

CAPITAL VETERINARY CLINIC

COMPREHENSIVE CASE ANALYSIS

Capital Veterinary Clinic is in trouble. The organizational culture, leadership dynamic, and work units all demonstrate serious flaws and toxicity that need to be addressed. The clinic held a reputation of exemplary service; however, the reputation may be decreasing due to racial and cultural tensions among the staff. This case study provides a detailed analysis of the current situation at CVC using the Burke-Litwin Causal Model of Organizational Performance; a discussion of organizational values and advice and suggestions for the current leadership regarding development of an internal code of ethics; an analysis of the diversity and inclusion currently in place at CVC, and how leadership can improve and strengthen the cultural relationships, reducing current tensions; a discussion of assessment plans, including the Five-Factor Model, MLQ Form 5X Short, the Interpersonal Conflict at Work Scale, and the Job-related Affective Wellbeing Scale, and the rationale for selecting these assessments, and finally, general recommendations for transformational leadership implementation to improve the over-all culture and client experiences at CVC.

KEYWORDS: Causal Model, FFM, MLQ Form 5x Short, ICWS, JAWS, organizational values, ethical guidelines, leadership development

Capital Veterinary Clinic Comprehensive Case Analysis

Organizational health creates an environment in which an organization is capable of achieving efficiency and overcoming challenges (Ghorbani, Afrassiabi, & Rezvani, 2012; Keshtegar, Margir, Rashidi, & Jokare, 2014). Ghorbani et al. (2012) asserted that a healthy organization is the organization that can evaluate itself with scrutiny, recognizing internal inconsistencies and removing them. The following case analysis provides an internal scrutiny of Capital Veterinary Clinic (CVC), focusing on organizational values and social and cultural diversity; addresses the development and implementation of a leadership assessment plan; and presents recommendations to strengthen and improve the organization's effectiveness. To begin, the first part of the paper will be a discussion and analysis of the current situation at CVC.

CURRENT ORGANIZATIONAL SITUATION, CVC

Burke and Litwin (1992) stated that organizational change, in and of itself, is a type of chaos; however, certain patterns exist that can help guide the change and its effects. The Causal Model provides a tool for organizational analysis to better understand the cause-effect of changes that have happened, and changes that are desired (Burke & Litwin, 1992). In the case of CVC, the author finds it difficult to identify precisely what catalyst lead the organization to where it is, currently; however, Appendix A provides a visual representation of the author's understanding of the situation. In the following paragraphs, the author will address each level of the Burke-Litwin Causal Model of Organizational Performance.

External Environment

Burke and Litwin (1992) defined the initial starting point as any condition or situation that would influence organizational performance, such as marketplaces, political or governmental situations. The author placed diversity issues as the external factor and the underlying cause of the current organizational climate. Since 1997, harassment of those of the Muslim faith has risen 223% in the United States, both in society as well as the workplace (Findley, Hinote, Hunter, & Ingram, 2014; Azizan & Razlina, 2015). These diversity issues may not have initially manifested themselves as diversity issues, but, rather is a general incivility among the staff. Torkelson, Holm, Bäckström, and Schad (2016) defined workplace incivility as a form of negative interpersonal behavior that is characterized by disrespect and rudeness. Cortina et al. (2013) defined workplace incivility as low-intensity negative behavior with ambiguous intent to cause harm. Cortina et al. (2013) further asserted that incivility tends to be neutral on the surface, which indicates a need to look at the perpetrator and the intended victims.

Mission and Strategy

Burke and Litwin (1992) identified the importance of a written organizational mission statement and the necessity for leadership and employees to have a mutual understanding of what that mission is. The author noticed a lack of stated mission statement within the case study itself. Inferring the potential mission statement, the author would believe it to be, "To provide exemplary service to animals and their families with a variety of veterinarian services and specializations." The lack of any

clearly defined mission statement, however, leads to a lack of strategy, which in turn, can lead to a lack of structure (Burke & Litwin, 1992).

Leadership

Leadership at CVC seems very lacking. The Senior Leadership Team meets infrequently and appears to be uninvolved in the general activities of the clinic; the Extended Leadership Team meets weekly to discuss more mundane issues of the clinic. Of the two teams, the Extended Leadership Team seems to be the most involved in the activities; however, there does not seem to be a way for employees to resolve conflicts with management. Florence Meyers and Dr. Silverstein are and were both points of contention among the staff; however, the structure of the organization does not appear to allow for a redress of grievances on behalf of the employees regarding their supervisors.

Culture

During Dr. Silverstein's tenure as manager, the author believes there was an increase in incivility among the staff, perhaps as a response to Dr. Silverstein's lack of leadership ability (see May, Wesche, Heinitz, & Kershreiter, 2014). May et al. (2014) determined that an emotion-focused coping mechanism in dealing with destructive leadership could have an avoidance factor which includes verbally attacking and ridiculing co-workers, as well as defrauding or stealing from the organization. According to the case presented, Dr. Silverstein admitted to stealing medical supplies for personal use and indicated that the rest of the staff did so, as well. Florence Meyers appears to have little problem with singling out those of a different religious or cultural background than her own. Where Dr. Silverstein's behavior was only perceived as actively obstructive, at least in response to scheduling, Florence Meyers' leadership style is confrontational, often involving verbal abuse, humiliation, or noncontingent punishments, as seen in May et al. (2014). Employees responding out of an emotional-avoidance stance will verbally attack and ridicule colleagues, as they are currently doing at CVC. Cortina et al. (2013) and Azizan and Razlina (2016) indicated that workplace incivility can go unaddressed because it is, by definition, low-intensity and there is a lack of response to the increasing of seriousness regarding it.

Structure

In the provided study, there is an organizational flowchart of who reports to whom. The proffered flowchart indicates a form of structure, however, the author finds the structure lacking and slightly cumbersome. With no clear ideas of how employees may address grievances against their supervisors, the clinic does not seem to have planned appropriately for maintaining organizational health. Employees who are able to voice their concerns tend to stay with the organization (Avey, Wernsing, & Palanski, 2012). One former employee left the organization, citing Florence Meyers' leadership style as the reason. The author believes if there had been a way for the employee to voice her concern and have her concern addressed appropriately, she may have remained with the clinic (Avey et al., 2012).

Management Practices

Generally, management practices are positive and uplifting to employees (Burke & Litwin, 1992). The leadership dynamic within CVC, however, can only be described as seemingly apathetic. It is

possible that they are simply delusional regarding the actual climate of the organization; however, it seems more likely from the information provided, they are aware of the situation. Florence Meyers' attitudes and behaviors towards employees of differing faiths and cultural backgrounds, and the lack of response from either management team, can be perceived as indifference towards the situation, which will leave employees feeling disempowered (Avey et al., 2012).

Systems

Burke and Litwin (1992) defined organizational systems as standardized policies which facilitate work, such as rewards systems, performance appraisals, goal setting, and human resource allocation. CVC does not appear to have formalized systems in place, and if they do, the systems are not used at all, or at the very least, not used effectively. There does not seem to be a rewards system in place, other than that which is based on how the clinic performs, financially.

Climate

The climate of the work units at CVC is extremely toxic. Burke and Litwin (1992) defined climate as the collective impressions, expectations, and feelings of the individuals involved in the work teams. Starting under Dr. Silverstein, and escalating to public confrontations, the staff, including some leadership, have altered the climate of the organization, as a whole, creating a vortex of toxicity that affects their interactions with each other and their interactions with their clients. One such incident was reported by a client to the administration staff. The client believed he needed to mediate the situation to prevent it from escalating to violence. When he reported it, he stated that he was very disturbed by the situation.

Task Requirements and Individual Skills

Overall, the employees demonstrate the requisite skills for their positions. Previously, Dr. Silverstein demonstrated a lack of leadership ability and willfully abdicated her position, while remaining as a staff veterinarian. Florence Meyers does not demonstrate constructive leadership abilities and is the reason for at least one employee's quitting. The promotion of these two employees to roles involving leadership seems to indicate a lack of understanding of the needed skills and attitudes for leadership positions from the Senior Leadership Team; or indicate that the Leadership Team promoted people with experience in their fields, rather than with leadership ability.

Motivation

Burke and Litwin (1992) defined motivation as the behavioral tendencies to work towards goals by taking appropriate actions, and persisting until satisfaction is achieved. From the case study presented, it seems that each employee is motivated by extrinsic factors, such as the profit-sharing program, and a sense of self-preservation. The employees seem disgruntled and disenfranchised, decreasing job satisfaction and performance.

Organizational Performance

The sum total of the organization's efforts and achievements is influenced heavily by the preceding factors. The author infers from the text that the customers have grown discontent with CVC,

as a whole, and the tensions among the employees seem to affect how the employees interact with their clients (Mansour, 2011).

The Causal Model of Organizational Performance puts the stakeholders and current outcomes into a transformational-transactional matrix for initiating change (Burke & Litwin, 1992). CVC seems to identify most closely with Burke and Litwin's (1992) example of a high-tech firm where employees felt they had no direction from their leaders and no culture to guide their behaviors. But, understanding the current situation at CVC, the author will now discuss organizational values.

ORGANIZATIONAL VALUES

Researchers have considered organizational values important for explaining actions in and around the organization, and tend to reflect the values of the organizational founders or executives (Gehman, Trevino, & Garud, 2013). Ethical leadership treats the means, ends, and motivations as equally important (Avey et al., 2012). An effective organization will employ leaders who are *moral persons*, in that they demonstrate such behaviors as honesty, caring, and balanced decision making; and also *moral managers*, who are able to motivate their employees through demonstrating ethical behaviors such as discussing ethical standards with the employees, offering appropriate rewards or punishments for the behaviors, and proactively encouraging their employees (Avey et al., 2012). A written set of organizational values and ethical codes for the organization provide a documentable record of information that employees may easily access if and when questions arise (Flite, & Harman, 2013). Ethical codes can cover everything from fraud and abuse to quality reviews, research, decision support, and information security (Flite & Harman, 2013). A written code can also keep an organization operating within the law (e.g., compliance with the Americans with Disabilities Act, or the Civil Rights Act of 1967). The author finds the lack of clearly stated ethical codes and guidelines, disturbing. Without a set standard for behavior, situations involving *neoracism* can become legal situations involving allegations of discrimination, or even allegations of racially or religiously motivated hate crimes, should arguments turn physically violent (Cortina et al., 2013).

Despite the repetition that CVC values diversity, nothing within the provided information demonstrates any type of appreciation for the religious and cultural diversity present. Presented throughout was the instance of the cancellation of the Christmas party, seemingly as a result of complaints from those who did not identify with the Christian faith. Rather than attempt some form of cultural inclusivity, the method in which the situation was handled came across, at least to this author, as passive-aggressive and a type of micro-aggression against any non-Christian within the organization. This micro-aggression seems to have given way for leadership, in the form of Florence Meyers, to use targeted incivility against those of non-Christian faiths; and, by her example, other employees have also begun disrespecting each other, even going as far as to use racial slurs, in front of clients.

Addressing ethical concerns can be difficult. Gehman et al. (2013) contrasted two different perspectives on values within organizations; the cognitive approach, and the cultural approach. The cognitive approach puts organizational values in abstract terms, and then determines if individual values are congruent with the organizational values (Gehman et al, 2013). The cultural approach uses modeling from transformational leaders to influence employees to adopt the organizational values (Gehman et al., 2013). Both approaches are necessary, especially at CVC; they provide the foundation upon which

the company can rebuild their culture. Because there appears to be much cultural and religious intolerance among the staff, the author believes the leadership need to address this area first and foremost. The author offers the following recommendations.

1. Senior Management need to be more involved with the staff. Interview staff members to find out where their issues are.
2. Provide cultural communications training or diversity training to all current leadership.
3. Solicit feedback from employees on ideas for a code of ethics for the clinic. Once compiled, develop the Clinic's Code of Ethics, communicate the code to the staff, and post the code in various locations throughout the clinic.
4. Develop a rewards system for promoting positive employee behavior.

Currently, there is one supervisor who is causing issues among the employees. Florence Meyeres' continued incivility is causing a rift among the employees and further agitating an already tense situation. Training her, specifically, would call attention to her, which could potentially reinforce or increase the undesired behavior (Cortina et al., 2013; May et al., 2014; Torkelson et al., 2015). The author believes, however, that she must be made aware of how her attitudes and behaviors influence and affect her staff; therefore, the author recommends discussing her feelings regarding the entire situation and allowing her the space to articulate and communicate where she is, then discuss with her how she is affecting the other staff members, working with her to identify trouble areas and how to improve them (Avey et al., 2012). Since Senior Management would be addressing all staff members' concerns and behaviors, this process would be no different than everyone else.

Having discussed organizational values and their importance, and understanding where the clinic is, currently, the author will proceed with an analysis of the clinic's diversity and inclusion policies, addressing ways to improve and strengthen the diversity program.

DIVERSITY AND INCLUSION

The provided information states, repeatedly, that the clinic considers diversity an asset. According to demographic information, 55% of the staff are Caucasian, 20% are Asian, and Hispanic, and 5% are African-American. Racially, the company seems rather diverse; but, there are tensions among the staff, specifically towards those of Middle Eastern decent. The decision to eliminate the Christmas Party for staff and family and replace it with an end of the year party for employees only further increased tensions within the clinic. The author believes that not only was this unilateral decision perceived as negative in the eyes of Christian staff members, it also drew attention to the cultural and religious diversity which created an environment in which workplace incivility could be easily perpetuated (Torkelson et al., 2014). Those who felt discriminated against, the Christian group, felt victimized and chose to bully those they saw as the cause of their victimization, the non-Christian group (Torkelson et

al., 2014). Porath and Pearson (as cited in Torkelson et al, 2014) discovered that being the target of workplace incivility or bullying was the result of anger and fear; and that anger and fear were also related to increased incivility toward the instigator. In current world affairs, terrorism has been equated to Islam (Wolf, 2015). Because there is relatively little attempt to differentiate the extremist groups of Islam from the peaceful practitioners, the uniformed believe all Muslims to be extremists and, therefore, fear what they do not understand (Wolf, 2015).

In order to address the many and varied issues regarding diversity and inclusivity within the clinic, the very first item the author recommends is to develop a diversity vision statement and communicate it to the employees. The author, again, recommends allowing the employees to give feedback regarding the policy development (Avey et al., 2012). Islam has two holy days that require accommodation, and they do not coincide with Christian holy days (Finley et al., 2014). Understanding what Muslims require for their faith is as important as understand what Jews require, and Catholics, and other religions, as well. Offering the opportunity for others to learn about the Muslim and Jewish faiths represented at the clinic, would help to increase the knowledge of the religion, and reduce the fear in order to decrease incidents of workplace incivility (Avey et al., 2012; Finley et al., 2014; Torkelson et al., 2015). Extending cultural diversity and acceptance training to the entire staff, therefore, is the second recommendation.

Because the end of the year party appears to be a major contributing factor to the increase in workplace incivility, the final recommendation for diversity and inclusivity improvement focuses on the party. Originally, the party was a Christmas Party and open to the staff and their families. With an increase in non-Christian employees, however, the Extended Leadership Team chose to scale down the event and make it just for employees. The author finds a number of issues within this singular situation and will address them below.

1. The Extended Leadership Team consists of the senior staff (Dr. Sandoval, Dr. Al-Shamry, Dr. Chung, and Aziz Al-Murjan) and Susan Simmons, Henry Stoddard, Florence Meyers, and a rotating staff veterinarian and veterinarian specialist.
2. Florence Meyers is noted throughout the documentation to act in a negative manner towards employees who are non-Christian.
3. The decision to eliminate religious overtones, scale down the event, and limit it to staff only can be perceived as a type of micro-aggression against those of different religious persuasions, by way of Ms. Meyers being on the leadership team (Avey et al., 2012; Torkelson et al., 2015).

In an effort to relieve tension and ensure no one group feels singled out, the author recommends continuing the end of the year gala, with a few changes. First, the gala should be held prior to December 25, with the knowledge that Mawlid an Nabi, an Islamic holy day, is December 14. A

recommended date is December 21, which is the date of the Winter Solstice. The gala should remain open for staff and family, but should not have alcohol present, out of respect for those of the Muslim faith. Second, from November 1 through January 1, the clinic should run a food drive for the community. Clients can bring in non-perishable canned food for humans and pets, and the clinic can deliver these goods to the local food bank, weekly. By including all employees in an event that has the potential to effect the local community, the employees can feel a sense of purpose and belonging (Mansour, 2011; Lyle, 2012; Springer, Clark, Strohfus, & Belcheir., 2012; & Hogan & Coote, 2013). Also, by including the community, the clients can also feel a sense of belonging and will be able to recognize a more unifying atmosphere within the clinic (Mansour, 2011; Lyle, 2012).

The analysis and recommendations for improvement in the area of cultural diversity is rooted in the need for leadership to establish and codify ethical standards and organizational values, and communicate those values to the staff, which, after examining the current state of the organization, should begin to improve the organizational climate. The author will now discuss the assessment plan and the implementation of the plan at CVC.

ASSESSMENT PLAN

Kessler, Bruursema, Rodopman, and Spector (2013) discussed the fact that counterproductive work behaviors and interpersonal conflict are commonly identified as workplace stressors, certain leadership behaviors are also stressors. Kessler et al. (2013) discussed transformational leadership, which seeks to instill a sense of pride, respect, and faith in leadership and is centered on organizational vision; transactional leadership, which is the exchange of one item of value for another between leader and subordinate, such as labor for pay, and uses corrective measures, such as punishment, for follower mistakes; and passive-avoidant leadership, which involves leadership avoiding responsibilities and only involving themselves in problems when absolutely necessary. The third type of leadership described in Kessler et al. (2013) seems to be the type of leadership predominately displayed at CVC, with one or two supervisors using transactional leadership in a destructive manner (Kessler et al., 2013; May et al., 2014).

Assessments

The author believes anyone can be a leader. Some are born with strong leadership abilities and some need training to acquire those abilities. In order to understand who has natural strengths and abilities in leadership, and who may require training, the author would recommend all employees to take the five factor (FFM) personality test. The FFM is widely regarded as more empirically valid than the Meyers-Briggs Type Indicator (MBTI), and has several different frameworks to use for personality analysis, depending on the information to be gathered (Cooper, Knotts, McCord, & Johnson, 2013). A general FFM assessment is all that is currently needed for the staff at CVC. This assessment uses five broad categories for personality traits, which are measured on a continuous scale, yielding a normal distribution (Cooper et al., 2013).

Once the personalities of the staff are measured, the author would then administer a few different assessments, based on the study method provided in Kessler et al. (2013). The second assessment to be used is the MLQ Form 5X Short, developed by Bass and Avolio in 1989 (as cited in Kessler et al., 2013;

and Rupperecht, Waldrop, & Grawitch, 2013). This assessment is given to subordinates to rate their supervisors in the area of transformational leadership behaviors (Rupperecht et al., 2013). The data collected is on a 5-point Likert-type scale, and can be used to identify areas in which leadership needs to be improved (Kessler et al., 2013). The data collected would demonstrate how subordinates view the leadership at CVC.

The third assessment to be administered is the Interpersonal Conflict at Work Scale (ICWS), developed by Spector and Jex in 1998 (as cited in Fox, Spector, Goh, & Bruursema, 2007). This assessment is only four items and addresses the frequency with which employees experience incivility in the workplace. This assessment uses a Likert-type scale and will provide an indication of the extent to which workplace incivility occurs.

The final assessment is the Job-related Affective Wellbeing Scale (JAWS), developed by Van Katwyk, Fox, Spector, and Kelloway in 1999 (as cited in Sakurai & Jex, 2012). Sakurai and Jex (2012) used this particular assessment to measure participants' experience of ten specific negative emotions, due to their coworkers. This assessment uses a Likert-type scale, as well, and would indicate the predominate types of negative emotions.

These assessments will work together to diagnose specific areas of concern in order to develop appropriate policies, procedures, and training to address the issues. Because these assessments are quantitative in nature, the author also believes it will be important to discuss common issues with employee groups, allowing them to voice their concerns and find support in their coworkers (Avey et al., 2012; May et al., 2014).

Implementation of Assessments

In order to best collect data and maintain anonymity in the collection process, each of the questionnaires will be delivered via a link posted on the clinic's intranet, or distributed to employees via e-mail. Each employee will be able to complete each questionnaire on his or her own time, and will be assigned a certain number of points upon completion of each survey. Once all points have been collected, the employee may redeem the points for a small item of his or choosing, ranging from small personal items such as a \$10 gift card for a local coffee shop, to small pet-related items such as toys or treats. There will be a two-week time span in which employees have to complete all the assessments. Most of the questionnaires are short, consisting of fewer than 15 items. Two of the assessments are longer; however, the author does not believe they would take longer than 15 minutes to complete. The author would also communicate the importance of the data at an all-staff meeting. Using persuasive techniques, the author would present an argument for improving the work environment at the clinic to make it a place the employees want to be, and a place where the clients and their pets want to be. Using data supported by Burke and Litwin (1992), the author would also explain how organizational dysfunction can manifest in unintentional ways and could, potentially, alienate clients and staff.

The author would also explain to the staff what each assessment is for and how the data would help address issues within the clinic. Each participant would have the opportunity to ask questions and may, most certainly, opt not to participate for any reason. The author would also reiterate the complete anonymity of the assessments and further explain that once all assessments are completed, the author

would meet with the staff members individually, or within small groups to discuss anything they would like, pertaining to the organizational situation.

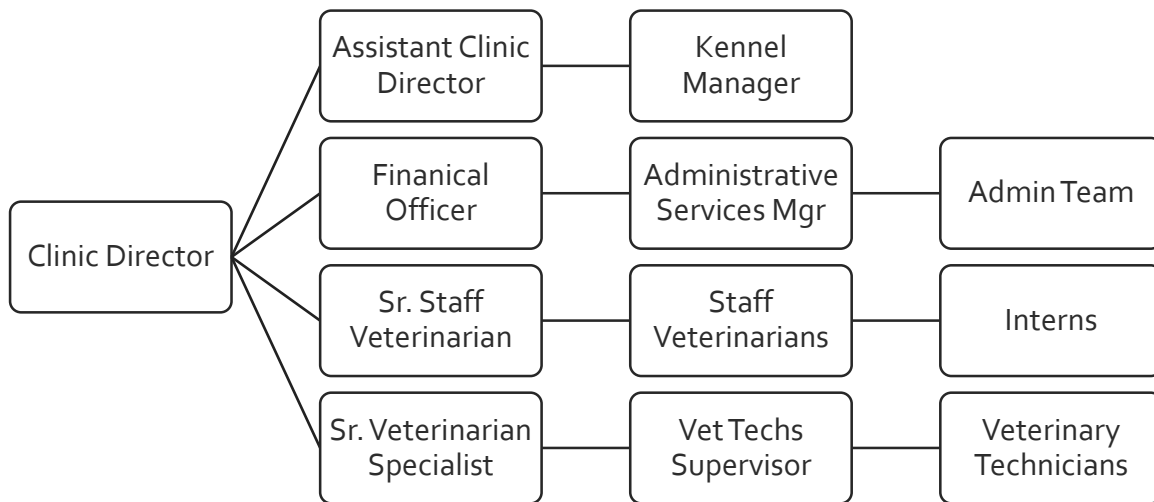
Deliverables and Use of Data

The author believes the assessment data should be delivered to the Senior Leadership Team, so they are aware of how the employees feel about leadership, supervisors, each other, and the general culture of the organization. The author would develop a narrative, based on the data, to present an overview of the situation. From there, data that refers to individual leaders and supervisors would be used in a performance review setting. The data involved in these reviews, as well, would be designed as a narrative, displaying the mean responses to questions directly referencing the leader involved. The purpose of this type of delivery is to demonstrate to the leader how others view his or her abilities and work directly with the leader to determine how best to set and accomplish goals for improvement. More recommendations in the area of performance reviews will be addressed in the next section.

RECOMMENDATIONS

Throughout this analysis, there have been recommendations for specific areas of internal communication and leadership development. In this final section, the author will provide further recommendations, and provide a comprehensive list in Appendix B.

The clinic has a documented structure of hierarchy. The author, however, believes that this structure needs some improvements and clearly defined KSAOs for each position. Currently, Dr. Al-Shamry serves two roles within the clinic, that of Assistant Clinic Director and that of Senior Veterinary Specialist. The author believes his role should be split into two roles, or have the position of Assistant Clinic Director eliminated or sub-divided among the three senior officers. Because the Senior Leadership Team consists of four people, the author believes having a fifth person would provide a situation in which any items that came to a vote would be able to be decided with a majority vote, as per Robert's Rules of Order (Robert, 1915). Abels and Martelli (2011) suggested that, CEOs in particular, who hold dual positions as Chairman and CEO, run the risk of leading the board or executive team to pursue self-interest, rather than acting in a way that is in the organization's best interest. Even though Dr. Shamry is not the CEO, he is the leader of the Extended Leadership Team, because of his dual position as Senior Staff Veterinarian Specialist and Assistant Clinic Director. Within the current structure, Florence Meyers also reports to both Dr. Al-Shamry and Dr. Chung. The Kennel Manager also reports to Dr. Al-Shamry, presumably because he is the Assistant Clinic Director. The organizational hierarchy is somewhat confusing and presents problems of potential conflicts of interests (Abels & Martelli, 2011). The author would recommend the following hierarchy:



The Kennel Manager, currently, does not appear to have staff. Perhaps involving volunteers who would like to assist in caring for boarded pets would be a way to create community involvement with the clinic (Manssour, 2011). In the same respect, offering opportunities for employees to volunteer in the community also provides a sense of belongingness for the employees, as well as increases the organizations social awareness and community involvement (Caligiuri, Mencin, & Jiang, 2013). There are several ways to implement a corporate social responsibility program (Caligiuri et al., 2013); however, the author would recommend discussing this program with the employees to allow them the opportunity to take part and offer suggestions for the program (Avey et al., 2012).

The author would also recommend the implementation of a documented process for performance reviews, a rewards system, and a process for a submitting confidential complaints. Performance reviews for the clinic should involve multi-source feedback. As part of the documentation of process, the multi-source feedback should involve a meeting with the leader to be evaluated and the subordinates in order to discuss the process, purpose and implementation of the multi-source feedback (Atwater, Brett, & Charles, 2007). A rewards system will also improve organizational moral (Burke & Litwin, 1992; Manssour, 2011; Lyle, 2012; May et al., 2014). Documenting how the rewards system works will further reinforce the structure and management practices the organization is striving to achieve (Burke & Litwin, 1992). A formal process for voicing concerns will also improve the organizational culture and potentially prevent incidents of incivility among the employees (Burke & Litwin, 1992; Avey et al., 2012; Cortina et al., 2013; Torkelson et al., 2014).

Burke and Litwin (1992) indicated that the top portion of their Causal Model focused on transformational leadership aspects, while the bottom portion was transactional leadership. On the chart in Appendix A, the transformational areas involving restructuring of the hierarchy, documenting processes and policies, documenting ethical guidelines, clearly communicating and documenting the clinic's mission and the senior leadership's vision, and leadership training will all affect the organizational culture and management practices, which will then trickle down to the transactional

situations of ensuring the proper job-skill fit among the staff, motivating employees to be better than they are, currently, and addressing individual needs within the organization. All of the changes, combined, also improve client relations, which, in turn, has the potential to grow the business through word of mouth (Burke & Litwin, 1992; Manssour, 2011).

In addition to the leadership development programs mentioned earlier, the author would also recommend personal development programs, as well as team building programs. The clinic could work with other veterinary clinics nationwide, or worldwide, on an exchange program in which employees can be traded to other clinics to learn new skills (Caligiuri et al., 2013). As a supporter of applied game theory, the author believes the team building programs should involve some type of team-focused game night with the employees. Role playing games have been proven as excellent tools for training purposes, particularly those which are played in an online, virtual environment (Granic, Lobel, & Engels, 2014). Granic et al. (2014) identified the increase of social components of many online role-playing games; however, the author notes that no research exists that discusses the use of traditional, pen and paper role playing games for training. This gap in the literature can alienate small businesses who do not have the extra funds to support a private server, purchase copies of a game and subscriptions for employees, or pay to have a game designed for them. The author hypothesizes that a traditional role playing game will yield the same or similar results as an online role-playing game; however, this area is the topic for her dissertation. For team building at CVC, based on the author's stated hypothesis, the recommendation is a monthly team building exercise in which participants play a four- to six-hour fantasy role-playing game, with a debrief period afterwards to apply critical thinking techniques used in the game to the work environment. Not only does the author believe the interaction will improve team performance, but she also believes it will generate a spirit of entertainment and fun and help to highlight areas of skills and abilities that employees may not know they possess.

CONCLUSION

The author has made a number of recommendations throughout this analysis. Based on the case materials presented, she has also presented recommendations for assessments, an analysis of the diversity program at CVC, an analysis of the organization and ethical values present at CVC, and a detailed analysis of the current situation at CVC. The clinic is not beyond hope; however, senior leadership must be more active and must document processes to provide the much needed structure. Modeling appropriate behaviors, as part of transformational leadership, will help to address incivility issues that seem to stem from a lack of understanding of cultural and religious diversity. In general, CVC started as a small business that grew quickly and managed to survive without strategic plans and processes documented and in place. By starting with the documentation process and working through each area, the clinic can reduce the incivility and stress among the staff and begin to grow and demonstrate the aspects of a healthy organization.

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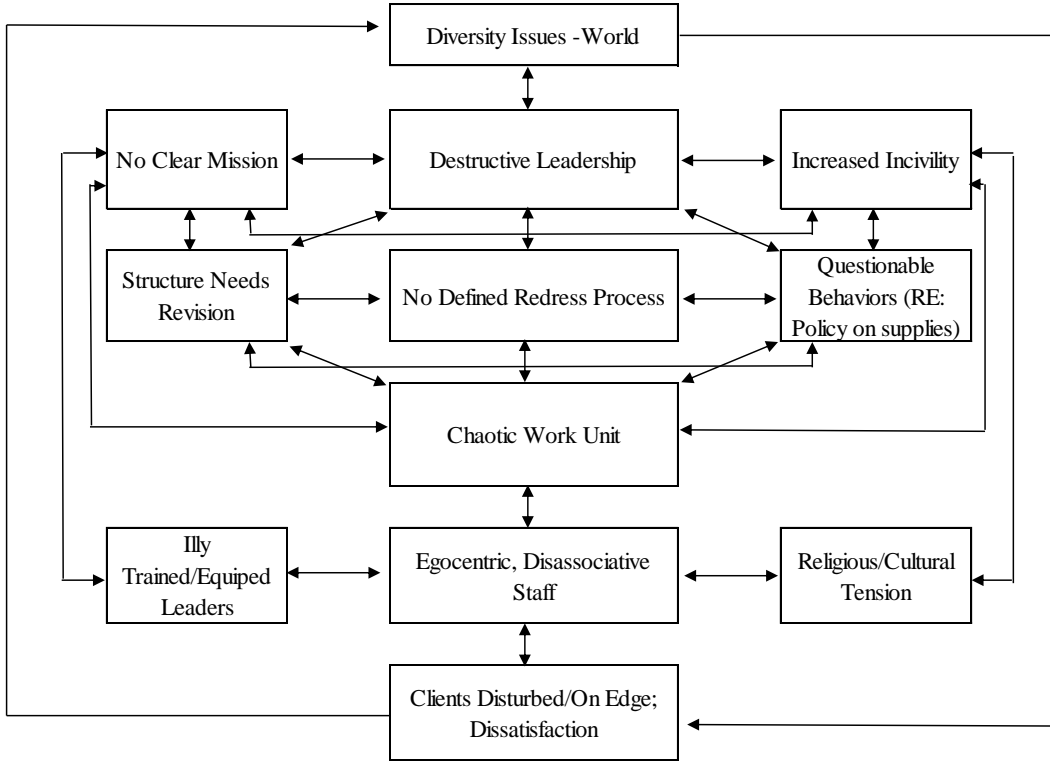
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Appendix A

Causal Model of Organizational Performance



Appendix B

List of Recommendations

1. Restructuring of hierarchy
2. Documentation of policies & processes
3. Clearly defined mission and vision statements
4. Clearly defined ethical codes and guidelines
5. Documented performance review process
6. Documented rewards system
7. Documented process for voicing concerns
8. Reinstatement of a holiday party, open to staff and their family
9. Inclusion of clients in a two-month long food drive
10. Cultural and religious diversity training
11. Leadership training
12. Volunteer opportunities for community members at the clinic
13. Volunteer opportunities for staff and employees in the community
14. Personal development program
15. Team building programs