

# **Top Ten - or so - Reasons Why Doctor-Assistant Relationships Fail**

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As is the case in many working relationships, podiatrists spend more time with their employees than they do with their families (unless their family members work with them).

Since my introduction to this profession in the early 1970s, I have observed some of the best as well as some of the worst in the professional relationships between doctors and assistants. Reflecting on why these working relationships fail (and succeed), I recently polled a number of experienced podiatric assistants about that. Some of them have worked in several offices over the years, as I have; some have worked in the same office for 15, 20, or even 30 years; and some have moved on to the role of doctor or employer. While their responses were sent individually, there were some recurring themes. Although most focused on the doctor's role in making the relationship work, some observations were made about shortcomings on the assistants' part, too.

One concern that was mentioned often was the doctor's lack of appreciation for staff, or the failure to express or demonstrate it. A sincere "Thank you!" at the end of the day can mean a great deal. Taken a step further, most assistants feel that the level of pay and benefits is a reflection of the level of appreciation the doctor has, or the value that is placed on them as employees. If a doctor has made a point of thanking the staff for some time and then stops, it may cause them to wonder if their work is no longer satisfactory for some reason. Some assistants interpret uniform allowances, staff lunch meetings, and (paid) attendance at seminars as another form of appreciation. If these are eliminated or diminished, the staff may conclude that they are no longer so valued or appreciated. We also know that some assistants do take considerate employers for granted, and may try to take advantage. We think these are the exception, though, because most assistants we know are quick to express how fortunate they are when they have a good work situation.

Better communication between the doctor and the staff could possibly resolve the kind of misunderstandings described above. In the beginning of an employer-employee relationship, it seems like the employer works hard to make sure the new employee knows what he/she wants of them and why. As time goes on, doctors are often less clear about what their expectations are. It almost seems that they assume a long-term employee knows these things without the employer needing to verbalize them. However, when the employer has changed focus, does things differently, or makes different decisions without an explanation to the employee of what is going on and why, the employee can't "read" the boss and is at a loss to understand what's going on, and trust can be lost.

Assistants may also have unspoken expectations, such as getting a raise at their next review or attending continuing education programs, and they may not feel comfortable expressing them. As in other relationships, expecting the other party to read your mind usually leads to frustration. The perception that "I'm the doctor/the boss and I don't have to make the effort" to explain is one thing that comes across very plainly sometimes, resulting in the staff again feeling unappreciated. Part of better communication is being sure it is honest and straightforward. What you say counts, but how you say it is often even more important. Sometimes employers make statements that suggest that they will certainly go through the right motions and say all the right things – about employee safety, or "looking out for you", perhaps - but also make comments inferring that it's not a real priority. Your staff definitely knows when you are not being on the level with them – even if they don't feel they can say so.

There were several mentions of respect. There is certainly a level of decorum, or a demeanor, that assistants should maintain in the office, and every doctor sets the tone according to their own idea of what that should be. Respect for the doctor as both physician and employer can be conveyed by title, but also by tone and context. Most assistants realize that a certain amount of formality in front of patients is expected, and as employees are careful to observe the guidelines or example set by the doctor.

What we hear more often are complaints about the doctor's lack of respect for the assistant. These range from failure to show respect for them as individuals to exhibiting a lack of confidence in their abilities. Very few assistants would expect effusive or "gushy" praise, but they would appreciate either positive feedback or constructive critique (given privately). Speaking to or about staff in a rude, insulting or demeaning way, or making negative inferences about a person's integrity or competence is demoralizing and hurtful. This will not only have a very negative effect on the working relationship, but if done in front of patients (or sales representatives, or other medical personnel), it will ultimately reflect badly on the speaker. If you cannot bring yourself to agree with a patient's praise for your assistant, it would be better to say something non-committal or ambiguous instead of something derogatory. To the patient's "You must have really missed her while she was on vacation", if you cannot manage to say yes, at least don't say "Not really". Likewise, when a patient says "What a nice guy – he must be great to work for!" the assistant who thinks he hasn't been very nice lately can simply reply "Yes, he's remarkable" (and probably would stifle the "Not really"). Do you send your assistant home at 5:00 to avoid overtime, but dismiss them in front of a late patient so that it sounds like they aren't professional enough to stay until the work is done?

Allowing patients to be disrespectful, or assuming they are correct in their accusations or complaints about staff, will also have a detrimental effect. Of course good customer (patient) service includes a certain amount of "the customer is always right". However, if a patient has a complaint or criticism, saying you'll "look into it" is much better than berating the employee in front of others, especially if you don't have all the facts yet. You should defend your staff publicly, assume the best about your employee, and then research and deal with the complaint privately.

Closely related to this is the tendency of doctors to undermine the staff to the patients. If the doctor's rule is to always collect co-pays, or the 20% co-insurance, etc., or to always have a referral in hand before scheduling, or to make no appointments after 5:00, the staff will make every effort to comply. As the patient is grouching about this to the assistant who explains that this is "Office Policy", the doctor overhears and steps in with "Oh, that's okay, you don't have to do that...." or "Oh, I don't mind staying late for you...." "We don't need that insurance card". The assistant resents that they now appear incompetent and/or insignificant, and that the patient will completely disregard any future efforts at collection or reasonable scheduling. This will be compounded when the doctor complains about having to work late or miss lunch, or about collections being low. We know it's your prerogative to make exceptions, but being inconsistent and contradictory of your own "rules" with no explanation of those exceptions can only frustrate your staff. It helps us to have some idea of what to expect, and we appreciate when you back us up as we carry out your instructions. Otherwise, staff may be left feeling that they have been "set up to fail".

"Unwillingness or inability to change" appeared in almost every reply. It was observed that when the doctor decides to make changes, the staff may be unhappy about it, but they are expected to comply and adapt. If the staff proposes a change, it is often met with a negative or skeptical response, frequently without a thorough hearing. "That won't work here" seems to greet new ideas, regardless of the source. The assistant making the suggestion perceives such a response as an indication that their ideas and experience are not valued. It would be much better for the relationship, and maybe for the practice, if the doctor would be more open to new ideas. They may turn out to be very good ones, even if they don't sound that way to you at first. At least acknowledge the idea and the effort, and agree to consider it, before rejecting it outright. At a time when many changes, such as HIPAA, are being forced on doctors, and falling reimbursements may be making you re-evaluate scheduling and other factors, your staff may have some valid insights about ways to improve.

Part of changing is relinquishing some authority or delegating duties that you may have "always" handled yourself. We all have our strong suits, and maybe some of your assistants are very

good at casting for orthotics, gently removing sutures, applying low Dye strappings, or overall organization. Let them do it, and focus your energy on things that *only* the doctor can do. If you can establish specific solutions or responses to questions or situations that frequently arise, your staff can handle them without constantly interrupting you, which is a positive thing for you, for them, and for the patients. If the doctor's attitude projects confidence in the assistant's knowledge and ability, patients will not only accept but welcome their increased role. Doctors should let the staff have the power to make many of the day-to-day decisions, especially those affecting their own duties, and then let them work through any minor problems. "Let the little stuff go", and deal with major errors gently. Employers who are constantly looking over their employees' shoulders and frequently criticizing them create a rift in the relationship very quickly.

When the doctor doesn't provide for or allow the assistant to "grow", being unwilling to educate and/or send staff to seminars, it has a negative effect on the relationship. If the doctor relates to the assistant as a team member and recognizes the potential for personal growth, then the assistant probably will be happier. If the doctor would teach the assistant just one thing new each day, the assistant probably would feel more like a team member and be inspired to keep learning. This would give the assistant a greater feeling of satisfaction. It's true that some employees in podiatric offices are merely there to put in their eight hours or so and collect their pay. They may not be highly motivated or have a strong work ethic, and may have no real interest in podiatry. Those people might be happier in a 9-5 job with specified coffee breaks. But the greater majority of your employees are here for their career - this is their profession, and they like to feel "invested" in the practice. These employees will be happiest if you encourage their professional growth. It is a mistake to tell them that they cannot do or learn things just because they are not doctors (unless restricted by your state's Practice Act).

Another very common problem is the doctor being spread too thin. Allowing assistants to have a more active role in the office will free up some of the doctor's time. The thing that staff can't always help with is the "outside" activity that demands your time and energy, and often takes up office time as well. Your involvement in community or service organizations, lecturing, health fairs, sports events and teams, etc., may effectively build your reputation and your practice. When your commitments reach the point that they take away time from the patients who are the "bread and butter" of the practice, the impact becomes negative instead of positive. When doctors are constantly behind schedule and over-extended, they become short or snappish, agitated, preoccupied, and tend to overlook or forget things. And they tend to take it out on the assistants, expecting them to do whatever it takes to make everything run smoothly, when the doctors themselves aren't giving 100%. It is part of the job to help you get things done and even to run interference for you, but when it seems that you blame staff for your own tardiness or failure to follow through, they may feel more like scapegoats, and therefore betrayed or resentful.

At least as harmful is understaffing. Your assistants can do all of the things mentioned above, and much more, but not simultaneously. Practice management experts like Drs. Hal Ornstein and John Guiliana can quote formulas and figures about how adding a staff person can increase your practice's bottom line. Your staff will tell you that there is a point at which it is physically impossible to do any more in the time available. In the words of one respondent, "I've never understood why an employer would want to 'burn out' his trained, experienced and valued (?) employee by having so much work they are run ragged, never able to finish projects and never able to achieve the satisfaction of a job well done. Without job satisfaction, it's just a paycheck, which in my opinion does not make the best employee." Most employees will do their best within the circumstances of their office, but there are a few who aren't willing to follow up and do what is necessary to get the job done. These people tend to pass the buck and hope their co-workers will take up the slack for them.

Other things likely to contribute to failure of the working relationship include showing favoritism or unequal treatment of staff members. Does one get more latitude about being a few minutes late or leaving a little early? Are personal phone calls or use of the office computers discouraged – except for some? Do some staff members get invited to join lunch outings, while others stay behind? Is one overwhelmed staff person being assigned more duties to reduce the burden on another who may seem to have more free time? Or do they frequently have to go behind and “fix” the other person’s work? Jealousy or resentment in the ranks can’t be far away.

Do all of your employees have a little space in the office that they can call “theirs”? A place to actually sit down to do paperwork or projects, where they can leave things to come back to? Or do they constantly have to pick up whatever they’re working on and move to a different place, only to move again when someone else needs that space? Is there a place in the office to sit and eat lunch, without breathing Barge fumes, or without having patients watch every bite? Is there a cupboard to store personal items, and refrigerator space to store lunch? Are all employees given the opportunity to participate in staff meetings by actually giving input? These things can mean the difference between a sense of belonging and permanence, or “feeling like a temp”.

While the practice is the employer’s “baby”, “life”, or “dream”, for the employee it is still a “job”, although they may be fiercely loyal and want to do everything to promote your business. It’s still “yours”, and staff cannot really “own” any part of it. Sometimes employers forget (or seemingly don’t care) that the assistant has a life outside of work and would like to keep some semblance of routine in the work hours. How many family functions can an employee miss because a patient has to be seen late, early, or this procedure has to be done NOW (lunch time), before the employee becomes resentful? How many weekends do they want to be called in for “emergencies”? Make sure that these schedule-breakers really are urgent. Please also keep in mind while scheduling that after the boss leaves, the employees may still have an hour to go, doing clean-up and paper work.

If there is a lack of common goals between doctor and the staff, success may be elusive. The main goal for both should be the best interest of the patients, and in providing the care that serves those interests, the success of the practice. Doctors are usually more aware of the liability issues, since they are the ones “on the line”, but long-time assistants should be familiar with the risk management issues, and new employees should be educated about them. Even those assistants who have attended a few lectures may not realize the extent of the liability or the damages that can be inflicted, so it is in the doctor’s best interest to be sure they understand. Assistants new to the field may also lack empathy for the other concerns that go along with being a doctor/employer/business owner. They may have no frame of reference to help them understand what practice overhead includes. They may not realize the struggles for inclusion on insurance plans and hospital staffs, or how many political issues impact our professional lives. Sharing this information with your employees will be enlightening for them, and may give them a greater sense of participation in the practice.

Despite all the stresses that go with being a practicing podiatrist, some employees may harbor jealousy of the doctor’s status in the community, their income, their nicer car and swimming pool. Of course you have worked hard and you do deserve the good life you have made for yourself and your family, and they may also realize that. But if the staff’s situation hasn’t improved lately, it would be very insensitive to keep telling them – or the patients – about the new house, the hot tub, the cruise, etc., that you’ve purchased. And don’t let them hear you say you don’t have enough tax deductions. Interestingly, the doctor who has all of those nice things may be jealous of the staff. Sometimes patients form a closer relationship with the assistants, and the doctor may resent and even discourage that closeness. That bonding is something that many assistants consider a perk (at no cost to the doctor), and it keeps patients happy, so it is really to your advantage.

The majority of the ideas that were shared with me about how doctor-assistant relationships fail had to do with lack of respect and appreciation in one form or another. Some contributors suggested that the more of these factors exist in any one office, the more likely the assistant is to wonder, "Are they trying to get me to leave?"

It is the rare office that is considered by its occupants to be "perfect". Everyone else has to make the best of the surroundings and the people who fill their days. Without belittling any of the things mentioned here, it helps considerably if everyone improves their sense of humor.

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