

BY MARLI MURPHY



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Tending to Morale

Left unchecked, poor morale can poison an entire office and even affect patient care.

The good news is that you can create and cultivate positive morale—and it doesn't have to cost big bucks. Good or bad, attitude flows from the top.

STAFF INFECTION CAN BE A DANGEROUS problem in physicians' offices. Highly contagious, it spreads quickly, afflicting physicians, nurses, office staff, lab technicians—no one is immune. Left unchecked, staff infection can cripple a practice, as patients stay away to avoid coming into contact with this miserable condition.

The ailment here isn't "staph" infection, as in staphylococcus, but "staff" infection, as in poor office morale. When staff morale is chronically low, employees suffer, physicians suffer, and the practice suffers as patients leave to find a more pleasant

health-care environment where people actually seem to enjoy their jobs.

Rick Kellerman, MD, has seen it happen more than once during two decades as a family physician. In one instance, low morale among staff members "was caused by the physician's personality and attitude" toward employees. "As a result, employees were shutting down and not communicating with him, and this caused a death spiral for the whole office," he says. After years in solo practice, Kellerman now chairs the [Department of Family and Community Medicine at the University of Kansas School of Medicine](#) in Wichita, Kansas, where he supervises six physicians and 25 resident faculty, plus volunteer faculty.

"You definitely got the pervasive, persistent feeling of low mood," he says, describing the office suffering from

Is a toxic employee deflating office morale?

Rabble-rouser, trouble-maker, naysayer, bad apple, Ms. Gloom and Doom, Mr. Negative—these are all names for that ‘toxic’ employee whose negative attitude and “stinkin’ thinkin’” can drag high office morale down into the mud.

“There are occasionally toxic employees who act as catalysts in deflating staff morale,” explains Casey McNeal, an Annapolis, Maryland, management consultant and expert in employee motivation and morale who has trained hundreds of clients, including many in the health-care industry. “People who are chronically angry or depressed bring others down with their negative attitudes

and behaviors,” he says.

Particularly in a small office, the constant snide comments and bad attitude of even one person can be devastating to the overall morale of the group. Such an individual “can infect others and perpetuate a negative environment,” he explains. “This will have a negative impact on your attempts” to improve office morale.

“Identify the ringleaders. They must be held accountable if their behavior is having a negative impact on the morale of others. Work hard with them to help correct their negative behavior—or weed them out,” McNeal stresses.

Rick Kellerman, MD, has had to do exactly that to rescue office morale and overall staff wellbeing, he says, during his more than 20 years as a family physician, first in solo practice and now as the chair of the Department of Family and Community Medicine at the University of Kansas School of Medicine in Wichita, Kansas.

“Some people have personality issues such that they don’t function within a group very well. You work with them as much as you can,” he says.

Kellerman’s formula for discussing morale issues with a “toxic” employee:

- Pull the person aside to discuss the issue one-on-one, in private.

- Try to identify any extenuating circumstances, such as problems at home, personality conflict with an employee, depression, or other issues.
- Explain the problems that are being caused by this person’s poor morale and negative behaviors. Clearly set up your expectations for how the behavior will change. Monitor the change and praise any improvement.

Kellerman is candid in saying this approach is not always successful. “At some point, you have to make the decision: Is it best for the team that we accommodate this person’s quirks, or is it best for the team that the person moves on?” he concludes. ■

poor morale. “We started getting indications that patients were upset, and then actual patient complaints about staff treatment.”

The reason low morale is such a danger to a physician’s office or clinic is that it can lead to a whole set of issues hazardous to quality patient care, explains Casey McNeal, an Annapolis, Maryland, management expert specializing in motivation, morale, and leadership. As the CEO of Meridian Communications and a speaker for [National Seminars Group](#), he has provided consulting and training on employee behavior issues to organizations in 11 countries, including Crozer Keystone Health System in Pennsylvania, St. Patrick Hospital and Health Sciences Center in Missoula, Montana, and Blue Cross Blue Shield.

Is your office morale under the weather?

Key signs of declining morale, according to McNeal, include:

- Lack of attention to details concerning patient care
- Missed deadlines
- Minimal productivity
- Negative attitude toward patients
- Resentment of physicians or other co-workers
- Talking about people rather than with people
- Keeping secrets or withholding information

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“A byproduct of low morale is that attention to detail begins to slip,” McNeal says. “The dangers of that in a health-care environment can be catastrophic. If 99 percent attention to detail were acceptable in the health-care industry, then one out of 100 newborns could be dropped in the maternity wards every day.”

Simply put, employees struggling to get the job done in an increasingly negative environment have trouble keeping tuned in to the work at hand.

“If morale is low, the human mind begins to focus on defense mechanisms—

self-protection and self-preservation,” McNeal continues. “This begins to create an environment of passive resentment, where secrets, resentment, and an ‘us vs. them’ mentality become the order of the day.”

Nurses begin to resent the physicians, physicians get fed up with nurses, and office employees start sniping at each other. Effective communication screeches to a stop as morale takes a nosedive—with patients as the target.

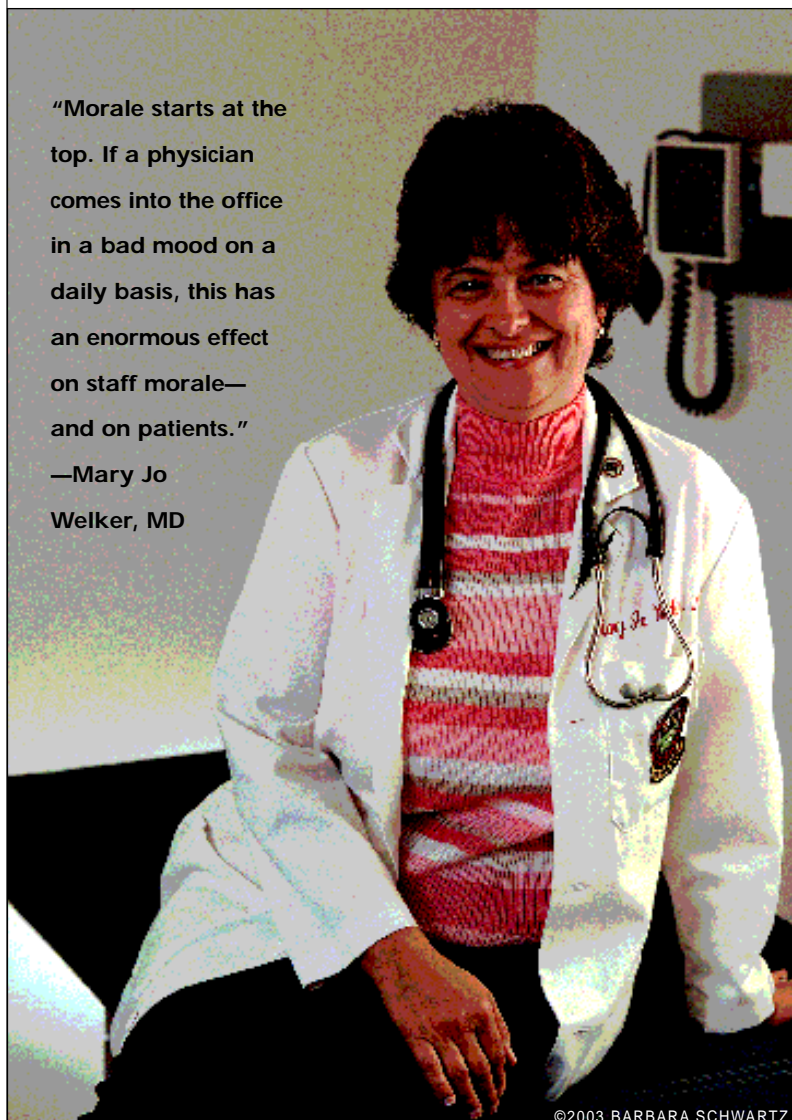
“The signs of low morale begin to get directed toward the patient in the form of curt behavior, less consideration of

the patient,” McNeal says. “The caretakers are in self-preservation mode, which means they have less to give in the way of ‘bedside manner,’ because their mental resources are exhausted.”

Mary Jo Welker, MD, agrees. “Patients are affected a lot by staff morale,” says the 27-year family physician, who is also the chair of the [Department of Family Medicine at the College of Medicine and Public Health at Ohio State University](#) in Columbus. “We have patients who simply won’t go to a certain office because they weren’t treated well there, or because someone on the staff

“Morale starts at the top. If a physician comes into the office in a bad mood on a daily basis, this has an enormous effect on staff morale—and on patients.”

—Mary Jo Welker, MD



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Little Thank Yous Make a Big Difference

An office staff with high morale doesn’t happen by accident, according to Mary Jo Welker, MD.

And she’s seen her share of physicians’ offices, to be sure, what with supervising 75 physicians (including academic physicians) in 20 facilities as the chair of the Department of Family Medicine at the College of Medicine and Public Health at Ohio State University in Columbus.

Welker strongly believes positive office morale is the result of conscious and continual effort made by physicians—and by the office manager, if the facility is large enough to have one—to recognize staff efforts, show appreciation, and promote teamwork.

“Those little thank yous are what make people enjoy what they do,” she says. “It’s little rewards—these things don’t have to cost a lot.” That’s why the facilities she oversees provide a whole slew of morale-builders for employees.

"If morale is low, the human mind begins to focus on defense mechanisms—self-protection and self-preservation. This begins to create an environment of passive resentment, where secrets, resentment, and an 'us vs. them' mentality become the order of the day." —Casey McNeal, a management expert in Annapolis, Maryland.

Morale-building ideas that work

- Provide T-shirts with the office name and logo and allow staffers to wear the shirts to work to share pride in their workplace. (Welker's staffers also have denim shirts with Primary Care Network embroidered on them).
- Offer dress down day each week during football season so that employees can sport their colors for their favorite team.
- Decorate the office creatively for holidays.
- Send holiday cards to each staff member.
- Give movie tickets to the staff, as well as any passes or tickets you cannot use personally.
- Make sure letters or cards commending staff efforts are shown to the employees mentioned—and that employees know the letter has been saved in their personnel files.
- Have special pins that staffers can wear. Employees in the sites Welker oversees have pins that read, "Team Works," "to show that together, we can be more successful than each of us would be on our own," she says.

Non-money morale boosters

Casey McNeal, a management consultant and trainer from Annapolis, Maryland, who specializes in improving employee morale and motivation, offered additional ideas for physicians to use as morale boosters.

- Greet each employee by name in a friendly way every day.
- Show an interest in each employee as an individual—find out something new about his experience, background, and interests.
- Celebrate employee anniversaries with the organization.
- Eat together: Order pizza or have lunch catered so physicians and employees can socialize.
- Lighten up! Have a silly contest for ugliest shoes, or post staff baby pictures and guess who they are.
- Once a month or once a quarter, have a drawing for a day off.
- Have colleague recognition awards for outstanding support or service.
- Take time to listen to an employee's ideas.
- Allow employees some control over how they accomplish their work.
- Post a photograph and job title of each employee on a bulletin board where patients can see it.

McNeal notes that physicians who enjoy positive staff morale and strong teamwork are those who take an interest in employees. "There are doctors who take an interest, and doctors who just take a position. Learn to take an interest." ■

was grumpy. Volume drops off because the patients go elsewhere."

In general, physicians and employees alike want to provide an excellent health-care experience for patients, so how on earth does morale get into such a sorry state? To understand what weakens morale—and more important, how to resuscitate ailing morale—you first must recognize the factors that lead to healthy office morale, McNeal says.

Good morale: It's not about money

Here's a clue: Positive morale isn't about money. "Now let's not discount the importance of money as a motivator. But people will do for respect, what they will not do for money!" McNeal stresses.

If a clinic with a handful of physicians and a couple dozen employees has only so-so office morale, and you magically pay every person more money starting tomorrow, it's an absolute guarantee that whatever was causing morale to be mediocre yesterday will still be in full force after people are earning more money. Granted, there may be about a day's worth of excitement, but after that,

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it will be back to the same-old, same-old morale.

McNeal says that two kinds of motivators affect morale: extrinsic and intrinsic.

Extrinsic motivators include money, bonuses, work schedules, number of hours in a workweek, benefits, etc. Intrinsic motivators include:

- Feeling appreciated and respected
- Believing your work is meaningful
- Getting praise and recognition
- Feeling part of the team
- Having a pleasant work atmosphere
- Feeling “in” on things
- Enjoying the people you work with

Intrinsic motivators are far more important to job satisfaction, and ultimately, to positive morale, McNeal says.

Ultimately, the intrinsic motivators “are what can make the difference between cultivating and keeping a positive, high performance team—or suffering with people who dislike their jobs,” are resentful and inefficient, and either quit or need to be fired, according to McNeal.

Luckily for the physician, the intrinsic motivators that lead to high job satisfaction and positive morale in the office are the ones over which the physician has the most control.

In fact, physicians eager to improve office morale need not look any further than a mirror. “Morale starts at the top,” Welker says firmly. “If a physician comes into the office in a bad mood on a daily basis, this has an enormous effect on staff morale—and on patients.” In private practice for 16 years before her post at Ohio State, she says she saw the same kind of morale issues with nine physicians at three offices as she does now overseeing 75 physicians (including academic physicians) at 20 facilities.

Kellerman agrees. “The attitude you bring to the office filters down to everyone. Not to be Pollyanna about it, but

that’s the way it is. I also believe the way you treat your staff is the way they’ll treat your patients.”

Early in Kellerman’s career, a comment he heard at a seminar made a big impression on him: “The leader has an obligation to have a good day every day.”

“People take their cues and clues from the physician, and pick up on his or her emotions. I wish I could tell you I practice this every single day,” Kellerman says and chuckles, “but it’s definitely changed my thinking pattern.”

Physician, heal thyself

“It’s a case of physician, heal thyself,”

McNeal says. “The physician must be a leader by example. Practice and introduce more enthusiasm for the work. If the physician is enthusiastic, some of that might rub off. On the other hand, if the physician is negative, all of that rubs off.”

In other words, the physician is responsible for laying the foundation for positive office morale. So if morale suffers among your employees, you may be unknowingly contributing to the problem, McNeal explains.

Regardless of the industry or profession involved, no leader wants to believe he is to blame for poor morale among the staff. That’s why McNeal has a quick list of questions leaders can ask themselves to determine whether they’re causing staff morale problems.

- Are you contributing to poor office morale?
- Do you criticize employees in public?
- Do you criticize more than you praise?
- Do you use phrases like “you should have,” “why didn’t you,” or “what were you thinking?” when you speak to employees?
- Do you micromanage employees rather than empower them?
- Are employees unusually quiet around

A “yes” answer to any of the above questions is an indicator that the physician’s

leadership style is counterproductive to positive staff morale, McNeal explains.

Physicians often don’t realize the extent to which their behavior and attitudes affect staff morale, Kellerman notes. In his position, he’s had to discuss morale issues with physicians, which he admits “is a real painful thing to do. The physician is often very defensive at first. But in my experience, at some point, she has always said, ‘You know, I’ve been told this before.’ Sometimes the problem is depression, it could be an alcohol or other substance abuse issue—or the person is just being a jerk!”

Forces beyond your control

But what if morale plummets for reasons clearly beyond the physician’s control, such as employee layoffs, hiring freezes, pay freezes, longer hours, or policy changes?

Kellerman has been there and done that—successfully. His advice: Be upfront with employees about what’s going on and why. “Last year at the medical school, there were no pay raises, and I didn’t hear one complaint. Nobody liked it, but the information was out there, and we told them why. I think that feeling respected, feeling like they were contributing...those things were more important than pay raises for that one year.”

McNeal agrees that open communication is an absolute must in keeping staff morale up during times of change. “Some people feel that when change happens, it’s best to wait until all the details have been decided upon before announcing anything. Nothing could be further from the truth. Your best weapon in times of change is to communicate more, not less. Overcommunicate and get it all out on the table.”

To introduce change without skewering morale, he advises couching communica-

tion so you answer these questions:

- Why is the change necessary?
- What will this change mean to employees?
- What's our plan for coping with this change effectively?
- What do you think we could do to improve upon the change?

Involving the staff in generating solutions and coping skills for the trying times ahead “makes the staff agents of change, rather than victims of change,” McNeal explains. Good morale is maintained because everyone is fully informed, involved in the change process, and working together as a team, rather than fearing the unknown and getting upset over rumors.

Resuscitate a low-morale staff

Regardless of what may have put your staff's morale on the critical list, here's an eight-point plan to nurse it back to health.

1. Explain the relationship between good office morale and good patient care to your staff. Help employees recognize the importance of positive morale in providing excellent patient care, McNeal says, and communicate your expectations about morale in the office. Welker adds, “We stress to staff that the smiling face, the friendly greeting from the front desk on in is very important” to patient satisfaction.

2. Praise far more than you criticize. Management experts advise a 10 to 1 ratio of praise to criticism, McNeal says, adding that most physicians he has worked with do not recognize the power of praise in lifting staff morale and building teamwork. “Physicians tend to have autocratic personalities, and people with this personality type don't need praise—they feel a job well done is its own reward,” he says. “But nurses and other caregivers come from nurtur-

ing motivation. They're more sensitive emotionally and can be more vulnerable. When you have this type of personality, you feel a job well done should be recognized and appreciated.” When praise is regularly lacking, caregivers become resentful and morale slips.

3. Criticize in private—always. Criticizing a staff member in public can be devastating to the person and demoralizing to the rest of the staff. “Physicians sometimes blow up because of their level of frustration when crucial mistakes are made by staff,” Kellerman admits. “But that's not an effective way to handle the situation. Rather than berate people in front of patients, pull them aside and point out exactly what needs to change.” McNeal additionally suggests, “Watch your language. Instead of saying, ‘You should have done this,’ try saying, ‘Next time, please do this.’”

4. Seek staff input whenever possible. Asking employees for their opinions and input improves morale because it promotes the spirit of team, rather than “us vs. them.” McNeal recommends asking, “Why do you think a positive attitude/good morale is important for our office? What suggestions do you have for helping to improve morale—for you personally, and for our team?”

5. Provide a forum for regular communication. Kellerman believes regular meetings during which staff can communicate concerns are essential to positive morale. “You don't hear these problems and issues if you get together only once a year at the Christmas party,” he says.

6. Consider the group during hiring decisions. In Welker's experience, “one key in keeping morale high is having a group of people who work well together.”

She believes in having candidates for staff positions interview not only with the physician or office manager, but with other staffers as well. “Will this person be a good fit for the group, or will she have a different value system?” she says.

“You've really got to hire the right person for the right job.” And that extends to the office manager, as well. “It's amazing how much difference in morale this key person can make. The office manager can be just as important in influencing staff morale as the physicians,” Welker says.

7. Say thank you. “Thank people in public,” Kellerman recommends. “We think it's really important that patients see physicians thanking a nurse or an employee for something he did.” Simple thank yous can go a long way toward improving overall staff morale.

8. Learn to manage change. When badly managed, change can have a devastating impact on office morale, McNeal says. “Change has a partner, and that's fear. With fear comes stress. Where one goes, the other follows, and it has a very negative impact on morale.” Physicians can learn change management techniques by taking training, by reading business books on the subject, or by getting information on line. It will be time well-spent.

The physician as leader has the power to make or break office morale. “Staff will forgive periodic lapses” if they know that on a regular basis, the physician promotes positive morale by bringing a good attitude to the office, Kellerman says. “Morale is much better if your staff realizes you appreciate what they do day-by-day and hour-by-hour, rather than with a once-a-year party or a five-year service pin.” ■

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