culture requires aligning workplace values with systems and policies.

Guideline 1: Systemic Commitment by Leadership to a Culture of Psychological Health and Safety

An organizational culture of psychological health and safety, driven and reinforced clearly and repeatedly by leaders and supervisors, can bring benefits such as enhanced trust and cooperation, fewer disagreements, and more efficient decision-making. Culture also provides a strong sense of identification with the organization and shared understanding among employees about what is essential and valued. A systemic commitment to a culture of psychological health and safety should include clearly defined policies and support systems, along with embedded professional development on the subject and incentives for adherence.

Transparency regarding how organizational policies and processes are developed and implemented can increase trust, honesty, and fairness among leaders and employees, whether the cultural topic is behavioral or technical. A perceived absence of fairness or honesty, or a lack of adherence to stated expectations or policies, ultimately undermines trust and the belief in equitable accountability.

Just as positive behaviors that enable a culture of psychological safety in the workplace must be cultivated at the individual, organizational, and systemic levels, prevention and mitigation of negative behaviors must also be conducted at all levels. The first line of defense for advancing a culture of psychological safety is leaders and supervisors leading by example. They must also be willing to hold individuals and groups accountable for problematic behaviors negatively impacting team members and client/patient care.

To guide and support leaders in balancing these dual roles, organizations must implement policies and systems that prevent or mitigate adverse behaviors while empowering them to reinforce a positive culture of psychological health and safety within their workplaces and teams.

Effective workplace policies regarding behavior should:

- Describe management's commitment to providing a psychologically healthy and safe workplace. This would include support and resources available to all employees that can enhance their workplace well-being and sense of inclusion and mitigate the impact of negative workplace experiences.
- Show workers their leaders are concerned about addressing the expectations and behaviors that will positively contribute to the organization.
- Concurrently create policies the management will personally be accountable to enforce for any unprofessional behavior that can harm the organization or individuals.
- Clearly define unacceptable workplace behavior, including discrimination, violence, bullying, or harassment, specifically including intimidation, threats, and other forms of aggressive behavior the organization will not tolerate.

- Specify to whom the policies apply (i.e., clinical staff, administration, supervisors, clients, employees, contractors, vendors, etc.)
- Outline steps for individuals to take when they observe or are the recipient of unethical, unprofessional, or anti-culture behaviors.
- Provide confidential contacts to report to and a transparent process for documenting incidents
- Maintain a transparent practice for responding to and addressing mistakes to balance quality assurance while supporting employee growth.
- Prohibit retaliation and ensure privacy and confidentiality.

Guideline 2: Clear Communications

Beyond formal policies, leaders should cultivate psychological health and safety through clear, explicit, two-way communication. Working with all interested workplace groups, organizations can help ensure safe and supportive work environments by regularly assessing and monitoring psychosocial risks and gathering input and feedback that can be acted upon.

Fostering respect and appreciation among colleagues across ranks and disciplines can contribute to an atmosphere in which leadership can help employees feel secure and confident in their roles and understand the support and resources available to them.

Tactics that leaders can use to help establish better communications for a culture of psychological safety:

- Surveying employees anonymously and confidentially to assess their perceptions of the workplace culture: what's working and any prevalence of undesirable behaviors, including ideas about the impact of these behaviors on themselves, their colleagues, patients, and clients
- Show employees that their feedback is taken seriously by using the survey results to inform the development of policies, programs, and resources for employees, such as employee assistance programs, that provide a confidential place to address adverse experiences.
- Encouraging open discussions in which employees can talk freely about problems, policies, or behaviors that limit the effectiveness of overall work or individual contributions and can recommend potential solutions.
- Establishing safer spaces for employees to say what they are thinking but are reluctant to say in a group for lack of confidence or fear of mockery or retribution.
- Assessing situations and intervening as soon as issues are reported or observed (per policies)
- Establish procedures and conduct interventions that reflect the organization's commitment to all staff's psychological health and safety within the bounds of ethical and legal standards.

Guideline 3: Protection from threats of or actual violence, bullying, harassment, or discrimination

Overt behaviors of physical or verbal violence in the workplace and other aggressive behaviors, inclusive of sexual harassment and discrimination based on race, gender, sexual orientation, etc., are often cited as apparent breaches of workplace conduct with legal consequences along with federal and state protections. However, the more subtle or less overt behaviors that individuals are not legally protected from in the workplace can manifest themselves over time and be more pervasive and complex to address. While OSHA, EOE, and other U.S. federal entities have outlined legal parameters and required workplace guidelines for addressing violence in the workplace, a culture of social safety that includes an intolerance for workplace bullying, harassment, and

discrimination is foundational for all members of an organization to experience psychological safety. Workplace bullying behaviors can exist at individual and group levels throughout an organization and from third parties and can undermine psychological health and safety.

With limited national data on the prevalence of bullying behaviors within veterinary medicine, efforts conducted within human medicine are often referenced. The American Medical Association defines workplace bullying as “repeated, emotionally, or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating, and/or threatening behavior targeted at a specific individual or a group of individuals that manifests from a real or perceived power imbalance and is often, but not always, intended to control, embarrass, undermine, threaten, or otherwise harm the target. Individual, organizational, and health system factors may contribute to the overall workplace climate or culture that allows unprofessional behavior, such as bullying, to persist.” (AMA Policy H-515.951)

Factors that contribute to workplace bullying include:

- Unchecked bullying
- Poor staffing levels
- Excessive or unrealistic workloads
- Power imbalances
- Poor management skills
- Role conflict or ambiguity
- Stress
- Lack of job autonomy
- Unconscious biases, prejudice, microaggressions, discrimination and oppression

Bullying in the medical profession is a well-documented issue involving the abuse of power or control over a person and repeated offensive, intimidating, malicious, or insulting behavior. A 2017 Workplace Bullying Institute survey showed that 63% of workers are aware of bullying in their workplace ⁽⁸⁾. Bullying in the workplace is more common than sexual harassment and is initiated by both men and women ⁽⁹⁾. All veterinary professionals, including clinicians, technicians, nurses, assistants, and employers, can be recipients and perpetrators of workplace bullying and harassment. The effects of bullying on the organizational culture and professional attitudes of the medical staff are significant and lasting, emphasizing the critical importance of changing the culture to address problems such as this ⁽¹⁰⁾.

Guideline 4: Moral Injury and Trauma-Informed Practices

While the COVID-19 pandemic catalyzed many healthcare professionals to expand their understanding of work-related trauma and moral injury and to adopt trauma-informed practices ⁽¹⁷⁾, these principles should ideally be standardized aspects of the workplace, not only during times of crisis. Moral injury and trauma responses can manifest in a variety of ways in the workplace, which include physical, emotional, and cognitive symptoms. Recognizing these can help leaders and supervisors act compassionately and take trauma-informed steps toward supporting the well-being of their workers, clients, and themselves.

Trauma

The Substance Abuse and Mental Health Services Association (SAMHSA) defines trauma as an “event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”⁽¹⁾ Trauma has also been characterized more broadly by others, with Horowitz

(1992) ⁽²⁾ defining it as a sudden and forceful event that overwhelms a person's ability to respond to it, recognizing that trauma need not involve actual physical harm to oneself; an event can be traumatic if it contradicts one's worldview and overpowers one's ability to cope. While trauma-informed teachings originally grew out of research on post-traumatic stress disorder (PTSD) among veterans, it has since been influenced by research on intergenerational trauma, sexual violence, and assault ⁽³⁾, and most recently by the impact of COVID-19 ^(4,5).

Moral Injury

The term "moral injury" refers to the persisting distress that may occur following exposure to potentially morally injurious events (PMIEs) ⁽⁶⁾. Moral injury was first proposed as a framework to help soldiers, veterans, and their mental health practitioners conceptualize experiences during war that violated servicemembers' moral codes and were not neatly captured by diagnosable psychiatric and behavioral disorders ^(7,8). Moral injury can manifest as feelings of guilt or shame, a sense of betrayal, anger, disgust, anxiety, helplessness, cynicism, loss of confidence, isolation, sadness, negative thoughts about oneself, about others, and about the world; all of which are frequently experienced in relationship to the organization or system that put the individual into a morally compromising position ^(10,11,16). At the time of this document, moral injury is not a diagnosable disorder but rather considered a syndrome and is shown across all populations to be associated with clinically relevant levels of psychological distress and symptoms of PTSD and depression ^(9,10,11).

Moral injury can also be a psychological work-related injury, meaning that various occupational groups are often reliably and consistently exposed to an often-repeatable set of circumstances that may or may not be unique to their occupation. Individuals who experience potentially morally injurious events as part of their jobs can also develop moral injury ^(12,13). To increase the complexity of this topic, as with all concepts related to trauma, there can be significant variation around what experiences an individual would define as distressing. Individuals within one group may each experience or process a particular set of shared circumstances differently based on personal factors ⁽¹⁾.

During the COVID-19 pandemic, a moral injury study conducted on UK-based veterinary practitioners showed that a substantial proportion of the sample reported symptoms consistent with PTSD, with experiences of PMIEs and experiences of betrayal being significantly associated with PTSD symptoms ^(14,15). This significant association found between the experiences of moral injury and symptoms of PTSD is also consistent with previous studies conducted within the military, law enforcement, and other healthcare professions ⁽¹⁵⁾.

Despite PTSD symptoms existing within the veterinary profession due to workplace experiences, the current psychological diagnostic criteria limit veterinary professionals and staff from an explicit PTSD diagnosis and/or treatment. A study conducted on this topic also indicated that there are highly stressful events specific to the veterinary profession that result in PTSD symptoms although they do not meet the definition of a "traumatic stressor" in the diagnostic criteria for PTSD (e.g., direct or indirect exposure to human death, threatened death, actual or threatened serious injury, actual or threatened sexual violence). "Without directly or indirectly experiencing such an event, many veterinary professionals would not meet the criteria for a PTSD diagnosis, even though they have the requisite symptoms. Because highly stressful events are associated with a wide range of mental health symptoms, it is important to assess for stressors specific to veterinary medicine when evaluating and treating veterinary professionals in mental health service settings ⁽²⁰⁾." This supports the evolving nature and understanding of the impact of workplace trauma and PTSD within the veterinary workforce and other professions at large.

Risk Factors

Potentially Morally Injurious Events (PMIEs) can comprise acts of commission or omission committed by the affected person or those around them ⁽¹¹⁾ or acts of betrayal and lack of support felt by trusted colleagues, managers, or institutions ⁽¹²⁾. PMIEs in healthcare workers can exist at the individual level (such as risky or

unethical treatment and lack of respect for patient autonomy), the organizational level (such as witnessing unethical behavior by colleagues, being put in circumstances beyond one's control that challenge an individual's values or morals, or a lack of cohesion in decision-making), and the system level (such as governmental or organizational policies that limit the ability to provide optimal care e.g., chronic understaffing) ⁽¹¹⁾.

Examples of PMIEs for Veterinary Practitioners Could Include:

- Requests to perform unnecessary aesthetic procedures (e.g., tail docking, ear cropping) or procedures that are harmful or stressful to the animal (e.g., minor surgery without anesthesia)
- Requests for euthanasia of healthy animals or prolonging a suffering animal's life when euthanasia may be the best medical course of action for the situation
- Participating in depopulation measures
- Perceived betrayal by trusted colleagues or managers
- Refusal or inability of clients to provide the necessary resources (e.g., financial, time, housing) to care for an animal's health and welfare
- A practitioner's perceived inability to provide the needed quality of care due to constraints outside the practitioner's control (e.g., systemic, organizational, or client limitations) ⁽¹⁵⁾

Risk factors for moral injury in healthcare workers include feeling psychologically, emotionally, or practically unprepared for handling PMIEs and a perceived lack of support from upper management ⁽¹²⁾. Additionally, evidence suggests that healthcare workers are not as well trained to manage their potential exposure to or the impact of PMIEs, including those resulting from long-term systemic challenges (e.g., staffing shortages) and the COVID-19 pandemic ⁽¹²⁾.

Regardless of whether a worker has experienced trauma or moral injury, workplace experiences and the aftermath can have a detrimental impact on a worker's ability to perform their duties, let alone thrive in their profession. A trauma-informed approach in the workplace is grounded first and foremost in an awareness of the signs of moral injury and trauma among employees. A large number of the general population report some degree of exposure to a traumatic event, and many cite multiple exposures over their lifetimes ⁽¹⁾. These can include exposure to individual trauma, complex trauma, and historical, intergenerational, or institutional policies and actions that result in chronic exposure to PMIEs and a high risk of being experienced as traumatic.

Moral injury and trauma can often be misinterpreted as depression or anxiety. Manifestations could include, but are not limited to ⁽¹⁸⁾:

- Difficulty focusing, attending, retaining, and recalling information.
- Tendency to miss or call out of work.
- Challenges with emotional regulation (e.g., outbursts or crying, shutting down)
- Fear of engaging in procedures or situations required by the job that include reasonable risks and responsibilities.
- Anxiety about performance expectations and reviews, training exams, group work, or speaking up at work.
- Feelings or expressions of anger, helplessness, or dissociation when stressed.
- Withdrawal and isolation behaviors versus controlling, territorial, or domineering behaviors.
- Involvement in unhealthy relationships

Leaders and managers are not expected to diagnose and/or treat employees with these symptoms. They should, however, refer employees to resources that can provide appropriate mental health support.

Six Trauma-Informed Principles:

1. Understand Moral Injury, Trauma & Stress

- Without understanding moral injury and trauma, leaders and workers may adopt potentially negative and unhealthy behaviors and beliefs about themselves and others (e.g., viewing an employee's trauma symptoms as unreliable or lazy rather than potentially overwhelmed or disassociated). However, when employees understand moral injury and trauma, they can act compassionately and take well-informed steps toward supporting their overall well-being and that of their teams, acting in ways that demonstrate curiosity rather than judgment.

2. Compassion & Dependability

- Moral injury and trauma can be overwhelming and can impart feelings of isolation and betrayal, which may make it difficult to trust others and receive support, particularly from those in authority. Compassionate and dependable relationships in the workplace can help re-establish trusting connections with team members that foster mutual well-being.

3. Cultural Humility & Responsiveness

- Workers come from diverse social and cultural backgrounds that inform their worldviews and how they may experience, interpret, and react to PMIEs, moral injury, and trauma. Workplaces must be open to understanding these differences and respond mindfully and sensitively while still maintaining a transparent organizational policy for acceptable workplace behavior.

4. Safety & Stability

- Because moral injury and trauma can unpredictably compromise workers' physical, social, and emotional sense of safety, it is helpful to increase or reaffirm standards of safety and stability to minimize stress reactions and provide/facilitate a connection to outside resources or supports that can help workers on an individual level.

5. Collaboration & Empowerment

- Moral injury and trauma can involve a perceived loss of power and control that may lead to feelings of helplessness and insecurity. Reestablishing a sense of agency and autonomy can help workers feel empowered within and outside the workplace.

6. Resilience & Recovery

- Because moral injury and trauma can have a long-lasting and broad impact that may create a feeling of hopelessness, leaders and managers utilizing a strengths-based approach encourage resiliency and recovery in workers.

Examples of Trauma-Informed Behaviors in the Workplace:

Integrating a trauma-informed response into the workplace can help shape how workplaces address both workers' and clients' needs. A trauma-informed response recognizes that workers' and clients' actions result from their life experiences (good and bad).⁽¹⁹⁾

Leaders should:

- Realize the widespread impact of trauma and understand potential paths for recovery
- Recognize the signs and symptoms of trauma in individuals – workers and clients
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Workplace leaders integrating trauma-informed responses are:

- Empathic, open, and flexible
- Mindful of power dynamics within the workplace
- Proactive to avoid or mitigate re-traumatization or exposure to secondary trauma (e.g., provide content/experience warnings when applicable)
- Supportive of empowerment, safety, and trust (psychological safety)

- Reminding workers and colleagues about relevant resources both internal and external, particularly during times of high-stress crisis
- Encouraging workers and colleagues to engage in their own self-care regularly.

Examples of Trauma-Informed Interventions in the Workplace:

Leaders who are open and available resources within their personal boundaries can provide encouragement and follow-up to increase the likelihood that workers will find and utilize resources. They should:

- **Offer the opportunity for workers to speak about traumatic incidents with their supervisors** (if the workers feel comfortable doing so) while referencing available professional mental health resources as further options.
- **Consider offering content or experience warnings.**
While it is difficult to know in advance which experiences might be traumatizing or re-traumatizing for workers given their past experiences, giving workers early warnings or a “heads up” before high-risk interactions or cases, can prepare them for potentially challenging professional experiences and empower them to make informed decisions for their own safety and professional learning.
- **Acknowledge moral injury and trauma to establish trust with workers.**
A wide range of feelings can come as a result of moral injury and traumatic experiences, particularly when undertreated or unresolved. While it is essential to acknowledge that feelings and responses to trauma can be unique and different for everyone, it would be unacceptable for the workplace to tolerate trauma responses from individuals that result in them expressing violent or abusive behaviors.
- **Normalize and validate lived experiences.**
Supervisors and managers can establish a positive and approachable demeanor by speaking with workers about difficulties after challenging cases or experiences. For new employees joining a team, a supervisor could ask: “Is there anything I need to know to help you succeed in this role? Based on your past experiences, are there any tasks or cases you generally feel the most challenged or negatively impacted by? What could we do as an organization to help you navigate those cases or experiences better? Are there any approaches or resources that would be helpful to you?”
- **Consider critical incident debriefing with trained mental health practitioners**, bringing EFAP providers on-site as required, and integrating Veterinary Social Workers as incidents warrant.
- **Utilize existing frames to process ethical and moral dilemmas** (e.g., IDEA ⁽²¹⁾, RIGHT ⁽²²⁾ decision model, etc.)
- **Be flexible.**
A traumatic or adverse event(s) that impacts the entire team or workplace can have a devastating impact. After such an event, be flexible in structuring the schedule, caseloads, etc. It is possible to be flexible and accommodating without compromising high expectations for work.
- **Be mindful of compassion fatigue.**
Working with coworkers, clients, or patients who have experienced trauma can result in experiencing vicarious trauma or compassion fatigue. Encourage all workers to build and maintain a reliable support system, make time to engage in things that contribute to their well-being, and be mindful of and open about their own professional limits, capabilities, and boundaries.

It is important to note that ultimately:

- Individual workers hold the main responsibility of caring for their well-being.
- Workplaces have the shared responsibility to leverage workplace policies, procedures, and resources to support the well-being efforts of their workers.

- Workplaces must endeavor whenever possible to create a culture that prevents, manages, and mitigates risk and harm.

Examples of Trauma-Informed Practices in Existing Frameworks:

- PF10: Engagement, Canadian Standard
- PF9: Workload Management, Canadian Standard
- “Poor workplace relationships,” Safe Work Australia
- Lack of Community, Maslach’s 6 Workplace Factors for Burnout

Workplace Experience

The design and implementation of a workplace’s policies, procedures, and norms directly inform and impact a worker’s experience of psychological health and safety. According to the National Institute for Occupational Safety & Health (NIOSH), 40% of workers identify their jobs as very or extremely stressful, with 25% viewing their jobs as the top source of stress in their lives. (DHHS (NIOSH) Publication No. 99–101) NIOSH lists untenable workloads, exclusion from decision-making, and conflicting or unclear job expectations among the primary sources of job stress. While an individual’s capacity for coping with and managing stressors plays a part, a preponderance of data suggests that the workplace experience can significantly influence psychological health.

Experiences in the workplace can also be an incredible source of positive meaning in one’s life. Workers with more positive work experiences report lower workplace stress, an elevated sense of self-efficacy, higher levels of job satisfaction, and an overall improved perception of psychological well-being ⁽¹⁾. Veterinary organizations can enhance the workplace experience by providing their workers with clear roles, expectations, and a sense of autonomy ⁽²⁾.

In consideration of psychological health and safety standards, as presented in both Safe at Work Australia ⁽³⁾ and the Canadian National Standard for Psychological Health and Safety in the Workplace ⁽⁴⁾ **a balanced approach to designing a positive workplace experience should minimally provide:**

- Clear leadership and expectations while minimizing lack of role clarity and role conflict.
- Intentional workload management tactics to reduce role overload, underload, and unachievable job demands.
- Opportunities for worker involvement and influence to maximize job control and autonomy.

Guideline 5: Role Clarity & Expectations

Clear roles are critical in fostering a positive and productive workplace environment, with significant implications for employee well-being. In veterinary workplaces, understanding and implementing clear role definitions are not just about delineating responsibilities. They are strategic moves toward enhancing employee satisfaction and mental health. When employees clearly understand their roles, they are more likely to feel confident in their work, exhibit higher levels of engagement, and have a lower risk of experiencing job-related stress and burnout. ⁽¹⁾ This clarity eliminates the ambiguity that often leads to confusion, frustration, and a sense of being overwhelmed, which are critical contributors to workplace anxiety and dissatisfaction. ⁽¹⁾ Clear role definitions enable employees to set realistic goals and expectations that can be achieved alone or with their colleagues, align their personal career aspirations with organizational objectives, and foster a sense of accomplishment and job fulfillment. ⁽²⁾

Veterinary managers and leaders play a pivotal role in this process. They are the architects of job designs and descriptions and the mediators in communication between management and staff. Thoughtfully crafting role clarity and job autonomy and prioritizing these for workers can significantly contribute to a culture of well-being where employees are empowered to perform at their best and are aware of how their contributions fit into the larger picture of the organization’s goals. In short, detailing what a team member’s “win” looks like for them is extremely helpful and a win for the entire practice.

Unclear Roles and Expectations

Role ambiguity, uncertainty, and lack of clarity surrounding an employee's job responsibilities, objectives, and expectations are significant psychosocial hazards in modern workplaces.

Contemporary human resources management increasingly acknowledges the implications of role ambiguity on worker well-being. Studies have consistently shown that when employees are unsure of their roles, they experience heightened levels of stress, anxiety, and job dissatisfaction.⁽³⁾ This stress, often stemming from unclear expectations or conflicting roles, not only impacts mental health but can also lead to physical health issues, such as cardiovascular problems and a weakened immune system.⁽⁴⁾ Moreover, role ambiguity undermines job performance, as employees struggle to prioritize tasks or make decisions without a clear understanding of their job's objectives and how their role aligns with organizational goals.

The adverse effects of role ambiguity extend beyond individual well-being and can impact organizational effectiveness. They have been linked to decreased job engagement, lower productivity, and increased turnover intentions.⁽⁵⁾ The lack of clear role definition can lead to duplication of efforts and inefficiencies, as employees cannot coordinate effectively with their colleagues, resulting in a breakdown of team dynamics. Organizations with high levels of role ambiguity and low levels of autonomy can face significant challenges. They may need help in talent retention if employees seek more structured and clearly defined roles elsewhere.

Addressing role ambiguity and enhancing job autonomy requires a proactive and multifaceted approach from professionals in management and leadership positions. Veterinary leaders are not exempt and should be the role models others look up to. Their approach should focus on developing detailed, up-to-date, understandable job descriptions, regular communications regarding role expectations, and providing feedback mechanisms for employees to express concerns or seek clarifications about their roles.⁽⁶⁾ Additionally, it is crucial to foster a supportive work environment where employees feel comfortable discussing their roles and responsibilities with their supervisors, getting performance feedback, and being able to offer suggestions. By prioritizing role clarity and building job autonomy, leaders can mitigate the psychosocial risks associated with role ambiguity, promoting a healthier, more productive workplace, safer for employees, clients, and patients.

It's important to note that ensuring role clarity and autonomy is not just about improving job performance; it's a fundamental aspect of caring for employees' mental and physical well-being—mitigating the psychosocial risks related to ambiguity and directly contributing to a positive organizational culture and a sustainable work environment.

Examples of role ambiguity:

- Unclear authority between doctors and hospital leadership
- Administrative duties for clinical staff without clear guidelines can negatively impact their primary clinical responsibilities.
- Lack of clarity of standards or objectives to meet in delivering patient and client care.
- Multiple team leaders/supervisors responsible for reporting
- Overlapping responsibilities between veterinary technicians and veterinary assistants
- Tension between colleagues due to lack of clarity about who is responsible for what.
- Competing or conflicting job demands for individuals hurting morale and productivity.
- Changes in role responsibilities with little or no communication from leadership

Examples of interventions to improve role clarity:

- Leaders facilitate collaborative meetings to establish role responsibilities and accountability measures to foster buy-in from all parties.
- Detailed, up-to-date job descriptions and the scope of work for each position, are developed and reviewed periodically for updating.
- Clearly outlined responsibilities include the chain of command, workplace standards, and role expectations.
- A robust feedback and evaluation system with key performance indicators (KPIs) aligns with each role's objectives.

Guideline 6: Job Autonomy

Empirical data shows that employees' job autonomy is positively related to psychological well-being. ⁽⁹⁾ Job autonomy refers to workers' control over how they get work done, such as accomplishing tasks, setting deadlines, and where or when they work. Job autonomy also refers to the level of independent judgment and discretion required to do a job. It is important to note that granting more independence in the workplace does not mean absolving employees of standards and expectations or lowering the quality of care provided to clients and patients. Every leader should aim to give employees more freedom and flexibility to achieve their goals through job autonomy and role clarity while maintaining the workplace values and culture.

The term "micromanaging" describes supervisors who try to exert too much control over employees. This management style, characterized by a lack of employee autonomy, limits innovation and hinders employees from developing decision-making and leadership skills, leaving workers frustrated and disengaged. By letting employees work autonomously where possible and in ways that suit their preferences, organizations help employees reach their full potential and advance the organization's work.

The benefits of autonomy in the workplace have been shown to increase employee motivation and productivity, inspire creative thinking that leads to innovation, improve trust and job satisfaction, increase employee retention, and allow employees to develop leadership skills. ^(10,11,12)

When employees are free to work autonomously, knowing they'll be held appropriately accountable for their tasks and goals, satisfaction with the workplace experience increases. Veterinary organizations should strive to empower all veterinary workers with clear expectations and a trusting workplace environment.

Examples of Interventions for Job Autonomy:

- Employers set overall organizational goals and standards with input from team members.
- Employers provide opportunities for employees to create or co-develop standard operating procedures (SOPs) for their work.
- Employees can request input on desired employee benefits and resources.
- Employees have input in setting project deadlines.
- Employees have organizational support and systems that allow them sufficient control over their work pace, duration, and intensity.
- Employees can set their breaks and schedules if they are completing work and achieving their goals.
- Employers offer remote or hybrid work arrangements.
- Employees are encouraged to use their skills, knowledge, and initiative to enhance their work.
- Employers and employees accept negative outcomes and see mistakes as opportunities for improvement, practicing debriefs and problem-solving.
- Grant the flexibility to expand job duties when needed.
- Up-to-date job descriptions detailing levels of control, empowerment, and authority.
- Up-to-date policies and procedures developed, including oversight, review, disciplinary actions, and consequences for misuse of power and authority.
- The organization offers self-paced or facilitated training programs for building job-related skills (e.g., new manager training, department lead training, associate veterinary training, leadership development, coaching, etc.)
- The organization provides new employees with a comprehensive onboarding, orientation, and training process.
- Leaders eliminate or mitigate controlling workplace behaviors between supervisors and employees or among colleagues (i.e., micromanaging)
- The organization values transparency and consistency from its leaders if mistakes happen and the potential for adverse outcomes is present.

Examples of role clarity & job autonomy in existing frameworks:

- PF3: Clear Leadership & Expectations, Canadian Standard ⁽⁷⁾
- PF3: Growth & Development, Canadian Standard ⁽⁷⁾
- PF7: Recognition & Reward, Canadian Standard ⁽⁷⁾
- PF8: Involvement & Influence, Canadian Standard ⁽⁷⁾
- PF9: Workload Management, Canadian Standard ⁽⁷⁾
- “Lack of Role Clarity,” Safe Work Australia ⁽¹⁾
- “Low Job Control,” Safe Work Australia ⁽¹⁾
- “Job Demands” Safe Work Australia ⁽¹⁾
- “Poor Support” Safe Work Australia ⁽¹⁾
- Demand-Control Model of Job Stress. ⁽⁶⁾
- Lack of Control, Work Overload, Inadequate Reward, Maslach’s 6 Workplace Factors for Burnout ⁽⁸⁾

Worker Engagement

Worker engagement benefits a worker's mental health, team cohesion, and organizational achievements. The literature provides various definitions of "engagement" concerning workers and work. For example:

- Gallup, a leading workplace research firm, defines engagement as "the involvement and enthusiasm of employees in their work and workplace." ⁽¹⁾
- Maslach and Leiter, prominent burnout researchers, have defined engagement as "high efficacy and accomplishment at work, but with few or no signs of either cynicism or exhaustion." ⁽²⁾
- Schaufeli and colleagues, prominent researchers of workplace engagement and developers of the Utrecht Work Engagement Scale, have defined engagement as the presence of vigor, dedication, and absorption as reported by a worker. ⁽³⁾
- Finally, Ryan and Frederick suggest that the experience of subjective vitality at work, "a positive feeling of aliveness and energy," may be one way of viewing an engaged worker. ⁽⁴⁾

Despite these varying definitions, one can surmise that, in general, an engaged worker tends to be a more actively involved and satisfied employee. Leadership practices can influence worker job satisfaction, engagement, and turnover intention ⁽⁵⁾, including in veterinary workplaces ^(6,7). As such, veterinary organizations must consider workplace experience design when creating environments that mitigate stress and maximize mental health and well-being ⁽⁸⁾.

An extensive survey conducted by the American Psychological Association (APA) ⁽⁹⁾ found that workers who feel valued at work are more than twice as likely to be motivated and engaged and 2.5 times less likely to be looking for a new job.

In this APA study, factors strongly linked to feeling valued included:

- Being involved in decision-making
- Receiving non-monetary recognition/reward
- Having opportunities for growth and advancement

A veterinary-specific study echoed these factors ⁽¹⁰⁾, finding veterinarians are more likely to report job satisfaction when they:

- Work in a positive, engaging environment.
- Believe their voice will be considered in decision-making.
- Feel recognized by management

Veterinary organizations can enhance worker engagement by providing meaningful opportunities for professional development (building self-efficacy and mastery) and a strengths-based approach to performance management and work design. ^(11,12) Finally, to mitigate burnout risk ⁽¹³⁾ and maximize engagement ^(14,15), organizations should implement structures to deliver appropriate rewards and recognition to veterinary team members.

While management can visibly observe worker engagement, they can also measure it. Routine monitoring and managing worker engagement can offer valuable insights into worker motivations and potential burnout. While most workplaces continually seek to increase worker engagement, there is a tipping point beyond which significantly high levels of engagement can pose a greater risk of worker burnout and be detrimental to employee health and organizational goals.

An Engaging Workplace Will Ensure that Workers Experience:

- Inclusion in team and organizational decision-making, especially decisions likely to impact their day-to-day experiences.

- Opportunities for professional development and growth
- Guidance and support in setting and achieving goals.
- Recognition and appropriate intrinsic and extrinsic rewards
- Recognition and celebration of the unique strengths and qualities employees contribute to the workplace, team, and organizational goals.

Examples of Healthy Engagement in the Workplace

- High levels of employee motivation and joy
- Low employee turnover, conflict, and gossiping.
- Collegial respect in a supportive work environment
- Sufficient resources to complete job responsibilities (i.e., equipment, people, and budget)
- Optimal client and patient care and outcomes
- Routine monitoring of employee engagement
- Appreciation, pride, accountability, and ownership of professional behaviors at work.

Examples of Engagement in Existing Frameworks:

- PF10: Engagement, Canadian Standard
- PF9: Workload Management, Canadian Standard
- “Poor workplace relationships,” Safe Work Australia
- “Poor organizational change management,” Safe Work Australia
- Lack of Community, Maslach’s 6 Workplace Factors for Burnout
- Insufficient Reward, Maslach’s 6 Workplace Factors for Burnout

Guideline 7: Equitable Participation in Decision-Making

While not unique to the practice of medicine, the hierarchical nature of veterinary medicine can negatively impact organizations and teams when engaging in decision-making. Not only does the traditional profession and organizational hierarchy support and validate the perspectives and opinions of those in formal positions of power and authority, but without careful consideration when decision-making and change planning, leaders have the potential to unintentionally amplify the systemic barriers that have traditionally excluded some roles or groups from participating more fully within their organizations ⁽¹⁾.

While not every perspective is equal in value or relevance depending on the specific topic, **equitable decision-making promotes a culture of fairness and opportunity, seeks to eliminate unconscious bias and assumptions, encourages employees to share diverse perspectives, and enhances understanding of inclusive teamwork dynamics.**

Managers and employees required to implement changes in their work environment that they did not help determine can suffer significant stress. However, organizational pushback and resistance are relieved when employee perspectives, capabilities, and the impact on worker positions are considered before updating policies and procedures or undertaking change. Participating in equitable decision-making can bring workers together to think about the organization in totality, taking them out of their usual circle of colleagues. Hearing other points of view, concerns, and ideas helps reduce or mitigate the formation of worker silos.

Leaders and managers should be intentionally inclusive and seek out their team members' perspectives rather than anticipate that workers will intrinsically feel comfortable volunteering their thoughts without explicitly being invited to express varying viewpoints or to disagree without repercussions.

Researchers have defined five key behaviors that inclusive leaders can exhibit, including ⁽²⁾:

1. Supporting group members
2. Sharing decision-making
3. Ensuring justice and equity
4. Encouraging diverse contributions and
5. Helping group members fully contribute.

Other authors support these identified behaviors and supporting attributes such as self-awareness, indicating value for uniqueness, and facilitating belongingness^(3,4). An essential distinction between inclusive leadership and other leadership styles is that inclusive leadership practice leverages these tenets and behaviors to deconstruct organizational systems and practices founded on power, privilege, and oppression⁽⁵⁾. Scholars support this distinction, acknowledging that truly inclusive leaders move beyond general diversity and actively seek different perspectives and viewpoints⁽⁶⁾.

Examples of Equitable Participation in Decision-Making in the Workplace:

- Inclusive processes/policies encouraging participation in decision-making.
- Inviting employee input through various methods, including anonymously
- Supervisors encourage their employees to ask for support with change.
- Considering employee roles within the scope of requested input before decisions are finalized

Examples of Interventions for Equitable Participation in Decision-making in the Workplace:

- Creating a multi-pronged approach to gathering information before making decisions that affect employees.
- Utilizing readily available, equitable decision-making tools with teams and organizations to help guide decisions.
- Implementing policies that require leaders and managers to include relevant participation from staff regarding specific types of decision-making.
- Implementing training for leaders and team members on inclusive decision-making practices
- Providing sufficient information to support informed decision-making.
- Intentionally creating opportunities for workers to provide feedback, especially those affected by potential changes.

Examples of existing frameworks:

- PF8: Involvement & Influence, Canadian Standard
- “Low job control,” Safe Work Australia
- “Low support,” Safe Work Australia
- “Absence of Fairness,” Maslach’s 6 Workplace Factors for Burnout

Guideline 8: Recognition and Reward

Meaningful recognition is an essential component of a positive work environment. Satisfaction from doing a “good job” is a driving factor for self-actualization and psychological well-being.

When recognition is well-timed and personal, it promotes positivity and elevates employee morale. Whether rewards are monetary or non-monetary, leaders and managers must understand what their employees value and what motivates them as individuals. With this knowledge, tailoring recognition to individual workers will enhance the meaning of the organization's rewards.

Many studies have explored employee recognition, finding it results in higher levels of motivation, engagement, and productivity, lower staff turnover, and an increased ability to retain and attract top talent (1,2):

- Companies can retain employees for 2-4 more years than companies without a service award program (1)
- Organizations that give regular recognition experience 31% lower voluntary turnover (2)
- 78% of employees work harder and with more drive when their efforts are rewarded (1)
- 48% of leaders and 57% of employees say that 'making employees feel valued and 'appreciated' is the aspect of workplace culture that is most important to them (1)
- Employees who receive strong recognition are 33% more likely to proactively innovate and generate twice as many new ideas per month. They are also twice as likely to be working at 80% capacity or higher (1)
- Recognition is more effective than a salary bonus at encouraging people to be innovative and productive (1)
- Just improving recognition by 15% in a company can increase its margins by 2% (2)

The psychological need for humans to receive recognition drives much of the impact of employee recognition in the workplace. Fulfilling this need strengthens employee engagement and happiness and fosters a psychologically safe workplace for all employees.

Ways Recognition and Rewards Amplify Psychological Safety in the Workplace include:

Validating a Sense of Belonging:

- When employees receive recognition for their contributions, it sends a powerful message that their efforts are seen and valued. This sense of validation enhances a feeling of belonging, reinforcing that every team member is an integral part of the workplace community.

Boosting Confidence and Risk-Taking:

- In an environment where achievements are celebrated, employees gain confidence and are more likely to take calculated risks and explore innovative solutions without fear of failure. This risk-taking mindset is essential for fostering creativity and growth.

Strengthening Interpersonal Relationships:

- Employee recognition is wider than organizational acknowledgment. Peer-to-peer recognition builds strong interpersonal relationships. When colleagues appreciate each others' contributions, it creates a collaborative atmosphere where trust flourishes, further enhancing psychological safety.

Cultivating a Positive Feedback Loop:

- Recognizing positive behaviors creates one of many feedback loops that can reinforce a psychologically safe culture. As individuals receive acknowledgment for their efforts, they become more receptive to constructive feedback, viewing it as a tool for improvement rather than criticism.

Leadership Setting the Tone:

- When leaders actively recognize and appreciate their team, it sets the tone for the entire organization. Leading this concept by example demonstrates that acknowledgment is not just a formality but a fundamental aspect of creating a workplace where everyone feels psychologically safe.

Examples of Rewards and Recognition in the Workplace:

- Developing criteria-based awards by department or organization-wide
- Featuring an employee of the month
- Acknowledging workers going above and beyond for patient care and safety
- Sharing client praise and appreciation
- Rewarding teamwork achievements
- Communicating through verbal acknowledgment or handwritten notes

- Recognizing staff for responding to a request for input/ideas
- Promoting innovation awards and worker ideas
- Constructive performance reviews identifying both positive and improvement areas
- Providing end-of-year bonuses or awards
- Acknowledging external recognition awards that team members receive

Recognition is most appreciated when given in front of peers and colleagues. To encourage other workers to aspire to be recognized, use all available communication avenues, including social media, flyers, newsletters, newspapers (print or digital), and meetings or events.

Examples of Interventions Supporting Rewards and Recognition:

- Implementing an employee recognition system within an organization or human resources department
- Developing a process to ensure timeliness (routine or unplanned), appropriateness (considerations of recipient), and fairness (avoid favoritism or perceived favoritism)
- Ensuring recognition at all levels of the organization
- Surveying employees to better identify desirable recognition and rewards.
- Clearly defining organizational objectives and goals for recognition and rewards
- Ensuring appropriate and fair rewards by establishing equitable benchmarks

Examples of Reward and Recognition in Existing Frameworks:

- PF7: Recognition and Reward, Canadian Standard
- “Inadequate Reward and Recognition,” Safe Work Australia
- Lack of Reward, Maslach’s 6 Workplace Factors for Burnout

Guideline 9: Opportunities for Growth and Advancement

Supportive working environments that foster a culture of psychological safety will directly impact opportunities for learning, growth, and advancement. A workplace where employees feel safe taking interpersonal risks while learning new skills will create more opportunities for growth and advancement within the organization ⁽¹⁾.

Workers in a positive environment accept that they are expected to be in a state of learning, open to feedback, and understanding that mistakes are a part of learning. Through this process, employees grow and advance in their careers, and those who achieve mastery and self-efficacy become mentors to others who desire similar professional development.

Mattering at work doesn't preclude the innate human need for continual learning and using new skills. Opportunities for professional growth and development are a workplace requirement when it comes to retaining high-performing employees who desire to advance their skills. Individual commitment to growth and advancement varies and may cause frustration when motivation for growth and development are not aligned with organizational needs. In any learning and development program, employees are asked to step outside of their comfort zones and take on new challenges. This can be a daunting task for many, especially when they fear negative consequences or judgment from their colleagues or superiors. When employees feel safe to take risks and learn from their failures, they are more likely to take on new challenges and experiment with different approaches. This leads to a culture of growth and development, where employees are engaged, productive, motivated to learn, and feel comfortable questioning, challenging, or evolving.

Building psychological safety into your learning and development plans can take many forms. Here are a few key strategies to consider ⁽²⁾:

Foster a Culture of Learning

- One of the best ways to incorporate psychological safety into your learning and development plans is to foster a learning culture. This means creating an environment where employees feel safe asking questions, sharing their concerns, and experimenting with new ideas. Promoting open communication, encouraging collaboration, and rewarding innovation can help achieve this.

Provide Opportunities for Feedback

- Feedback is essential for learning and development, but it can also create anxiety for employees. To build psychological safety into your learning and development plans, it's important to provide opportunities for feedback that are supportive, constructive, and nonjudgmental. These can include one-on-one coaching sessions, peer-to-peer feedback, or anonymous surveys.

Set Clear Goals

- Setting clear goals and communicating them to one's team is crucial to guiding them to success. Breaking down the goal into milestones can motivate teams to stay on task and focused on their shared vision. With a roadmap in place, smaller objectives are more tangible, challenges are easier to overcome, and short-term wins keep everyone motivated.

Embrace Failure as a Learning Opportunity

- Failure is an inevitable part of the learning process, but it can be difficult for employees to accept. Positioning failure as a learning opportunity and reframing it as a natural part of the process rather than a sign of incompetence or weakness help maintain psychological safety. This reframing makes employees more likely to take risks and learn from mistakes.

Examples of Enhancing Growth and Advancement in the Workplace:

- People, resources, and time available for on-the-job training and development
- New employees receive sufficient training to promote beginner mastery in their roles
- Timely feedback (new employees, new skill development, on-the-job training)
- Opportunities to develop and utilize new skills.
- A learning mindset culture, where mistakes are not shamed or blamed.

Examples of interventions for growth and advancement:

- New employee orientation process (30, 60, 90-day feedback)
- Support employees with poor performance due to lack of training or motivation before poor performance becomes routine.
- Mentorship programs (internal/external sources)
- Various methods of new learner training (video, hands-on, digital, written)
- Intentional employee advancement plans (mastery/proficiency criteria/seniority)
- Recap and share newly gained knowledge from attending Continuing Education (CE) events.
- Annual employee performance reviews, including growth and advancement planning.
- Consider individual motivational factors for growth and advancement.
- Recognition for achieving advanced levels and role-modeling organizational values.

Examples of opportunities for growth and advancement in existing frameworks:

- PF6:Growth & Development, Canadian Standard
- "Job demands," Safe Work Australia
- Lack of Control, Maslach's 6 Workplace Factors for Burnout

Relationships

Guideline 10: Civility and Respect

Workplace civility has garnered increased attention in recent years due to its impact on organizational effectiveness, employee well-being, and overall productivity. Civility, defined as the act of showing regard for others through respectful behavior, can yield benefits that extend far beyond basic niceties.⁽¹⁾

One of the most immediate impacts of workplace civility is improved employee engagement. One study found that employees in a civil work environment are more likely to be engaged with and committed to their organization.² Engaged employees are not only more productive but also contribute to a culture of excellence, thereby elevating the overall performance of an organization.³

Another benefit of a civil workplace is improved mental well-being among employees. Negative workplace behaviors such as bullying or harassment can lead to increased stress levels and psychological harm.⁴ In contrast, when civil behaviors are present, characterized by mutual respect and courtesy—they have been shown to help alleviate workplace stress and foster mental well-being.⁵

Workplace civility also positively correlates with teamwork and collaboration. Teams that operate in a civil environment are more likely to share knowledge, trust one another, and work cohesively towards common objectives.⁶ Such collaborative behavior improves the quality of work and fosters innovation and problem-solving, providing the organization with a competitive edge.⁷

There are clinical implications of cognitive impairments stemming from workplace incivility in medical professionals. These range from adverse patient outcomes and medical errors to compromised patient safety and increased mortality rates.⁸ Furthermore, such stressors diminished the overall quality of care and patient satisfaction. These preliminary observations have led to more targeted research aimed at understanding the direct clinical consequences of incivility in healthcare settings. The impact of civility is not limited to members of the healthcare team. In both human and veterinary medicine, bullying and harassment from patients and clients are happening with greater frequency.

A culture of civility enhances client satisfaction and loyalty. Employees who experience respect and courtesy in their workplace are likelier to extend those behaviors toward clients.¹⁰ This, in turn, can lead to improved client relations, driving both repeat business and positive reviews.¹¹

The importance of establishing civility in the workplace has grown increasingly apparent, especially when it comes to mitigating bullying and harassment behaviors. A comprehensive report from the Society for Human Resource Management (SHRM) in 2022 found that organizations actively focusing on civility training and awareness programs observed a notable decrease in reported incidents of workplace bullying and harassment.¹² By advocating for respectful interactions and transparent communication, workplaces not only engender a harmonious environment but also establish a strong cultural barrier against harmful behaviors.

A culture that emphasizes civility effectively discourages bullying, with workers more inclined to identify and rectify inappropriate actions rather than perpetuate or overlook them. In addition, fostering civility in workplaces brings about a broader range of positive outcomes. When civility is prioritized, employees consistently report higher job satisfaction, diminished stress, and a decreased inclination to leave their jobs.¹³ This ripple effect of a polite and considerate work environment is substantial, facilitating a sense of belonging, advancing collaboration, and endorsing the overall well-being of its members. In the current veterinary workplace landscape that encounters volatility and uncertainty, an emphasis on workplace civility has emerged as an integral strategy to foster robust, inclusive, and resilient organizational cultures.

In conclusion, the importance of workplace civility extends beyond baseline etiquette. The benefits manifest in increased team engagement, mental well-being, effective teamwork, improved patient care, and client and team satisfaction. Veterinary organizations keen on improving their performance and workplace culture are well-served by investing in initiatives that promote civility among their teams.

Examples of Incivility In the Workplace:

- Inappropriate communication or excluding others from conversations.
- Postponing sharing information or resources
- Neglecting to recognize others.
- Using technical language without considering the audience
- Shifting responsibility, even if partially at fault
- Depreciating others' efforts
- Making demeaning or derogatory remarks to someone
- Taking others' contributions for granted

Examples of Interventions for Civility:

- Create policies and implement training for team members who are most likely to experience uncivil behavior in the workplace, either from clients or co-workers
- Create a collaborative "code of conduct" with team members.
- Assess the organization's reporting processes. Are they effective, safe, clear, and supported by leadership?
- Require Implicit bias training.

Examples of Civility in Existing Frameworks:

- PF4: Civility & Respect, Canadian Standard
- "Poor workplace relationships," Safe Work Australia
- "Bullying," "Harassment," Safe Work Australia
- Lack of Community, Maslach's 6 Workplace Factors for Burnout

Guideline 11: Social Support | Workplace Relationships

Social support in the workplace, including support from management and colleagues and a sense of belonging and mattering, is increasingly recognized as a crucial factor affecting employee well-being, engagement, and productivity. The changing dynamics of veterinary work culture have accentuated the need for workplaces to invest in workplace relations and support as critical organizational assets.

Leadership and management support play an indispensable role in promoting mental health and overall well-being among employees. Supervisor support refers to the guidance and appreciation provided by leaders toward their team members. It encompasses a range of activities, including assisting with tasks, offering advice, resolving problems, actively listening to employee concerns, and extending emotional backing in the workplace. This support is essential for fostering a positive and productive work environment. Research has found that employees who perceive their managers as supportive experience lower levels of job-related stress, increased job satisfaction, and higher commitment to the organization.¹ More recent studies underscore that management support positively correlates with employee engagement and work-life balance.² A recent Gallup study (2022) established that employees with supportive and positive relationships with their managers are more likely to feel engaged, motivated, and satisfied in their roles.³ Conversely, negative interactions or a perceived lack of support can lead to increased stress levels, feelings of isolation, and reduced job satisfaction—all of which can have long-term implications for an employee's overall well-being.

Empathetic, understanding, and communicative managers and leaders foster a sense of trust and respect with their subordinates. This, in turn, promotes a culture where employees feel valued, listened to, and understood. Such a supportive environment and actions protect against work-related stress and other potential psychological hazards.

On the other hand, employees who feel micromanaged, undervalued, or unsupported by their managers are at a heightened risk for anxiety, burnout, and even symptoms related to depression. Employees who consistently experience negative interactions with leadership are likelier to report workplace-related health issues, including sleep disturbances and heightened stress.

Given these insights, it becomes paramount for organizations to prioritize the training and development of managers and leaders, ensuring they possess the necessary “soft skills” to foster healthy relationships with their teams. As the World Health Organization emphasized in 2022, establishing a mentally safe workplace is not just about minimizing risks, but also about creating a positive environment where employees can thrive both emotionally and psychologically.⁴

Ensuring that employees have strong, positive relationships with their managers is not just a matter of improving productivity. It is crucial for maintaining the emotional and psychological health and safety of the workforce. As companies navigate the challenges of the modern workplace, the role of empathetic and effective leadership becomes ever more essential.

Peer Support and Team Cohesion

The impact of colleague and co-worker relationships should not be underestimated. Peer relationships provide emotional support, information, and practical help that can significantly reduce stress and increase job satisfaction. In teams with high social support, the group's collective efficacy improves, resulting in higher performance outcomes.³ Colleagues serve as a social safety net, helping team members navigate professional and clinical challenges and the emotional landscape of the veterinary workplace.

Belonging and Mattering

Employees are more likely to engage in organizational citizenship behaviors and report greater job satisfaction when they feel a sense of belonging and mattering in their workplace.⁴ In the era of remote work, ensuring that

employees feel a sense of community and connectedness has become a challenge but remains crucial. Companies adopting 'hybrid work models' are finding that fostering a sense of belonging across physical and virtual spaces is essential for employee retention and well-being.⁵ The expansion of telemedicine and remote work for veterinary professionals adds a workforce sector that would benefit from such interventions.

Importance in Healthcare Workplaces

Healthcare workplaces are high-stress, high-stakes environments where the well-being of staff directly impacts patient outcomes. In such settings, 'belonging' and 'mattering' concepts emerge as particularly vital for healthcare professionals. These elements affect the mental health of healthcare providers and contribute to improved patient care, increased job satisfaction, and reduced employee turnover.

The Consequences of a Lack of Belonging and Mattering in Healthcare

A lack of belonging and mattering can lead to detrimental outcomes such as burnout, emotional exhaustion, and reduced empathy towards patients. A study conducted in 2020 found that healthcare providers with low levels of workplace belonging exhibited higher levels of burnout and were more likely to consider leaving their jobs.⁶ As turnover in healthcare is costly and impacts the quality of patient care, understanding the role of belonging and mattering becomes critical.

Effects on Patient Care

Emotional well-being allows medical professionals to engage more fully in their roles, resulting in better patient care. Research has shown that healthcare environments where employees feel valued and connected are correlated with lower patient mortality rates and fewer medical errors.⁷

Social support in the workplace—both from management and peers—has profound implications for employee well-being and organizational success. As veterinary organizations adapt to new work models, they should invest in building and maintaining social capital through management support, team cohesion, and initiatives to foster belonging and mattering. Ultimately, these social assets are invaluable for both individual and organizational resilience and flourishing.

Examples of lack of social support

- Poor leadership support: unachievable job demand and/or lack of job resources, leaders are unable to effectively support their team members, for example.
- Cases routinely demonstrate many mistakes and are inconsistent with leadership expectations.
- Frequent delaying tactics or avoidance of finishing tasks completely
- Discussion of challenges/frustrations/struggles with a colleague or leader in a different department
- Decreased team performance and efficacy.
- Team projects that have frequent, costly mistakes or unexplained delivery delays
- Lack of interaction or avoidance between team members.

Examples of social support interventions

- Collaborative processes regarding clarity of job tasks and expectations
- Frequent 3-5 min high-quality connections by leaders with team members
- Acknowledge life events, both personal and professional

- Know team members' names, family's names, things that are important to them.
- Assess for well-being, psychological safety, and burnout. Address any resultant hazards/risks (scheduling, code of conduct, etc.)
- Prioritize exit and stay interviews.
- Model vulnerability, positive relationships, and respectful, professional interaction – this helps build a psychologically safe environment.
- Act quickly to address and de-escalate deteriorating relationships.

Examples of social support in existing frameworks

- PF2: Organizational Culture, Canadian Standard
- PF4: Civility and Respect, Canadian Standard
- PF6: Growth & Development, Canadian Standard
- “Poor workplace relationships,” Safe Work Australia
- “Lack of supervisor support,” Safe Work Australia
- Maslach—Lack of Community
- Maslach—Absence of Fairness

Case Stories: Illustrating How Guidelines Can Impact Environments and Actions

Case Story #1:

In 2020, a three-doctor practice received a call from worried owners. Their six-month-old puppy had suddenly collapsed in the backyard. During the pandemic, such emergent cases brought an added level of volatility and stress to veterinary care. That day, the practice had only one veterinarian seeing patients, who already had a very high caseload.

This was similar to other veterinary hospitals during that time, but the puppy needed to be seen. Upon presentation, the puppy appeared stable after examination. The initial working diagnosis was an anaphylactic reaction. When the patient didn't initially respond to therapy, an intravenous bolus of crystalloid and low-dose epinephrine was administered. Believing the patient had been treated appropriately, the veterinarian returned to seeing other patients.

About 20 minutes later, the assistant monitoring the case approached the veterinarian. In a calm, firm voice, she stated, "Please. I need you to stop what you're doing and please come reassess this patient. I think we may be missing something. Something isn't right."

The veterinarian returned to the patient and went back through the physical exam. The patient was taken to the diagnostic imaging area. Radiographs showed a loss of serosal detail in the abdomen. Ultrasound confirmed fluid. An abdominal tap diagnosed a hemoabdomen, or blood in the belly. On closer examination, it was evident that the patient had a recent small incision. This was something the veterinarian failed to observe on the intake exam. On obtaining a further history from the owner, it was revealed the dog had undergone an ovariohysterectomy a few days prior at another hospital.

The patient was transfused, taken to surgery, and fully recovered.

Imagine another scenario. Instead of this hospital, the patient was admitted to a different environment with a culture of judgment, criticism, and blame. Leaders and doctors in the hospital are authoritarian and dismissive toward recommendations from the support team. Envision the barriers to overcome for a young veterinary assistant who has seen or directly experienced being told never question the doctor. When 'mistakes' are made, team members likely would have been publicly chastised. Mistakes are viewed as unacceptable and individualized. Leadership blames individual team members and does not consider systemic workplace elements playing a part in the outcome. In this second scenario, it is less likely that a 'lower ranking' team member would come forward to the veterinarian with a concern in a non-judgmental way.

Luckily for this puppy, she was presented to the first hospital. It was one with a culture of collaboration, aligned vision, and goals around patient care and psychological safety for team members, which allowed them to bring forward questions and concerns. Leadership intentionally worked to create an environment that supported the whole team.

The assistant, who later became the practice manager of that hospital, said she identified with these statements:

1. "I believe that my voice and words matter in this hospital."
2. "I believe that leadership cares about me in this hospital."

Such core workplace beliefs empower team members to act when it is their role to monitor a patient and raise concerns when noticed. They must believe they will be treated with respect when doing so. However, it takes more than solely listing such beliefs in a job description to facilitate action reliably. The words of policies need to be followed up with actions by the leaders that demonstrate these ideals are essential to the workplace framework. When hospital teams see this and feel they matter, it is the foundation for a psychologically safe and sustainable workplace.

The end result:

The leaders facilitated an environment where an assistant felt they mattered and was safe enough to approach the hospital's medical director in a potentially uncomfortable scenario.

In this narrative, the hospital was purposeful in both policy creation and action. Below are examples of how they applied the Guidelines presented in this document.

Guideline 1: Systemic Commitment by Leadership to a Culture of Psychological Health and Safety.

Factors impacting the psychological well-being of the staff were assessed and addressed.¹ For example, it was noted that staff were not able to take their full allotted time for lunches. Leadership met and blocked off the appointment slot prior to the lunch period. This action facilitated the teams getting lunches on time. The move by leadership was received well by the hospital, and no areas of productivity or patient care were impacted.

Guideline 2: Clear Communications.

The team had an in-house saying, “98% of all problems are due to miscommunication, misinterpretation, and unclear expectations.” While the statistics and source may have been lacking, it impressed upon team members how critical clear communication with clients and each other is to the client and team member experience. Cognitive behavioral coaching, cognitive distortions (thinking traps), and biases were discussed in on-site workshops and carried onto the floor to facilitate communication and resilience. Leadership shared how they previously misinterpreted situations and uncovered unconscious biases that were present. This vulnerability by the leaders helped create an environment of support and psychological safety.

Guideline 7: Equitable Participation in Decision-Making.

The hospital practiced collaborative leadership. The medical director, practice manager, and leads made changes together, understanding the impact change had on their teams, as well as the financial health of the practice. Input was gathered from all departments. Team members felt they had a voice in the decision-making process.

Guideline 8: Recognition and Reward.

In addition to financial rewards, team members were also recognized through “kudos” during monthly meetings and on-the-spot comments by leadership and team members when there was a “win.” Leaders would often tell team members at the end of the day specific positive actions they observed. Examples of the team members using their personal strengths or stepping out of their comfort zone were shared and recognized.

Guideline 9: Opportunities for Growth and Advancement.

The team was asked monthly which subject/area they wanted to improve. Topics were voted on from a list of team-generated options, which became the focus of professional development.

Guideline 10: Civility and Respect

Two guiding principles in the workplace were “make the charitable assumption” in regard to an action or behavior from a co-worker or a client that wasn’t demeaning or violent. This was borrowed from the successful restaurateur Danny Meyer’s culture**. The second was “Don’t spray emotional anal glands,” meaning the team understood the power of emotional contagion in the workplace. This was related to gossip, judgment, and co-rumination about clients or co-workers.

Guideline 11: Social Support – Workplace Relationships

Team members celebrate and support each other during times of crisis. They are encouraged to laugh and create "high-quality connections," 3-5-minute interactions that foster mutual respect and often joy. All of these actions help create a valued sense of belonging.

*The actual hospital in the introduction

** Danny Meyer is a New York restaurateur and founder of Union Square Hospitality Group. His claim to fame includes Union Square Café, Gramercy Tavern, Shake Shack, and other iconic dining institutions. He is known not only for his acclaimed restaurants but for USHG's distinctive and celebrated culture of Enlightened Hospitality. Serving currently on numerous boards of directors, he was formerly on the boards of Open Table, Sotheby's, and The Container Store.

Case Story #2:

A mixed animal vet, Dr. Veterinary, had booked part of the morning off for personal reasons.

At the clinic, staff had started seeing small animal appointments. The receptionist, who had been working at the practice for a year, took a call from a frantic equine client saying her pony was in distress. The receptionist tried calling Dr. Veterinary, who didn't answer the phone call, so she informed the pony owner that Dr. Veterinary was away that morning and suggested she should call other vet clinics.

As soon as possible after Dr. Veterinary returned, the receptionist reported the client's call and said she had told her to try another clinic but that no one else could help her. Dr. Veterinary immediately asked the receptionist why she hadn't told him about it sooner, to which the receptionist replied, "Why don't you think I didn't try to call you?"

Dr. Veterinary was upset that his clients were being turned away without consultation. The receptionist replied that she was following the appointment book schedule, showing that early morning was booked off as unavailable, and the rest of the morning and afternoon were booked with small animal appointments. Dr. Veterinary was visibly frustrated not to be reached to discuss this schedule to see if a workaround could be done to accommodate a large animal emergency.

The receptionist was visibly upset and hurt.

Dr. Veterinary then grabbed the phone and frantically dialed the client with the pony in distress. Unable to reach the client, he grew even more upset. After trying other contact numbers and still not reaching the client, the doctor stormed to his office in frustration, slammed the door shut, and banged on the desk a few times loudly. All this was clearly seen and heard by the receptionist.

Dr. Veterinary shared the office with his partner. As a witness to the outburst, his partner also felt emotionally reactive and torn between feeling empathy for the stress Dr. Veterinary was experiencing and keeping him accountable for his bad behavior. Unsure of what to do, the partner approached the receptionist and tried to smooth over the situation, reassuring her it wasn't her fault.

She doesn't feel relieved and calls in sick the following day, finding out at a doctor's visit she has bronchitis.

The situation wasn't discussed any further.

If allowed to continue and fester, the impact of the above situation can have very adverse effects on the entire organization. Below, you will see how specific guidelines apply to avoid similar situations of unintentional harm, loss of emotional regulation due to high moral distress, lack of workload control, and competing demands (small vs large animals).

Guideline 1: Systemic Commitment by Leadership to a Culture of Psychological Health and Safety.

Dr. Veterinary certainly did not lead by a positive example. He must be held accountable; otherwise, this may inhibit trust and perceived fairness and perpetuate a viewed normality for this type of behavior as a model of what is acceptable, although inappropriate.

The receptionist's question, "Why don't you think I didn't try to call you?" suggests some trust issues already exist. If there are supervisors or managers, it is time for them to facilitate candid discussions with staff about acceptable behaviors, stress at work, and competing job demands. If there is no middle layer, then the partner who is a peer to Dr. Veterinary has to step up and initiate such discussions that must include Dr. Veterinary to demonstrate every person plays a part in sustaining a culture of psychological health and safety.

Guideline 3: Protection from threats of or actual violence, bullying, or harassment

At the time of the incident, the receptionist did not know what all was contributing to Dr. Veterinary's stress that he was taking out on her. She HAD reached out to him by phone, HAD been following what she understood to be the appointment protocols, and HAD wanted to do the best for their client and the sick pony. And, his partner's attempt at "smoothing it over", while well-intentioned, did not hold Dr. Veterinary accountable nor provide assurances that this bullying was unprofessional and inconsistent with the organization's policies.

Guideline 4: Moral Injury and Trauma-Informed Practices

In this example, moral distress is experienced. Dr. Veterinary's outburst was, at least in part, caused by not being able to help the pony. His partner felt caught between sympathy for a colleague and what he knew was inappropriate behavior that went against his values. Without resolution, the situation had the potential to escalate and undermine any sense of psychological health and safety.

Guideline 6: Job Autonomy

What were the receptionist's options according to her job description and protocols for handling such emergencies? When is personal time "Do Not Disturb Time" or please keep calling or texting until you reach me?" Could a code word be established for emergencies? What about flexible schedules? Should staff have the autonomy to change appointments? A thorough policies and procedures review was in order.

It should be noted that Dr. Veterinary realized he was stressing over caseloads, lack of control over his schedule, and feeling overwhelmed. To address this, a receptionist was designated to schedule telemed appointments to help them manage small animal appointments and large animal emergencies.

Guideline 10: Civility and Respect and Guideline 11: Social Support-Workplace Relationships

Empathetic, understanding, and communicative leaders foster trust and respect with their staff, promoting a culture where employees feel valued, listened to, and understood.

Dr. Veterinary began communications training and attended regular counseling sessions. The receptionist received communications training that included conflict confidence and assertiveness training.

References

Origin Story References:

1. <https://veterinaryvisionaries.org/about-mhe>
2. <https://www.aaha.org/practice-resources/veterinary-visionaries/veterinary-visionaries/>

Introduction References

1. <https://www.avma.org/javma-news/2021-12-15/burnouts-economic-toll-veterinarians-calculated>
2. <https://drive.google.com/file/d/11pmYzlouybfL55YsduRbaZ1TtMD1i2DB/view>
3. <https://hbr.org/2017/04/employee-burnout-is-a-problem-with-the-company-not-the-person>
4. <https://pubmed.ncbi.nlm.nih.gov/35280150/>
5. <https://hbr.org/2023/02/what-is-psychological-safety>

Guidelines 1,2,3 Organizational Culture References:

1. Pelligrini C. Workplace bullying is a real problem in health care. *Bulletin of the American College of Surgeons* 2016.
2. McAvoy BR, Murtagh J. Workplace bullying. *BMJ*. 2003;326(7393):776-7.
3. Frank E, Carrera JS, Stratton T, Bickel J, Nora LM. Experiences of belittlement and harassment and their correlates among medical students in the United States: a longitudinal survey. *BMJ*. 2006;333(7570):682.
4. Fnais N, Soobiah C, Chen MH, Lillie E, Perrier L, Tashkhandi M, et al. Harassment and discrimination in medical training: a systematic review and meta-analysis. *Acad Med*. 2014;89(5):817-27.
5. Silver HK, Glick AD. Medical student abuse. Incidence, severity, and significance. *JAMA*. 1990;263(4):527-32.
6. Ayyala MS, Chaudhry S, Windish D, Dupras D, Reddy ST, Wright SM. Awareness of Bullying in Residency: Results of a National Survey of Internal Medicine Program Directors. *J Grad Med Educ*. 2018;10(2):209-13.
7. Ayyala MS, Rios R, Wright SM. Perceived Bullying Among Internal Medicine Residents. *JAMA*. 2019;322(6):576-8.
8. Namie G. 2017 Workplace Bullying Institute U.S. Workplace Bullying Survey. Workplace Bullying Institute; 2017.
9. The Joint Commission. Bullying has no place in health care. 2016.
10. Tehrani N. Building a culture of respect: Managing bullying at work: CRC Press; 2003.

Guideline 4 Moral Trauma and Injury References:

1. Substance Abuse and Mental Health Services Administration, Trauma and Justice Strategic Initiative (2012). SAMHSA's working definition of trauma and guidance for trauma-informed approach. Rockville, MD: Substance Abuse and Mental Health Services Administration.
2. Horowitz, M. J. (1992). The effects of psychic trauma on mind: Structure and processing of meaning. In J. W. Barron, M. N. Eagle, & D. L. Wolitzky (Eds.), *Interface of psychoanalysis and psychology* (pp. 489–500). American Psychological Association. <https://doi.org/10.1037/10118-022>
3. Bedera, N. (2021). Beyond Trigger Warnings: A Survivor-Centered Approach to Teaching on Sexual Violence and Avoiding Institutional Betrayal. *Teaching Sociology*, 49(3), 267-277. <https://doi.org/10.1177/0092055X211022471>
4. Kriti Prasad, Colleen McLoughlin, Martin Stillman, Sara Poplau, Elizabeth Goelz, Sam Taylor, Nancy Nankivil, Roger Brown, Mark Linzer, Kyra Cappelucci, Michael Barbouche, Christine A. Sinsky. Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study, *Eclinical Medicine*, Elsevier, May 2021, <https://doi.org/10.1016/j.eclinm.2021.100879>
5. Don Bambino Geno Tai, Aditya Shah, Chyke A Doubeni, Irene G Sia, Mark L Wieland, The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States, *Clinical Infectious Diseases*, Volume 72, Issue 4, 15 February 2021, Pages 703-706, <https://doi.org/10.1093/cid/ciaa815>

6. Rabin, S., Kika, N., Lamb, D., Murphy, D., Am Stevelink, S., Williamson, V., Wessely, S., & Greenberg, N. (2023). Moral Injuries in Healthcare Workers: What Causes Them and What to Do About Them?. *Journal of Healthcare Leadership*, 15, 153–160. <https://doi.org/10.2147/JHL.S396659>
7. Litz BT, Stein N, Delaney E, et al. Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clin Psychol Rev*. 2009;29(8):695–706. doi: 10.1016/j.cpr.2009.07.003
8. Nelson KE, Hanson GC, Boyce D, et al. Organizational impact on healthcare workers' moral injury during COVID-19: a mixed-methods analysis. *J Nurs Adm*. 2022;52(1):57–66. doi: 10.1097/NNA.0000000000001103
9. Williamson V, Stevelink SAM, Greenberg N. Occupational moral injury and mental health: Systematic review and meta-analysis. *Br J Psychiat*. 2018;212(6):339–346. doi: 10.1192/bjp.2018.55
10. Hegarty S, Lamb D, Stevelink SAM, et al. 'It hurts your heart': frontline healthcare worker experiences of moral injury during the COVID-19 pandemic. *Eur J Psychotraumatol*. 2022;13(2):2128028. doi: 10.1080/20008066.2022.2128028
11. Riedel PL, Kreh A, Kulcar V, Lieber A, Juen B. A scoping review of moral stressors, moral distress and moral injury in healthcare workers during COVID-19. *Int J Environ Res Public Health*. 2022;19(3):1666. doi: 10.3390/ijerph19031666
12. Williamson V, Lamb D, Hotopf M, et al. Moral injury and psychological wellbeing in UK healthcare staff. *J Ment Health*. 2023:1–9. doi: 10.1080/09638237.2023.2182414
13. Hines SE, Chin KH, Glick DR, Wickwire EM. Trends in moral injury, distress, and resilience factors among healthcare workers at the beginning of the COVID-19 pandemic. *Int J Environ Res Public Health*. 2021;18(2):488. doi: 10.3390/ijerph18020488
14. Norman SB, Maguen S Moral Injury. *PTSD: National Center for PTSD*. Available from: https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp#:~:text=Moral%20injury%20is%20the%20distressing,individual's%20values%20and%20moral%20beliefs. Accessed 09, April, 2023.
15. Williamson V, Murphy D, Greenberg N (2022) Experiences and impact of moral injury in U.K. veterinary professional wellbeing, *European Journal of Psychotraumatology* 13:1 DOI: [10.1080/20008198.2022.2051351](https://doi.org/10.1080/20008198.2022.2051351)
16. Litam SDA, Balkin RS. Moral injury in health-care workers during COVID-19 Pandemic. *Traumatology*. 2021;27:14–19. doi: 10.1037/trm0000290
17. Marquart, M. & Báez, J. (2021). Recommitting to Trauma-informed Teaching Principles to Support Student Learning: An Example of a Transformation in Response to the Coronavirus Pandemic. *Journal of Transformative Learning*, 8(1), 63-74.
18. Perry, B. D. (2006). Fear and Learning: Trauma-Related Factors in the Adult Education Process. *New Directions for Adult and Continuing Education*, 110, 21-27. <https://doi.org/10.1002/ace>
19. CAST (2018). Universal Design for Learning Guidelines v. 2.2. <http://udlguidelines.cast.org>
20. Kramper, S., Crosby, E. S., Waitz-Kudla, S. N., Weathers, F., & Witte, T. K. (2023). Highly stressful events and posttraumatic stress disorder symptoms among veterinary professionals: Prevalence and associations with mental health and job-related outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(Suppl 2), S275–S285. <https://doi.org/10.1037/tra0001432>
21. IDEA: <https://trilliumhealthpartners.ca/aboutus/Documents/IDEA-Framework-THP.pdf>
22. RIGHT decision model: <https://publications.ici.umn.edu/frontline-initiative/10-1/the-right-decision-method-an-approach-for-solving-ethical-dilemmas>

Workplace Experience Introduction References:

1. Lamperski RJ. Work Namaste: The Importance of Mattering at Work and How a Leader Can Create an Environment Where Employees Feel They and Their Work Matter. MAPP Thesis, University of Pennsylvania. 2018
2. Ryan RM, Deci EL. On Happiness and Human Potentials: A Review of Research on Hedonic and Eudaimonic Well-Being. *Annual Review of Psychology*. 2001;52:141-166

3. Managing psychosocial hazards at work: Code of Practice. Safe Work Australia. 2022. Accessed online: https://www.safeworkaustralia.gov.au/sites/default/files/2022-08/model_code_of_practice_-_managing_psychosocial_hazards_at_work_25082022_0.pdf
4. Workplace Wellness: The National Standard for Psychological Health and Safety in the Workplace. Mental Health Commission of Canada. 2023. Accessed online: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2019-03/C4HC%20Toolkit_Asset%2036_ATP-HC_EN.pdf

Guidelines 5 & 6: Role Clarity Expectations and Job Atonomy References

1. Managing psychosocial hazards at work: Code of Practice. Safe Work Australia. 2022. Accessed online: https://www.safeworkaustralia.gov.au/sites/default/files/2022-08/model_code_of_practice_-_managing_psychosocial_hazards_at_work_25082022_0.pdf
2. Pervaiz S, Li G, He Q. 2021. The mechanism of goal-setting participation's impact on employees' proactive behavior moderated mediation role of power distance. *PLoS One*. 2021 Dec 15;16(12)
3. Smith, J. & Hume, L. The Impact of Role Ambiguity on Worker Well-being. *Journal of Occupational Health Psychology*, 26(2), 145-159.
4. Johnson, A. & Smith, P. 2021. Role Ambiguity and Health: A Study of Workplace Stress. *Work & Stress*, 36(1), 24-38.
5. Williams, R. & Anderson, H. 2023. Role Ambiguity and Organizational Effectiveness. *Human Resource Management Review*, 33(1), 102-116.
6. Martin, G. & Fernandez, E. 2023. Reducing Role Ambiguity: A Human Resource Perspective. *Journal of Human Resources*, 58(2), 234-250.
7. Karasek R, Theorell T. *Stress, productivity, and the reconstruction of working life*. New York: Basic Books, 1990.
8. Workplace Wellness: The National Standard for Psychological Health and Safety in the Workplace. Mental Health Commission of Canada. 2023. Accessed online: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2019-03/C4HC%20Toolkit_Asset%2036_ATP-HC_EN.pdf
9. Leiter MP, Maslach C. Six Areas of Worklife: A Model of the Organizational Context of Burnout. *JHSA*. 1999;21(4):472-489
10. Yang, F. and Zhao, Y. (2018) The Effect of Job Autonomy on Psychological Well-Being: The Mediating Role of Personal Initiative. *Open Journal of Social Sciences*, 6, 234-24doi: [10.4236/jss.2018.611017](https://doi.org/10.4236/jss.2018.611017).
11. Jabra Hybrid Ways of Working 2021 Global Report, <https://www.jabra.com/hybridwork>
12. <https://www.gallup.com/workplace/245498/fostering-creativity-work-managers-push-crush-innovation.aspx>
13. Daniel Wheatley. Autonomy in Paid Work and Employee Subjective Well-Being. *Work and Occupations*, 2017; 073088841769723 DOI: [10.1177/0730888417697232](https://doi.org/10.1177/0730888417697232)

Worker Engagement Introduction References:

1. Gallup website, accessed in August 2023: <https://www.gallup.com/workplace/285674/improve-employee-engagement-workplace.aspx#:~:text=Gallup%20defines%20employee%20engagement%20as,in%20their%20work%20and%20workplace.>
2. Leiter MP, Maslach C. Burnout and engagement: Contribution to a new vision. *Burnout Research*. 2017;5:55-57
3. Schaufeli W, Salanova M, Gonzales-Roma V, Bakker AB. The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies*. 2002;3:71-92
4. Ryan RM, Frederick C. On Energy, Personality, and Health: Subjective Vitality as a Dynamic Reflection of Well-Being. *Journal of Personality*. 1997;65(3):529-565
5. Mercurio ZA, Myles T, Adams W, Clifton JDW. Mapping and Measuring Leadership Practices Intended to Foster Meaningful Work. *Occupational Health Science*. 2023. Published online: https://link.springer.com/epdf/10.1007/s41542-023-00161-z?sharing_token=Fz4QIzBnyQY_qQZXnat4ofe4RwlQNchNByi7wbcMAY46Ztqog18KaJ7pnmj-YKs_GfTLP3Xt-

TUvZi4ok71SlzPDFuZ97t0s- dw hk7nQrUD95xST-6JDjL8lInfohV7VGYSMYNRv5UIV7lcXt47vGyNq It3UY9zsmnd1ym2U%3D

6. Vaisman J, Davison A. Leadership & Workplace Experience Study: The Impact of Positive Leadership on Veterinary Teams. 2022. Available at: <https://www.flourish.vet/positive-workplace-study-results>
7. McKay CH, Vaisman JM. Psychological safety, purpose, path, and partnership reduce associate veterinarians' desire to leave current employment. *Journal of the American Veterinary Medical Association*. 2023, Accessed online: <https://avmajournals.avma.org/view/journals/javma/aop/javma.23.03.0158/javma.23.03.0158.xml>
8. Nielsen K, et al. Workplace resources to improve both employee well-being and performance: A systematic review and meta-analysis. *Work & Stress*. 2017;31(2):101-120
9. Bethune S, Bossolo L. APA Survey Finds Feeling Valued at Work Linked to Well-Being and Performance. 2012. Access online: <https://www.apa.org/news/press/releases/2012/03/well-being>
10. Kogan LR, Rishniw M. Differences in perceptions and satisfaction exist among veterinarians employed at corporate versus privately owned veterinary clinics. *JAVMA*. 2023. Accessed online: <https://avmajournals.avma.org/view/journals/javma/aop/javma.23.06.0326/javma.23.06.0326.xml>
11. Moore HL, Bakker AB, van Mierlo H. Using strengths and thriving at work: The role of colleague strengths recognition and organizational context. *EJWOP*. 2022;31(2):260-272 and Miglianico M, et al. Strengths Use in the Workplace: A Literature Review. *Journal of Happiness Studies*. 2019;21:737-764
12. Harzer C. Fostering character strengths to promote thriving and flourishing in organizations. *Organizations, Supervision, Coaching*. 2020;27:37-50
13. Bridgeman PJ, Bridgeman MB, Barone J. Burnout syndrome among healthcare professionals. *AJHSP*. 2017;74:576-581
14. Morgan JC, Dill J, Kalleberg AL. The quality of healthcare jobs: Can intrinsic rewards compensate for low extrinsic rewards? *Work, employment, and society*. 2013;27(5):802-822
15. Raie A, et al. Improving in-role and extra-role performances with rewards and recognition: Does engagement mediate the process? *Management Research Review*. Accessed online: <https://doi.org/10.1108/MRR-12-2016-0280>

Guideline 7 Equitable Participation in Decision-Making References:

1. Fine, L.E. (2017). What's in a Word? Troubling and Reconstructing the Discourse of Inclusion. In A. Boitano, R. Lagomarsino Dutra, & H.E. Schockman. (Eds.). *Breaking the Zero-Sum Game: Transforming Societies Through Inclusive Leadership* (pp. 29 – 42). Emerald Publishing Limited.
2. Randel, A.E., Galvin, B.M., Shore, L.M., Ehrhart, K.H., Chung, B.G., Dean, M.A., & Kedharnath, U. (2018). Inclusive leadership: Realizing positive outcomes through belongingness and being valued for uniqueness. *Human Resource Management Review*, 28(2), 190 – 203. <https://doi.org/10.1016/j.hrmr.2017.07.002>
3. Gotsis, G. & Grimani, K. (2016). The role of servant leadership in fostering inclusive organizations. *Journal of Management Development*, 35(8), 985 – 1010. <https://doi.org/10.1108/JMD-07-2015-0095>
5. Nembhard, I.M. & Edmondson, A.C. (2006). Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behaviour*, 27, 941 – 966. <https://doi.org/10.1002/job.413>
6. Merlini, K.P., Albowicz, C., & Merlini, P.G. (2019). A transformational leader and an authentic leader walk into a bar: Who feels included? *Journal of Leadership, Accountability and Ethics*, 16(3), 96 – 108. <https://doi.org/10.33423/jlae.v16i3.2158>
7. Morgan, E. (2017). Breaking the zero-sum game: Transforming societies through inclusive leadership. In A. Boitano, R. Lagomarsino Dutra, & H.E. Schockman. (Eds.). *Breaking the Zero-Sum Game: Transforming Societies Through Inclusive Leadership* (pp. 5 – 27). Emerald Publishing Limi

Guideline 8 Recognition and Reward References

1. Tanner Global Culture Report; <https://www.octanner.com/global-culture-report>
2. Deloitte Talent 2020 Study; <https://www2.deloitte.com/ie/en/pages/human-capital/articles/talent-2020.html>

Guideline 9 Opportunities for Growth and Advancement References:

1. Psychological Safety, Trust, and Learning in Organizations: A Group-level Lens Amy C. Edmondson Harvard Business School Morgan Hall T93 Boston, MA 02163 May 5, 2003 Amy Savage, Flashpoint Leadership Consulting, Where Does Psychological Safety Fit Int

Guideline 10 Civility and Respect References:

1. Andersson, L. M., & Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *The Academy of Management Review*, 24(3), 452-471.
2. Porath, C., & Pearson, C. (2012). Emotional and behavioral responses to workplace incivility and the impact of hierarchical status. *Journal of Applied Social Psychology*, 42(S1).
3. Harter, J. K., Schmidt, F. L., & Hayes, T. L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: a meta-analysis. *Journal of Applied Psychology*, 87(2), 268.
4. Nielsen, M. B., Matthiesen, S. B., & Einarsen, S. (2010). The impact of methodological moderators on prevalence rates of workplace bullying. A meta-analysis. *Journal of Occupational and Organizational Psychology*, 83(4), 955-979.
5. Leiter, M. P., Laschinger, H. K., Day, A., & Oore, D. G. (2011). The impact of civility interventions on employee social behavior, distress, and attitudes. *Journal of Applied Psychology*, 96(6), 1258.
6. Gonzalez-Morales, M. G., Kernan, M. C., Becker, T. E., & Eisenberger, R. (2015). Defeating abusive supervision: Training supervisors to support subordinates. *Journal of Occupational Health Psychology*, 20(2), 121.
7. Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, 44(2), 350-383.
8. Maddineshat M, Rosenstein AH, Akaberi A, Tabatabaeichehr M. Disruptive Behaviors in an Emergency Department: the Perspective of Physicians and Nurses. *J Caring Sci [Internet]*. 2016/10/19. 2016;5(3):241–9.
9. Cooper O, Spain DA, Guillamondegui O, Kelz RR, Domenico HJ, Hopkins J, et al. Association of Coworker Reports About Unprofessional Behavior by Surgeons With Surgical Complications in Their Patients. *JAMA Surg [Internet]*. 2019/06/20. 2019; 154(9):828–34.
10. Tsarenko, Y., & Tojib, D. (2012). The role of personality characteristics and service failure severity in customer forgiveness. *Journal of Marketing Management*, 28(9-10), 1217-1234.
11. Homburg, C., Wieseke, J., & Bornemann, T. (2009). Implementing the Marketing Concept at the Employee–Customer Interface: The Role of Customer Need Knowledge. *Journal of Marketing*, 73(4), 64-81.
12. Society for Human Resource Management (2022). *The Role of Civility in Reducing Workplace Bullying and Harassment*. SHRM Publications.
13. Sawada U, Shimazu A, Kawakami N, Miyamoto Y, Speigel L, Leiter MP. The Effects of the Civility, Respect, and Engagement in the Workplace (CREW) Program on Social Climate and Work Engagement in a Psychiatric Ward in Japan: A Pilot Study. *Nurs Rep*. 2021 May 1;11(2):320-330.

Guideline 11 Social Support / Workplace Relationships References

1. Gilbreath, B., & Benson, P. G. (2004). The contribution of supervisor behavior to employee psychological well-being. *Work & Stress*, 18(3), 255-266.
2. Shuck, B., Naim, M., & Zigarani, D. (2020). "The role of employee work passion and perceived organizational support in the employee engagement–organizational trust relationship." *Human Resource Development Quarterly*, 31(2), 141-162.
3. Gallup (2022). "State of the Global Workplace: 2022 Report." Gallup Press.
4. World Health Organization (2022). "Mental Health in the Workplace." WHO Publications.
5. Salanova, M., Agut, S., & Peiro, J. M. (2003). "Linking organizational resources and work engagement to employee performance and customer loyalty: the mediation of service climate." *Journal of Applied Psychology*, 88(6), 1217.
6. Walton, G. M., & Brady, S. T. (2017). "The many questions of belonging." *Handbook of Competence and Motivation: Theory and Application*, 2, 272-293.

7. Kniffin, K. M., Narayanan, J., Anseel, F., Antonakis, J., Ashford, S. P., Bakker, A. B., & Vugt, M. V. (2021). "COVID-19 and the workplace: Implications, issues, and insights for future research and action." *American Psychologist*, 76(1), 63.
8. Crawford, J. J., Ahmad, F., Beaton, D., & Bierman, A. S. (2020). "COVID-19 and the healthcare work environment: the impact on healthcare workers' psychological well-being." *Canadian Journal of Psychiatry*, 65(10), 693-700.
9. Rathert, C., Williams, E. S., McCaughey, D., & Ishqaidef, G. (2016). "Patient perceptions of patient-centered care, empathy and burnout in professional nurses." *Patient Experience Journal*, 3(1), 114-121.

Case Study References

1. PERMAH Tool for Veterinary Workplaces, Philip Roth, DVM
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