



From Pessimism to Hope: Choreographing the Graceful Career Pivot

24

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From an early age, I embraced a cautiously pessimistic outlook, applying it to nearly every facet of life, including my career. I believed this subtle negativity protected me from disappointment. In reality, I was living in anticipation of the very disappointment I was trying to avoid.

I can trace this pessimistic mindset to my teen years. I told myself “*You probably aren’t smart enough to graduate first in your class. Work a little harder.*” I graduated high school valedictorian. “*You probably won’t get that scholarship*” turned into a full ride to college. I firmly believed my acceptance to graduate school was a mistake the admissions committee would come to regret.

Cautious pessimism even seemed to help me start a family during the rigors of vet school. I very much wanted a baby, but I told myself “*We probably won’t get pregnant.*” We did. Twice. It wasn’t until a year after vet school, a year into my career, that cautious pessimism became something more than a mindset. It became my survival mechanism. A lifeline.

On August 18, 2008, our 3-year-old daughter, Lindsay, was admitted to the pediatric emergency department at Brenner Children’s Hospital with a hemoglobin of 4.5. A few days later, she was diagnosed with acute myelogenous leukemia (AML). We were given 50/50 odds that she would “*get into and stay in remission*”.

“*And if she relapses?*” I asked through tears. In the three-day whirlwind from emergency admission to diagnosis, I had spent hours each day with her oncologist and could easily read his expressions. The corners of his mouth tensed as his eyes glanced down and to the left. “*That ... that isn’t good. Survival with relapsed AML is low.*”

On our fourth night in the hospital, I lay beside my sleeping daughter, IVs running into her arms, machines whirring and beeping. I was exhausted but unable to

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sleep. I let my mind explore the darkest possible outcomes. I envisioned, vividly, how relapse, progression, and complications might look.

50/50 odds. I could have just as easily chosen cautious optimism.

Instead, I planned her funeral. I picked out the dress she would wear. I even chose music—Edelweiss, from her favorite movie, *The Sound of Music*. I suppressed sobs, trying not to wake her, desperately not wanting her to know there was anything sad, anything abnormal, about having cancer.

Despite my pessimism, not only did Lindsay get into remission, she also tolerated treatment better than predicted. She only spent a couple of days in the pediatric intermediate care unit and, shockingly to her nurses, no days in intensive care. Our nurses and doctors reminded us almost daily of how well Lindsay was doing. That this was not typical. She bounced playfully around the hospital room even as her neutrophil count dropped to zero with each round of chemo. She spiked fevers requiring cocktails of “last resort” antibiotics, yet never landed in the ICU. By round five of chemo the fact that she had not yet required a feeding tube was almost unheard of.

Over the span of 6 months, we spent 159 total days inpatient. On the last day, we met with our oncologist. I asked so many questions, all rooted in pessimism. He answered patiently. *“If she’s going to relapse, it will most likely be in the next year.”* Then he paused, smiling softly, *“How she’s handled treatment, no major complications, no organ damage ... she’s been in the top 5% of kids with AML.”*

My pessimistic outlook had paid off. It wouldn’t catch up with me until later.

Time passed and Lindsay continued to do well. I returned to full time veterinary work. Eventually, both Lindsay and her little brother, Michael, started school. Life returned to normal, but I clung to my pessimism like a talisman. Three years later, I continued to think *“She could still relapse”* even though, statistically speaking, we were out of the woods.

Despite being several years post-cancer, life seemed to be becoming more and more challenging. Financial stressors that started with vet school student loans and continued with lost income and added expenses from cancer were worsening instead of improving. We moved in 2010 for better health insurance and job options, but were unable to sell our house. Naturally, I applied pessimism to our financial situation. *“We’ll never pay off my student loans.” “We’ll never sell the house.”*

Most of all, though, I applied pessimism to my career. *“I’m stuck in general practice. I have no options.”* When I decided to go to vet school, I never intended to become a general practitioner. Jack of all trades? No thanks! Internship and residency were for me. If I was lucky, a faculty position would follow residency.

Then, very early in vet school, I found myself wanting a family. Based on my age and career plans, I believed it made more sense to start a family sooner, rather than waiting until internship, residency, or after. Lindsay was born during exam week of second year. I still had my sights set on an internship and residency. But when we decided to try for a second child early in fourth year, I knew having an infant and starting an internship would be out of the question.

I settled on the idea that I would go into general practice for a few years. We would figure out parenting, finances, and then, before too much time passed, I would return to academic life and a residency.

Cancer made that already tenuous plan impossible.

Fast-forward to 5 years post cancer. I was working full time as a small animal veterinarian, missing school plays, skipping family gatherings, swim meets, and field trips. I thought about work when I was at home and home when I was at work. I resented the owners of my veterinary clinic for not being more flexible in my scheduling, even though I didn't fully articulate what I needed. I resented my husband for not earning enough income for me to stay home or pursue another degree, even though I was the one who had taken on six figures of student loans for vet school. I resented my clients for being so demanding, for needing so much attention, even though I knew they simply loved their pets and wanted the best.

I was deeply burned out, and something needed to change. Yet, that pessimistic mindset still plagued me. I had a long list of solutions that "*would never work*". I couldn't pursue an internship or residency—we couldn't afford it. And, deeply, I understood that the demands of an internship and residency would be impossible with my burnout and desire to spend more time with my family. Besides, I thought, who would want me when they could have an energetic new graduate without the bad habits of a general practitioner?

I considered a total career change, perhaps teaching, but I couldn't afford the pay cut. I considered an industry position but couldn't move or travel—that would be hard on the children. I had a long, pessimistic list of "*no's*".

There was one idea on the list, though, that kept trying to break through my wall of pessimism. I found myself thinking more and more about the idea of opening a veterinary house call practice. I envisioned providing high quality preventative medicine in the low-stress environment of the patient's home. I could spend time with clients, teaching about disease prevention or management, counseling about behavior. These were aspects of veterinary medicine that I loved but rarely had enough time for in the clinic setting. And, above all, I would have schedule autonomy.

This is where the idea of hope entered my world. For most of my life, I had conflated hope with optimism. Some people have a sunny outlook. I did not. Hope and optimism were simply unavailable to me. Then I learned hope and optimism are not the same construct. As Jacqueline Mattis, PhD, MS writes in an article for [conversations.com](https://www.conversations.com): "Many people confuse optimism with hope. Charles R. Snyder, author of 'The Psychology of Hope,' defined hope as the tendency to see desired goals as possible, and to approach those goals with "agency thinking," a belief that you or others have the ability to achieve the goals. He also defined hope as "pathways thinking," a focus on mapping routes and plans to achieve those goals. Optimism is different. Psychologist Charles Carver defines optimism as a general expectation that good things will happen in the future. Optimists tend to seek out the positive and, at times, deny or avoid negative information. In sum, optimism is about expecting good things; hope is about how we plan and act to achieve what we want (The Conversation 2021)."

When I learned hope is essentially optimism with a plan, I was gobsmacked. How had I never understood this nuance? True, I spent most of my life in pessimism. Yet, I always enjoyed planning. Give me a to-do list and a spreadsheet, and my heart sings.

I began planning what a house call practice could look like. What would my set up entail, how might I advertise, which vendors and distributors would I use? This planning allowed me to spend time in optimism, imagining the aspects I would enjoy: low stress handling for pets, setting my own schedule, providing high-quality care, facilitating referrals, taking time to consult with specialists when needed.

Cautious optimism began to displace the pessimism I had relished for so long. The more I planned and the more I talked to peers and mentors, the more I believed in my ability to achieve this new career path. Planning fed my tiny spark of optimism. Hope was born.

My plan was simple: I would not go into debt. I would ask the owners of my current hospital if I could continue to work for them part time while building the mobile practice. I would refer urgent cases and those requiring radiographs or anesthesia back to that hospital unless they required a specialist. I even knew a veterinarian who might want to take my position in the hospital when I was ready to leave.

My hope grew incrementally. This was not a leap from one career to the next. It was a choreographed pivot, with one foot firmly planted in my hospital. I was lucky that my practice owners agreed to the arrangement; but it was not, entirely, an accident. By planning carefully, I was able to present an understandable reason for leaving (family demands) coupled with a well-delineated strategy that benefited the hospital. Other limitations presented themselves throughout this process, but by coming back to planning and a rejection of limiting beliefs, I was able to persevere.

Willingness to pivot required optimism, but it also required a willingness to plan, a willingness to keep one foot planted on a solid foundation while the other foot explored the many potential “next steps” that might work. I firmly believe that the most graceful career pivots start by combining the secure, but less-than-ideal job, with moving toward a risky but potentially highly rewarding new venture.

My mobile practice grew quickly and before I knew it, was self-sustaining. Being a practice owner gave me schedule autonomy, which worked wonders for my burnout and desire to be more present with family. The house call format allowed high quality, patient-centered medical care with a strong element of client education. I loved those aspects.

Yet, running a practice modeled around highly committed pet owners brought its own unanticipated challenges—primarily, the need for better boundaries than I initially realized. Moreover, I still felt like a “jack of all trades, master of none” and often found myself referring cases due to lack of staff, equipment, and time, even though I had the skills and knowledge to handle them. Burnout crept back in, but this time, I had an advantage.

Having experience building a successful business fueled my confidence. I recognized that planning and intentional optimism was a secret recipe to accomplish anything I set my mind to. My husband and I climbed out of student loan debt, I set new

boundaries that allowed my business to grow further, and, above all, I began to see my children's futures as bright, without the fear of cancer and other unforeseeable worries.

During this time I began to hear stories of countless others in the veterinary profession who were struggling. Each story was different: a terrible hospital environment, a major health concern, or, simply, "run of the mill" burnout. I consumed every bit of information about burnout and the distinctions from and overlap with depression that I could find. As I began to implement creative strategies for better career satisfaction, I realized others in the field could benefit from the strategies that helped me shift my mindset. I began to see a professional purpose that I had not previously imagined. Most excitingly, this new career path would allow me to focus deeply in an area that was intellectually stimulating and aligned with my values: I would help veterinarians in burnout. I would coach them during their own journey to wellbeing while helping them acquire the leadership skills to create hospital settings in which their team members could thrive.

This second career pivot required more skill acquisition than the first. I completed a certificate through the University of Tennessee Department of Social Work in Veterinary Human Support that took a considerable time commitment, spanning the better part of 2 years. This was a sister-program to their veterinary social work certificate and it both solidified knowledge I had already acquired informally and enhanced my understanding of burnout in veterinary medicine. Before this training, I recognized that many veterinarians were dissatisfied, struggling, even leaving the profession. I didn't realize, though, that approximately 50% of veterinarians and an even greater percentage of veterinary technicians met the criteria for burnout (Kipperman et al. 2017; Kogan et al. 2020) Through the certificate program, I learned of initiatives aimed at addressing this issue, the limitations (and future directions) of research in the field, and, most excitingly, I began to connect with other leaders in veterinary wellbeing and veterinary social work to explore creative paths forward.

Simultaneously, I began the process of becoming a certified executive coach through a unique, international coaching federation-affiliated program that required its students to have a minimum of a master's degree. Most of my classmates had PhDs in psychology, MDs, or Masters of Social Work. This allowed for an in-depth analysis of relevant scientific literature and also meant my many practice coaching sessions involved relevant experiences directly from the lives of high-achieving, driven individuals facing pressures similar to the veterinarians I intended to coach. This was one of the most applicable academic experiences of my life. I already knew much of the psychology literature being taught around emotional intelligence, but there was a great deal of new information from the fields of positive psychology and industrial/organizational psychology. More importantly, I learned, through repetition, to hold back, to listen, to ask probing, open-ended questions. I learned to trust my clients to arrive at their own solutions. I learned how to hold space for my clients, even when the silence was uncomfortable.

As I worked toward these certifications, I began shifting my work schedule—again keeping one foot firmly planted in the stable income of my mobile practice, while allowing the other to explore my options. The pivot into veterinary well-being

and leadership coaching took longer than the transition into mobile practice. Coaching was a newer and less well-defined field than veterinary medicine. I needed to consider options, make sure I didn't leap too soon and end up falling on my face. I needed to connect with experts, mentors, even seemingly random individuals in the veterinary field to see what options might exist. I needed to be certain that, by moving into this human support field, I wasn't causing my clients harm and I wasn't crossing boundaries, attempting to provide services I was neither trained nor licensed to provide.

Networking was particularly uncomfortable; requiring me to push past shyness, introversion, and fear of judgment. Yet it was fueled by hope and, in turn, intensified my optimism. The more I connected with others, the more I came to value the wisdom and experience of others and the less I dreaded networking. I felt more confident and hopeful than I had in a long time. Yes, I was a little afraid, but I wasn't held back by that fear.

In time my love of teaching and insights into how veterinarians learn and grow combined nicely with my newly developed coaching skills to serve a wide variety of my veterinary colleagues. This second career pivot has, finally, been fully executed. My professional responsibilities vary widely but all center on ensuring veterinary professionals are flourishing. As a result, I am flourishing.

After cancer, I was profoundly unhappy. I didn't want to pivot. I wanted to leap, to escape, to have nothing to do with veterinary medicine ever again. If I had jumped from general practice to house calls without a thoughtful, well-executed pivot, I would have ended up further in debt, probably running back to a traditional brick and mortar hospital. If I had jumped from house calls to wellbeing work without a steady, deliberate pivot, including ongoing skill-acquisition, I am certain I would have failed miserably.

And yet, if I had remained standing still, on two, firmly planted feet, I would still be an overworking associate veterinarian, struggling through personal dissatisfaction and professional burnout. I would still be struggling as a jack of all trades, master of none. Now, I delight in my work. This work is greatly needed and as a veterinarian who has 15 years lived-experience in the field coupled with advanced training in coaching and veterinary human support, I can see the impact of my specialized work on a daily basis.

It may not be possible to fully anticipate each step of a career transition, but by starting with a bit of planning and the choice to focus on even a tiny spark of optimism, hope can light the way in choreographing a graceful, if a bit scary, career pivot.

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