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Dr. Bailey: An exemplar of critical care

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Abstract. We often confuse praise and being nice and polite with appreciative, positive behavior and actions. However, the distinction between positive and negative is not so clear. Some seemingly negative behaviors and actions effectively evoke positive emotions and behavior. Criticism and honest candor can serve a positive function, helping us to learn and grow. This paper makes a case for critical care. Such communication is direct and specific but not malicious. The character of Dr. Bailey from the U.S. TV show *Grey's Anatomy* is used as an example of someone who demonstrates critical care.
Key-words: Appreciation, criticism, language, positive emotions, praise

Resumo. Confundimos muitas vezes elogio e simpatia com educação e com comportamentos positivos e de apreço. Contudo, a distinção entre positivo e negativo não é assim tão clara. Alguns comportamentos e acções aparentemente negativos podem na realidade desplotar emoções e comportamentos positivos. A crítica e a honestidade franca podem desempenhar uma função positiva, ajudando-nos a aprender e a crescer. Este artigo discute a ideia da cuidado crítico. Este envolve uma comunicação directa e específica, mas sem malícia. A personagem do Dr. Bailey da série de televisão *A Anatomia de Grey* é utilizada como um exemplo de alguém que demonstra cuidado crítico.
Palavras-chave: Apreço, crítica, linguagem, emoções positivas, elogio

Introduction

One of the questions to be explored in the emerging field of positive organizational scholarship is how positive organizational behavior relates to negative organizational behavior. Bagozzi (2003) suggested that it is not so easy to separate the designations of "positive" and "negative." The same emotion can be experienced both ways. Negative emotions can serve to regulate positive emotions. For example, moderate levels of pride motivate and build self-esteem but excessive pride can lead

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to conceit and egotistic behaviors (Bagozzi, 2003). Similarly, moderate levels of fear can motivate while excessive levels paralyze. This paper contends that positive, appreciative behavior is not always nice and polite. There is a place for abrasive, critical approaches within positive organizational behavior.

In the U.S. TV medical dramedy *Grey's Anatomy*, five surgical interns learn they are to report to senior surgical Resident Dr. Bailey. Dr. Bailey is known as "The Nazi." Described by one doctor, "The Nazi" had great word of mouth, a stellar reputation, and "balls the size of Texas" (Rhimes & Dinner, 2005). The Chief of Surgery called "The Nazi" a "gifted" doctor (Schmir & Glatter, 2005) and claimed that Bailey knew and heard everything that went on in the hospital (Rhimes & Tinker, 2005). "The Nazi" was known for being candid with both subordinates (interns) and superiors (Attendings) as well as patients. Each intern had an image of "The Nazi" in mind, none of which turned out to be accurate. They were surprised to discover "The Nazi" was a woman, small in stature but big in presence. Not wasting any time, Dr. Miranda Bailey looks her new group of interns up and down and greets them with the following (Rhimes & Horton, 2005a):

> I have five rules. Memorize them! Rule one: Don't bother sucking up. I already hate you and that's not gonna change. Trauma Protocol: Phone list, pagers. Nurses will page you; you'll answer every page at a run—a run. That's rule number two. Your first shift starts now, it lasts 48 hours; you're interns, grunts, nobodies, bottom of the surgical food chain; run labs, write orders, work every second night until you drop and don't complain! On-call rooms: Attendings hog them. Sleep where you can when you can. Which brings me to rule number three: If I'm sleeping, don't wake me unless your patient is actually dying. Rule number four: Dying patient better not be dead when I get there. Not only will you have killed someone, you would have woke me up for no good reason. Are we clear? [Dr. Bailey is paged.] Rule number 5: When I move, you move!

This is typical of Bailey's interactions with others. She is not afraid to be direct and can come across as abrasive. Yet, as will be discussed in this paper, she is also appreciative and appreciated. Her candid, honest statements convey criticism as well as care. Thus, an argument for "critical care" will be made in this paper.

The Case for Critical Care

In the emerging field of positive organizational behavior, the emphasis is on positive, appreciative language and behavior. Fredrickson (1998, 2003) and Goleman (2006) made strong arguments for evoking positive emotions. Gergen (1999) made the case that we use language to create our realities. Thus, if we desire a positive reality, we need to use positive language (Ludema, 2005). Appreciative inquiry (Cooperrider, Whitney & Stavros, 2003) focuses on the good in a system rather than the bad. With such importance placed on positive, affirming behavior and language, one conclusion is that there is no room for anything negative (Golembiewski, 2005). Praise is preferred and criticism is taboo.

We often associate criticism with the negative. When we are criticized, we tend to feel we are being berated for our failures and our successes are being ignored. We try to avoid criticizing others for fear of evoking bad feelings (Fiske, 2000). Yet there is evidence that criticism plays a positive and necessary role in our growth and development (Brophy, 1981; Cleary, 1990; Crampton & Klein, 1999; Dweck, 1999; Greenleaf, 2002; Kegan & Lahey, 2001; Maclellan, 2005).

Reframing criticism

When we consider the roots of words such as "critical" and "abrasive," we find positive connotations. "Critic" is derived from a Greek word meaning to discern or judge (Merriam-Webster, 2006). In fact, one of the functions of a critic is to provide feedback that is intelligent and wise (Callenbach, 1971), helping us to "see where we are by showing us where we have been" (Roberts, 1971, p. 13). Roberts argued we need this kind of feedback in order to complete our work. Bushe (2001) asserted we need to level with each other about our beliefs and experiences of a situation in order to change patterns. Similarly, an "abrasive" material is commonly used to polish rough edges. Abrasiveness can serve a positive function.

Much of what we have learned directs us to say nice, positive things. Even when appraising job performance, a common formula is to "sandwich" negative feedback between positive comments. However, this is not always effective. Empty praise becomes meaningless. Brophy (1981) distinguished between effective and ineffective praise, recommending that it is better to praise well than to praise often. According to Brophy, when we are praising well, the praise is contingent on behavior or performance; specific, sincere, informative; and is given spontaneously. Dweck (as cited in Maclellan, 2005) differentiated between person and process praise. Person praise is a statement about the person while process praise is directed at an effort or strategy the person used. Similarly, person criticism is directed at the person while process criticism highlights what is incomplete by "drawing attention to the error/mistake and asking the person to think of an alternative solution strategy" (Maclellan, p. 200). Process praise and criticism is received better than person praise or criticism. Process praise and criticism indicates success can be repeated and failures can be overcome whereas person praise (and criticism) is fragile, relaying the success (or failure) was dependent upon personal qualities that may be perceived to be beyond the person's control (Dweck, 1999).

Kegan and Lahey (2001) recommended that we learn to communicate ongoing regard for others. This involves being direct in our communication and informing others of our experience of them. This is different from praising people. "Characterizing our own experience, positive or negative, leaves the other informed (not formed) by our words" (p. 100). Conveying ongoing regard is actually more about us than the other person, for it is about characterizing our experience of the other person, not characterizing that person (p. 102). The emphasis is on describing experience, not passing judgment (Bushe, 2001). Kegan and Lahey further recommended learning to go beyond constructive criticism to deconstructive criticism. According to them, constructive criticism is based on the belief that one person is right and the other is wrong. Deconstructive criticism assumes that both parties,

neither one, or only one of the parties may be right. It imparts respect for our own position by not discounting a negative evaluation of a situation or person but also reveals respect for the other by leaving room for an alternative explanation. Because it can disturb ingrained ways of thinking (Quinn, 2004), this kind of communication does not necessarily make conflict disappear and may even intensify it. Kegan and Lahey (p. 145) reminded us, "It is not conflict itself that is dangerous or dysfunctional; it is instead the familiar framing of conflict" in such a way that growth and learning are stunted. Goleman (2006) suggested allowing conflict since a modicum of discomfort is needed to develop resilience.

Opposites attract

Positive, appreciative language is not restricted to the language of praise. When it is confused with politeness or directed at personal characteristics, praise can have a negative effect. Criticism and even abrasiveness can be positive and appreciative. When it is direct, specific and demonstrates ongoing regard for another, criticism may be well received. To be critical is to exercise discernment. To criticize is to judge. These are not always negative actions. Criticism may provide a dose of reality, identifying strategic moments. Such moments are critical in another way: they often signify a turning point. They are valuable and rather than be sheltered from them, we may want to consider purposely evoking them. Fritz stated,

> The attempt to shelter people from the truth assumes that people cannot handle the full truth of reality. The fact is that almost everyone—including you—is much stronger, more resilient, and more powerful than he or she is usually given credit for (1989, p. 234).

This does not, however, give us license to be mean spirited in our criticism. The practice of ongoing regard implies a degree of care. Hurtful and abusive communication will not bestow ongoing regard. Mindful communication will. This kind of communication is not always nice, but it is sincere (Bushe, 2001; Quinn, 2004). Thus, the motivation behind criticism becomes significant. When the intent is to draw attention to an error or mistake for the purpose of learning from it, it is more meaningful and we are more willing to listen. We are more likely to be tolerant of abrasiveness if we can see that it is serving to polish the rough edges. When we have reason to believe criticism is given with our best interests in mind, we are more receptive to it. Goleman (2006, p. 232) declared our brains can distinguish between "accidental and intentional harm" and will react more strongly to the perception of malice.

Criticism that keeps us on course also reminds us that a "critical watch is being kept" (Greenleaf, 2002, p. 119). Frequently, those who keep a critical watch and relate that they are doing so with care earn our respect and trust. Care assumes that we are interested in the health and welfare of others. It demands thoughtful, serious attention. Greenleaf described care as "an exacting and demanding business. It requires not only interest and compassion and concern; it demands self-sacrifice and wisdom and tough-mindedness and discipline" (p. 255).

Critical care

Combining the research on the positive role of criticism with the concept of care, this paper explores what I call "critical care." It is critical in the sense of being direct and specific, demonstrating discernment and judgment; it is caring by showing ongoing regard. Quinn (2004) referred to such polar concepts as positive opposites, explaining it is possible to unabashedly call people to high standards while being compassionate. Critical care is concerned with the welfare of the person as well as that of the system. Holding to rigorous standards is usually something we value. When someone demonstrates critical care by holding themselves as well as others to high standards, we are generally accepting of their criticism. Often, we appreciate their candor and refusal to lower the standards. Critical care is motivated by genuine concern and comes from the heart. Examples of critical care will be illustrated through Dr. Miranda Bailey of *Grey's Anatomy*.

Methodology

Cameron, Dutton, Quinn, and Wrzesniewski (2003) have called for rigorous and systematic yet enlivened research to expand the field of positive organizational scholarship. Positivistic research (quantitative laboratory experimentation, measurable outcomes) seems to be privileged. Fineman (2006) proposed this predilection is restrictive. "Qualitative research can be systematic and rigorous and still be innovative, creative, and actively dynamic" (Deacon, 2006, p. 106). Qualitative methods, such as interpretive analyses, discourse analyses, narrative analyses, semiotics, and phenomenological approaches may be better suited to positive organizational scholarship.

This study employed innovative and creative qualitative research methods. Postmodern approaches to research expand sources of data to include "movies, sitcoms, e-mail traffic" among others (Ryan & Bernard, 2003, p. 259). This type of data may be referred to as "naturally occurring materials" (Peråkylå, 2005, p. 869) that shed light on a culture and/or social interactions (Atkinson & Delamont, 2005). The U.S. TV medical dramedy *Grey's Anatomy* served as the basis of this study. While research based entirely on visual artifacts such as TV or film is unusual, it is an acceptable form of qualitative research (Atkinson & Delamont, 2005; Deacon, 2006; Harper, 2005; Peråkylå, 2005; Rossman & Rallis, 2003; Ryan & Bernard, 2003). Silverstone (as cited in Gottschalk, 1998) proposed that television is a legitimate source of data since it has become a part of everyday life. Fiske (1998) chose the U.S. sitcom Married...*With Childre*n for the basis of a qualitative study. Gottschalk (1998) provided support for such a choice, stating, "[television] represents an essential dimension of the everyday we seek to account for" (p. 217). It shapes much of our daily conversation. Gottschalk further proposed the ubiquitous nature of television contributes to a "rapidly fading distinction between televisual events and 'real' ones" (p. 218).

This is not to suggest that *Grey's Anatomy* should be regarded as if it is objectively true. Like many artifacts that become research data, the TV show was not developed for research purposes. It is based on fictitious characters, in a fictitious setting. Actors are delivering lines written for them

and portraying characters. It is not strictly factual, however, "facts don't always tell the truth" (Banks & Banks, 1998, p. 11). The characters and their situations are believable. This makes the dramedy a trustworthy (Rossman & Rallis, 2003; Silverman, 2003) source of data since much of what is portrayed in the TV show could happen and may have been experienced by viewers of the show. This is particularly true when considering the interpersonal relationships between the characters. *Grey's Anatomy* was not chosen because it is literally true but because it could help engender a significant conversation (Barone, 1997) in the field of positive organizational behavior.

For this study, a form of narrative analysis (Chase, 2005; Holstein & Gubrium, 2005; Riessman, 1993) was used as "visual materials are often narrative in form" (Harper, 2003, p. 186). There is no one correct method for conducting narrative analysis (Harper, 2003; Riessman, 1993; Rossman & Rallis, 2003; Shank, 2006). Using this approach, interpretation of the data is "an art; it is not formulaic or mechanical" (Denzin, 1998, p. 317). It "involves higher levels of inference and interpretation than with interview or observation data" (Rossman & Rallis, 2003, p. 304). However, this does not mean anything goes.

Silverman (2003) provided three pieces of advice for analyzing this type of data. One tip is to "*recognize that successful analysis goes beyond a list*" (p. 353). It employs more than simple coding and involves deeply analyzing a small body of data. Just as in other forms of qualitative research, the data (in this case, episodes of *Grey's Anatomy*) was examined for themes and refrains (Ely, Vinz, Downing, Anzul, 1997; Lawrence-Lightfoot & Davis, 1997). Themes are fuzzy constructs, based on literature, the researcher's own experiences, and the text itself (Ryan & Bernard, 2003). In this case, themes were chosen to illustrate instances of critical care. Another bit of guidance from Silverman (2003, p. 353) is to "*have a clear analytic approach*." Lawrence-Lightfoot and Davis (1997) recommended independently constructing a framework before data collection. Critical care, as described earlier, was the framework used to select data and illuminate the analysis. The first and second seasons (36 episodes) of *Grey's Anatomy* were reviewed, with attention paid to scenes with Dr. Bailey. I was not simply passively watching the episodes, I was actively watching for a story; specifically, a story of critical care (Lawrence-Lightfoot & Davis, 1997). Silverman's last pointer is to limit the data (p. 353). While an ensemble makes up the cast of *Grey's Anatomy*, for this study, the data was limited by focusing on the character of Dr. Miranda Bailey. This character was chosen because despite having the nickname of "the Nazi," she also has heart. Thus, while coming across as abrasive, she also cares for the welfare of those around her. She is candid and forthright in her communication yet still manages to build relationships. In fact, the Chief of Surgery calls her his "favorite Resident" (Rhimes & Horton, 2006a).

As stated above, evidence of critical care was noted in scenes with Dr. Bailey to induce themes and refrains. Occurances of critical care were demonstrated in Bailey's interactions with subordinates (the interns), seniors (the attendings), and patients. Instances of teaching moments, evidence of keeping a critical watch on things, examples of support and protection, heart, and the enduring respect she had gained from others were found. These refrains (Lawrence-Lightfoot & Davis, 1997) that help to describe critical care are explicated in the next section.

Demonstrating Critical Care

Dr. Miranda Bailey is a senior Resident surgeon at fictional Seattle Grace Hospital. Seattle Grace is a teaching hospital. That means Bailey has the responsibility of teaching five interns how to be surgeons. She herself is about to start her fellowship, which indicates she has been at the hospital a few years and has built relationships with the attending physicians (who she reports to). Bailey has been dubbed "The Nazi" for her direct, no-nonsense manner. This has also gained her the enduring respect of others. Rather than being despised, she is held in high esteem. Examples of how she has demonstrated critical care in interactions with subordinates (interns), superiors (attendings), and patients follow.

Teaching the interns

Resident doctors at a teaching hospital manage interns and assist in teaching them to become doctors. They assign the interns duties and determine which Attending physician they will be working with for the day. They can make the life of an intern enjoyable or miserable. Bailey has five interns reporting to her. At one point, she describes them as "ass-kicking, surgery-hungry, competitive suck ups" (Rhimes & Tinker, 2006). In their first days, they are anxious to be assigned to a surgery and object to being assigned more mundane tasks. Bailey reminds them that the less exciting tasks are important and that one of their jobs is to make her happy (Rhimes & Horton, 2005b):

> Every intern wants to perform their first surgery. That's *not* your job. You know what your job is? To make your Resident happy. Do I look happy? No! Why? Because my interns are whiney. You know what will make me look happy? Having the code team staffed, having the trauma pages answered, having the weekend labs delivered, and having someone down in the pit doing the sutures. No one holds a scalpel til I'm so happy I'm Mary Friggin Poppins!

Another part of their job is also to make her look good to her superiors. Bailey sends this message in the context of teaching them the importance of their interactions with patients, especially the first thing in the morning (Parriott & Davidson, 2005):

> You are the first person they [patients] see in the morning. You say "please;" you say "thank you;" you apologize for waking them up. You make them feel good about you. Why is that important? Because then they'll talk to you and tell you what's wrong. Why is *that* important? Because you can tell your Attending what they need to know during rounds. And why is that important? Because if you make your Resident look bad, she'll torture you until you beg for your mamma!

While reminding the interns that she has the power to make assignments, Bailey also reminds them there is more to being a surgeon than performing surgeries. There are other vital areas that need to be covered besides the operating room and they need to learn to effectively interact with patients.

While surgeons are focused on repairing or removing diseased body parts, Bailey does not want them to forget that a person is attached to those body parts. The person must be attended to as well. Doctors, even surgeons, must interact with anxious family members awaiting word of the outcome of the surgery or inform family members their loved one has died. This needs to be done with compassion. This is the lesson intern Cristina Yang needs to learn. Yang readily admits she is not a people-person, yet the delicate task of trying to convince a family to donate the organs of the loved one who has just died has fallen to her (Rhimes & Goldwyn, 2005). Bailey has been observing the interaction and it is not going well. Yang excuses herself from the room and Bailey meets her in the hall:

> Yang: I can't do that—I can't talk to families of patients. Sorry.
> Bailey: What's his name?
> Yang: Who?
> Bailey: The patient. What's his name?
> Yang: Kevin Davidson.
> Bailey: Remember that. Not gored guy, not John Doe, Kevin Davidson. He's someone's husband, son, not a collection of body parts for you to harvest. A person. [pause] No one said this was easy.
> Bailey then motions Yang back into the room with the family.

Intern George O'Malley needed to learn a similar lesson. When a car crash victim arrives who the ambulance crew thinks is dead, Bailey assigns the patient to O'Malley, saying, "He's not dead until we say he's dead. You know what to do so do it" (Parriott & Horton, 2005). O'Malley goes to work on the patient, even though he thinks it is a lost cause. A few minutes later, Bailey checks in to see how it is going. O'Malley reports there is no response and he is ready to call the time of death. Bailey asks him what he would do next to try to save the patient. O'Malley answers and Bailey orders him to do the procedure. She leaves and then returns a little while later. The report is the same; no response. Bailey then orders O'Malley to perform one more procedure and then call it. O'Malley gives her a puzzled look. Bailey explains:

> If they're dead or dying when they come through those doors, you hump and hump hard. Why?
> O'Malley: For the experience.
> Bailey: No. What else? There's something more. [pause, O'Malley is silent] You think on that. It'll come to you.

There is still no response after this procedure, so O'Malley calls the time of death. As he is about to inform the family, it comes to him why they "hump and hump hard." It is "So we can tell their family that we did everything we could."

From these interactions, it is clear Bailey has high standards and holds her interns to them. She also holds herself to them. She walks her talk and the interns quickly learn that she is not asking them to do anything she herself would not do. Bailey demonstrates discernment through

understanding that given a choice, surgeons will be in the operating room; however, she also is aware there are other vital areas of the hospital that need to be covered. This is part of their responsibility as doctors and the work may not always be as exciting as surgeries. She demonstrates compassion in her care for patients and their families. Her interns are reminded that people are attached to body parts and loved ones are attached to patients. They must be treated with respect and Bailey will not tolerate anything less from her interns.

Bailey holds her superiors to high standards as well. And she unabashedly lets them know she is keeping a critical watch on things.

Keeping a Critical Watch

Bailey is concerned with the reputation of those she works with and the hospital at which she works. With a nickname like "The Nazi," she tolerates little nonsense. She is not afraid to point out flaws in the system or even flaws in people that could effect the system. Thus, when she learns that one of the attendings (Derek Shepherd) has been sleeping with one of her interns (Meredith Grey), she lets Dr. Shepherd know that she knows. The following conversation takes place on an elevator ride (Vernoff & Brazil, 2005):

> Bailey: You think you're charming in that talented, neurotic, moussed hair sort of way. Good for you. But if you think I'm gonna stand back and watch while you favor her [Meredith]….
> Shepherd: I'm your boss.
> Bailey: You don't scare me. I'm not going to advertise your extra curricular activities with my intern, however, the next time I see you favoring her in ANY way, I'll make sure she doesn't see the inside of an OR for a month—just for the sake of balance.
> Shepherd: You know they call you "The Nazi."
> Bailey: So I've heard.

Bailey is even willing to stand up to her boss's boss, the Chief of Surgery. Dr. Richard Webber is very committed to his job and the hospital. Maybe too committed. On Thanksgiving, when Webber is not supposed to be working, Bailey catches him surveying the surgical board (Rhimes & Dinner, 2005):

> Bailey: A surgical junkie. Go home!
> Webber: Adel's [his wife] already mad. I'm in trouble no matter what and there's a good surgery in OR two.
> Bailey: *Go home* right now!
> Webber: This kind of treatment is why they call you "The Nazi"!

In these interactions, Bailey makes no apologies for being tough-minded. She demonstrates concern for the system by making it clear she will not tolerate favoritism and will not look the other way if another doctor works too many hours when it is not necessary.

That these people are her superiors does not make any difference to her. If one of them is responsible for a mistake, she tells them. This happened when a generator went down and the back up quit as well, leaving them no way to transport patients to the OR since the elevators were not working (Rhimes & Tinker, 2005). Chief Webber wanted to know whose butt to kick for not replacing the back up generator the year before and turned to Bailey since she knows everything. She looks him in the eye and tells him, "That would be your butt, Chief. *You* didn't authorize a replacement generator, saving money for the new MRI machine."

Such candor is not reserved for only those she works with. Occasionally, Bailey is just as direct with patients and their friends or family. On the day of a city-wide crazy bike race, the surgeons know to expect more patients than usual (Rhimes & Goldwyn, 2005). Racers and pedestrians are injured every year. This year, a pedestrian is left brain dead. A racer named "Viper" sustains injuries that require surgery. His friends are awaiting an update. As Bailey appears, they ask if he is OK:

> No. No, he's not OK at all. He hurled his body down a concrete mountain at full speed for no good reason. Yeah, I know you all pierce yourselves and smoke up and generally treat your bodies like your grungy asses can't break down. That's fine. You want to kill yourselves flying down a concrete mountain, go to it. But there are other people walking, people driving, people trying to live their life on that concrete mountain and one of them got his brain scrambled today because one of you little sniveling, no good, snot rag…[she stops herself]. Yeah, so, no. Your friend, Viper, as far as I'm concerned, is not OK.

Bailey's concern for innocent victims is obvious. That she wishes other people would take better care of themselves and realize their actions effect others is elucidated. She is not merely looking out for her own interests but those of the system as well (Daft & Lengel, 1998).

Even with the reputation of "The Nazi," Bailey is compassionate. That is apparent in her insistence that the interns understand they are dealing with a whole person, not just body parts. It also becomes clear in the ways she is supportive and at times, even protective, of those she works with.

Support and Protection

Care is exhibited when we show support for others. It also is shown when we try to appropriately protect others from harm. Bailey seems to have an uncanny sense of when others need some space. After what has been a very difficult surgery where a patient was lost, Bailey and Shepherd once again find themselves together on the elevator (Vernoff & Melman, 2005). Bailey knows that this was a particularly rough surgery for Shepherd and he needs a moment to recover. Sensing that he is about to lose it and needs to compose himself before facing the family, she pulls the "stop" button on the elevator. He turns his back to her and allows himself a few quiet sobs. Bailey allows his privacy. When he turns back, she softly only asks, "You OK?" When he replies, "Yeah," she releases the

"stop" button. The elevator continues its trip and when it stops, they both get off as if nothing had happened. She is not afraid to criticize him, nor is she afraid to support him.

Such support and protection is also extended to the interns. After Dr's Shepherd and Grey break up, Bailey is aware of the gossip that is circulating (McKee & Davidson, 2005). Shepherd wants to see how Grey is doing and starts to approach her. Bailey stops him. "I just want to see if she's OK," Shepherd explains. Bailey replies,

> She's not! She's a human traffic accident and everybody's slowing down to look at the wreckage. She's doing the best she can with what she has left. Look, I know you can't see this because you're in it, but you can't help her now. You can only make it worse. Walk away. Leave her to mend. Go on!

Bailey protects both Shepherd and Grey from harming themselves and their relationship further.

Similarly, Bailey protects intern Cristina Yang when she becomes a patient herself (Vernoff & Davidson, 2005). Yang undergoes emergency surgery for an extra uterine pregnancy. As the surgery is taking place, Grey tries to come into the OR. Bailey stops her.

> Grey: I'm her friend.
> Bailey: Exactly. She's lying on the operating table, naked, exposed. She's sedated and she's probably scared out of her mind. Right now, she's not a doctor, she's not your friend, she's a patient and she deserves to have all the privacy I can give her. You're not going in there!
> Grey: You have to let me in there.
> Bailey: You can try, but I'll have to take you down. Hey, I may be short but [I'm] pretty tight. I could do it.
> Grey: Right now, just in this moment, I hate you.
> Bailey: Yeah, well, I can take it.

Bailey is mindful that in this situation, both Yang and Grey are vulnerable. Just as a friend or family member would not be allowed in the OR, Grey is not allowed in. Neither Grey nor Yang are doctors at this moment in time

The premium Bailey places on supporting one another and the responsibility they carry as surgeons is plain to see in the following. During an operation, O'Malley makes a joke about fellow intern Alex Karev killing a patient (Vernoff & Horton, 2005). Bailey cautions,

> I get the joke. I just don't think it's funny. You see this [holds up scalpel] O'Malley? I make one mistake with this scalpel and this man's dead. My husband makes mistakes at his job all the time and as far as I know, he's never killed anyone. But I have and you will and Alex did.

> You don't have to like Alex, you don't even have to care about him. But you damn well have to be on his side.

For all her abrasiveness, very few people doubt that Bailey is on their side. They are aware that when she is critical, it is for good reason. It is with the intent of improvement and growth. Rough edges are being polished. They also know that she will support and protect them as warranted. And although it is not seen often, Bailey does have a heart after all.

Heart

Few people are without a tender spot. Some may be reluctant to show it, but it is there. Genuine compassion is heartfelt. When we show our heart, we are sharing from deep inside. Care and ongoing regard is communicated.

Yang, somewhat detached and abrasive herself, experienced Bailey's heart. When Yang awoke from her surgery, Bailey was the one sitting by her side (Vernoff & Davidson, 2005). It was Bailey who gently explained she had an extra uterine pregnancy and her fallopian tube had burst. A few months later, a pregnant Bailey and Yang are flying back from an unsuccessful trip to retrieve a heart for a transplant (Koenig & Yu, 2006). Bailey has noticed Yang looking at her belly. She seems to read Yang's mind.

> Bailey: I thought about it—not keeping it.
> Yang: You did?!
> Bailey: My husband and I, we tried for years, but still, when that stick turned blue…You can't work the way we work. You can't want the kind of careers that we want and not take pause. I took pause.
> Yang: Pause?
> Bailey: I paused. Paused for a long time.
> Yang: So why did….?
> Bailey: I sat up one night, middle of the night, and I knew that I could do this. I still don't know how I'm gonna do this, but I knew I could do it. You just have to know and when you don't know, then no one can fault you for it. You do what *you* can, when you can, why *you* can. When you can't, you can't.

This seemed to absolve Yang of the ambivalence she had felt toward her pregnancy. In this case, Bailey is not passing judgment on Yang but sharing her belief that this is a very personal decision. She also illustrates deconstructive criticism by leaving room for alternative explanations. The decision Bailey made is not necessarily the one she would expect Yang to make.

Patients also can be touched by Bailey's heart. In one example, Bailey warmly greets a cystic fibrosis patient with, "I thought I told you I never wanted to see you again!" (Clack & Stanzler,

2005). It turns out this is one of the first patients she had as an intern. The patient's condition has deteriorated to the point that it is life threatening. Surgery could be helpful but also carries risk. Yet, not having surgery carries risk as well. With the doctors' counsel, the patient decides to go through with the surgery. Bailey assures him he will make it through and she will "have his back." Bailey is part of the surgical team. They begin to lose him. The patient has requested DNR (do not resuscitate). The surgeons back off but Bailey cannot let go and tries desperately to save him in spite of his request. It becomes clear the efforts will not work. Bailey reluctantly calls the time of death. She then has to notify the family, who has not been at the hospital at the patient's request. She calls them to let them know, and haltingly introduces herself as "Miranda, Miranda Bailey." She is choked up as she tries to inform them of what has happened. It is obvious that Bailey is capable of experiencing deep feelings and great tenderness.

Sometimes Bailey's heart is revealed at moments she does not want it to show. In one instance, early in Bailey's pregnancy, Yang catches her talking baby talk to a pre-mature infant in the neonatal unit (Wilding & Minahan, 2005). Bailey abruptly stops and warns Yang (as well as herself), "Pregnancy has not made me soft. I haven't gone soft. I can't do soft!" A few months later, after returning from maternity leave, Bailey is assisting in one of her first surgeries after having her baby (Robe & Mann, 2006). It is brain surgery on a teenager. At one point, it appears they may lose the patient. After a tense moment, he comes back. Relieved, Bailey turns to shed a couple of tears. This is uncharacteristic of her and the surgical team is looking at her quizzically. "I'm still a surgeon, I'm just a surgeon with an excess of estrogen. Deal with it!" Bailey insists.

Bailey's vulnerability is shown in these examples. She can be as caring as she is tough. She is hardly heartless. Not afraid of pointing out flaws in others and the system, she is also aware that she is flawed as well. Perhaps because of this awareness, she is well respected by others.

Enduring Respect

Bailey has earned the respect of her superiors. The interns quickly learn to respect rather than fear her. One of the reasons she is respected is because she respects others. In addition, she is a knowledgeable and competent surgeon. There is recognition that she has their best interests in mind.

When one of her other bosses, Dr. Preston Burke, is being considered as the next Chief of Surgery (Webber is planning on retiring in the next few years), it is Bailey's opinion he seeks (Rhimes & Horton, 2005b):

> Burke: Do you think I'm too confident?
> Bailey: No.
> Burke: Don't lie.
> Bailey: You are my boss.
> Burke: Alright then. Anything you say in the next thirty seconds is free, starting now [he sets his watch].

> Bailey: I think you're cocky, arrogant, bossy, and pushy. You also have a god-complex. You never think about anybody but your damn self…
> Burke interrupts: But I…
> Bailey cuts him off: What? I still have 22 more seconds! I'm not done! [continues her assessment].

While here, Bailey may be guilty of providing person criticism rather than process criticism (Maclellan, 2005), she is not telling Burke anything that he has not already suspected. He is aware that others find him egotistical and arrogant, but it is important for him to know what Bailey thinks. It could be argued that she demonstrates ongoing regard (Kegan & Lahey, 2001) for Burke as she is communicating how she experiences him, at his invitation. She seems to subscribe to Fritz's (1989) notion that people can handle the truth, even if it is not always what they want to hear.

That she has earned the respect of her subordinates and superiors is plain to see by their reaction to learning she has gone into labor and is in the hospital after having been out on bed rest (Rhimes & Horton, 2006a). O'Malley is standing outside her room when Chief Webber appears. "Bailey's back!" proclaims O'Malley. "Bailey's back?!" asks an excited Webber. Bailey realizes they are hovering outside her room. She comes to the doorway and says,

> Look everybody, I appreciate the concern but I'm *fine*. It's just childbirth. All I need is my husband who should've been here by now. Go away. Give me some privacy. I don't want to see any of you again until after the baby is born—which, if he does like I told him and stays on schedule, should be in about four and a half hours. I mean it!

"Bailey's back!" Webber joyfully confirms.

Bailey later learns that the reason her husband has not arrived is because he was in an accident on the way to the hospital and is being operated on by Dr. Shepherd, who does not want to let Bailey down. Her vulnerability becomes crystal clear as she irrationally refuses to have the baby until her husband can be there. The situation is becoming dangerous for both mother and baby when O'Malley gives her a dose of her own medicine:

> Dr. Bailey, I'm surprised at you. I really thought—this is not how I thought you would do this. I truly—I expected more. You're Dr. Bailey. You don't hide from a fight! You don't give up! You strive for greatness! You are a doer! I know your husband's not here and there are a lot of things going on here that we have no control over. But this—this—we *can* do.

After helping her to see the reality of the matter, Bailey agrees to quit trying to hold the baby in and gives birth to a healthy baby boy.

While not profuse in her praise, Bailey conveys respect for others when it is warranted. She provides process praise, letting others know when they have done good work. In one example, Grey

has been trying to save a premature infant (Wilding & Minahan, 2005). After a long night, she is successful. Bailey checks in on the status of the infant the next morning. She approvingly says to Grey, "I heard you worked a miracle last night." Grey nods. "Go home, Grey. You've earned it. [pause] And Grey, way to go!" Bailey leaves and Grey says to the infant, "Did you hear that? Way to go!" While Bailey does not praise often, she does praise well (Brophy, 1981) and it is cherished when it is given.

Bailey does not discount her own negative evaluations but also leaves room for other explanations. She shows respect for her own position while showing respect for others. She unabashedly challenges them and herself to stretch to high standards. Perhaps because she respects them, it is even more important to Bailey to be candid with others.

The appreciative Bailey

That Bailey is appreciative and appreciated is a recurring refrain. Rather than being despised, someone with the nickname of "The Nazi" is a well-liked Resident. This may be attributed to the intent behind Bailey's abrasiveness. If to be appreciative is to notice and call out the best in others and the world around us (Bushe, 2001; Cooperrider, Whitney, & Stravos, 2003), Bailey often does that. By holding people to high standards, she keeps a critical watch on things and communicates belief in their ability to reach those standards. Being positive and appreciative is not about "bubbling over with happiness all the time" (Thatchenkery & Metzker, 2006, p. 65). It is about recognizing current reality for what it is, imagining what it could be, and moving in that direction (Bushe, 2001; Cooperrider, Whitney, & Stravos, 2003; Fritz, 1989; Thatchenkery & Metzker, 2006).

It becomes evident through the exemplar of Dr. Miranda Bailey that there is a fine line between describing our experience of another person and passing judgment on them. This is what makes critical care "exacting and demanding business" (Greenleaf, 2002, p. 255). While the actual candid language Bailey uses can be harsh (such as in her assessment of Dr. Burke), I contend it is not hurtful because her intent is not mean spirited. Goleman (2006) asserted that emotions have a way of leaking out even when we try to suppress how we are feeling. Her words may not be nice but they are heartfelt and that is sensed by others. She uses language such as "As far as I'm concerned," "I know you can't see this," "I think," indicating this is the way she sees it but it may not be the way others would see it. She shows signs that she is aware there may be limitations in the way she sees the world (Daft & Lengel, 1998). In addition, Bailey is also able to take criticism from others such as when others remind her that she is known as "The Nazi" and when O'Malley gives her a dose of her own medicine. She is willing to be hated by Grey if that is what it takes to protect Yang.

Bailey is not elevating herself by putting others down. She is not trying to violate or purposely hurt others (Daft & Lengel, 1998). She has the welfare of others in mind. This could be considered to be the difference between describing how another is experienced versus passing judgment. When we pass judgment, there is a sense of superiority. The reason we can pass the judgment is because

we have determined the "truth" and we are right. It also infers that we will not stoop to similar behavior. The implication is "I would not do what you did because I know better." By contrast, when we describe our experience of another, even though the language may not be polite and nice, it is still our experience, not that of another. A hint of humility can be sensed. Just because this is my experience, it does not necessarily mean it is everyone's experience. While acknowledging the validity of what I experience, there is still room for other valid experiences. The implication is "I would not do what you did because I have a different (not necessarily better) take on it."

A trace of humility comes through in the way Bailey is aware of her own flaws. She catches herself perhaps taking the truth a little too far with the friends of a patient. She fears becoming a mother could make her "soft." O'Malley has to bring her back to reality when she is in labor. A sense of vulnerability is apparent when she allows her heart to be seen. While her abrasive manner could be her way of polishing the rough edges around her, it also serves to polish her own rough edges.

Critical care, that can look more abrasive than appreciative, has an important place in positive organizational behavior. "Well-titrated doses of irritation can energize" (Goleman, 2006, p. 275). Positive opposites can create generative energy (Quinn, 2004). As Bagozzi (2003) reminded us, it is not so simple to separate the designations of "positive" and "negative."

The Exact and Demanding Nature of Critical Care

As suggested earlier, we tend to connect positive and appreciative with polite and nice. We do not expect people to show appreciation through abrasiveness. Yet it is often abrasiveness and criticism that helps us to learn and grow. Bushe (2001) apprised us critical care is not about being pleasant or charming. People who demonstrate critical care do not "needlessly upset people, but they are not charm school graduates either" (p. 120). It can be sensed that their criticism is not an attack (Goleman, 2006; Quinn, 2003). "Denying the truth strains everyone as people tiptoe around obvious issues" (Daft & Lengel, 1998, p. 158). When it is genuine and from the heart, critical care assumes people can handle the full truth of reality. It could be argued it is a sign of respect, for both our own assessment of a situation and for others. It signifies that we are concerned enough with the welfare of the system and others that we are willing to put our own experience on the table for others to look at (Bushe, 2001). While this experience will contain judgments about others and/or the system, critical care dictates that I make it clear I am sharing my experience and there is room for other explanations (Bushe, 2001; Kegan & Lahey, 2001). When shared in this spirit, criticism can do more to further growth and improvement than meaningless, polite praise.

I firmly believe in the power of positive emotions (Fredrickson, 1998, 2003; Goleman, 2006) and agree that our language shapes our reality so our words should be chosen wisely (Geregen, 1999; Ludema, 2005). I also agree that it is time to focus on the positive nature of organizations. Nevertheless, this study reminded me that positive emotions are not evoked and positive realities are

not created through words alone. How they are said must be considered in concert with what is said (Goleman, 2006). The intent behind the words matters. Critical, abrasive words that are genuine and heartfelt will be better received than vacuous nice, polite words. Albeit, there is a fine line between being critical and being mean. While we must be conscious of how exacting and demanding critical care is, I submit criticism delivered with the intent of improvement and growth carries more power to evoke positive emotions and create positive realities than empty praise. Frankly, this is not what I expected to conclude from this study of Dr. Bailey. But then, if we already have the answers, there is no reason to conduct the research!

This study is only an initial exploration into the relationship between positive and negative organizational behavior. In addition to the limitations of the research method described earlier, it was based on only one example and the interpretations of one researcher. By no means is it meant to be conclusive. Rather, it is primarily meant to raise further questions and provoke conversation in the nascent field of positive organizational behavior. Clearly further research is needed. However, it appears there is support for the concept of critical care. Positive, appreciative behavior is not the same thing as idealized positive behavior. As described by Greenleaf (2002), positive appreciative behavior is a combination of interest, compassion, wisdom, and concern along with tough-mindedness, discipline, and vulnerability. In this paper, such behavior was referred to as critical care. As illustrated by Dr. Miranda Bailey, critical care serves to notice and call out the best in us, making it congruent with tenets emerging within positive organizational behavior.

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