

Do nice doctors finish last?

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Medicine is a profession that generally attracts achievement focused and goal driven individuals. The result in many subspecialties is a group of these highly motivated and intelligent individuals competing with each other for scarce resources whether it be a training position, a fellowship, a research grant, or a consultant position. The result is an environment, which at best can be described as promoting excellence in research and quality of healthcare delivery, and at worst, a ruthless environment which encourages individualism and engenders an “every man for himself” attitude. Medicine is a profession dedicated to relieving the suffering of others and all of us joined it for this reason (or at least partly so!) – but still, it is a group of humans, and as a result there are all the usual suspects in human social behavior – hierarchies, relationships between individuals, relationships between smaller groups and power struggles.

Should you compete or collaborate with colleagues who want to do the same specialty as yourself? Should you tell your colleague about the new training position opening up the following year? Should you tell your colleagues about the research project that you’ve become involved in? Who will be first author on that paper you are working on? These questions, or similar questions, underpin the experience of being in a competitive space and answering them can require some ethical unpacking.

Recently, Jerry Useem at The Atlantic published a wide ranging, and at times wandering, essay on “Why it pays to be a jerk” – accessible at <http://www.theatlantic.com/magazine/archive/2015/06/why-it-pays-to-be-a-jerk/392066/> - and summarises the psychology research on both why it pays and doesn’t pay to be a jerk. He runs through a variety of scenarios where being a jerk is in fact helpful, including Steve Jobs running Apple (apparently he was not always friendly towards his employees) and semi obnoxious behavior predicting higher salaries and leadership positions. Narcissists, also known as takers, are usually good at “kissing up and kicking down”. Takers show one face to superiors and another face to peers or underlings (thus enabling their rapid progress up the ladder by keeping their competitors in check).

After going through several more examples from history, luxury shopping (people are more willing to pay more when they feel rejected by the salesperson in brand name stores), Useem summarises that in fact being a jerk will fail most people most of the time and there are only certain narrow conditions where being a jerk is advantageous

(situations where reputation doesn't matter or an attempt to place oneself at the top of a hierarchy in a new group before it has formed).

The second half of the essay is based around Useem's conversation with Adam Grant, a Wharton (a leading US business school) professor who wrote *Give and Take: Why Helping Others Drives Our Success (2013)*, which offered evidence that "givers"—people who share their time, contacts, or know-how without expectation of payback—dominate the top of their fields." He revisits Grant after presenting him with the data that being a jerk is advantageous, and interestingly Grant had changed his position from two years ago and unfortunately states "What I've become convinced of is that nice guys and gals do really finish last". He believed the most effective people were the "disagreeable givers", people willing to use thorny behavior to further the wellbeing and success of **others**. Useem remarks on the difference here as "Jerks, narcissists, and takers engage in behaviors to satisfy their own ego, not to benefit the group. Disagreeable givers aren't getting off on being tough; they're doing it to further a purpose." Its important to remember that constant niceness and constant giving is an unsustainable solution - we either create our own priorities or others will make them for us.

His final words in the essay summarise the preferred stance from his research (a somewhat complex quote, that will make more sense if you read the original article)

"Smile at the customer. Take the initiative. Tweak a few rules. Steal cookies for your colleagues. Don't puncture the impression that you know what you're doing. Let the other person fill the silence. Get comfortable with discomfort. Don't privilege your own feelings. Ask who you're really protecting. Be tough and humane. Challenge ideas, not the people who hold them. Don't be a slave to type. And above all, don't affix nasty, scatological labels to people."

So how does this tie all back into medicine? Help and collaborate with your colleagues – their success will become your success. You don't need to be nice, and when you're being aggressive or rude, make sure it's for the group or for the organisation's success, and not just for your own ego. And don't be a jerk. Remember medicine is a small world, word travels fast, and reputation is everything. You never know who you will be working for, and who you will have to end up asking for a job one day!

Have you seen in a narcissist in medicine? Have you seen people being selfish in medicine? What's been your experience of "nice guys" in medicine? Leave a comment and start the conversation!

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