

STAY, PLEASE

(Phase II)

A Deeper Dive Into The Factors Impacting Employee Retention In Veterinary Medicine





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(Phase II)

WHO BENEFITS MOST FROM THIS PAPER?

This paper focuses on the second phase of AAHA's retention study, Stay Please, and picks up where Phase 1 left off. It provides new insights on how team members define and experience the key factors identified in Phase 1, which will help veterinary practice owners, managers, and others in decision-making roles data to help them improve retention among their staff.

All members of the team, however, can benefit by learning more about how their colleagues—in all roles—define and experience the key factors that drive attrition and retention.

The data and findings shared here provide data-backed insights into what changes should be considered first by practices aiming to improve employee retention for each individual role and within their practice as a whole.

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“If we want people to fully show up, to bring their whole selves including their unarmored, whole hearts—so that we can innovate, solve problems, and serve people—we have to be vigilant about creating a culture in which people feel safe, seen, heard, and respected.”

—Brené Brown

PHASE 1: A REVIEW

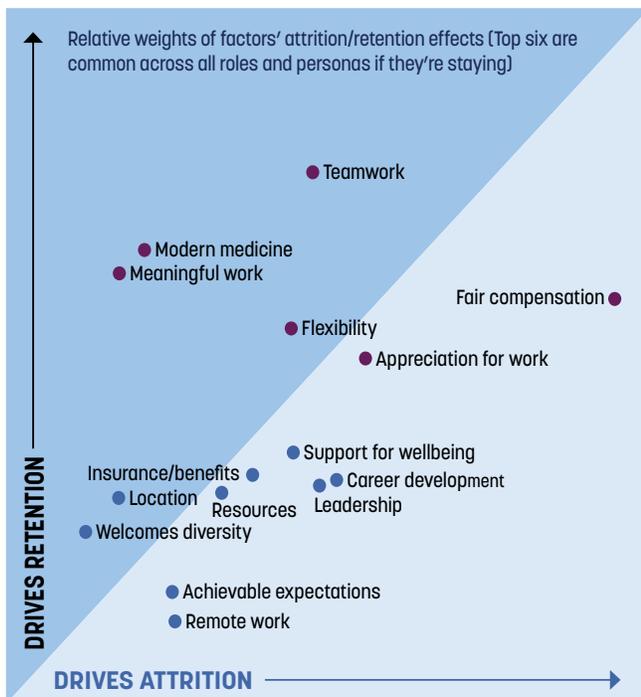
Refresh your memory with this brief overview of the key findings from AAHA’s Stay Please, Phase 1, conducted in spring 2023.

Phase 1 of Stay Please identified what, exactly, was pushing people out of clinical practice, along with the factors that inspired people to stay in their jobs.

Over 14,000 veterinary professionals, representing all roles in clinical practice, responded to the survey, and it was apparent that, while several of the factors were critical, they weren’t all important in the same way.

Some factors, like fair compensation, were stronger as *attrition* drivers, meaning that, when done poorly, they pushed people away. Others, such as the ability to practice modern and/or sound medicine, were much stronger as retention drivers—in other words, they drive people to stay when they’re done well.

This allowed us to build our **Veterinary Hierarchy of Needs**:

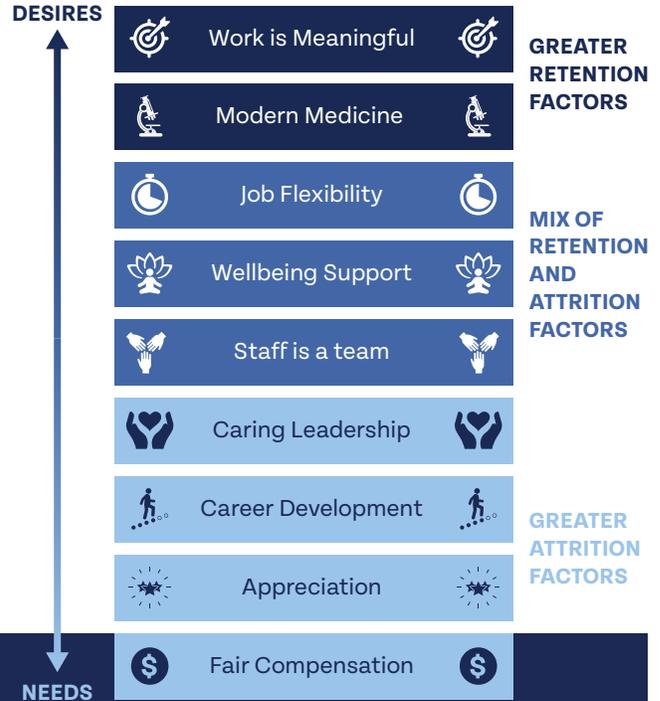


The base of the pillar is made of the strongest attrition factors because, if a practice hasn't gotten that right, it's unlikely any of the retention factors at the top will improve their staff retention.

The middle is comprised of factors that tend to be quite strong as both attrition and retention drivers—so, whether they're done poorly or done well, they make a difference in making employees want to leave or stay.

Those at the very top matter most in terms of retention; if they're done poorly, they don't tend to repel people, but they inspire strong loyalty when they're done well... assuming the factors below them are also in good order.

But all these findings left us with an important question: **What do these factors mean?**



IMPORTANCE AND PRIORITY

It's important to note the difference between importance and priority regarding the factors shown here. All nine of these factors were deemed important by the veterinary professionals surveyed—perhaps not equally, but all are important enough to be considered key factors. The priority of which factors should be addressed first, however, may vary considerably based on where a practice is on its journey toward improved retention.

A practice with significant turnover should prioritize the factors toward the bottom of the pillar—these are the factors that will make the greatest impact on employees who want to leave. A practice that does not have high turnover, on the other hand, might prioritize factors nearer the top, which will be most impactful in turning reasonably satisfied employees into team members who never want to leave.

PHASE 2: OVERVIEW AND METHODOLOGY

Stay, Please: Phase 2 had two major goals: Defining the key factors impacting attrition and retention, and understanding how different roles in practice experience those factors. Here's how that data was collected.

In the original survey, we purposely did not define the factors, allowing respondents to select the terms that were most meaningful to them (in whatever way they defined them).

Phase 2 of Stay Please, which took place in spring 2024, had two main objectives:

First, we wanted to define those nine factors and use the survey responses to determine whether various roles in a

practice tended to choose the same definition(s).

Second, we aimed to see how a veterinary professional's expectations going into the profession matched with their current reality in clinical practice—and, like with the definitions, gain some insight into how that expectation vs. reality score might vary by role. From a list of five or six potential definitions, respondents selected the one that best matched their understanding of each factor.

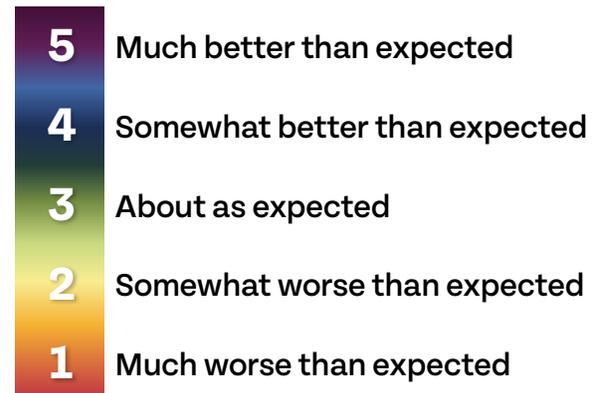
METHODOLOGY

To accomplish this, we conducted an online survey with 2713 veterinary professionals. Respondents included individuals from most roles in clinical practice:

- Owner veterinarians
- Nonowner veterinarians
- Practice managers/hospital administrators
- Technicians
- Assistants (including uncredentialed individuals whose job title is technician)
- Customer service representatives*

*Customer service representatives (CSRs) did not respond in large enough numbers to make all of the findings involving their role statistically significant. Therefore, they are included in these findings to the extent possible, and notations have been made in cases where a conclusion has been drawn about CSRs is included despite a lack of statistical significance. In cases where CSRs have been excluded, it is due to insufficient data.

They were then asked to rate how their reality matched up to their expectations using the following scale. This rating system means that scores close to 3 or higher are considered positive, while scores below 3 indicate a disconnect between what these professionals expected their jobs to be like and what they actual experience each day in clinical practice.



WHAT WE LEARNED IN PHASE 2

Phase 2 of the Stay, Please study showed striking similarities in how some factors were defined, but the differences in other definitions—as well as how different roles experienced those factors—were perhaps even more noteworthy.

AN OVERVIEW

Agreement on how to define the factors was, in general, quite strong—but not without noteworthy exceptions. This agreement was especially apparent for the top portion of the pillar (from *Staff is a team* on up). The base of the pillar, which is comprised of stronger attrition factors, showed more variation in responses. Those differences in how to define a factor were most notable between roles that were further apart on a traditional organizational hierarchy chart (i.e. owners and assistants were less likely to agree than technicians and assistants).

In fact, overall, the data from both Phase 1 and Phase 2 showed that the further a role is from the owner (or leadership position), the more their priorities, definitions, and experiences are likely to differ. And so, to improve retention, it is the decision-makers (owners, practice leaders, etc.) who must listen to what their staff says they need. When leaders make assumptions about those needs based on what matters most to *themselves*, they are unlikely to make the changes their staff truly believes is required.

This paper will share how each role in practice defined the nine key retention factors and explore why some roles might choose a different definition than their colleagues.

From there, we will dive into understanding role-based retention by asking three questions:

- 1 What factors matter most (aka are high priority) to that role (based on data from Stay, Please Phase 1) when it comes to influencing attrition?**
- 2 Which factors score lowest in expectation vs. reality for that role (based on data from Stay, Please Phase 2)?**
- 3 How can we use the definition selected by that role to improve the way they experience the factor(s) with high priority but low expectation vs. reality scores?**

By asking these three simple questions regarding your own practice, you can clearly identify where to aim your focus to make the biggest impact on a given role.

FINDINGS: HOW FACTORS ARE DEFINED

The factors that ranked stronger as attrition drivers (meaning, when they're done poorly, they push people away) were less likely to have a single definition that all roles in practice agreed upon than the stronger retention factors. Here's how each factor was defined, along with which roles chose different definitions than their colleagues.

DEFINITIONS

For the definitions near the top of the pillar, a significant percentage of respondents in every role agreed upon a single definition. This is important because, if we can clearly define the factors that make people want to stay, owners and managers can develop a clear path toward excelling in those factors.

The base of the pillar—which is comprised of the attrition factors that, when done poorly, drive people away from their jobs (or from clinical practice entirely)—had less solid agreement.

Some factors received high votes from all roles, but for multiple definitions rather than a single one; this indicates some alignment across the team, but a little less specificity

on the term's actual meaning. Other factors showed that different definitions resonated with certain roles, so while the technicians who responded might be in general agreement on how to define, for instance, fair compensation, that definition did not necessarily line up with the definition(s) chosen by practice managers.

Let's begin by looking at the chosen* definitions, along with the breakdown of which roles selected each definition. We'll start with the factors for which all roles chose the same definitions.

(*CSRs are not included in this section due to an insufficient number of responses from that role.)



Factors with a single definition

All roles selected the same, single definition for the factors below.



Work is meaningful:

Feeling that one's work makes a significant difference in the lives of others.

Ability to practice modern and/or sound medicine:

Continuous updating of practices based on the latest research and evidence.

Flexibility in scheduling/job duties:

Flexible working hours that accommodate personal life and family needs.

Support for wellbeing:

Initiatives that promote a healthy work-life balance.

Staff functions as a team:

A culture where collaboration and mutual support are standard.

Factors with multiple definitions

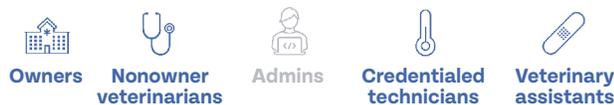
Remember, factors may have more than one definition due to multiple team members agreeing upon more than one definition **or** because different roles selected different definitions.

Caring/inspiring leadership:

Leaders who prioritize the wellbeing and professional growth of their team members. (All roles)



Decision-making that considers the impacts on staff and the quality of workplace life. (All roles except admins)

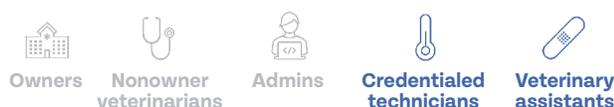


Opportunities for career development:

Access to ongoing education and training programs to enhance skills. Continuing education stipend provided as a benefit. (All roles)



Clear and structured opportunities for upward mobility within the organization; transparency regarding skills and experience required for upward movement provided. (Techs and assistants)

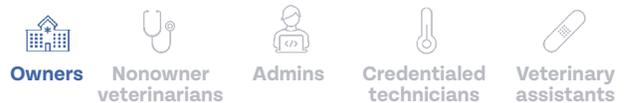


Work is appreciated:

Fair compensation and benefits reflecting the value the organization places on staff. (All roles but owners)

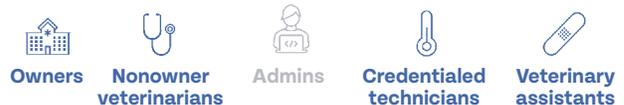


Informal gestures of appreciation, such as thank you notes or small personal acknowledgements, which may include small tokens of appreciation such as gift cards or similar. (Owners)

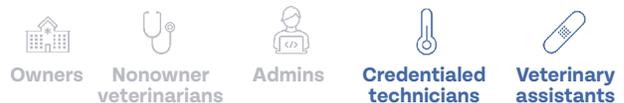


Fair compensation:

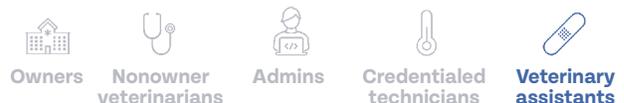
Compensation that reflects one's qualifications, experience, and workload. (All roles except assistants)



Compensation that allows for financial stability and personal growth outside of work. (Techs and assistants)



Compensation that is periodically reviewed and adjusted based on performance and inflation. (Assistants)



TAKEAWAYS: DEFINITIONS

What, exactly, do these similarities and differences in definitions tell us? Factors with strong agreement provide a clear path for how to improve that factor, and those with different definitions offer insight into how those factors are seen by various members of the team.

For starters, the level of agreement on these definitions is noteworthy. We already knew, based on Phase 1, that there was alignment across practice roles on the factors themselves. Now, we know that there’s also significant agreement on what these factors mean, which means we have a solid understanding of what people truly want.

This makes the path to a solution much clearer than it would be otherwise.

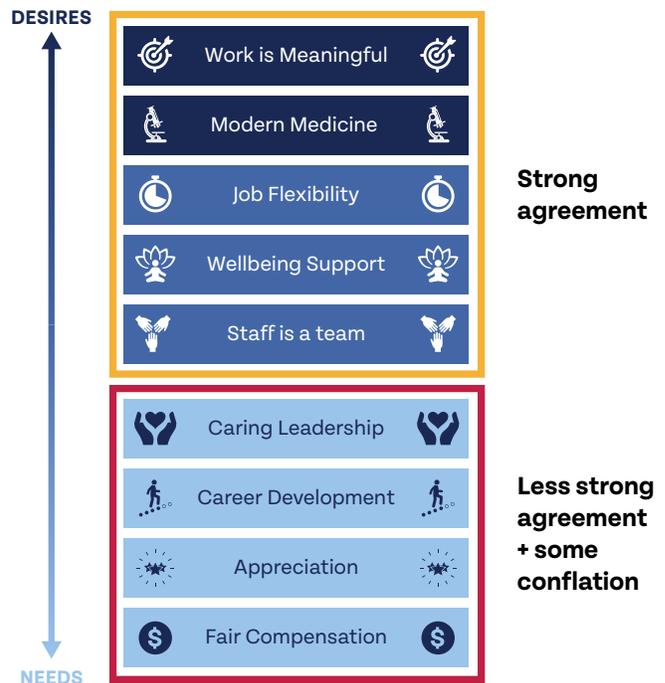
Take, for example, flexibility. If we’d had little agreement on what “flexibility in scheduling and job duties” truly meant, we would not know whether practices seeking to improve flexibility should offer more remote work possibilities, provide opportunities for part-time or job-sharing roles, or if the ability to take time off on short notice was at the root of this need—all of which were options in the survey.

Because veterinary professionals in clinical practice tend to define this factor as “flexible working hours that accommodate personal life and family needs,” we can work toward finding solutions for that specific definition of flexibility—with confidence.

For those bottom four factors, the path may not seem so clear. However, the variety of definitions chosen—and the connections between those definitions—provide a tremendous amount of guidance.

Let’s start with caring leadership and career development.

The definition for caring/inspiring leaders that received significant responses from all roles was, “Leaders who prioritize the wellbeing **and professional growth** of their team members.” That’s as clear a tie to career development as one could ask for, but the conflation appears on the flip side, too. The top definitions for opportunities for career development focused on access to ongoing education and training, and clear, structured opportunities for upward mobility—and while it’s not spelled out within the definition, there’s no



getting around the fact that it’s **leadership** who provides those opportunities.

Because these definitions intertwine organically, it makes sense to look at how to combine them in a way that simplifies how we approach making improvements. So, instead of two factors with four definitions to consider, we can create the following:

Caring/inspiring leaders consider the impact of decisions on staff and prioritize the wellbeing and *professional growth* of team members, which may include continuing education, skill enhancement, and clear career ladders.

The very base of the pillar—fair compensation and work is appreciated—can be combined in a similar way, but with a caveat.

In the case of appreciation, owners have a very different definition than the rest of the staff, believing that informal gestures like thank you notes are enough, while the staff is clear in saying that they believe appreciation should be shown through fair compensation and benefits.

(This is where the pizza party became so demonized; it's not that team members don't like it when leadership provides them with a special lunch. The problem arises when those staff members do not feel their value is recognized appropriately by leadership on their pay stubs, which makes the pizza party feel like a poor substitute.)

Additionally, when we talk about fair compensation as a factor, we must note that, while all roles except assistants agree that "fair compensation reflects one's qualifications, experience, and workload," both assistants and technicians have other definitions to consider.

Both of these roles defined it as "compensation that allows for financial stability and personal growth outside of work." In other words, they want a living wage.

Assistants had one more definition to add: "Compensation that is periodically reviewed and adjusted based on performance and inflation." Remember, assistants were the

only role that did not select the "qualifications, experience, and workload" definition, and the definition they did rank highly indicates their desire to be paid based on what it is they do each day, regardless of whether they have credentials or years of experience. If they're doing good work, they want that to be reflected in their paycheck.

If we can agree that providing working professionals in all roles with a living wage is a good goal to start with, creating a definition combining these two factors becomes quite straightforward—for everyone but owners, at least:

Appreciation for work is best shown through *fair compensation*, which reflects one's qualifications, workload, performance, and experience. One's performance and inflation should be considered in any review process.

Owners take a different view of appreciation, which makes it all the more vital that they understand how their staff sees it. After all, if you're a leader with an outstanding technician, and you want to reward them in a way that makes them want to stay, offering them a heartfelt thank you note when they're expecting a raise won't just disappoint them, but could insult them—perhaps enough to look for another position where they'll feel more valued.

Caring/inspiring leaders consider the impact of decisions on staff and prioritize the wellbeing and professional growth of team members, which may include continuing education, skill enhancement, and clear career ladders.

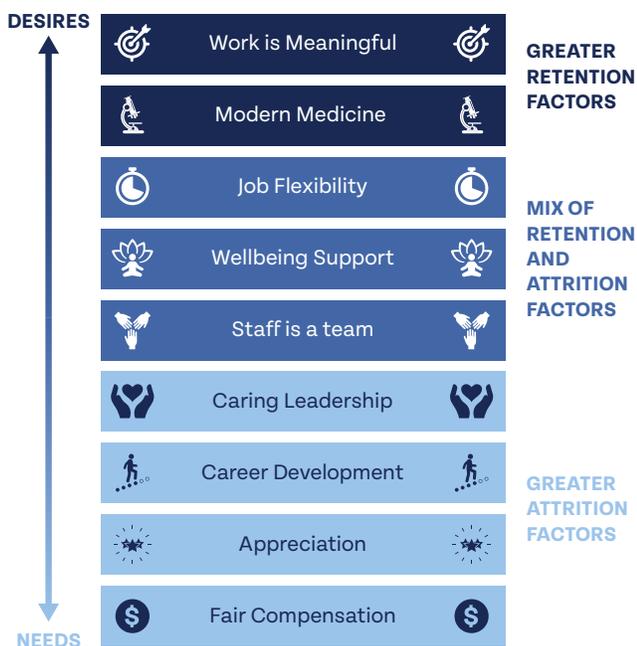
Identifying which factors have high priority and low expectation vs. reality scores for each role is a simple way to shine a spotlight on exactly what changes a practice can make to increase retention in specific roles.

FINDINGS: ROLE-BASED RETENTION

Practices experiencing turnover in a specific role or two will benefit from better understanding what factors those specific roles prioritize, how they define those factors, and how their daily reality stacks up to the expectations they held when they entered the profession.

Practices seeking to improve retention across all roles have a clear path: Begin at the base of the pillar to make the biggest impact on the most team members.

But many practices aren't facing practice-wide turnover—they're having trouble keeping specific roles filled. And that's where these findings can be of tremendous help.



To truly get to the heart of what would be most impactful to different roles, we looked at how the definitions and expectation vs. reality scores from Phase 2 could be used in conjunction with the results from the previous year in Phase 1. This allowed us to draw a deeper understanding of what challenges and solutions work best for individual practice roles.

This is where the three questions outlined in the introduction come into play:

- 1** What factors matter most (aka are high priority) to that role (based on data from Stay, Please Phase 1) when it comes to influencing attrition?
- 2** Which factors score lowest in expectation vs. reality for that role (based on data from Stay, Please Phase 2)?
- 3** How can we use the definition selected by that role to improve the way they experience the factor(s) with high priority but low expectation vs. reality scores?

There is still some individualization required, of course—after all, fair compensation for a new assistant will look different than fair compensation for an experienced associate DVM or practice manager. However, the general blueprint is appropriate for a holistic approach to increasing practice-wide retention.

Identifying which factors have high priority (meaning they're most likely to make team members leave, if done poorly) and low expectation vs. reality scores for each role is a simple way to shine a spotlight on exactly what changes a practice can make to increase retention in specific roles.

FINDINGS: EXPECTATION VS. REALITY

Dive deeper into role-based retention factors by identifying the factors that are high priority and low in expectation vs. reality score for each role, then learning how that role defines that factor.

First, we'll review how the expectation vs. reality score works. Any scores close to three or higher are considered positive. This indicates that expectations (regarding this factor, for the role in question) are being met.

The closer a score gets to two or lower, the further away that role's daily experience of that factor is from what they expected when they entered the profession. This is considered negative; essentially, the reality (for the role in question with regard to that factor) is not stacking up to what they'd expected it to be like. And that means there's an opportunity to make changes that could improve that role's day-to-day experience.

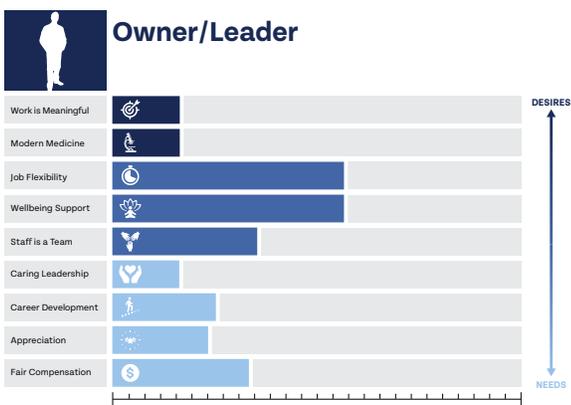
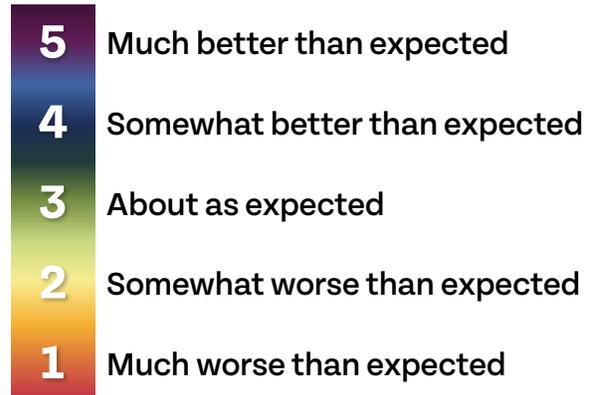


Figure 1.1

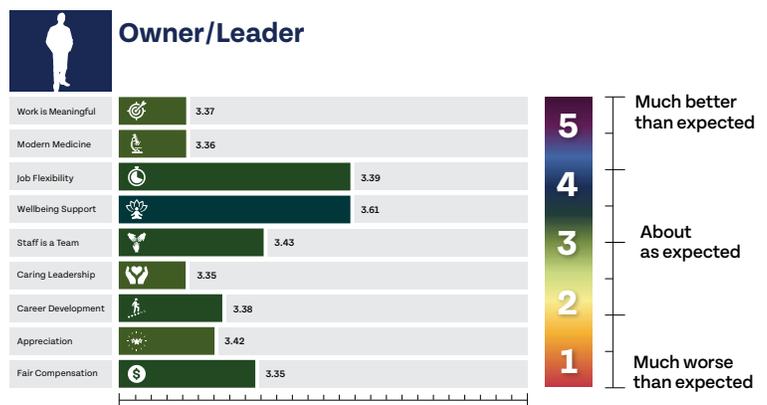


Figure 1.2

OWNERS/LEADERS

The factors that matter most as attrition drivers to the owners we surveyed are shown above by the length of the bars (figure 1.1). Job flexibility and wellbeing support rank higher than any other factors, so we'll now look at whether either of those factors has a low expectation vs. reality score (figure 1.2). These scores are shown by both number and

color, and, as you can see, owners score very positively on all factors. This is not to say all owners, everywhere, are blissfully happy, but the data shows that, as a group, this is not a role that needs major changes made in order for their reality to meet their expectations. We can move on to other team members.

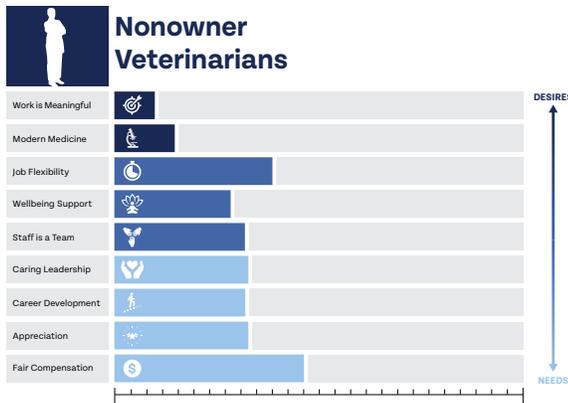


Figure 2.1

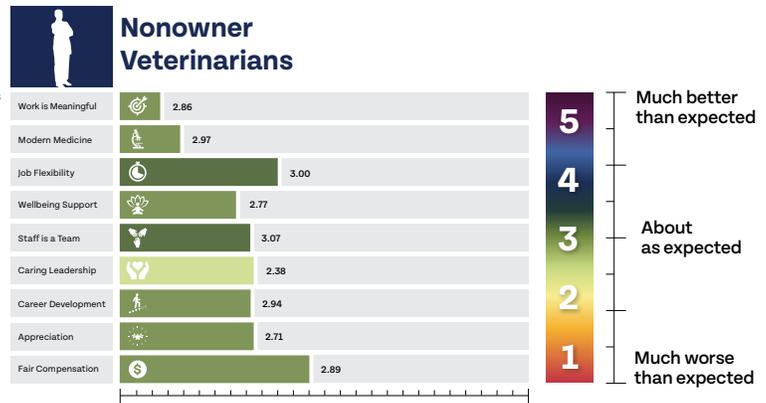


Figure 2.2

NONOWNER VETERINARIANS

When it comes to what nonowner veterinarians prioritize, we've got quite a few factors in the running. Fair compensation and job flexibility stand out a bit, but many others are strong enough to still be considered (figure 2.1). And so, let's see if any of the factors that matter most to this role have a low expectation vs. reality score (figure 2.2).

Although this figure looks rather different than the owner figure, this role's expectations are—at least mostly—being met. There could be many reasons for this, including the fact that, in order to get to this point, they had to go through veterinary school, which means they've shadowed and talked to more experienced veterinarians and may have come in with a realistic view of what a day in the life of a clinician looks like. (This score might look very different for a veterinary student embarking on their first rotation.)

Appreciation is just a touch low, but fairly positive. The only outlier here is caring leadership—so let's take a look at how nonowner veterinarians tended to define that factor to better understand what they may feel is lacking.

Caring leadership

There are two definitions for this factor that are generally agreed upon by most roles, and nonowner veterinarians selected both those definitions.

Definition 1 (all roles): Leaders who prioritize the wellbeing and professional growth of their team members.

Definition 2 (all roles except for admins): Decision-making that considers the impacts on staff and the quality of workplace life.

Essentially, they're looking for leaders to prioritize their wellbeing and professional growth, and for leaders who keep the staff in mind as decisions are made.

Why might caring leadership rank lower than other factors for these nonowner vets?

This role can be tasked with a lot of responsibility, but they don't always have a great deal of input regarding the big decisions that impact those responsibilities. Associates may be the ones who feel unprepared to treat a certain ailment because they haven't had a chance to brush up on the necessary techniques with recent CE, for example, or because the practice lacks the latest technology used for that treatment. But, when leadership is drawing up the budget for the coming year, that same vet may not have the opportunity to make a case for investing in the appropriate CE or updated tech—or if they do have the chance to speak up, they may not feel heard.

What can you do about it?

Providing opportunities for your associates to express their needs, then taking that feedback into consideration when making decisions, can go a long way. This is true in terms of wellbeing and professional growth as well as matters regarding the practice itself. From there, communication is key. Not every request can be approved, of course, but even the denial of a request could lead to a conversation about why that decision has been made—and, potentially, what the practice might be able to greenlight instead to address the need.

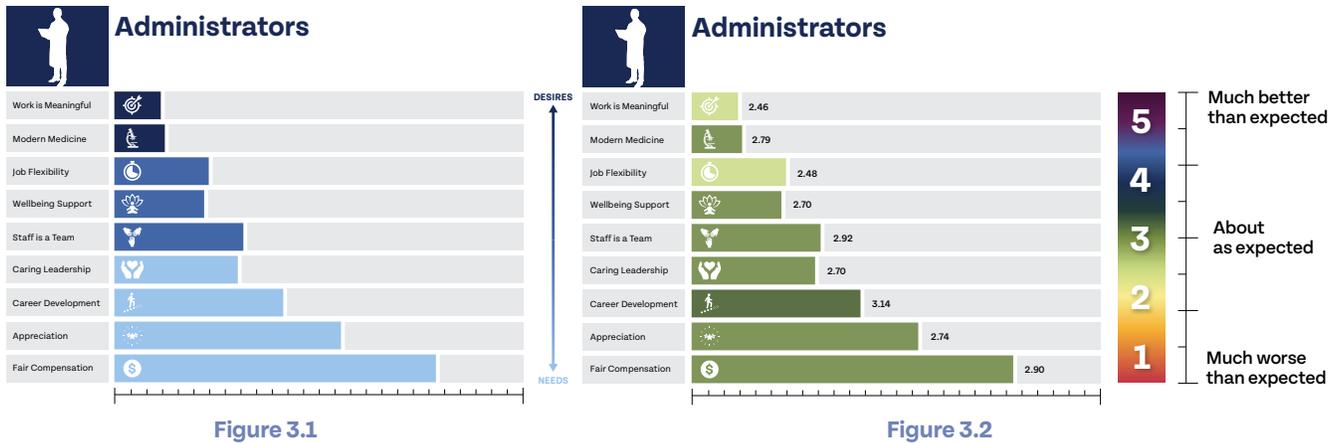


Figure 3.1

Figure 3.2

ADMINISTRATORS

This group, which included practice managers, hospital administrators, and others in management or administrative roles, prioritized factors rather differently than we've seen thus far (**figure 3.1**). The bottom factors clearly are highest priority to this role. However, we're going to include some of the more mid-range factors, too, to ensure we're looking at factors that rank low for expectation vs. reality (**figure 3.2**).

These colors aren't far off of what we saw for nonowner veterinarians, which shows us that the expectations of administrators are largely being met—with just a couple of factors ranking below 2.5. And because work is meaningful is much lower priority, we'll turn our sights to job flexibility to better understand how this role defines it and why they may not feel it's meeting their expectations.

Flexibility in scheduling and job duties

All roles agreed on a single definition for this factor, including admins.

Definition (all roles): Flexible working hours that accommodate personal life and family needs.

This is a straightforward definition. Flexibility in scheduling and job duties isn't about different working styles, remote options, etc. It's about the ability to set boundaries between work and personal time.

With that in mind, why might flexibility score lower than other factors for this role?

Administrators may be less likely to have a counterpart for their work, leading them to feel like they can't take time away from the office. If they see themselves as the end of the line—the one who must be available to answer questions and solve administrative problems—they may worry that time away for anything that isn't absolutely necessary is harmful to their practice or their team.

What can you do about it?

Working to cross train various roles on certain daily duties may enable everyone, in all roles, to feel more comfortable taking time away when they need to. Being able to create and hold boundaries between work and personal life is vital for preventing burnout, so it may also be helpful for leadership to ask those in admin roles to lead by example by utilizing the company's time off policy fully (but still appropriately).

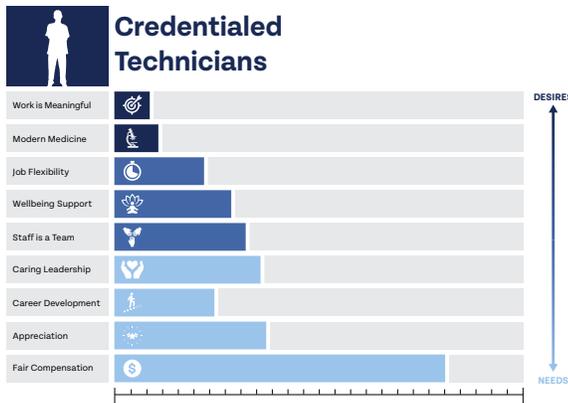


Figure 4.1

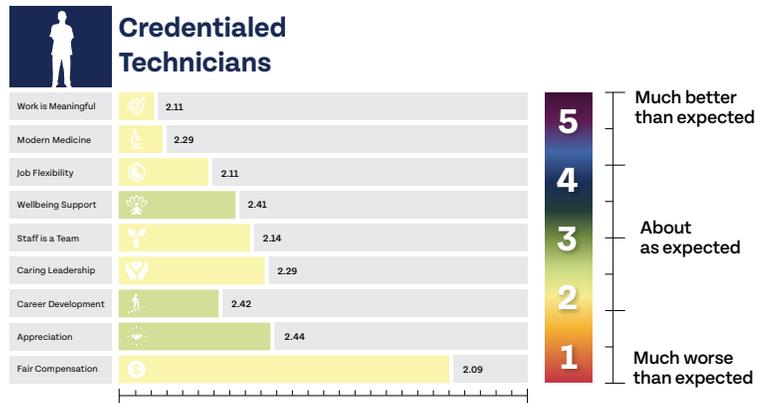


Figure 4.2

CREDENTIALLED TECHNICIANS

For licensed or credentialed technicians, the top priority is crystal clear. (figure 4.1). As an attrition driver, fair compensation is about twice as important as any other factor to this role. (figure 4.2). (You may recall that, with owners, the lowest score we saw was 3.35. That’s a massive difference from what technicians are experiencing.)

Fair compensation comes in dramatically lower than any other expectation vs. reality scores we’ve seen so far, at 2.09, making it the obvious factor to focus on for this role—so let’s take a look at how techs define this factor.

Fair compensation

Definition 1 (all roles except assistants): Compensation that reflects one’s qualifications, experience, and workload.

Definition 2 (techs & assistants): Compensation that allows for financial stability and personal growth outside of work.

The majority of roles, including credentialed technicians, agree that compensation should be tied to their background and current work. One could imagine that many people in other jobs requiring this level of skill would agree, too. But if we look more closely at the second definition, which was selected by only technicians and assistants, a totally separate meaning comes through; essentially, they’re asking for a living wage.

Given these definitions, why might credentialed techs give fair compensation such a low expectation vs. reality score?

If we focus on the first definition, the answer is simply that these are professionals who have earned credentials or licenses. They’re doing hard physical and emotional work that requires specific skills, and they’d like all of that to be reflected in their paychecks.

The second definition, though, could really be seen as a call for help. These working professionals want to be able to pay for rent, food, and utilities by working a full-time job in their chosen field—without needing to take a second job to make ends meet. This is not in comparison to what the clinic across the street offers, or what their practice paid technicians five or 10 years ago. This is based on things like the cost of living in your area, along with that employee’s personal needs.

What can you do about it?

For starters, familiarizing yourself with the [MIT Living Wage Calculator](#) will give you an idea of what an individual would need to earn in your area to pay for basic living expenses. The simple fact is, if your goal is to retain people in this role, you must find the money to pay them. If they don’t feel they can afford to work for you, they will leave—no matter how much they love what they do.

If you’re struggling to find the money to compensate this role—or any role—appropriately, there are several steps you can take (as outlined in this comprehensive [2024 Trends article](#)):

- Improve workflows and technology in ways that increase profitability (technician utilization is a great example of this)
- Use tiered pay (which requires clear job descriptions and career ladders)
- Avoid common, costly mistakes (like uncontrolled inventory costs or a lack of understanding and tracking around other variable costs)

This can all add up to big savings in a practice—and that can give you the ability to improve technician retention through fair, even competitive, compensation.

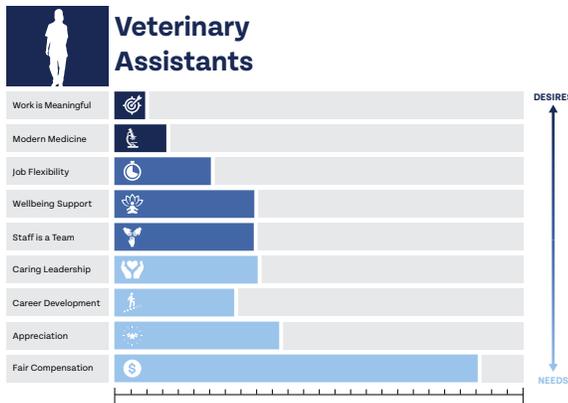


Figure 5.1

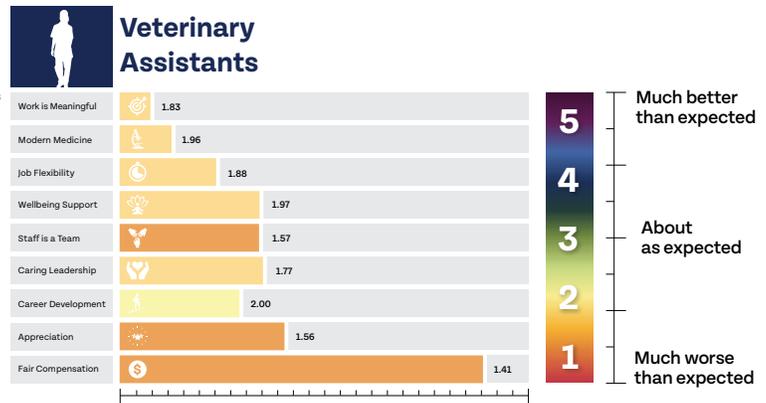


Figure 5.2

VETERINARY ASSISTANTS

As with technicians, it's easy to understand what factor is highest priority to veterinary assistants: Fair compensation. Other factors matter, of course, but fair compensation is, by far, the strongest attrition driver for this role. (figure 5.1). And when it comes to how their reality compares to their expectations, the outlook is even dimmer than with their credentialed colleagues. Not a single factor breaks a score of two—which means that every single factor is at least somewhat worse than expected. (figure 5.2).

Still, findings don't need to be surprising to be informative, and the high priority/low expectation vs. reality score of fair compensation for veterinary assistants certainly shows that any practice that wants to retain folks in this role would be wise to look at how assistants define fair compensation.

Fair compensation

Definition 2 (techs & assistants): Compensation that allows for financial stability and personal growth outside of work.

Definition 3 (only assistants): Compensation that is periodically reviewed and adjusted based on performance and inflation.

Assistants were the only role to not tie fair compensation to qualifications, experience, and workload. Instead, they, along with technicians, defined fair compensation as a living wage, and they also chose one definition that no other role selected, which focused on reviewing and adjusting pay based on performance and inflation.

Based on these definitions, why might veterinary assistants give fair compensation such a low expectation vs. reality score?

By defining fair compensation as, essentially, a living wage, assistants are calling for pay that enables them to work a single, full-time job and be able to pay bills. This doesn't require much sleuthing; assistants often work for pay that does not equal a living wage.

What's more notable here is that, by tying it to performance reviews and inflation rather than qualifications and experience (as other roles did), assistants are saying that they want their paychecks to reflect the work they do each day, regardless of whether they have a license or other credentials. This may indicate that they don't feel that their contributions are valued in the same way that credentialed technicians' are.

What can you do about it?

Once again, starting with a living wage is always a good idea, and if your practice has tiers that assistants can move up to, make sure there's transparency around what's required to reach the next tier. Based on our findings in Phase 1, veterinary assistants are less likely to make veterinary medicine a career than credentialed technicians, administrators, or veterinarians, but there are plenty of team members in this role who, given the chance, will do quality work and seek out opportunities to advance, so communicating with individuals in this role to understand not only what they say they need, but what their goals are, is key.

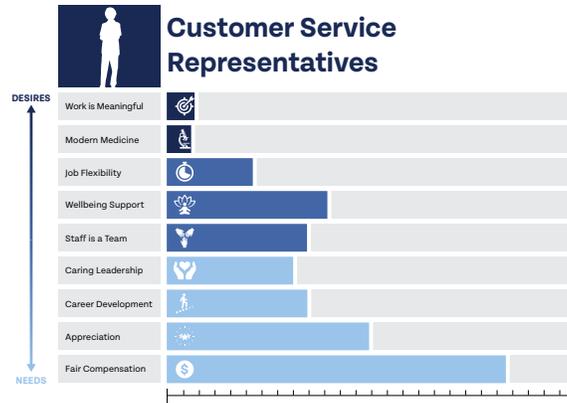


Figure 6.1

CUSTOMER SERVICE REPRESENTATIVES

Although CSRs didn't respond in high enough numbers to give us data on definitions or satisfaction vs. reality scores, we do have plenty of data from Phase 1 to understand what they prioritize. (**figure 6.1**).

Interestingly, although fair compensation is the strongest attrition driver, it's not by as wide a margin as we saw with veterinary assistants or credentialed technicians. Appreciation and wellbeing support are also priorities for CSRs—which is unlikely to surprise anyone who's ever worked at a front desk.

The data is not sufficient for us to offer statistically significant claims regarding expectation vs. reality scores or definitions,

but it is sufficient for us to make some educated assumptions. This is in large part because the responses we *did* get generally lined up with what we saw in other roles. In other words, for factors where we saw general agreement on definitions, CSRs tended to also be in agreement. In those where there was some division, CSRs showed less alignment, but tended to align with the definitions selected by other roles.

Given that general alignment with other roles, it's safe to say that practices aiming to improve CSR retention can make progress by focusing on fair compensation, just as with assistants and technicians.

No practice wants to spend more money without seeing some return, so having clear ties between wages and performance—and attendance, if that's an issue—allows team members a clear view of what's possible for them, and what they need to do to reach their financial goals.

CONCLUSIONS AND NEXT STEPS

Recap the key learnings from AAHA’s Stay, Please retention study and determine what steps your practice can take to reduce turnover.

Ready to work these findings into a retention plan for your practice? Let’s start with how to give your practice, as a whole, a retention boost.

REDUCE PRACTICE-WIDE TURNOVER WITH A CORE VALUES REFRESH

The understanding that addressing the factors at the base of the pillar will make the biggest impact on practice retention as a whole was introduced in Phase 1, and the findings of Phase 2 supported that notion completely. If you are seeking to reduce practice-wide turnover, begin at the bottom and work your way up.

However, even if you’re more concerned about reducing turnover in specific roles—and we’ll get to that in a moment—these key attrition drivers are crucial for *all* practices to do well.

Sharing commitment through communication

That’s just the beginning, though. Whether you’re working to reduce turnover in general or just want to make sure your current excellent retention rate stays that way, the next step is to weave your commitment to doing these factors well right into your practice culture.



Providing clear paths to increased pay dovetails nicely with career development, and, even better, being transparent about what type of support you offer (such as CE stipends) is an excellent way to show employees they’re valued.

Role-specific retention requires role-specific approaches, and the more you know about your own practice, the better you can utilize the findings shared here to make major improvements.

This requires two-way communication with staff; after all, if there's one thing to take away from this paper, it's the correlation between distance (on a traditional organizational chart) from the owner role and differences in priorities, definitions, and experiences.

Comparisons



If that wasn't clear at the outset of this paper, it likely is now.

To tie this into the caring leadership/career development factors: caring leaders make sure their employees understand what steps must be taken to advance their careers, and they're clear about what support the practice offers for those wanting to take those steps. They also make sure that new hires come in with clear and realistic expectations.

Showing appreciation through fair compensation

As for the appreciation/fair compensation factors, we know that most roles (other than owners) agree that appreciation is best shown in the form of fair compensation, which makes it doubly important to get that right—and to make sure team members understand your approach to this vital retention factor.

Finding the money to pay staff more has been a challenge since business came to be, and while this is far from an exhaustive list, it's a start. (And AAHA will continue to interview experts about this and share insights via *Trends* and other publications throughout the year.)

- **Technician utilization:** Practices where veterinarians rarely perform tasks that credentialed veterinary technicians can do show an average revenue increase of 36%—and, as a bonus, it improves this role's job satisfaction, too. AAHA's Technician Utilization Guidelines provide all the information you need to improve technician utilization in your practice.

- **Third party evaluations:** From wage audits to identifying areas where you can increase profitability in workflows, pricing, inventory management, and more, a fresh set of eyes can make a massive difference in your profit margin. In fact, in one case study, a practice spent \$7,000 on software to identify what their services were costing them and learn how to price them more appropriately. That same year, their bottom line increased \$165,000.
- **Tiered pay and ties to performance.** No practice wants to spend more money without seeing some return, so having clear ties between wages and performance—and attendance, if that’s an issue—allows team members a clear view of what’s possible for them, and what they need to do to reach their financial goals. Providing clear paths to increased pay dovetails nicely with career development, and, even better, being transparent about what type of support you offer (such as CE stipends) is an excellent way to show employees they’re valued.

ADDRESS ROLE-SPECIFIC TURNOVER WITH DATA-DRIVEN DETAILS

The role-based findings outlined in this paper give you the framework you need to improve retention in each practice role. And, while this paper called out one specific key factor per role, you know your practice and employees best.

For instance, if you know that your practice is providing technicians with fair compensation (based on their definition), look at how technicians prioritize, define, and experience other factors that, perhaps, you’re not doing as well. Then make adjustments based on those findings, tweaking based on the feedback you solicit from your team as you go.

Role-specific retention requires role-specific approaches, and the more you know about your own practice, the better you can utilize the findings shared here to make major improvements. ■

SUCCESS THROUGH SURVEYS

Multiple practices with excellent (90% and higher) retention rates offered insight into their processes throughout the course of this study, and there was one thing they all had in common: **Surveys.**

From small, independent practices to larger corporate chains, these high-retention practices survey their staff regularly—and they use the feedback they receive. They look for trends in responses to help them identify areas in need of change or improvement. Then, they look for opportunities to have conversations (with individual employees as well as with staff as a whole) to communicate what they’ve learned, what they’re going to do about it, and how team members can be part of that process.

After all, those surveys give the team a chance to share what’s on their mind, but that doesn’t mean they automatically know what leadership plans to do about it.





AMERICAN ANIMAL HOSPITAL ASSOCIATION

Since 1933, the American Animal Hospital Association (AAHA) has been the only organization to accredit veterinary hospitals according to more than 900 standards directly correlated to high-quality medicine and compassionate care. AAHA seeks to simplify the journey towards excellence for veterinary practices and lead the profession in the provision of the highest quality care for pets by improving standards of care, championing accreditation, and supporting our members in all aspects of this pursuit. Today, more than 4,800 practices—nearly 15% of veterinary hospitals in the United States and Canada, as well as a growing number in Japan—are AAHA accredited or preaccredited.

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