



EPISODE 174: Are You In A Toxic Work Environment? Suffer No More Part 1

With guest Dr. Ann Chinnis

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AC: “I think we all have had to experience a certain amount of abuse coming up through medicine. The way I believe you know when you're in a toxic environment might be when you start to doubt your own confidence and sanity as a person and you start to feel like you're not able to do the things that you know how to do.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hey there and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 174. Have you ever worked with someone or had a boss that drove you nuts or made you dread going to work? Perhaps this person could be wonderful and even a great mentor and then turn around and gaslight you or throw you under the bus. You may even at times wonder if it's them or you that's a problem. It can be crazy-making.

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Today we're doing some deep-sea diving and talking about the situation when you're working in a toxic environment. What do you do if you love your job but the environment is stressing you out? For better or worse, medicine seems to attract some very difficult personality types and if you are working with one, it could be the reason you're considering leaving medicine. I never want this to be why you're looking for the exit door. It can be very damaging.

To help us out with this topic, my expert guest today is emergency medicine physician and executive coach Dr. Ann Chinnis. Dr. Chinnis has been an emergency medicine physician for over 35 years, holding a variety of roles as a medical director in urban and rural practices. She transitioned into academic medicine and served as a department chair and associate dean. Additionally, she became an executive coach, founding her own company, Matrix Coaching, where she works with physician executives and leaders.

Having had a lot of experience with physicians at all different levels in the healthcare system, Dr. Chinnis is going to guide us in better understanding what defines a toxic work environment, how you know when you're in one, and the four main types of toxic leaders. This is the first of a two-part series on the toxic work environment. Next week Ann will be back to discuss what to do when you find yourself in this kind of situation, how to heal, and take steps to move on from the toxicity. I'm very excited and honored to welcome my friend and colleague, Dr. Ann Chinnis to the podcast. Hi Ann. Welcome. I'm so happy to have you.

AC: Heather, thank you. I'm so delighted to be here and I'm thrilled that you invited me and what a great way for us to collaborate on this topic that is so important on both of our ends. On mine, I try to coach these leaders so that they're not creating a toxic environment, and on your end, when I fail and people leave, then they reach out to you and to your incredible skillset to find another place where they feel valued. And so, I'm just thrilled to be here. Thank you.



HF: Thank you for those kind words, Ann. And we've known each other for a long time now. We met at the SEEK conference and we've been sharing referrals. I'm really happy about what you do because I don't think I would be very good at working with toxic leaders. I'm glad that you have been in this space and helping out.

To start with, I'd love it if you could let the listeners know how you even decided to go into coaching and working with leaders and physicians who are maybe having some challenges with their style.

AC: That is a great question and actually that will lead us to a toxic environment. I was a department chair for a long time and my boss asked me to lead our epic implementation, which was to implement, obviously, the electronic health record. And it wasn't just to be the physician champion, it was to take all the resources and direct them towards implementation. And honestly, it was a world unknown to me to lead a group of technology folks to try to merge a practice plan in a hospital that had great animosity towards each other. In fact, they didn't trust each other. They didn't want to go through this \$100 million dollar project together.

And so, as part of what my role was, it was to build trust and collaboration and collegiality. I witnessed toxic behavior up close and honestly didn't really know what to do about it. And I learned it was a challenging time. And when it was all over, it was clear to me that wasn't what I loved. I really loved helping leaders grow and become more effective and productive. And so, I decided to learn how to be a coach and got into my coaching business about 10 years ago. It was probably firsthand experience that led me to want to help other people when they had to go through similar challenges.

HF: That's a really interesting story. I'd love it if you could give us some examples of what if physician might experience if he or she is in a toxic work environment. We're so used to suffering in some sense, and we go through a very hierarchical training program that we may even just think, "Well, this is normal the way I'm being treated", and just assume that is how it has to be.

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AC: Yes. I want to keep making the distinction that there is a spectrum of toxicity and that some of it is as you say, that hierarchy that is kind of indoctrinated into us through medical training, that there's a chain of command and you respect the chain of command. And sometimes the chain of command gets out of hand and sometimes the people who are in higher spots in the chain of command have not just weak behaviors, which are quirky or ineffective ways of working, but they actually have a diagnosis. But we're going to come to that.

The thing is that I think we all have had to experience a certain amount of abuse coming up through medicine. And that I hope is changing, but it's not completely changing. The way I believe when you're in a toxic environment, and I'm going to give you some examples, might be when you start to doubt your own confidence and sanity as a person and you start to feel like you're not able to do the things that you know how to do.

Let me give you a couple of concrete examples of what might happen. And I'm going to talk about some leaders who I've worked with who I think fall under the spectrum of toxic leaders. There's what I'm going to call the, I don't have a better word for it, but not nice toxic and nice toxic. And so, we'll start with the not-nice toxic first. And on one side of the spectrum, there are people who just have an outright temper. An example might be, and I won't talk about specialties in particular just so as not to incriminate a particular specialty. However, I'm going to say that this particular physician was a surgical subspecialist because it wouldn't make sense why someone would be throwing scalpels if they weren't. If radiologists were doing that, we'd be going, "What?"

This particular physician actually would hurl scalpels, would hurl dirty needles at residence, and say, "I had to take this. You're going to have to take it too. If you don't like it, you can find another program." And this was a department chair and the residents obviously didn't take that passively. They kept reporting it and kept reporting it. And yet the institution had no stomach for doing anything because it was a highly

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funded researcher, it was a tenured professor, it was someone who had been there forever and someone who had a great amount of cachet within the institution. They all left and the program got put on probation and then voila, a phone call to me, “Can you help this person?” I’ll stop that example there and I’ll ask if you’d like another one or if there’s anything that we want to talk about with that one before we go on.

HF: Oh, that is an excellent example and I would love to have another one. Are you wanting to compare the not-nice toxic and nice toxic compare and contrast those two?

AC: Yeah, I would like to. People might not think of the nice toxic, but the nice toxic are those folks who won’t ever give a person feedback. I will have junior leaders who will go to their boss and say, “Can you tell me how I can get better?” And their boss will say, “You’re doing fine, you’re doing fine, you’re doing great. Keep doing what you’re doing.” And the person knows that that’s not exactly right. They may be struggling with a particular project or getting promoted or with a clinical scenario and they need some guidance or they want to be pushed into a situation that’s more challenging. Like, “Give me a role, give me a committee, give me something to do that’s really hard so that I can cut my teeth on this difficult thing.”

And the nice toxic leader is so protective that they don’t ever challenge the team. And consequently, the people on the team never flourish to the peak of their ability. They get bored, they stagnate, they’re like, “Why don’t I ever get challenged into these situations?” And they end up leaving too. And that is every bit as toxic as the person who yells and screams and says, “You do it because I say you do it, or if you don’t like it, find another job.” It’s just another flavor of being demeaned or disrespected or not valued as a person.

I’d like to say that there are multiple pain points along the spectrum between like raging toxic and very nice toxic, but I want people to remember that they come in that flavor too, where you’re not getting necessarily yelled at or criticized or how overt hostility you’re being limited in terms of what you’re asked to do.

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HF: That is fascinating. And I've never heard of that, the nice toxic environment. I've heard some physicians tell me that when they're trying to get feedback because they know that they need to develop and grow more they're told exactly what you said, "Oh, you're doing fine. It's normal at your stage to be feeling this or that." And I never knew that that was really a way for the leader to potentially keep people at a certain level and not advance. I'm not sure exactly the psychology behind this. Could you explain a little bit of what's sort of underneath that behavior?

AC: Sure. Frequently what I have observed that it comes from is the desire to protect. All of us have something that motivates us, kind of the thing that gets us up out of bed no matter what. And for some leaders, it is to protect the team. And their paradigm of protection is that "If I don't push you into a place where you might fail, then that's what I'm supposed to do as your boss." And so, it's a very limited paradigm of success, but yet it comes from that place of believing that for this particular individual, my job is to keep my team safe.

Now you can see the holes in that. Because how do you keep your team safe if you don't ever challenge them? And that's the great growth edge for a leader who has that limiting paradigm. It is as if you look through the window and you've got one teeny filter. And the filter for keeping people safe is "I don't ever push you." Whereas another leader may have the filter, "If I challenge you, grow you, get you into other opportunities, that is what protecting looks like. That's what my job is as a leader." It really comes from what I'm going to call a world-limiting filter that that particular leader has around what keeping your team safe looks like if that makes sense.

HF: It sounds basically like fear-based behavior.

AC: Yes, it's reactive. In leadership, there are two ways that people can define themselves. And reactive is kind of outside in. So, you're completely validated by your external environment, whereas creative leaders who are one step beyond that are

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motivated by this internal sense of purpose and drive. And so, I think your point is beautiful about fear-based because a lot of the reactive leaders who are motivated by the feedback they get from the external environment to the exclusion of purpose are very fear-based, and also very much defined by what outside people think about what they're doing.

HF: Yeah. You have really excellent examples, Ann, and I'd love it if you could share some more about what a physician might experience who's in the whole range of different toxic environments.

AC: Yeah. I'll give you an example of a toxic leader who never stopped pushing, who was so preoccupied with success and accomplishment that as soon as the team or the direct reports accomplished something, it was next, next, next, next. And what the team with the physicians experienced was that, first of all, they never got any accolades or never a good job, great heavy lift, well done, and they were exhausted because they felt like it was never enough. It never stopped. There was never an opportunity to regroup, to get together, to assemble in a social way or even just to sit back on your heels and relax for a second. And they all started to feel burned out. They were finding that their boss was emailing them at all times of the day and the night and weekends and calling and sending out updates on the department and that they were expected to answer them.

The team leaders for this particular department chair found that the chair didn't respect their boundaries in terms of ever being with their kids, or going on vacation. They were expected to take their phone on vacation, answer calls when they were halfway around the world. And so, that's another form of a toxic environment, which is not to respect that there's ever an opportunity to unplug. We have to, it's not healthy.

HF: Now I know you mentioned when we were talking that you have four different types of toxic leaders that you've identified. Obviously, there are probably more, but would you like to now talk about these four different categories?



AC: Yeah, that's great. I would love to. I'm going to talk first about the narcissist because I believe we all have met narcissists with various degrees of intensity in our life. The narcissists really in their more fully expressed form is a serious personality disorder. I want to say that we all have ego, it is a protective device and it's the way we bring ourselves into the world. We all have a little bit of that. That's just how we are. But I am talking about people who are unable to appreciate the contributions of other people because it's all about me.

The myth of narcissist is, if we remember, he leaned over the pond and he saw a beautiful boy and he leaned over to tell him how gorgeous he was, and he plunged in the pool and drowned. And so, I think that that's just a great way to think about a narcissist. Narcissists tend to climb to boss positions easily because they are charming, they are charismatic, they're engaging. They frequently are dressed to the nines. They have an impeccable wardrobe, they pull up in a beautiful car, they get out, they may even have their carton of donuts and perhaps some Starbucks for everyone.

But at the end of the day, what the people around them will say is that they look at me like I am a piece of furniture to be used on their ascendancy to another role. And they're seductive. They're really, really seductive. They're a lot of fun. And the people who don't work for them miss the fact that they are passive-aggressive in many ways. That they have a binary way of looking at things. It's either right or wrong, bad or good, you're in or out.

And there's a grandiosity to their thinking that doesn't allow them to see the reality of a situation. They're really, really selfish in terms of wanting to understand the needs of their team and really inconsiderate. And I'm going to say that in terms of gaslighting behavior, they are the most frequent ones who will gaslight other people.

HF: That was a great description of a narcissist. And it's true, they are very charismatic and charming. And when I've had clients who've been working with a narcissist, they feel very conflicted because that person can be a great mentor for them

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and they can feel really swept up in the energy. But then when the tide turns and this person is undermining them or making them feel like they didn't do something right or question themselves, they get very confused in their mind. Yes, I'd love it if you could define gaslighting and then continue with our narcissistic personality.

AC: Yeah. The narcissist will truly throw people under the bus because it is all about them. And so, the things that your clients describe are how they roll. If they're not happy with the way something's going, they can turn on a dime. And it's very sudden and it's very jarring to the people who work, I'd like to say with them. But you don't ever work with a narcissist. You work for them, you work on their behalf.

But what they like to do is gaslight, which is a very subtle form of making people believe that they don't have a grip on their own reality. And they will do that by using words that are really loaded, such as, "Well, that's ridiculous", or "I can't believe you feel that way", or "Why are you being hysterical? Because you've been on call for 14 of the last 15 nights."

Using these words that are just like IEDs, they're like bombs and then saying it with a smile or saying it with kind of a pat on someone's back. And so, you've got this total disconnect between this word that is absolutely triggering, but this gesture, perhaps of the physical warmth, which I do want to say is that it's a gesture that would be warmth if it were a friend but coming from a narcissist, it's a boundary intrusion.

Nobody has permission to come up and pat you on the back at work. That's kind of a draconian statement, but if you don't want them to, they don't get to do that. We'll probably get to that. But words like, "You shouldn't feel this way" or "Why do you feel this way?" And so, basically, it makes the person who's working for them always feel off balance. They don't even know what to believe, what not to believe, even about themselves or what they think, and they take that home. And so, it just leaves them in a space of perpetual self-doubt wondering, "Am I good enough? What's wrong with me?"



And so, that's the way the narcissist exerts control. That's the way they roll by gaslighting people, by ignoring their contribution, and by always drawing attention to their own contribution.

HF: Yeah, I know, I really relate to everything you're saying in terms of what I've heard from clients describing this. And these are often high-performing excellent physicians and they really start doubting their own clinical skills and knowledge and it becomes a very murky area. I know we have a lot to cover and not a lot of time left in this episode. Let's go to your other three types of toxic leaders and then we'll circle back a little bit.

AC: Sure. The manic depressive leader, that's also in kind of degrees of intensity, but I think what people need to realize is that that leader will fluctuate from obeisance. It doesn't necessarily have to be mania, but a feeling that everything is going great, that we're on track, and we're doing well to despair or if not despair, to utter pessimism. And you know how they are. It's like one day the world is roses, the next day it's a thunderstorm and it's always like that. And it's kind of like that's the leader who you ask yourself what side of the bed did they get up on? And you've heard probably people say, "I never know what side of the bed they got up on." That's a toxic leader as well. It might be a mild form of that, or it might be a very severe form of that.

I'll keep going with the other two in the interest of time. There's the passive-aggressive leader, which that leader shies away from confrontation. They won't ever tell anyone what they really think about something, but then behind that person's back, they will make derogatory or snide remarks, or they use sarcasm a lot. When you find a leader who makes sarcasm or who cloaks confrontation under the guise of humor, you may be dealing with a passive-aggressive leader. And it might be that the humor is directed towards someone's clothes, towards their way of speaking, towards their way of even walking or talking. It's usually a very personal thing that they target in lieu of having a conversation with that person about what's really on their mind. And so, it comes across as a very belittling form of critical leadership.

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And then the last group is just the emotionally disconnected. Those are leaders who are absolutely literal. They only see things as black and white. When you ask them, “What do you think the impact of that decision was on the people you led?” you get an absolute blank look. When you say, “Can you describe how you felt about that?” Absolutely can't describe it. They cannot tune into that channel whatsoever. It is as if they are working in kind of a mechanical way that precludes them from understanding the emotions of the team in any way, shape or form. And so, it's almost robotic. And the way that robotic leadership comes across is that no one's emotional needs are honored in any way, shape or form.

That's four out of many. Probably narcissism is by far the number one. And then I would say that the other three are at a much lesser frequency than narcissists, especially in medicine.

HF: We had a narcissist at the top and, and you described manic depressive and then passive-aggressive and emotionally disconnected. I'm most familiar with a narcissist. That seems to be what I hear about the most. I know when I've spoken with some physicians, they talk about how they've been challenged by a leader and they've tried to get help and we're going to be talking about this in the next episode. I just wanted to say that if you're wondering, “Okay, I am identifying that this is what I'm dealing with, what can I do?” we are going to be discussing this in the episode next week. So, I don't want you to think that we're leaving you hanging here.

Now, Ann, one thing we haven't really talked much about is the sexual harassment that can happen in the workplace, and that can also be very subtle to extreme. How would you describe this for someone who may not even be exactly clear if this is what's going on or if it's just something that they're maybe misinterpreting?

AC: Yeah, this is such a huge topic. And so, I'm going to make some huge statements and people may not agree with them, but I'm going to say that if you feel you're being www.doctorscrossing.com/episode174

sexually harassed, then you need to act as if you're being sexually harassed and not to ever second guess yourself. Because if you're trying to think of if you meet the criteria for sexual harassment, if you're misinterpreting a behavior, any of those ways that you second guess yourself, that you're doing yourself a grave disservice. And so, from my perspective, I coach leaders not to ever act in a way that even the most narrow interpretation could mistake that.

And boy, it's such a big topic. I don't know how much we're going to be able to dive into it, but from my perspective, if you feel like you are, then I think that you need to take some steps. And we'll talk about that in the next podcast what you can do. But I would just say to the people listening, don't second guess yourself on that because if you feel like you are, then you are.

I can give you an example of one day a neurosurgeon came down from an elevator after having been on call all night and her chair came up and looked at her and said, "Fine damn doctor you are with your belly button showing." And during the course of a bunch of traumas all night, sometimes your scrub pants get a little loose and there was probably a quarter of an inch that her pants showed a little bit. Okay, you've been on call for maybe 36 hours. That is sexual harassment. That was not intended to be funny. This was an incredibly demeaning toxic leader and he directed his toxicity toward women. If she had come in in a dress, it would've been a similar comment, like "Who do you think you are? Ms. Nordstrom wearing a dress like that to work?"

And so, you notice all of these comments are about her clothes. It has nothing to do with her professional competence, nothing to do with what she knows. It's always about something traditionally associated with being a woman. And so, that is sexual harassment, that's subtle, but it's there. And per her account that never got directed, no comments about sartorial splendor ever got directed to any of the men faculty. That's there.



I'll just say one other thing. You might look at the composition of the committees in your group or your department, and you might see that there are no women anywhere on there. Now you might say that's not sexual harassment. I would just be alert. No, that's not harassment. It's certainly discrimination. And sometimes they're very closely held. It's like one's the right hand, one's the left. It puts me on alert when I see an institution like that that doesn't value the contribution of its women in medicine because frequently it tolerates that kind of subtle harassment as well.

HF: Yeah, thank you for sharing that. And there's a whole range of inappropriate touch, where maybe that's something just affectionate, but that's really not belonging in the workplace to out and out sexual behavior. And then threats, like, "If you tell anybody about this, then I'm going to make sure that your reputation is ruined." And so, it can be a very dark and difficult area, and we'll talk next time about steps you can take if this is something you're experiencing.

Just one thing I wanted to touch upon briefly before we wrap up this episode is something that I've noticed, but I can't say statistically this is true or not, but when I speak with physicians who start describing often working with a narcissist or having a narcissistic partner and I ask them about their childhood, it's very common that they actually had a parent who was a narcissist. I feel that we can be a bit at risk of getting into workplace settings or working for people or being a lightning rod sometimes for these personality types in a way because it's something we experience early on. And I'm not a psychologist, I don't know any data on this, but it's just something I've seen anecdotally in the clients that I work with.

AC: Yeah, I think that's such a really interesting observation. I'm not a psychologist or psychiatrist either, and so I feel limited in terms of what I can say about it. However, it does seem as though people try to recreate the losses of childhood and they think that they can make something different or rebuild an environment. And so, it makes sense to me that an adult might think by having this relationship with this either narcissist, passive-aggressive person and having it be different this time, I can make the story end

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a little differently. And it all comes with realizing that it's not about them. It wasn't about them when they were a kid, it's not about them now. And that's really hard. That's kind of a tough place to arrive in your life. But that seems to me like it might explain some of why people are attracted to those same types of relationships or even that kind of toxic behavior in the workplace.

HF: Absolutely. In an odd way, if you're in a toxic work environment, it can be a wake-up call. And I've seen it lead to healing, healing from the past because this person may still have some trauma from their childhood and not really understand why they have this relationship with their parent or why this person at work is triggering them. But if things get uncomfortable enough at work, so they seek help, they might go to a therapist, they might talk to a coach, and they start to really realize, "Oh, okay, this is what's going on." And they can heal the patterns that are creating this. Because what can happen is if you have a narcissistic boss, you decide, "Okay, I'm leaving this job, I'm going to get another one." But if the pattern really hasn't become conscious, it can be recreated in the next work setting.

AC: Yeah. I have a client who I'm coaching who is in the middle of going through a divorce right now. It's really interesting because it's in going through that and realizing the toxicity of that marriage and the kind of gaslighting aspect that has allowed her to realize how much it happens at work. And so, sometimes it almost has to happen in a personal level. And once the person sees that, they're like, "Oh my gosh, I'm reliving this at work, I'm not going to take it." And it leads to some full-blown change. I do think that sometimes the river runs through it a little bit, but all it takes is to step in the water one time and go, "That's not good. I'm not going to do that." And a lot changes. So, I love what you just said.

HF: Yeah, that's so right. And pain wakes us up. We can welcome it in that sense. And sometimes it has to get pretty high because again, we have high thresholds for suffering, but if we welcome that pain, it can help us become aware of what's really



underneath this so we can be liberated from these hooks that these kinds of personalities can have in us.

Thank you. This has really been so helpful and I know it's going to be really valuable for a lot of physicians and I'm excited that we're going to have you back next week. We're going to talk about what to do when if you find yourself in this type of environment, how to heal, and steps you can take to move forward.

AC: Great. This has been so much fun and I hope it is helpful to people and I look forward to our chat next week. And thanks again for having me. It's been a pleasure.

HF: Oh, well thank you, Ann. I couldn't think of a better person to help us out with this topic. We will be back next week with Dr. Ann Chinnis. And before I go, I just wanted to let you know in case you're not aware of this, that I have a number of freebies on my website. If you go to doctorcrossing.com, at the top of the page there is a freebie tab. And under there, you'll find different PDFs as resources.

One of the juicy ones is my Physician Starter Kit. This is great for you if you're at the crossroads and you're not sure what to do, whether you need to find a clinical job or whether you can make clinical practice work for you. It walks you through a lot of steps you can take questions to ask yourself resources to help you start moving forward and answering this question. There are a bunch of other freebies, but I'll let you go check those out at doctorcrossing.com website under the freebie tab.

And as always, don't forget to share the podcast. You likely know of someone who may be in a toxic work environment and they could really benefit from having a lifeline to remedy that situation and not keep suffering. If there's anybody you can think of to share this podcast with, I'd be honored if you would spread the word. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.



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Podcast details

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