

Are You a *Bad* Boss?

Before you give the standard, knee-jerk denial, read on to test that answer.

HE LASTED ONLY ONE MONTH AS THE OFFICE manager for a group of psychologists. Sure, it was annoying to cover for a doctor who was habitually late, made scheduled patients wait while he checked e-mail, poured a cup of coffee, and chatted it up with friends on the phone. But the straw that broke her back came at 3 pm one Friday when she received a routine phone call from a new patient seeking an immediate appointment.

When the manager regretfully told him there were no openings, the patient informed her that he had a gun. "My heart started pounding, and I could feel my face go white. I was so scared I'd say something that would make this guy go over the edge and shoot himself while he was talking to me," she says. She collected herself and calmly told the caller he needed to dial 911, only to be met with hysterical laughter.

It was her boss, playing a practical joke. She cited that incident as unprofessional in her exit interview, but the doctor merely accused her of not be-

ing a team player.

Do your employees also post gripes at *employeesurveys.com* (a real Web site, where anyone can send in a complaint about her boss.) Probably, says Robert Hogan, PhD, the president of Hogan Assessment Systems, an employee consulting service based in Tulsa, Oklahoma. According to Hogan, between 65 and 75 percent of the people in any organization say the single worst aspect of their job is their immediate boss.

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When the VHA West Coast, a large managed-care organization in California, dug into nurse-physician relationships throughout its system in 2002, doctors scored worse in the "physician is aware of how important the relationship is to nurse satisfaction" category than in any other ques-

tion. What's more, 92.5 percent of the 700 nurse respondents say they witnessed disruptive behavior by physicians. When pressed, they cited yelling or raising the voice, disrespect, condescension, berating colleagues, berating patients, and abusive language. Most respondents claim this happens once or twice a month.



Danger Signs

Many nurses and administrators refuse to tell their stories publicly, nervous it will somehow get back to the physicians in their practice even when the surveys promise anonymity.

Could that set include your staff? Perhaps, if you've noticed these signs:

- ✓ You never hear bad news. If you aren't part of meaningful conversations, you have trouble. "It's when someone doesn't feel free to speak up and say, 'If we don't fix that photocopier, I'm going to quit,' that I get concerned," says Bill Lynagh, MD, a former family practice physician and now the president of the Center for Holistic Leadership in Greensboro, North Carolina.
- ✓ They often let you down. If your employees consistently disappoint you, perhaps you're to blame. Re-examine your relationships if the answers to your questions on what went wrong are "You didn't ask for the old chart" or "You didn't tell me to check in on Mrs. Johnson."
- ✓ No one deserves a promotion/raise. According to Gary Vikesland, the licensed psychologist and a certified employee-assistance counselor in Bloomington, Minnesota, managers who secretly feel that they have an office full of morons raise an insecurity red flag—they're too threatened by their staff's potential to indulge in mentoring anyone toward promotion.
- ✓ You know the details of every transaction. Bosses who work long hours are certainly dedicated to their profession—and, most likely, have their fingers in every office activity. Warning: Most of the complaints at *mybossucks.com* boil down to micromanaging. "Insisting on running every detail past your desk says you don't trust your employees, and you take away a very motivating impetus," Vikesland says. ■

More than 30 percent said they knew a nurse who had quit because of it.

Yet when ranking the seriousness of disruptive behavior, VHA West Coast doctors rated it below how the nurses and executives scored this trait.

Meanwhile, researchers at Buckinghamshire Chilterns University College in England discovered in 2003 that nurses working for overbearing supervisors registered a 15mm Hg difference in their systolic

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blood pressure and a 7mm Hg difference on the diastolic measurement compared to nurses who didn't rate their bosses overbearing. Increases of 10mm Hg and 5 mm Hg respectively account for a 16 percent increased risk of coronary heart disease and a 38 percent increased risk of stroke.

Hogan simply cuts to the chase. "The data is quite clear: When physicians are jerks, it costs them money. The guys with low scores on interpersonal sensitivity get sued," he says.

On the other hand, "the more effective you become as a leader, the more likely you are to make more money," contends Michael Woods, MD, a full-time surgeon and the founder of Doctors in Touch coaching service in Oak Park, Illinois. "Not necessarily because you're seeing more patients, but you're seeing less money lost in terms of employee turnover."

How low can you go?

Unfortunately, the office manager's complaint isn't an isolated incident. Nurses, technicians, and administrators across the country tell the same story in various ways. "When we socialized together outside the office, our husbands and families would say, 'Is the doctor's behavior the only thing you have to talk about?'" says Marcy London*, an RN who worked for a private practice in the Midwest. "It always became a major bitch session, which wasn't healthy, but we were trying to get through."

Eavesdrop on these grumbles:

Mr. Teflon. "When patients complained to us about sitting in his waiting room, he blamed us for scheduling screw-ups. We knew he'd been on the golf course," London says. "He never owned up to his responsibilities."

Mr. Surly. Penny Qualls,* a billing associate for a large East Coast practice, can't count the times her boss has ignored a "good morning" greeting. He's never initiated the overture.

* A pseudonym

Mr. Paddle. London can't forget the times the physician chewed her out in front of a patient. But at least he didn't single her out for this treatment—all his nurses eventually suffer that embarrassment.

Mr. Chauvinist. Cindy Brooks* worked for a podiatrist who insisted the females in the office take turns heating his soup for lunch, since they were women. "It drove me insane," she says. It also drove her out of the industry.

Mr. Contradiction. "We'd make a big fuss over his birthday, but it was never right," says London. "'Why did you buy a cake? You know I'm trying to lose weight.' Blah, blah, blah. So one year we didn't do anything and his feelings were hurt." Qualls' physician reacts the same way, yet he considers himself generous because he sends flowers to each of his staffers' on their birthdays. Trouble is, the office manager actually orders them—he invests none of his own time or interest to the gesture, so they mean squat.

In search of a good boss

Defining a good boss can be as difficult as being one. Here's how various consultants tackle the question:

A good leader...

NAME & TITLE

Steven L. Katz,
Management consultant

Displays some degree of maturity, respect and communication.

Bill Lynagh, MD,
Founder/President, Center
for Holistic Leadership

Has a clear sense of purpose and the values he holds. Is open to feedback. Seeks guidance and direction.

Bernhoff A. Dahl, MD
Author/Founder of
Trionics USA

Knows himself and hires associates that complement his weaknesses.

Robert Hogan, PhD
Founder/President
Hogan Assessment System

Demonstrates integrity by keeping his word. Treats everybody equally. Answers questions and solves problems quickly. Projects a sense of idealism and vision.

Michael Woods, MD
Founder/President,
Doctors in Touch

Listens, learns, loses arguments, and admits mistakes.

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A nurse helped Bill Lynagh, MD, a former clinical family practice physician and now the president of the Center for Holistic Leadership in Greensboro, North Carolina, realize his difficult behavior one morning early in his career. She threw her arm around him and steered him into a nearby office where she closed the door. “With the biggest smile on her face and very orchestrated body language, she asked, ‘Are we having a bad day? You’re driving us nuts.’ I was unaware how my ‘do this, do that’ nature was sending people in four different directions.”

Mr. Rebel. Beverly Frank* has her hands full with the multi-specialty group she oversees. Some of the physician partners show no respect for the group president and therefore encourage their individual staffs to flaunt the policies and procedures. The result, she says, is organizational chaos.

Mr. Tightfisted. The staff at London’s office hasn’t seen a raise in three years, despite tactics that include begging. “He didn’t want to put the nurses in a pension program until his accountant told him that was violating the law,” she says.

Qualls has heard the same song and dance—one nurse in the practice has worked four years at the same salary—yet the physician purchased an expensive piece of equipment and hired a person whose sole job is to run it. “When she’s not busy, she sits and reads,” says Qualls. “We suggested she help answer phones but she refuses, and he excuses her from teamwork, saying her job brings in money.”

Each of these employees maintains the physician is clueless to the upheaval in his wake. Bill Lynagh, MD, a former clinical family practice physician and now the presi-

dent of the Center for Holistic Leadership in Greensboro, North Carolina, knows they’re right. Early in his career, he was humming through his morning, not a care in the world, when one of his nurses threw her arm around him and steered him into a nearby office where she closed the door. “With the biggest smile on her face and very orchestrated body language, she asked, ‘Are we having a bad day? You’re driving us nuts.’ I was unaware how my ‘do this, do that’ nature was sending people in four different directions.”

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Consultants offer several theories on why physicians fall prey to these leadership mistakes. Steven L. Katz, the author of *Lion Taming* (2004) and a management consultant headquartered in the Washington, DC area, intentionally included health-care employees in his research, in part because he spent the summer of his freshman year in college as the admitting clerk in the emergency room of major Chicago hospital. "Some of those experiences are indelibly pressed in your mind," he says. He chalks it up to medicine's historically rooted chain of command that borders on class warfare.

"It's the kind of person attracted to medicine, basically a scientist," Hogan says. "Scientists are notoriously hard to live with. They're rude and self-centered."

From Woods' observations, the truth lies somewhere in between. The training process, he points out, concentrates on data-driven decisions and problems that require linear, logical thinking. "Relationships can't be boiled down to linear predictability, and that often hurts us in our relationships," he says. Secondly, this training means physicians are horrible at creating win-win situations.

"Virtually never in our careers are we in a position to compromise," Woods says. "Pre-med is dog-eat-dog. I win if I get the spot in medical school. Then we compete for residencies and fellowships—more win-lose situations. There's no such thing as negotiation."

Picture of health

Good bosses, in Woods' experience, understand teamwork. "Physicians

usually assume they're solely responsible for patient satisfaction, for example," he says. In reality, the number one person who determines patient satisfaction, his studies show, is the receptionist. If the physician barely says 'hi' to the receptionist, or if she's not rewarded appropriately, he's toast. "Whether I'm an employed physician or have my own practice, I'm still responsible for the people who have anything to do with helping me carry out my job," he says.

Mark Pettus, MD, FACP, points to his bookshelf as a gauge of what he strives for in his leadership skills. The nephrologist's titles last decade leaned toward the classics: tomes on disease, anatomy, medications, and treatments. Today, this chief of staff for the department of medicine at the University of Massachusetts Medical School in Worcester, reaches for best-sellers like *Good to Great*, *Getting to Yes* and books on emotional intelligence.

For Lynagh, changing his leadership direction boils down to one elemental question: Are you open to feedback?

Perhaps that's why consultants and coaches promote the 360-degree feedback program as the place to begin if you want to improve your performance as boss. Well-known in business circles, 360 is a methodology of collecting feedback from peers, employees, and superiors to form a snapshot of how the world sees you. Anonymous participants score you in various categories using a 1 to 10 scale, with room for comments after each section. The form also includes a few open-ended questions, such as "What is this person's greatest

strength? Weakness?"

Woods learned about this useful tool in 1998 when he briefly quit medicine for a stint in research at Johnson & Johnson. The corporation put him through the 360-degree exercise, where he learned to his surprise that he wasn't communicating nearly as effectively as he assumed.

Pettus received the same shock when he introduced it to his office two years ago. "Now I end a lot of my conversations with 'Is there anything I said that wasn't clear?' or 'Could you just paraphrase briefly what my expectations are?'" he says. He also learned his informal sense of humor left more than one bystander wondering if he's more interested in being a stand-up comic than a doctor.

But 360 isn't a magic wand, warns Ken Blackwell of Team Builders Plus training firm in Cherry Hill, New Jersey. "I liken it to a scalpel," he says. "In the right situation and in the hands of a trained individual, it can save your life. But wielded indiscriminately, and for the wrong reasons, it can make things worse." For instance, practices going through a merger/acquisition or heavy lay-offs should stand down from this approach. Offices with fewer than 10 people can't realistically offer anonymity.

And remember, Lynagh says, you need to cultivate a culture where feedback is considered a gift or the results are skewed. "The first comments people give aren't the true nuggets. They're testing you until they feel safe," he says.

When any of these disqualifying conditions apply, Blackwell recommends implementing alternate behavioral tools, like the less invasive

DISC instrument that measures personality traits. These questions reveal whether a person is more task-oriented or people-oriented to open up dialogues.

If you do plan to use the 360-degree program, pay a professional (consultant, trainer, career coach) to administer it. For starters, these folks customize the questions to target your practice. Woods literally sat down to write out all the dysfunctional behaviors he'd seen in his medical career, then sorted them into categories to create seven top traits doctors need to be effective bosses in their world:

- the ability to seek win-win outcomes
- consistent respect for all individuals
- personal leadership
- flexibility
- teamwork
- the interest in developing others (e.g. actively teaching nurses more about specific disease issues)
- being open to change

Woods' 360-degree program concentrates on these skills alone, and then Doctors in Touch uses the feedback to develop a coaching/mentoring program for the physician to shore up weaknesses. This step, says Blackwell, is crucial. "People make two mistakes with 360: They don't educate employees on the process and they hand somebody the feedback report and say, 'Go develop yourself and let us know how you make out,'" he says. "This should be a launching point to determine an individual's core needs, and then construct an action plan that targets those gaps."

The rest of the story

However, physicians can't survive on tests alone, says Bernhoff Dahl, MD, the author of *Optimize Your Life* (Wind-Breaker Press, 2003) and a retired pathologist who lives in Winterport, Maine. He built a 12-physician pathology practice by hiring people in tune with his synergy model. "We never fought over power, money—the only thing we fought over was how to define a summer in Maine so we could get our vacation schedule!" he says.

That means, of course, that physicians must be the ones to confront bad boss colleagues within their groups, not the employees, Katz interprets. Dahl agrees. "My problem over the years: I believe so much in synergy I would allow things to go on. I'd move physicians from one hospital to another trying to make things work. That was a mistake," he says. "Not everybody fits in—sometimes people simply have to be fired."

Still, Hogan holds out little hope that MDs as a rule will accept the message that they lack good leadership skills in the first place. "They're quite arrogant," he says. Most consultants, even those with medical degrees, sadly agree, though in more sugar-coated terms.

But while Dahl can put names to that accusation, he points the finger at risk tolerance. "Many people want to change, yet a vast majority will not take the risk," he says. To illustrate: He once flew to Los Angeles to attend a personal awareness seminar. Before returning, he sat at the airport writing letters to each of his associates expressing his appreciation. "It was just short of 'I love you.' They

were so uncomfortable only two of the 11 ever thanked me for the note. One did say, 'We can't send Bernie to California any more,'" he says.

Will you be among those pioneers, or remain lumped in with the masses losing both money and face? ■

Julie Sturgeon is an Indiana-based free-lance writer and a regular contributor to *UO*.