

Vaccinating Against the “Dismorale Virus”

A practice is made up of its doctors and staff, who act as a team for the good of the patients and practice. But, you need to be aware that sometimes certain individuals are out for themselves to the detriment of the team, practice and patients. They seem to be infected by anti-social viruses, the “embezzlement virus” (discussed in a previous pearl) and the “dismorale virus” that destroys team moral.

Team morale can be defined as: “When a group's spirit exemplifies confidence, cheerfulness, discipline, and willingness to perform assigned tasks.” Thus, a dismorale virus will lower or reverse this group spirit. To keep a practice team healthy, all team members need to guard against the dismorale virus, which usually strikes when there are major changes in the practice. Major changes may include taking on an associate, major reorganization of the practice's systems, increases in work of certain existing team members, major changes in a doctor's or team member's personal life, hiring of an infected personality who seems uninfected when hired, and the like.

The virus usually spreads from an unhappy, influential, established team member. The virus may be insidious, or it may be evident, yet ignored by the doctor who fears that the important team member may leave if their negative attitude is confronted. The virus may also be dormant, not obvious in an established team member, only to be unleashed when this team member is looked over or put under the supervision of another team member, losing their autonomy or direct link with the doctor. Frankly, *any* unhappy team member can be infected by the dismorale virus. The virus is prone to infect practices where the doctor is strong in the director and/or analyzer style. It sometimes shows up in practices with doctors who are disorganized socializers, and rarely shows up in practices where the doctor is a strong relator, although it can.

The **SYMPTOMS** of the dismorale virus are:

1. An infected team member that is vocally unhappy.
2. Widespread complaining among team members about working conditions, compensation or the attitude of the doctor.
3. Grouping of infected team members into factions that find fault with everything in the practice.
4. Clinical team members complaining about clerical team members and vice versa.
5. Team members complaining about practice conditions in front of patients.
6. Team members making disparaging remarks about the doctor.
7. And rarely, most/all team members grouping together and demanding that the doctor either make the changes they want or they will all quit at the same time.

EXAMPLES of the dismorale virus infection include many practices I have worked with:

- In one case, the doctors let their self-serving, unmonitored, immature supervisors run the practice. These supervisors screened out any potential employee who would, by comparison, show them to be ineffective and unproductive. Eventually the virus struck other team members who were unhappy with the supervisors' ineptness. The doctors replaced some of the team members, but the virus was too entrenched that after about six years of strife, they finally fired all of the team members and replaced them with happy, effective and productive team members, supervised by competent people whom the doctors monitor through weekly meetings.
- Another example is of a doctor who had a swift and complete infestation of the virus. Within a few months, all of the team members were infected by one influential person who led them to demand that the doctor make certain changes in the practice (which were to their advantage, not the patients' or practice's), or else they would all leave. The doctor removed the virus instantly;

he fired every team member on the spot and went about hiring an excellent team who were dedicated to doing whatever it takes to give the best patient service.

- Another example involves a doctor who had one highly infected clerical person who undermined the doctor. She was fired, but the doctor made the mistake of letting her train her successor, who she infected. The successor then infected two of the clinical team members and the receptionist before she was fired. When replaced, the new employee never met the infected person she succeeded, but was influenced (but not infected), by an infected clinical team member. The doctor finally removed all of the infected clinical team members and vaccinated the surviving team members with an attitude of patient service and practice loyalty.

The **CURE** for removing the virus from a practice, and keeping it out, is not an easy task, since the virus is tenacious and very difficult to kill, requiring drastic measures in many cases, including:

1. Identifying ALL of the team members who are infected and listing them from worst infected to least.
2. Documenting viral flare-ups on their personnel file's "Disciplinary Actions/Warning Log", indicating:
 - The negative comments made about the doctor or other team members or patients.
 - Their refusal to do the work they are assigned.
 - Theft and breakage.
 - Anything that disrupts the practice.
3. Having at least three, and preferably six, months' worth of viral flare-up data, including glaring incidences from the past, with specific dates.
4. Having a talk with every team member, starting from the uninfected and moving on to the most infected. Explaining the viral problem, asking them if they are unhappy working there, and if so, what they feel can be done to heal this practice. Tell them that nothing they say will be discussed with any other team member, and that the practice can no longer employ team members who would be much happier elsewhere.
5. Put an ad in the paper and replace the infected team members with new team members, making sure they are mature, have a positive attitude about working here, have a good self image, and want to do their best to serve the patient.
6. NEVER let the new team members meet the infected team members they are replacing.
7. If not already done, fire infected team members as soon as you have someone to replace them, and make sure the infected team members are out of the practice days or weeks before the new team members start.
8. Be aware of any tendency for the new team members to be infected by existing team members who are infected, but who may not seem to be or have not been replaced yet.
9. Tell the new team members about the infection you are trying to remove and have them commit to its removal, as far as they are concerned. Have the new employee tell you if someone is trying to infect them and deal with it by eventually removing the infected employee if it is obvious that they are truly infected.
10. If you try, but can't get rid of the dismorale virus by replacing individual team members, then replace the entire team. This may seem drastic, but it is possible, and the three to six months of turmoil is well worth the happy, positive practice you end up with, which is a pleasure to work in and be treated in.

IN SUMMARY, detecting and replacing infected team members is not an easy task, and the best preventative measure is to have a happy, effective and productive team members who can work in an environment that doesn't promote the dismorale virus. The above examples may apply directly to

you, or not at all. Fortunately, many practices have immune key team members, but unfortunately, many do not. But if the doctor and team members are aware of the symptoms of infected team members, they can remove that person and stop this crippling illness in a healthy practice. But the best cure is prevention, so organize your practice well and stay in relationship with your team members.