

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2008

Superior-subordinate relationships found in Scrubs: A discourse analysis

Nicolle Elizabeth Quick

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Interpersonal and Small Group Communication Commons](#), and the [Television Commons](#)

Recommended Citation

Quick, Nicolle Elizabeth, "Superior-subordinate relationships found in Scrubs: A discourse analysis" (2008). *Theses Digitization Project*. 3556.

<https://scholarworks.lib.csusb.edu/etd-project/3556>

This Thesis is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

SUPERIOR-SUBORDINATE RELATIONSHIPS
FOUND IN SCRUBS: A DISCOURSE ANALYSIS

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Communication Studies

by
Nicolle Elizabeth Quick

June 2008

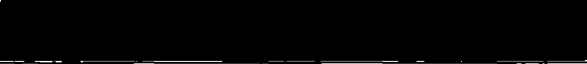
SUPERIOR-SUBORDINATE RELATIONSHIPS
FOUND IN SCRUBS: A DISCOURSE ANALYSIS


A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

by
Nicolle Elizabeth Quick

June 2008

Approved by:


Heather Hundley, Chair, Communication


Brian Heisterkamp


Scott Rodriguez

28 Feb 2008
Date

ABSTRACT

Organizational communication and the sitcom *Scrubs* are not synonymous in any way. Yet there are similarities in how superior/subordinate relationships are formed and maintained in a work setting, fictional or not. The foundation of this study resides in Knapp's Model of Relational Development and Canary and Stafford's Relationship Maintenance Tactics. Applying a discourse analysis to the first three seasons of *Scrubs*, the dialogue between the two main characters, J.D. and Dr. Cox, was examined. Specifically, the research focused on the character's relationship tactics which maintained their working relationship and explored their level of interpersonal disclosure to understand its effects in their superior/subordinate relationship. The results of the study clearly show that the relationship between J.D. and Dr. Cox resembles that of an organizational working relationship. Findings indicated that fictional characters used maintenance tactics to help their relationship grow and sustain through difficult and sometimes conflicting working situations. In addition, the characters' use of disclosure demonstrated issues of superior/subordinate power and helped to establish control. Implications of this study on

organizational communication research as well as
limitations to Knapp's model and the mediated form of the
text were also discussed.

ACKNOWLEDGEMENTS

First and foremost, special recognition is given to Heather Hundley for her unwavering guidance and support from the very beginning. Without your constant pushing to do better and find that ultimate "so what?", this thesis would not be what it is. Thank you for being my Dr. Cox.

I am also indebted to Brian Heisterkamp and Scott Rodriguez for their valuable insights and priceless contributions to this literary work.

To my sister and roommate, Kendall, I am eternally grateful for your patience with me. At times I know I was unbearable to be around, but I will think back to the times we watched *Scrubs* for several hours with fondest memories.

To the cast of *Scrubs* (J.D., Dr. Cox, Elliott, Turk, Carla, "The Todd", and Dr. Kelso) it was a privilege to be able to spend months deciphering your commentary and life lessons. I feel lucky that I had the opportunity to study such a lighthearted and comical sitcom. *Scrubs* will always be one of my favorite televisions programs.

To my family and friends, your constant encouragement and love pushed me to finish this journey. Having you along for the ride was well worth the effort.

Last but definitely not least, to my parents, Tom & Cecile, none of this would have been possible without you. Your unconditional love and financial support over the last two and half years has been the best gift a girl could ask for. I am truly blessed and will never be able to repay you for all the time and effort you guys gave of yourselves to make sure I succeeded during this time in my life.

For my mother, the smartest woman I know.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS	v
CHAPTER ONE: SUPERIOR/SUBORDINATE RELATIONSHIPS WITHIN THE MEDIA	1
<i>Scrubs</i>	3
Organizational Portrayals on Television	8
Superior-Subordinate Relationships	9
Organizational Relationships	9
Superior/Subordinate Expectations and Communication Strategies	11
Uses of Workforce Power and Conflict	17
Gender Communication Differences in Organizations	22
Theoretical Perspective	25
Maintenance Strategies in Relationships	26
Uses of Power, Similarities and Differences	31
Knapp's Model of Relational Development	36
Self-Disclosure	39
Research Questions	42
Texts for Analysis	43
Method	44

Looking Ahead	46
CHAPTER TWO: DEVELOPMENT STAGES AND STRATEGIES FOUND IN THE WORKPLACE	48
The Relational Development Stage of a Superior/Subordinate Relationship	50
The First Three Stages: The Beginning	53
Stage Four: Integrating Phase	55
The Relational Maintenance Tactics of a Superior/Subordinate Relationship	60
Positivity: The Thing about Honesty	63
Assurance: Comfort is Costly	71
Openness: Like a Book	76
Social Networks: Friends as Support	81
Sharing Tasks: Lending a Helping Hand	83
Conclusion	84
CHAPTER THREE: MENTORS AND DISCLOSURE WITHIN THE WORKPLACE	
Mentoring versus Supervising	86
To Disclose or Not to Disclose	88
JD: Personal Disclosure	92
JD: Workplace Disclosure	97
Dr. Cox: Work Disclosure	103
Dr. Cox: Personal Disclosure	109

Conclusion	116
CHAPTER FOUR: SCRUBBING IN: FINDINGS AND IMPLICATIONS	
Findings	119
Implications	127
Limitations	133
Future Research	140
REFERENCES	143

CHAPTER ONE

SUPERIOR/SUBORDINATE RELATIONSHIPS WITHIN THE MEDIA

"The US spends 16% of its gross domestic product on healthcare. That's more than twice the average of industrialized nations," stated in Karen Davis, Commonwealth Fund President, in a press conference (as cited in Reinberg, 2006, ¶ 4). Davis notes that "40% of Americans have said that they had experienced inefficient, uncoordinated, or unsafe care" (Reinberg, 2006, ¶ 4). Thus it is apparent that healthcare in the United States is a major concern of the American people. The research study conducted by Commonwealth Fund is not unique in its findings (see e.g. Billingsley, 2005; Pallarito, 2006).

"Modern medicine has evolved fairly quickly, and in a technological age, people have just assumed that they were getting it right" acknowledged Richard Frankel, professor at Indiana University School of Medicine at a press conference (as cited in Billingsley, 2005, ¶ 10). Frankel's research team identified five concepts that interfere with communication inside the healthcare industry. These five concepts are: noise and distracting physical settings that impede conversation, the hierarchal nature of medicine,

language barriers between doctors, lack of face-to-face communication, and time pressures. Looking at the errors within a hospital Frankel continues, "it's been estimated that as many as 75% involve some breakdown in communication. It's a big problem" (Billingsley, 2005, ¶ 3). The findings suggest that miscommunication in the healthcare system is the result of hastiness meeting demands in a timely manner. According to the Joint Commission on Accreditation of Healthcare Organizations, "communication mishaps are the most common cause of deaths and serious injuries reported by US hospitals" (Pallarito, 2006, ¶ 8). Hence, there is need for further research to observe the quality of communication among healthcare professionals.

Healthcare is essential to the quality of human life. This enormous industry touches the lives of almost every person living in this country. However, as large as it is, the quality of care depends in part upon the quality of communication within the organization. As stated, a breakdown in the lines of communication can be costly, ineffective, and even deadly. The healthcare organization, like any other organization, is built on human relationships between co-workers, patients, and management.

Regardless of the type of organization people work in, relationships are formed. Therefore, the success of an organization could prove to be a direct result of the communication between a supervisor and the employees. When people spend time with each other in a work setting there are many opportunities for communication between superiors and subordinates to be productive or unproductive. Separately, the healthcare system and superior/subordinate relationships have been studied extensively, yet there have been no studies, to this researcher's knowledge, examining these components within the media. The television show *Scrubs* offers a site where both working relationships and healthcare coalesce.

Scrubs

On October 2, 2001 NBC launched the sitcom *Scrubs*. Created by Bill Lawrence and produced by Touchstone Television, the show focused on the professional and personal lives of seven characters working at the fictitious hospital Sacred Heart. The show was structured around multiple storylines and each episode concluded with a moral or philosophical lesson. Each episode used first person narration, usually through the main character's

inner thoughts, to convey the storyline. Its use of diverse characters, subplots, and intrapersonal monologues reveal the characters' thoughts and daydreams made this series different from other television programs. Each episode consisted of the characters' daily trials in a bizarre and peculiar hospital full of unpredictable staffers, patients, and stories. Also notable for this series were the numerous cameo appearances by well-known celebrities such as Heather Locklear, Michael J. Fox, and Tara Reid. *Scrubs* was fresh and innovative by mixing humor with the tragedy and difficulties of working in the medical field (<http://www.nbc.com/Scrubs/about/>).

The seven main characters of this series comprise the medical staff at Sacred Heart. John "J.D." Dorian, the main character, was played by Zach Braff. His college roommate and best friend, "Turk" was a surgeon and was played by Donald Faison. Sarah Chalke's character, "Elliot", was a neurotic intern who was socially awkward and lacked self confidence. She once dated J.D. Supervising these interns was Dr. Cox and Dr. Kelso. Dr. Cox was a cruel, bitter man with sarcastic wit, played by John C. McGinley. His negative attitude and secluded demeanor made him difficult to work for. Dr. Cox oversaw the interns and guided them

along the way, helping them (against his will at times) to learn through their experiences. The Chief of Medicine, Dr. Kelso, was a harsh and often rude character played by Ken Jenkins. Dr. Kelso was not to be bothered with petty questions or mentoring the young interns and was only looking out for "his" hospital. Nurse Carla, Turk's girlfriend, who became his wife in season four, was a slightly pushy Hispanic mother figure to the new interns and was played by Judy Reyes. Finally, Neil Flynn played the nameless janitor, whose sole purpose was to harass and make life difficult for J.D. (<http://www.nbc.com/Scrubs/about/>).

Scrubs has been highly acclaimed by critics and was often compared to the television show *MASH*. *Scrubs* combined slapstick and sophisticated comedy with sincere and devastating drama to create a medical show unlike all the others (Weisman, 2006). According to Roush (2006), *TV Guide* senior critic, *Scrubs*, "never became a sensation like *MASH*, but *Scrubs*, I think, will go on and have a reputation that could live on. Because of its creativity, [it] has earned its place among the really significant shows of our time, if not all time," Roush says (http://www.variety.com/awardcentral_article/VR1117936723.html?nav=news&categoryid

=1985&cs=1). "I don't know if the show makes history the way *MASH* does, but it sure makes for some good times."

In its first season, *Scrubs* was nominated for two Emmy Awards and a People's Choice Award. The series was nominated for three consecutive Producers Guild Awards 2004-2006 (<http://www.nbc.com/Scrubs/about/>). In 2002 *Scrubs* received a prestigious Humanitas Prize, which honors excellence in film and television writing (<http://www.humanitasprize.org/winners30m.htm>). In addition, to date, this series has been nominated for three consecutive Producers Guild Awards from 2004 to 2006. *Scrubs* began its sixth and final season November 30, 2006 and aired its 100th episode January 24, 2006. It received four Emmy Award nominations in 2005, including one for Outstanding Comedy Series. Zach Braff has received an Emmy nomination for Outstanding Actor in a Comedy Series and two Golden Globe nominations for his portrayal of Dr. John "J.D." Dorian. In both 2005 and 2006 *Scrubs* received Emmy nominations for Outstanding Comedy (<http://www.nbc.com/Scrubs/about>).

In addition to its' industry acclaim, *Scrubs* went into syndication on the NBC network, Thursday nights at 9:00pm PST but as of the 2006-2007 television season it is also

nationally syndicated on Comedy Central and WGN, five days a week (<http://www.scrubs-tv.com/>). Considering its impressive number of awards and award nominations, combined with its ongoing televised appearances, it is evident that the show is well received among industry critics and audiences alike.

Interpersonal relationships in the work place are inevitable and *Scrubs* depicts this in a variety of ways. The characters develop, challenge, and rely on relationships they build with their colleagues and co-workers in the hospital. Although, these are fictitious relationships, they resemble everyday working relationships in that co-workers must constantly work at and sustain a good working relationship through communication. Due to the working conditions in a hospital, such that staff members depend on close interactions with their co-workers, this television show provides one example of the dynamics of superior-subordinate relationships in a healthcare setting. Since it is a television show, it is for a profit, meaning that someone is making money off of the relationship being studied. It is important to point out that this superior/subordinate relationship is created by writers and is marketed to the masses for entertainment value. J.D. and

Dr. Cox's relationship is strictly fictional yet can provide some insightful notions about the work place relationship and the media's view of the healthcare system.

Using Canary and Stafford's relationship maintenance strategies and Knapp's relational developmental model, this study closely examined J.D. and Dr. Cox's relationship. By charting the development of this organizational superior/subordinate relationship over the course of the series, various stages of a working relationship were identified. Following this progression also revealed patterns of brief and extended instability as well as periods of stagnation.

Organizational Portrayals on Television

Working and watching television are two actions Americans spend more time doing than any other activities (Vander Berg & Trujillo, 1989). In fact, according to Nielsen Media Research, "the average American spends more than 4 hours a day in front of the television" (2000, ¶ 1), which would result in over 28 hours of television in a week's time. In the U.S., forty-hour work weeks are standard. Thus, since these activities compose 68 of our 168 weekly hours, conducting research would seem beneficial

in understanding the communication behaviors in organizations on television. Such research is further warranted because organizations and television help define our ideas about reality, (Fiske, 1994) provide us information, (Vande Berg & Trujillo, 1989) and give us examples of communication models (Adler, Proctor & Towne, 2005). Hence the portrayal of organizations on television is an ongoing and pertinent line of research.

Superior-Subordinate Relationships

The idea of media influence on the workforce is very interesting to study and could provide valuable insights into how organizations and television may impact each other. While communication scholars have explored superior-subordinate relationships and media separately, perhaps by examining them together, the findings will be more inclusive of understanding these interpersonal theories. The media's depiction of trends in organizational relationships may help viewers identify with their own superior/subordinate relationships (Bandura, 1975).

Organizational Relationships

This literature review focuses primarily on work relationships and how management and employees communicate with each other. Researchers have documented how much time

is spent in offices, cubicles, meetings, and with coworkers and sought to understand work relationships (see e.g. Allen, 1992; Greene, 1972; Lee, 1998). Noting that hierarchy between subordinates and superiors is related to organizational commitment and job satisfaction, researchers have studied superior-subordinate relationship maintenance (see e.g. Lee, 1998; Waldron, 1991). Ultimately, the results showed that superiors and subordinates often regarded their relationship as being stable while only subordinates used upward maintenance tactics.

Other scholars examined how superiors and subordinates communicated with each other and if it was effective (see e.g. Allen, 1992; Chiu & Chen 2003; DiMarco, 1975; Infante & Gorden, 1979; Kay & Christophel, 1995; Koermer, Goldstein, & Fostson, 1993). Collectively researchers overall found that employees and management were inaccurate in their perception of each other, but found a greater satisfaction when they held the same work values. For instance, using a variety of methods to address questions of effective workplace communication, scholars focused on perceived expectations (Kay & Christophel, 1995), organizational support (Allen, 1992), job variety/significance (Chiu & Chen 2003), and managerial

satisfaction (Koermer, Goldstein, & Fostson, 1993). This begins to demonstrate the line of inquiry of organization superior/subordinate relationship maintenance.

Superior/Subordinate Expectations and Communication Strategies

In terms of organizational communication, a particular foci of several studies was on perceived workplace expectations between superiors and subordinates and communication strategies demonstrated in the workplace (see e.g. Lee, 1998; Waldron, 1991). In their studies Lee (1998) and Waldron (1991) agree that both superiors and subordinates value the importance of a good working relationship. The relationship was primarily defined through communication.

Similarly, Allen (1992) found that organizational support and commitment were significantly related to the communication between the employee and top management. He focused on the impact of six communication variables of organizational commitment and support. The six communication variables were: employee perceptions regarding the quality of information received from three communication sources (top management, co-workers, and immediate superior) and the quality of their communication relationship with each

source. Findings suggest that there is a strong correlation between organizational commitment and the employee's perceptions of top management's communication as well as the relationship between superiors and subordinates. Allen's framework for his study came from research on organizational commitment and factors that influence commitment.

Chiu and Chen's (2003) research supported the idea that job variety and job significance had a positive relationship with organizational citizenship behavior. The aim of their study was to examine the relationships between organizational citizenship behavior and job characteristics. Prior work on organizational citizenship behavior and job characteristics helped frame the theory for Chiu and Chen's research. A questionnaire with items such as job satisfaction and job characteristics was given to participating electric companies. According to the research, employees demonstrate specific work behaviors that are beneficial to the organization if there is a high level of job satisfaction and job variety.

DiMarco (1975) found a greater satisfaction with work when individual values are compatible with those in their work teams. His research questions derived from previous

studies that showed neither situational nor individual factors accounting solely for discrepancy in job satisfaction. DiMarco was concerned with three areas of the job: satisfaction of co-workers, the work, and the management. His research further supports the need to investigate work relationships and how it can affect an employee's job satisfaction.

Earlier research conducted by Greene (1972) was based on Kahn's Model of the Role Episode. A questionnaire was administered to managers of industrial organizations and two of their subordinates. The items on the questionnaire pertained to expectations set forth by the manager and how frequently the subordinate fulfilled those requests. Findings suggested that job satisfaction expressed by the subordinate and how the superior evaluated the subordinate's performance were directly related to how the subordinate perceived the superior's expectations and the extent to which they complied.

Findings in Infante and Gorden's (1979) paper suggested that secretaries and their supervisors were inaccurate in how they believed the other person perceived them. Secretaries were given a questionnaire regarding their perceptions of the extent to which they are involved

in decisions related to their work, the extent to which their work is supervised by their immediate superior, and satisfaction with their department. Their superiors also were mailed a questionnaire pertaining to their subordinate's decisions and quality of work. The perspective was based on the ideas of interpersonal perception and relational development. The findings claim a significant degree of inaccuracy in the perceptions superiors and their secretaries have about the other person. Furthermore these inaccuracies could lead to negative effects on the interpersonal communication within the work place.

In other research, Kay and Christophel's (1995) framework for their research derived from concepts such as communication openness and nonverbal immediacy, and motivation in regards to these two variables. Specifically, the authors focused on the manager's communication influence on employee motivation. They asked MBA students to partake in a simulation exercise that tried to resolve interpersonal conflict in a work setting. They suggested that subordinates were more willing to solve their conflict with another subordinate if managers were perceived as having an open communication style.

Eleven immediacy categories that described satisfaction or dissatisfaction with management were used in Koermer, Goldstein, and Fostson's (1993) study. The foundation rested on prior research regarding supervisory communication patterns and how they are used to convey immediacy to subordinates. The authors looked at the role immediacy played in employer/employee relationships. The method included a focus group made up of MBA students that discussed perceptions of communication patterns used by supervisors. They emphasized that subordinates value the importance of maintaining a good relationship with their superiors but further research is necessary to support their finding.

Lee's (1998) framework came from existing perspectives that focused on communication strategies that subordinates use to maintain their relationships with their supervisors. A questionnaire was distributed to several different types of organizations asking participants to report how often they used the listed maintenance communication tactics. Lee found significant differences in maintenance communication strategies when examining superior/subordinate relationships.

In another investigation Lee (1998) suggested that the social group context and the Pelz effect had a significant effect on the subordinate's choice of communication strategies used to maintain a relationship with their supervisors. Studies on maintenance communication processes at both the individual and organizational level comprised the basis for Lee's research. He found that the social group context plays a major role in many organizations and oftentimes dictates the way subordinates interact with supervisors.

Waldron (1991) argued that upward maintenance tactics could be multi-functional depending on the quality of superior-subordinate relationships. Subjects were given a questionnaire that asked questions regarding how they might maintain their relationships with their superiors and how they behave toward those in charge. Waldron posited that maintaining a good relationship with those in charge is one of the most important objectives subordinates will pursue. The findings suggested that subordinates value their relationship with their supervisor and used tactics to maintain their relationship. Waldron's work was based on assumptions that the relationship between a superior and subordinate will remain fairly stable.

These studies are important to acknowledge because of their findings within the organizational context. Each of them examined the work environment and how workers maintained a relationship with their bosses. Future research based on organizational relationships and communication between superiors and their subordinates could benefit from the information presented by these scholars. The methods varied widely which suggests that researchers can conduct quantitative or qualitative investigations. The flexibility of methods used to conduct research on organizations allows for extensive research employing both statistical data and observations. Coworkers and supervisors spend so much time with each other that predicting, researching, and finding ways to improve these sometimes long lasting associations is vital.

Uses of Workforce Power and Conflict

The hierarchy of power is well established within most organizations and the roles of superior and subordinate are typically clearly defined. Even with good communication skills, organizations can experience conflict at all levels. Previous analyses have noted that the power between supervisors and subordinates is a balancing act (Brew & Cairns, 2004; Ellemers, Van Rijswijk, Bruins, & De Guilder,

1998). Too much or too little power can weigh heavily on the status of the working relationship (Chi & Lo, 2003; Harris & Kacmar, 2005).

Brew and Cairns' (2004) theoretical perspective is an extension of Ting-Toomey's face-negotiation theory of conflict which suggests that a person's choice of conflict style is closely associated with face-negotiation needs and varies across cultures. University students who were or had worked full-time/part-time were recruited to answer a questionnaire pertaining to work conflict, demographics, and direct communication styles. The researchers found that different communication styles are used in the work setting and conflict or non-conflict approaches usually adhere to various ethnic backgrounds.

Furthermore, authors found that both Anglo and Chinese respondents preferred more direct communication strategies when it threatened self-face rather than the other-face threat. They also found that Anglo participants rated assertive conflict styles higher and the non-confrontational style lower than the Chinese participants.

Bruins, Ellemers, and De Gilder's (1999) ideas on leader-member exchange, power processes, and leadership all contributed to their research. Participants were asked to

work together with a partner (simulated) in an organizational structure computer program. The participants were always given the less powerful situation and the simulated partner was given the more powerful position. The researchers found that repeated power use by a supervisor and the resulting loss of power for the subordinate led to dissatisfaction, a negative valuation of the partner, and more negative attributions of the partner's behavior.

Chi and Lo's (2003) framework centered on theories of organizational justice, leader-member exchange, and types of relationships (vertical/horizontal). Participants were employees at various companies where disciplinary cases had occurred and they were asked to fill out a questionnaire regarding their work relationships. The researchers observed employee's support of a punished co-worker and a stronger relationship towards the supervisor due to the punishment of another. The findings suggested that perceived superior-subordinate and co-worker relationships affect perceptions of justice. The study is influential in supporting the position that employees seek to maintain an open communication style with their supervisors.

Findings in Ellemers, Van Rijswijk, Bruins, and De Guilder (1998) research indicated that repeated power use

resulted in critical evaluations of the superior and their behavior, which caused lower subordinate satisfaction. The foundation was based on other studies regarding power exertion over subordinates and their attribution, behavioral, and evaluative responses to power use.

Participants took part in a simulated situation where they were assigned a subordinate position and were asked to respond to how power use was manipulated in that condition.

Another article supported the idea that a superior can play a buffering role in perceived politics and job strain (Harris & Kacmar, 2005). Three approaches were found to accomplish this: developing a high-quality leader-member exchange relationship with subordinates, giving subordinates a voice, and communicating with them regularly. Harris and Kacmar (2005) based their study on prior research that examined perceptions of politics and job strain and used ideas such as leader-member exchange and participative decision-making to support their research. A survey that questioned leader-member exchange, perceptions of politics, and participation in decision-making, communication with supervisors, and job strain was administered to employees at two different organizations.

Their research concludes that supervisors, or the authority figure, was in a position to play a mediating role.

Lastly, within the area of organizational communication, conflict, and power, Sias and Jablin (1995) indicated that there are a number of processes related to differential treatment, perceptions of fairness, and coworker communication. Past research conducted on vertical superior-subordinate dyad and the larger organizational context helped Sias and Jablin focus their study. The method was cross-sectional and consisted of a thorough interview to obtain perspectives concerning differential treatment within a certain work group. The examination was unique in its findings of how a superior's treatment of one subordinate may affect others.

As evidenced in this portion of the literature review, there has been a fair share of research examining supervisor's use of power and organizational conflict. The primary focus was on subordinates' reaction to power and control exerted on them. The aforementioned authors generally viewed working relationships as essential and felt that studying the power struggle between superiors and subordinates would help reduce conflicts in work settings. Power use in any relationship typically causes problems.

Because of the nature of narratives, television, including dramas and situation comedies, emphasizes conflicts and in a workplace setting superior/subordinate conflicts. While issues of power and conflict are not limited to organizational settings, they are indeed rich sites in television.

Gender Communication Differences in Organizations

As of 1997, "nearly 60 percent of American women were in the labor force, up from 33 percent in 1950" (Workforce, 1997, p.53). Organizations have started seeing almost equal employment of both sexes and were required to accommodate various communication styles.

Anderson and Martin (1995) used a questionnaire based on the Interpersonal Motives Scale, which helped report motives for communicating with coworkers and superiors. Their theoretical foundation was the Interpersonal Needs Gratification Theory, which explains why people will enter into a relationship. Anderson and Martin noted that in order to understand the organization and their roles, employees must communicate with superiors and coworkers. They found that men and women communicate with their coworkers and superiors to fulfill different interpersonal needs.

Relying on past research on mentoring and career advancement in occupational settings, Tam, Dozier, Lauzen, and Real (1995) conducted a cross-sectional survey to measure the difference in treatment of men and women in public relations. The focus of their research was on whether mentoring relationships had an affect on career advancement opportunities. Tam, Dozier, Lauzen, and Real indicated that superiors and subordinates of the same sex tend to have a more active and intense mentoring relationships than a mixed-sex relationship. Their findings suggest that subordinates and superiors of the same sex tend to have a more active and intense mentoring relationship than mixed-sex pairings.

Lamude, Daniels, and Graham (1988) examined satisfaction/co-orientation and if it was higher or lower in situations where a female was a superior and a male was a subordinate. The structure of their investigation came from past studies on the effects of perceptual similarity on interpersonal processes and results in superior-subordinate relationships. Students at a large university, who were also subordinates, were asked to fill out a questionnaire and their superior was asked to complete a questionnaire as well. They found that accuracy for

superiors and for subordinates were greater in different-sex relationships than in same-sex relationships.

In examining the literature, significant differences in the way men and women communicate when at work are evident. Research in this area is necessary as the workplace becomes more and more diverse. Regardless of gender, it is the responsibility of the superior to implement successful communication tactics that both sexes can comprehend. Gender communication differences are apparent and both men and women are shown to hold positions of authority as well as subordinate roles.

The organizational communication literature reviewed here contextualizes this research. Specifically, this study observed the behaviors and communication styles among a superior and a subordinate in a mediated context. Previous research in work settings, including superior/subordinate relationships, the use of power, and communication styles provided the focus in examining organizational communication in a mediated workplace. As organizations develop, so should the way management and supervisors conduct and oversee their employees. While research on organizational communication is not new, there remains many

outlets of communication to address, including the media's portrayal of these topics.

Theoretical Perspective

Etzioni (1964) states "our society is an organizational society. We are born in organizations, educated in organizations, and most of us spend much of our lives working for organizations" (p. 1). Etzioni stresses the importance of an organization in a person's life and captures how each day could be influenced by organizations such as a school, a church, or a club. Organizations, both on television and in everyday life, use communication to structure members and keep them informed about procedures and norms. In the process of belonging to or working for an organization, members and their superiors engage in superior-subordinate relationships. While the literature review has explored these relationships and focused on expectations held by both members (Allen, 1992; Greene, 1972; Lee, 1998), this particular study turns to interpersonal communication research to further explore the topic of superior-subordinate relationships.

Theories are used by researchers to explain an idea and provide a way to approach or think about a topic. In

the case of interpersonal communication, relational dialectics theory has received a lot of research attention over the past twenty years (see e.g., Baxter & Goldsmith, 1990; Downs, 1985; Goodman, 2006). Relational dialectics theory examines how various relationships can develop in very different ways. The basic principle behind dialectics is the notion that a relationship's strength will differ and how the partners regard each other will establish the quality of their relationship. It is evident in the literature that relational dialectical theory has had numerous contributions in understanding relationships between romantic partners (Baxter & West, 2003; Dunbar, 2004; Kaplan & Baxter, 1982). While relational dialectic theory has not yet been applied to a work relationship, based on the applications previously mentioned, it is appropriate to analyze superior/subordinate relationships in organizational settings. Since the aforementioned, literature emphasized the interpersonal nature of superior/subordinate dialogue; it is relevant to the study of organizational communication.

Maintenance Strategies in Relationships

Relationships, even those in work settings, require maintenance to keep the members stable and content.

Recently, scholars have studied these intimate relationships and observed how partners rate the quality of the pair (see e.g. Baxter, 2004; Baxter & Goldsmith, 1990; Baxter & Simon, 1993). In other words, people have goals for their involvements, whether they are short or long term, and they use communication behaviors to meet those objectives.

Stafford and Canary (1991) focused their research on relational maintenance and developed a list of maintenance strategies that positively affect the commitment, trust, and relational quality characteristics in a relationship. Using previous research (e.g. Dindia & Baxter, 1987) they asked open-ended questions pertaining to maintenance between romantic partners and found five dominant strategies: positivity, openness, assurances, social networks, and sharing tasks. Further, research on these strategies has shown them to be effective in friendships as well as parent-child relationships (Canary, Cody, & Manusov, 2003).

Positivity is composed of behaviors such as acting happy, being courteous, and avoiding comments of criticism. Canary and Stafford found that positivity was strongly associated with liking the partner and can be shown through

tactics like showing affection, doing things together, and being spontaneous. The openness strategy is indicated by the partner's willingness to discuss the nature of the relationship. This tactic allows the partners to discuss their feelings about each other, the relationship, and the direction of their involvement. Assurances as a way to maintain a relationship is a tactic that suggests that the partners are faithful, committed, and want a future together. By demonstrating emotional support, offering assistance, and showing complete trust it indicates that the partners will be there indefinitely and can count on each other no matter what. Another strategy used to maintain a relationship is social networks like family and friends. Canary and Stafford claim relationships with a strong social network are more stable than those without such support. Social networks as a strategy help to reduce uncertainty among the partners and reaffirms common social circles and activities. The last strategy, sharing tasks, is the notion that partners will perform their fair share of the work in a relationship. Sharing tasks can illustrate equality in the relationship or how much they care for one another. Equal responsibility in the relationship helps

maintain relational harmony and minimizes conflict over gender related duties (Canary, Cody, & Manusov, 2003).

In 1982 Kaplan and Baxter conducted a study to analyze the causes of pro-social and anti-social behaviors portrayed on television programs. Society norms and values are presented by the characters in their external, physically, and anti-social behavior. In their study, Kaplan and Baxter looked for the type of act, which was internal/external or pro-social/anti-social as well as the actor's sex. Their findings suggest that the differences within the two categories, type and sex, reiterate the social reality presented in television programs.

Simon and Baxter (1993) used a questionnaire to study attachment-style differences in regards to maintenance strategies within relationships. Using the four attachment styles Secure, Fearful, Preoccupied, and Dismissing, they were interested in whether or not attachment styles could indicate the type of maintenance strategies in which a couple would engage. While their findings suggest that strategies of Assurance and Romance were more likely to be used by Secure persons, both non-Secure and Secure persons are likely to report anti-social maintenance behavior.

Baxter's (2004) article is an overview of her first attempt to define relational dialectics based on Bakhtin's key concepts of centripetal and centrifugal forces. Bakhtin regarded dialogue as being the combination of centripetal (unison or in agreement) and centrifugal (dissimilarity or diffusion) tendencies. From Bakhtin's theory, Baxter (2004) believes "social life is a process of contradictory discourses - [which] is the centerpiece of relational dialectics" (p. 182). She notes that a relating individual is not a previously shaped, independent being. Instead she argues that a person becomes who they are through interactions with another person. She mentions several limitations to this theory including a lack of longitudinal focus, simplistic nature, and a need for more attention on naturally occurring talk.

Baxter and Goldsmith (1990) were interested in studying the style of language used by adolescents during specific communication events. Participants described communication events using terms such as situation, participant, speech act, and purpose. Their research provided multiple communication events which research assistants then categorized into four basic clusters. These four clusters consisted of task-orientated, conflict talk,

personal/advice talk, and social talk. Findings suggest that adolescents' communication events create meaning out of the natural conversation in which they participated. The purpose of these clusters is to identify what language is being used by the characters involved in various communication events.

The fundamental idea behind dialectical theory is that each relationship's intensity will vary and depending on how the partners view each other will determine the quality of their relationship. In reviewing these articles it is evident that there is a delicate balance within a relationship. In terms of an organizational setting, superiors who wish to increase the levels of productivity will need to keep subordinates content and maintain a healthy working relationship. Thus, like interpersonal relationships, work relationships can be maintained and enhanced through effective communication tactics.

Uses of Power, Similarities and Differences

As with organizational communication literature, previous studies in interpersonal communication have noticed that the power relations between two people can be a balancing act (Baxter & West, 2003; Dunbar, 2004; Kaplan & Baxter, 1982). These scholars agree that too much or too

little power among partners can weigh heavily on interpersonal relationships. In addition to issues of power, communication similarity or a lack of communication understanding between two people reflects the quality of a relationship (see e.g. Baxter & West, 2003; Dunbar, 2004; Goodman, 2006).

In an investigation by Baxter and West (2003), perceptions of similarities and differences were explored within close relationships. The purpose of their study was to describe, from a dialectical perspective, a couple's observation of similarities and differences. Both persons in friendships and romantic relationships were recruited to discuss ways in which the couple was similar or different, whether it was positive or negative, and if this had an affect on relationship compatibility. Using a tape recorder, the pair carried on a conversation related to the researcher's topic which then was later transcribed. Results indicated that similarities or differences could cause conflict or communication difficulties. These findings point out that similarities and differences can be positive and or negative and that a partner's relationship's satisfaction is not dependent upon its similarities. Downs' (1985) study was designed to explore

how interaction involvement could be used to predict another person's insight of the communicator's effectiveness. He used an Interaction Involvement Scale (IIS) which evaluates social behavior in terms of attentiveness, perceptiveness, and responsiveness. In addition, he also used a Social Style Profile which measures three dimensions of Social Style such as assertiveness, responsiveness, and versatility. These two instruments were used in evaluating interpersonal communication to determine what elements are used by effective dialogic communicators. The results of his study indicate that those who have a high level of involvement in interpersonal dialogue will be more sensitive to other people's communication needs.

Dunbar (2004) used dyadic power theory to explore the perceived level of power between two people. Proposition four of the dyadic power theory states that "partners who perceive their relative power as extremely high or low will make fewer control attempts, although partners who perceive relative power as equal or nearly equal will make more control attempts" (p. 240). Her study involved strangers who were asked to engage in role play that manipulated their authority and resources. Her findings suggest that

the partners who had the lowest level of power demonstrated more control attempts than those in high or equal levels of power. This can be attributed to the idea that those who in low authority felt they had nothing to lose; therefore they challenged the partner with power.

Goodman (2006) conducted in-depth interviews between doctoral advisors and their students. She researched multiple ways that the advisor/student dialogue was understood and experienced. As a result, a great deal of tension between the advisor and the student in terms of authority and obedience was revealed. The perceptions of the two people rarely matched. Students often perceived their advisors as being controlling and constraining while the advisors felt they had minimal influence over their students.

The literature employing relational dialectics theory contributed to understanding the media's portrayal of work relationships. In examining superior/subordinate relationships to observe how a positive/negative working relationship was portrayed relational dialectics theory was a useful and appropriate construct.

This current study addressed a need for research to better understand a working relationship that was portrayed

in television. Very little, if any, interpersonal communication research ties relational dialectics theory to a working relationship, let alone one that is depicted in television. Therefore, this study examined a mediated organizational setting, and more specifically, a superior/subordinate relationship through the lens of relational dialectics theory and maintenance tactics.

Another way scholars can evaluate personal relationships is to use Knapp's relational developmental model as a framework. Similar to Canary and Stafford's work in this area, Knapp's stages help contextualize the definition of interpersonal relations. The developmental phases help map out the progress or digress of interpersonal communication between two people. Canary and Stafford's research pertains to how people clarify and maintain healthy communication tactics. They apply several methods to various trials throughout a relationship, focusing mainly on relationship maintenance. In addition, Knapp's model is almost an extension of their findings, in that it contains two extensive phases: leading into and leading out of a partnership (Adler, Proctor & Towne, 2005). Merging Canary and Stafford's relationship

maintenance strategies with the framework of Knapp's model provided a strong foundation for this research.

Knapp's Model of Relational Development

There are ten levels, according to Knapp's model of relational development, that categorize the significant changes in a relationship's development. The model shows the ascent and descent of a relationship while explaining how members can move from one level to the next. The ten stages include: initiating, experimenting, intensifying, integrating, bonding, differentiating, circumscribing, stagnating, avoiding, and terminating (Adler, Proctor & Towne, 2005).

The first five stages: initiating, experimenting, intensifying, integrating, and bonding all represent the coming together development in a relationship. Initiating is the first sign that one member is interested in another. The communication is usually brief and allows people to get to know each in a superficial way. Experimenting is the decision to go forward with the relationship. It requires small talk and common ground, where partners will try to find similarities and gain more information about the other member. Next, the intensifying stage marks the period in a relationship where the two people start expressing feelings

through direct and indirect methods. Spending time together, flirting, doing favors for one another, asking for support are some of the methods through which a relationship can grow. Stage four, integrating, occurs when people start contributing characteristics about themselves to build a shared identity with another person. Partners can start speaking like each other and the sense of obligation to that person increases. Lastly, bonding represents the turning point in a relationship. It is usually signified through public gestures and declares the commitment and exclusivity of the members in the relationship (Adler, Proctor & Towne, 2005).

The last five stages in Knapp's model of relational development are: differentiating, circumscribing, stagnating, avoiding, and terminating indicate the downward spiral of an interpersonal relationship. Differentiating is the stage in a relationship where the members need to get away from the "we" aspect and focus more on individual identities. This stage occurs when people begin experiencing feelings of stress and pressure being placed on the relationship. In the seventh stage, circumscribing, the communication between the members decreases in its quality and quantity. During this phase, people will

withdraw from each other, causing a lack in interest and commitment. The next stage, stagnating, occurs when the members are at a stand still and no growth is occurring in the relationship. The excitement and enthusiasm of the relationship is gone and its members have fallen into a routine. In stage nine, avoiding, members will create physical distance between each other. Whether indirectly or directly, members will start drifting apart from each other and start focusing on other aspects of their lives. Terminating, the last phase in this model, is the inevitable deterioration of the relationship. This stage can occur very quickly with its members cordially moving on or it can be drawn out over time, creating feelings of bitterness and resentment (Adler, Proctor & Towne, 2005).

Knapp makes note that relationships can only exist in one stage at a time. Although there might be indicators of another stage present, one phase will be the dominate phase. He also argues that relationships move in a sequential pattern, typically moving from one stage to the next. This "step-by-step" progression allows the relationship to move along at a pace that is comfortable and easily managed by its members. This does not mean that all relationships will experience the ten stages of

relational development. Some relationships will reach a particular stage and then go no further. Knapp contends that while this model does draw out the possibilities of development, it does not claim that every relationship will experience these stages in the same way (Adler, Proctor & Towne, 2005).

Interpersonal relationships are social associations between two people who interact face to face. Interpersonal relationships occur in a work setting; therefore these stages of relational development can be applied to a work relationship. Superiors and their subordinates often work closely together, with their daily routines requiring them to share tasks, meetings, or schedules. The amount of time spent with a colleague or supervisor can dictate whether or not the work relationship is superficial or personal. Regardless, Knapp's stages of relational development were designed to show the progression of an interpersonal relationship. Since superiors and subordinates engage in an interpersonal relationship at work, these phases are applicable to their relationship.

Self-Disclosure

As part of Knapp's model, self-disclosure is vital in interpersonal relationships. Self-disclosure has been

referred to as "the process of making the self known to other persons" (Jourard & Lasakow, 1958) and "any information about himself which person A communicates verbally to person B" (Cozby, 1973, p 73). In its simplest form, self-disclosure is revealing information about oneself to another person. Usually self-disclosure occurs in the third stage of Knapp's model (intensifying stage). It is at this phase where the individuals start expressing their feelings and as a result the relationship grows and develops. Cozy (1973) and Omarzu (2000) claim that self-disclosure has three basic components. The first aspect is the amount or extent of information being divulged. This refers to the number of subjects covered by the disclosure. The second characteristic is the intensity or familiarity of the information. Lastly, the third dimension is the length or time spent describing each piece of information. These functions of self-disclosure imply that the other person will reciprocate and share information about themselves. Mutual disclosure helps those in an interpersonal relationship develop trust and understand each other better and more deeply.

Self-disclosure is considered a useful tactic in sharing information with other people. Sharing information

allows people to be intimate while strengthening their interpersonal relationship. It also involves risk and vulnerability since the information being shared is usually personal and private. Components such as trust and commitment need to be established before a person can feel comfortable enough to open up and disclose information they otherwise would not have. Sharing too much information can be an exchange of power and if information is divulged too early it can be hazardous to the relationship (<http://www.abacon.com/commstudies/interpersonal/indisclosure.html>). Self-disclosure is essential to the progression of a relationship. It allows a partnership to grow and build off of what is disclosed by each member. The relationship can suffer and the power can become disproportionate if both people are not contributing information. While it is a beneficial tool in relationships, self-disclosure is not mandatory and will not always be evenly exchanged between partners.

Since self-disclosure is inevitable in interpersonal relationships and communication is a primary external indicator of relational maintenance tactics, two fictional characters were analyzed to understand how these interpersonal concepts are demonstrated in an

organizational setting. The balance between what is being shared and what is not indicates the level of trust and commitment between two people, such as J.D. and Dr. Cox. Growth in an interpersonal relationship, even one in the workplace, relies on a healthy balance of self-disclosure.

Research Questions

Since *Scrubs* portrays interpersonal organizational relationships and contains many examples of self-disclosure between the characters in their work environment it was an ideal text for analysis. This study focused solely on the relationship development and self-disclosure of the two main characters in *Scrubs*, J.D. and Dr. Cox. These two characters are the primary figures within the television program and the show follows the progression of their working relationship more so than any other characters. The investigation of J.D. and Dr. Cox's relationship was guided by the following questions:

RQ1: Using Knapp's model of relational development, at what stage is the superior/subordinate relationship under study?

RQ2: How are maintenance tactics (Canary and Stafford, 1991) used in the superior/subordinate relationship under investigation?

RQ3: What is the nature of self-disclosure that occurs within J.D.'s and Dr. Cox's superior/subordinate relationship?

RQ3a: What is the nature of power that occurs within J.D.'s and Dr. Cox's superior/subordinate relationship?

RQ3b: What is the nature of conflict that occurs within J.D.'s and Dr. Cox's superior/subordinate relationship?

RQ4: Is the self-disclosure reciprocal, e.g. equal and balanced? If not, how is it portrayed?

Texts for Analysis

To address these questions a discourse analysis was conducted on the first three seasons of *Scrubs*. This resulted in observing 68 episodes, each running approximately 24 minutes in length, totaling approximately 27 hours of programming. The first three seasons provided enough data to apply the constructs and examine the working relationship between the two characters, J.D. and Dr. Cox. Transcripts from twiztv.com were used as the primary data

to accurately quote the dialogue between the characters. Comparisons between the episodes and transcripts verified their continuity.

Method

Discourse analysis can be used by television critics to analyze the relationship between media texts and social, cultural, and organizational contexts (Hundley, 1995). Fiske (1994) claims, "critics do discourse analysis in order to make sense of the relationship between texts and the social world. . . [and] to make sense of the world is to exert power over it" (p. 3). Discourse can endorse the principles and beliefs of the majority found within society. The meanings constructed by discourse are often adapted and become accepted as the norm or standard. Fiske (1994) says that discourse is made up of three components: "a topic or area of social experience to which its sense-making is applied; a social position from which this sense is made and whose interests it promotes; and a repertoire of words, images and practices by which meanings are circulated and power applied" (p. 3). Discourses then serve as a link between texts and their audiences, helping the

viewers make sense of the text and in return the texts reiterate social ideals (Fiske, 1994).

Discourse analysis is used by researchers to look for patterns within a text. From these patterns a theme can emerge which helps organize the relationship between various topics. Finally, researchers examine this theme in terms of its socially constructed discourse and the discourse viewers use to make meaning out of the text. However, although a text can have several polysemic meanings, Fiske (1986) makes note that a "text can appeal to this variety of audiences only if there is a common ideological frame that all can recognize and use, even if many are opposed to it" (p. 399). Discourse analysis then is a tool that researchers use to explore the way television texts can create and question the ideologies of society. This method can clarify various ideological meanings while relating television situations to those social experiences held by its' viewers.

In regards to this study, the discourse of superior/subordinate relationships is not just for its viewers to make sense of *Scrubs*, but to also make sense of their personal experiences and working relationships. This method was applied to a television text in order to

associate the superior/subordinate relationships of its fictional characters to actual working relationships. Through the use of this method, connections were drawn between the development of J.D. and Dr. Cox's relationship to the progression of superior/subordinate relationships in the workplace. In observing the stages of their relationship, this study examined how the characters' relationship developed over the course of the first three seasons. Additionally, by investigating the dialogue between the two characters, the data revealed changes between episodes as J.D. and Dr. Cox began sharing more about themselves. Discourse analysis as a methodological approach served as the framework from which meanings were constructed and operated as a link between the television series' relationships to a work setting.

Looking Ahead

The following chapters include:

Chapter 2 - In this chapter I analyzed the discourse between J.D. and Dr. Cox by applying Knapp's model of relational development as well as Canary and Stafford's maintenance tactics to understand

the nature of this superior/subordinate relationship.

Chapter 3 - Using discourse analysis, J.D.'s and Dr. Cox's dialogue was examined to identify examples of self-disclosure within their superior/subordinate relationship.

Chapter 4 - The final chapter presents the findings and implications found within the study. Also discussed, are the limitations of the study as well as suggested ideas for future research on this topic.

CHAPTER TWO
DEVELOPMENT STAGES AND STRATEGIES
FOUND IN THE WORKPLACE

Relationships within the workplace are important not only to the organization's success but also to the individuals' growth as well. A person's character, personality traits, and even work habits can be altered and changed through their interactions with their co-workers. This is especially true in the healthcare industry where doctors, nurses, interns, and other employees have to work together constantly for extended hours at a time. Notions of trust, commitment, and honesty are all prevalent in work relationships as they are in interpersonal relationships. Co-workers and superiors/subordinates rely on each other to a great extent and a healthy foundation of these interpersonal concepts is imperative.

Interpersonal communication is defined as "the exchange of symbols used, at least in part, to achieve interpersonal goals" (Canary, Cody, & Manusov, 2003, p. 4) and is at the root of any relationship. This definition is based on six assumptions that suggest that interpersonal communication is utilized to pursue personal goals. The way

people communicate with others directly affects whether or not they achieve their desires, hence, interpersonal communication is a critical part in achieving personal goals. According to Canary, Cody, and Manusov (2003) there are six assumptions about interpersonal communication: "1: requires an exchange between people" (pp. 4-5), "2: occurs between people who are themselves developing" (p. 5), "3: involves the use of symbols" (pp. 5-6), "4: is strategic" (p. 6), "5: communicators must be competent in using interpersonal communication in order to achieve their goals" (pp. 6-7), "6: people should consider how their communication affects others" (p. 8). These assumptions can be applied to any relationship and in this case reveals how a working relationship uses interpersonal communication to develop, maintain, and achieve personal objectives.

As discussed in Chapter One, interpersonal communication has used Knapp's model of relational development as well as Canary and Stafford's relational maintenance tactics to determine the progression within a relationship. Through self-disclosure and maintenance tactics, the communication between two people can be examined for its effectiveness and its positive or negative outcome. Knapp's model of relational development looks at

the progress or digress in a relationship's stages. On the other hand Canary and Stafford's relational maintenance tactics include five strategies that can help determine and sustain the status of a relationship. Using discourse analysis, this chapter addresses research questions one and two. Specifically J.D. and Dr. Cox are in stage four and use positivity and assurance strategies the most, while engaging in openness, sharing tasks, and social networks the least.

The Relational Development Stage of a Superior/Subordinate Relationship

Knapps' model of relational development defines the fluctuation of interpersonal communication between two people. The model shows various stages of growth or decline within the relationship. He argues that relationships move in a pattern, typically jumping from one phase to the next. This progression allows the relationship to be managed by its members and move at a controlled pace. The integrating phase of Knapp's model occurs when the individuals become more open to disclose intimate details of their personal lives. Their sense of obligation to each other increases

and they begin developing a distinctive relationship based on their similarities.

Knapp's research on interpersonal communication conveys that while communication generally becomes more personal and spontaneous in an intimate relationship, it does not become less difficult as the relationship progresses. Therefore, if a working relationship does reach a level of intimacy it does not necessarily mean it will be less difficult to communicate. After conducting a discourse analysis, applying Knapp's model of relational development to the first three seasons of *Scrubs*, J.D. and Dr. Cox's relationship is at stage four, the integrating phase, on Knapp's model of relational development. The data suggest that the two characters are sharing personal characteristics about their lives and have begun building an identity with the other person. His relational development model is based on Altman and Taylor's (1973) eight dimensions of communication they identify as increasing as the relationship escalates. The eight dimensions of communication are as follows:

- a) richness, or breadth of interaction along various topics;
- b) uniqueness of interaction, where the couple exchanges verbal and nonverbal messages known only to

them; c) efficiency of exchange, or the accuracy and sensitivity of message exchange that does not require elaboration; d) substitutability and equivalency, which means that "more ways become available to communicate the same feeling in a substitutable and equivalent fashion"; e) synchronization and pacing, or the spontaneous coordinating and interweaving of behaviors; f) permeability and openness, or verbal and nonverbal exchanges of intimacy, including sexual closeness; g) voluntariness and spontaneity of change, or the couple's ability to be creative and spontaneous in their communication with each other; h) evaluation, or the increased tendency to point out the negative and positive aspects of the other. (as cited in Canary, Cody, Manusov, 2003, pp. 263-264)

These eight facets are believed to increase as a relationship escalates and progresses through Knapp's stages of relational development.

Knapp's model has ten phases showing the progression and digression of a relationship while explaining how members can move from one stage to the next. The ten stages include: initiating, experimenting, intensifying, integrating, bonding, differentiating, circumscribing,

stagnating, avoiding, and terminating (as cited in Adler, Proctor & Towne, 2005). Knapp makes note that relationships can only exist in one stage at a time. He also argues that relationships move in a sequential pattern which allows the relationship to move along at a pace that is comfortable and effortlessly managed by those involved. Knapp contends that while this model does demonstrate the potential of development, it does not claim that every relationship will experience these stages in the same way (as cited in Adler, Proctor & Towne, 2005).

The First Three Stages: The Beginning

While at the end of the third season J.D. and Dr. Cox were in at the fourth stage of Knapp's model, they had to advance their way through the first three stages: initiating, experimenting, and intensifying. These preliminary phases start the ground work for a relationship and allow the partners to really get to know one another. Some relationships tend to move rather quickly through these stages and the more time spent with each other only helps the relationship to strengthen and grow. While for others, like Dr. Cox and J.D., it takes time and a willingness to move forward to the next phase.

Initiating is the first indication that one partner is interested in the other. The communication is usually brief and allows the members to get to know each in a superficial way. While this phase is a little different in a superior/subordinate relationship, they essentially have to learn about the person they are working alongside. For example, J.D. did everything he could to make a good impression and get to know his supervisor during his trial period at the hospital. Yet Dr. Cox harassed, blamed, and even ignored J.D., trying to keep the intern at a distance.

The second stage, experimenting, is the decision to move forward with the relationship. It calls for small talk and common interests, where partners will try to find similarities and gain more insight about the other member. In *Scrubs* this took place towards the end of the first season when J.D. and Dr. Cox had more of a civil working relationship. J.D. was still trying to get his boss to "like" him and even though there was still harassment and criticism, Dr. Cox had begun to disclose his own experiences with the intern. While they were not exactly sharing their life stories, they were engaging in conversations about things other than hospital related topics.

The intensifying phase, or stage three, marks the period in a relationship where two people start expressing feelings through direct and indirect methods. Some of the methods through which a relationship can grow consist of: spending time together, flirting, doing favors for one another, and asking for support. A clear example of this progression is during the second season when Dr. Cox's ex-wife comes back into his life. Dr. Cox begins to lean on J.D. and share with him personal struggles and his desire to get back together with his former spouse. Both J.D. and Dr. Cox begin to ask each other for help and while it is still not evident that they enjoy each other's company, they do show through non-verbal actions that they appreciate the other person.

Stage Four: Integrating Phase

The integrating phase, stage four, of a relationship is characterized by the members' ability to be open and divulge private details of their work and social life. Viewers can see a development in the relationship between J.D. and Dr. Cox and in the third season would find traits associated with stage four. For instance, Dr. Cox asked J.D. to look after a patient of his but J.D. had other

tasks and patients. Therefore, this left Dr. Cox to do it himself:

Dr. Cox: All right, come on you guys, you all got work to do! Newbie, maybe I wasn't clear enough with you on Miss Bartow over there.

J.D.: Here it comes. I'm incompetent. I'm a girl. I'm a little girl with pigtails that rides a tricycle.

Dr. Cox: No. Well . . . yes, but I am honestly trying to tell you that I don't think I was being clear with you before. In fact, I think I was being a pretty lousy teacher. Look, I think putting one in the "win" column every now and then is what gives us the juice to keep plugging along in games that we know deep down we're not gonna win. And that's why I locked in so intensely to that patient. Because opportunities, they . . . God, they come along so rarely in this place. And when they do, you just can't let them slip through your fingers. You cannot. You know?

In this case Dr. Cox apologized to J.D. and explained why it was so important to care for this patient. He openly admitted being wrong and feeling guilty about the method he

used to teach J.D. a valuable lesson. This dialogue also suggests that Dr. Cox really cared about his patients and that he still gets emotional if he was unable to save them. The integrating phase includes this type of disclosure and being comfortable enough with the relationship to be honest and vulnerable.

During the integrating phase of Knapp's model of relational development, J.D.'s and Dr. Cox's sense of obligation increased towards each other. They were actively participating in the other's lives as well as listening and offering advice. For example, J.D. showed a genuine interest in Dr. Cox's relationship with his ex-wife Jordan. However, when Dr. Cox finally disclosed the condition of his on-going relationship with his former spouse, J.D. was informed of what was really bothering Dr. Cox:

Dr. Cox: Oh, look at that, message from Jordan.

JD: How's it going?

Dr. Cox: Just great. (Throws the beeper away, it hits the ground)

JD: Dr. Cox, we've known each other for over two years . . . Let me in, okay? Help me help you. Help me help you, help me help you--

Dr. Cox: Stop it.

JD: Help me, help you-

Dr. Cox: Fine, Newbie! Let me--let me tell you a little story. It starts every day at 5 in the morning--which is just about the time that you're setting your hair for work--when I am awakened by a sound: Is that a cat being gutted by a fishing knife? Nooo! That's my son. He's hungry and he's got a load in his pants so big that I'm actually considering hiring a stable boy. But, I go ahead and dig in; because I do love the lad and, well gosh, you know me, I'm a giver. And (whistles) I'm off to the hospital, where my cup runneth over with both quality colleagues, such as yourself, and a proverbial clown-car full of sick people. But what the hey, my pay is about the same as guys who break rocks with other rocks and I only have to work three or four hundred hours a week, so, so far I'm a pretty happy camper! And then I head back home where I'm greeted by the faint musk of baby vomit in a house that used to smell like,

well...nothing! Nothing! Nothing! I-I-in fact it used to smell like nothing at all. And all I want to do before I restart this whole glorious cycle is, you know, maybe lay on the couch and have a beer and watch some SportsCenter and, if I'm not too sweaty from the day's labors, stick my hand right down my pants, buuuut apparently that's not in Jordan's definition of "pulling your weight". So, uh, there you are superstar. Fix that.

Cox starts to walk away. JD chases after him.

JD: Well, that's easy! Just tell her about it. Tell her everything you feel.

Dr. Cox: Should I give her every reason to accept that I'm for real?

JD: First of all, no one understands relationships like Billy Joel, okay? "Uptown Girl" got me through high school--long story for another day. Secondly, you don't want to end up like the Randolph's back there, just not saying a word to each other, do you?

(Cox thinks about that, JD starts to get it.)

JD: You wish we were more like the Randolph's
don't you?

Dr. Cox: (smiling blissfully) God save me, I do.
I reeeeeally do!

Although Dr. Cox used sarcastic humor and was insensitive to J.D.'s helpful advice, he was honest and finally opened up about his personal life. It reveals Dr. Cox's level of trust and J.D.'s general interest and concern for his superior's problems. This example demonstrates the progression J.D. and Dr. Cox have made over the course of three seasons. Dr. Cox's confession and J.D.'s commitment are excellent illustrations of the integrating phase.

The Relational Maintenance Tactics of a Superior/Subordinate Relationship

Similar to intimate relationships and friendships, work relationships need to adjust to maintain a strong stability between the two people. Canary and Stafford (1991) explored how people use strategies or tactics to positively affect the commitment, trust, and quality of a relationship. They found that there are five strategies

used by those in a relationship to maintain a positive association. Whether it is a friendship or even a parent-child relationship, Canary and Stafford found that five tactics were dominant: positivity, openness, assurances, social networks, and sharing tasks. In terms of an organizational setting, superiors and subordinates engage in relationship strategies to keep the other person content and maintain a healthy working relationship. Thus, like interpersonal relationships, work relationships experience different relationship phases and can be sustained and enhanced through effective communication tactics.

In considering Canary and Stafford's relational maintenance strategies, J.D and Dr. Cox used maintenance strategies to keep their work relationship in check. While all five tactics were found in the data, the most predominant were positivity and assurance. Of these two strategies, there are both positive and negative effects and consequences.

Positivity is defined by Canary and Stafford as "an effective means of maintaining a relationship because being positive can increase the reward level of the partner" (2003, p. 286). Behaviors such as acting cheerful, being courteous, and refraining from criticism are some tactics

people can use to keep stability in their relationship. In a related study, Bell, Daly, and Gonzalez (1987) found that positivity is similar to their idea that relationship maintenance is achieved through affinity-seeking behaviors. Affinity-seeking behaviors refer to any actions attempted by one person to get another person to like him or her. This consists of conduct such as honesty, physical affection, self-inclusion, and sensitivity. The negative side of positivity includes any actions that are considered anti-social, such as being unsupportive, dishonest, and pessimistic. Anti-social strategies are used in a relationship to limit the level of intimacy or exert control over the other partner.

Assurance as a strategy is used when a person wants to establish that they are faithful, committed, and imply that the relationship has a future (Stafford & Canary, 1991). This tactic shows that the people involved are committed to the relationship in both word and deed. Those in a relationship, engaging in assurance, demonstrate emotional support, trust, and offer help in time of need. More than just words, assurance can also be non-verbal actions such as smiling and animated gestures. Using various actions assures the partner that the person will be there

indefinitely and helps create feelings of security and comfort. On the contrary, people who refuse or neglect to offer assurance to their significant other are "choosing to maintain a low level of commitment" (Canary, Cody, Manusov, 2003, pp. 288-289).

Positivity: The Thing about Honesty

Audiences learn early on in the first season of *Scrubs* that J.D. is an inexperienced and frightened new medical intern. Dr. Cox has been assigned as his resident advisor and is portrayed as a very self-absorbed, uncaring supervisor. For instance, when J.D. was first exposed to a patient refusing treatment, Dr. Cox blatantly explained:

Dr. Cox: So, she doesn't want dialysis?

J.D.: Yeah, what does that mean, I mean . . .

Dr. Cox: Well, if she doesn't want dialysis, then there is no ethical dilemma.

J.D.: But what about our duty as doctors to do everything in our power to help pe--

Dr. Cox: (pretending to cry) 'What about our duty as doctors?' Look. This has nothing to do with the patient- it's all about you. You are afraid of death, and you can't be. You're in medicine, you gotta accept the

fact that everything we do here-everything-
is a stall. We're just trying to keep the
game going; that's it. But, ultimately, it
always ends up the same way.

Dr. Cox: Hope I helped.

More like a mentor than a boss or superior, Dr. Cox told J.D. like it is, in hopes of sparing him from the difficulty of learning the truth on his own. From the very beginning Dr. Cox made it very clear that his responsibility was not to be the intern's friend but rather prepare him for situations he will encounter during his residency at the hospital. It is evident that Dr. Cox was a very stubborn man with a very sarcastic sense of humor. Yet from this example, Dr. Cox seemed to care about J.D.'s career in the healthcare industry and wanted to share his own knowledge about the drawbacks of their job.

As is the case in most jobs, employees are evaluated by their supervisors on their job performance, skill level, and customer/guest service. During their first year, Dr. Cox must evaluate all of the new interns on their bedside manner, knowledge of the material, and ability to get the job done. J.D., who looked up to Dr. Cox, was glad when he thought he was going to get to see what Dr. Cox thought

about him. Unfortunately Dr. Cox had other plans and asked J.D. to fill out his own evaluation; leaving J.D. to believe Dr. Cox did not care about offering J.D. any advice on how he can improve. J.D. finally confronted Dr. Cox:

J.D.: Dr. Cox?

Dr. Cox: It's time. Sit down.

Dr. Cox: Now, what do you want me to say? That you're great? That you're raising the bar for interns everywhere?

J.D.: I'm cool with that.

Dr. Cox: I'm not gonna say that. You're okay ... You might be better than that someday; but right now, all I see is a guy who's so worried about what everybody else thinks of him that he has no real belief in himself.

Dr. Cox: I mean, did you even wonder why I told you to do your own evaluation?

J.D.: I . . . I can't think of a safe answer. I just figured--

Dr. Cox: Clam up! I wanted you to think about yourself--and I mean really think. What are you good at? What do you suck at? And then I wanted you to put it down on paper. And not

so I could see it, and not so anybody else could see it, but so that you could see it. Because, ultimately, you don't have to answer to me, and you don't have to answer to Kelso, you don't even have to answer to your patients, for God's sake! You only have to answer to one guy, Newbie, and that's you!

Dr. Cox: There. You are . . . evaluated.

Dr. Cox: Now get the hell outta my sight. You honest-

to-God get me so angry, I'm afraid I just might hurt myself.

J.D. lacked self-confidence and Dr. Cox's persistent ridicule and judgment forced J.D. to always question himself. By asking Dr. Cox's opinion, the audience members saw that J.D. needed a lot of encouragement and praise. For instance, J.D.'s patient was a perfect candidate for a new treatment study conducted at the hospital but had to get Dr. Cox's approval before he could enroll him. J.D. approached Dr. Cox:

J.D.: So I thought if you looked at Mr. Bober's chart, and--and you agreed with us, you

might be able to, you know, pull some strings, er. . .

J.D.'s Thoughts: And now, here it comes--the calling me a girl's name, the telling me not to waste my time . . .

Dr. Cox: Yeah. I'll be more than glad to help you, there, Charlotte.

J.D.'s Thoughts: I was half right.

J.D.: W-well, th--thank you!

Dr. Cox: Don't ever be afraid to come to me with stuff like that. The simple fact that you actually seem to give a crap is the reason I took an interest in you to begin with. It's why I trust you as a doctor. Hell, it's... it's why I trust you as a person.

J.D.: Are you dying?

Dr. Cox: I've got a new shrink.

J.D.'s Thoughts: Aw, just say it.

J.D.: You know, Dr. Cox, I wanna thank you for this whole year--

Dr. Cox: Oh, no, no, no . . . no.

J.D.: And I just wanna know . . . if I can buy you dinner.

Dr. Cox: (sarcastically) That'd be terrific.

J.D.: Great! I'm off in, like, a half hour--

Dr. Cox: Oh, no. Here, I was led to believe that you were doing a gift certificate kind of thing. But, to sit and eat . . . with you, that's just . . . that's crazy talk! I have half a mind to issue you a drug test. I mean, come on, what'd I sign up for--

J.D.: (to self) Would have been nice.

Sometimes work relationships, like interpersonal relationships experience negative or anti-maintenance tactics used by one or both of the people involved. This includes behaviors opposite of positivity such as sarcasm, lying, and rude or hurtful comments. Superiors use this approach to maintain a balance between supervisor and subordinate as well as to keep it in tact. Dr. Cox was portrayed as using these tactics to put distance between himself and his interns. Using these strategies kept his character in power as well as in position of authority.

In one episode, J.D. diagnosed a rare bacteria in one of Dr. Cox's patients and lab results came back proving J.D. was correct. In an attempt to show J.D. that medicine is more a game of luck, Dr. Cox and J.D. take two patients

with the same symptoms to see who can make the correct diagnosis. After J.D.'s patient died, he confronted Dr. Cox:

J.D.: Hey Dr. Cox. I'm sorry, I was just so frustrated before. So, now, I'm here, why don't you go ahead and tell me what I forgot.

Dr. Cox: Can I? Really?

J.D.: Sure! Hit me.

Dr. Cox: How about, Go to hell, Shakira.

J.D.: What?!

Dr. Cox: What, now that you've decided you're ready to listen, how does it work, huh? You gonna pull a string on my back? Well, step right up and give it a tug. But, I'm warning you, I bet it keeps coming up, "Go to hell, Shakira."

J.D.: Why do you always have to be like that? You know that I try harder than anyone in this place, and you never give me any credit!

Dr. Cox: Now, you listen to me, Newbie. I'm not doing this because I get my jollies off of being your mentor; and I'm damn-sure not

doing it so that years from now I can say,
"Boy, I knew him when." I'm doing it because
if I don't, people would die.

J.D.: Thanks for your help.

Even by the third season, J.D. still relied on Dr. Cox for assistance and to make sure he was correctly treating a difficult patient. Whether or not Dr. Cox used anti-positivity strategies because he did not care for J.D. or because he was trying to teach him a lesson, his character displayed an intimidating attitude.

J.D.: So, Dr. Cox, can you uh, look at her chart?

Dr. Cox: Newbie, did you not see what just happened? Kelso is so far up my ass that I can taste Brylcreem in the back of my throat. And you, you're . . . you're third-year now. Wake up this whole Dr. Cox riding in to the rescue part of the show is over.

Dr. Cox: Oh, you're on your own.

Positivity as a maintenance strategy can be a helpful tool when the couple or people involved use it to improve their relationship. While concepts like honesty and sensitivity are not innovative, they can definitely affect the relationship if they are not present. These examples from *Scrubs* reveal that

work relationships can use these tactics as a teaching device or as a power mechanism to create distance between superiors and their subordinates.

Assurance: Comfort is Costly

In a work setting, such as a hospital, superior/subordinates like a certain amount of security and the feeling that they can count on each other. Trust is a huge component of any relationship and in the healthcare system it plays a key role in assuring the mentor/mentee relationship that the other is committed and supportive. Assurance as a strategy helps maintain relationships by providing confidence and acting as security blanket if or when things go wrong. J.D.'s first day as an intern was filled with difficult patients and complicated tasks. Luckily for him, Dr. Cox was also at a distressed patient's bedside. From day one, Dr. Cox offered J.D. emotional support and guided him through his first intricate procedure.

Dr. Cox: We gotta relieve the pressure in his chest, J.D. do it.

J.D. Thoughts: Oh God, no.

Dr. Cox: Look at me. You can do this.

J.D.'s Thoughts: And I believed him . . .

J.D.: (his voice squeaking) Chest-tube tray.

J.D.'s Thoughts: . . . You know, kinda.

Dr. Cox: Come on, baby, let's go: chop-chop.

J.D.'s Thoughts: You can do this. You have to do
this.

Dr. Cox: J.D. cut him or lose him.

J.D.: Okay, gimme the tube.

J.D.: I can't get it through his thora.

Dr. Cox: Well, don't be gentle, get it in there.

J.D.: Okay, connect it, please, Carla.

Carla: (looking at the monitor) Normal rhythm.

J.D.: (Laughing relieved) No way!

Dr. Cox: Eh? It's a piece of cake.

Dr. Cox: That's your patient.

J.D.: You're leaving?

Dr. Cox: That's your patient, doctor.

Whether it is "tough love" or a desire to make J.D. confident in his abilities as a doctor, Dr. Cox used assurance tactics. His offer to help in a time of need while supporting the frightened and inexperienced J.D indicates trust and a relationship based on emotional support.

While maintenance strategies are used to reinforce the foundation of the relationship, its execution is not always sugar-coated or in a pleasant manner. Dr. Cox's less than

polite personality makes his supportive gestures seem harsh and heartless. Yet his intentions are honorable and in this particular episode, the audience can get a sense of Dr. Cox's real feelings towards J.D.

Dr. Cox: Now, you've got to at least try and pace yourself, Newbie, otherwise sure as shootin' you're going to burn out. Come.

J.D.: (Sigh)

Dr. Cox: Oh, I heard the sad sigh, I see your shoulders are slumped, and I'm aware that you have some whiny-ass problem that you want to talk to me about because you probably think it'd be cathartic to get it the hell off your chest but believe me it won't be. What you've got to do, for me, is the healthy thing. Keep all of your feelings bottled up inside where they "so" belong!

J.D.: My dad flaked on me again.

Dr. Cox: I'm sorry. Um you're not on drugs, are you?

J.D.: What? No!

Dr. Cox: Are you in jail? Have you been beaten?
Are you malnourished?

J.D.: I skipped lunch but I've been snacking all day.

Dr. Cox: You are, in fact, a perfectly healthy twenty-six year-old doctor who keeps crying about how horrible his father was.

J.D.: Well, he did some considerable emotional damage, so. . .

Dr. Cox: Every one of our parents does some considerable emotional damage and from what I've heard it just might be the best part of being a parent. Now, if some guy ever does put a ring on your finger and you're lucky enough to pop out a youngster, I'm sure you'll understand but for now trust me when I tell you that I wouldn't care if today was the first time you ever met your daddy, because in reality, well, he could have done a much, much worse job. Okay?

J.D. was very self-conscious and clearly aware of his need for Dr. Cox's approval. For the most part, J.D. was portrayed as a very optimistic person who wanted to learn from his mistakes and ultimately be the best doctor he could be. Yet his constant struggle to overcome Dr. Cox's

judgment and expectations left him feeling overwhelmed and unappreciated as evidenced here:

J.D.: How the hell did my patient die? I mean, you started Corticosteroids, I started Corticosteroids; you did Plasmapheresis, I did Plasmapheresis; you yelled at Mark the orderly, I yelled at Mark the orderly.

J.D.: Hey Mark.

Orderly: "Hey, Mark!"

J.D.: See? He's pissed!

Dr. Cox: That's because his name is Frank. Now, as far as your patient's concerned, well Newbie, I'm afraid you forgot one very important thing.

J.D.'s Thoughts: For whatever reason, I was finally fed up.

J.D.: You know what, I've been working my ass off here for the last year and a half, and the last thing I need is another one of your condescending, never-ending speeches where you spoon-feed me some giant lesson and call me a girl's name.

Dr. Cox: Well then, have it your way there Carol.

'Cause I'm out.

Dr. Cox: (brushing his hands together, showing they are empty) Good luck everyone!

J.D.: Go ahead, walk away! Because I'm not gonna obsess about this!

Assurance can be the most comforting tactic, offering relationships a sense of stability and loyalty that comes from a deep level of commitment. Trust, emotional support, and offering assistance in a time of need are all ways superior/subordinates can show that they value the work relationship and respect the individual. The aforementioned dialogue displayed strategies such as commitment and support used by J.D and Dr. Cox to build trust in their superior/subordinate relationship.

Openness: Like a Book

Although positivity and assurance were the dominant maintenance tactics used by J.D. and Dr. Cox, the other three strategies were also present. Over the course of three seasons, examples of openness were used, but to a lesser extent to maintain a healthy working relationship. Openness, according to Canary and Stafford (1991), is the capability of the individuals involved to discuss their

feelings about each other, the relationship, and the direction of their involvement. For superiors and subordinates to open up to each other about how they feel illustrates more than a typical work relationship. The balance of power becomes equal if both members are sharing their feelings about the relationship and how they feel. The dynamic is no longer work related but becomes more intimate and interpersonal.

J.D.'s character was very open with how he felt and shared his thoughts to Dr. Cox. J.D.'s views and opinions were apparent through his narration and dialogue. For instance,

J.D.: I can't stop obsessing about his date I have tonight. What do you think I should do?

Dr. Cox: Well, for starters, you should probably go ahead and thank your lucky stars that you finally found a gal who's into same-sex relationships.

J.D.: You know, Perry--

Dr. Cox: Perry?

J.D.: Yeah, I'm trying it out. I find, with the

ladies, if you're clear with your intentions right off the bat, they just fall into place. A.Q?

Dr. Cox: What!?

J.D.: "A.Q." is sort of a new, hip expression, means "Any Questions?"

Dr. Cox: Look, please don't think I'm impressed because you managed to score a sympathy date with whatever homely-looking chick is managing the gift shop nowadays. (Gorgeous gift shop girl walks up to J.D.)

J.D.: Oh, yeah, the word you're looking for is "WOW". And the words I'm looking for are "In your face." (To gift shop girl) Yeah! I'm ready, let's get going.

J.D. (walking away with gift shop girl) P.O.-
Peace out!

Based on this example, J.D. evidently felt comfortable talking to Dr. Cox about work related issues as well as personal problems. He seemingly needed social acceptance and perhaps hoped that by being open with Dr. Cox, he could win him over and get him to like him as an employee as well as a person.

On the other hand, Dr. Cox did not like disclosing personal information and viewed asking for help as a sign of weakness. For instance in one episode, Dr. Cox refused to ask Jordan, his ex-wife, to help him secure a promotion of resident advisor until J.D. urged him to use her position on the board. Dr. Cox was viewed as cold and uncaring when it comes to how people perceive him. He outwardly projected that he did not need acceptance, yet the audience learned over the course of three seasons that J.D. did have an influence on his judgment and attitude. Such as in season two, J.D. was assigned to a patient, Jordan, Dr. Cox's ex-wife, who found out she is pregnant. Jordan swore him to keep the secret that the baby was in fact Dr. Cox's. Yet his own personal desire to become closer to Dr. Cox and build more than just a superior/subordinate relationship with him out weighed the patient/doctor confidentiality and his medical ethics. This was evidenced in the following conversation which took place in the men's room.

J.D.: Hey, Dr. Cox!

Dr. Cox: Still no talking in the bathroom,
Newbie.

Dr. Cox: You know what's weird?

J.D.: That you're allowed to talk?

Dr. Cox: I never blamed Jordan. I was a chief resident, I was here all the time, and I always made damn-sure she knew she came second. But, God almighty, I'm trying harder this time. I just hope I'm doing the right thing, you know?

J.D.'s Thoughts: Who cares if Jordan wants to keep it a secret? Tell him it's his baby! Scream it from the mountains!

J.D.: Dr. Cox! ...

The fact that Dr. Cox finally began sharing personal issues with J.D. showed his need for someone more than an employee. J.D. was someone he had a connection with, someone he had learned to trust that questioned his motives without seeming judgmental or threatening. Openness as a tactic in work relationships is uncommon and demonstrates the uniqueness and personal nature of J.D. and Dr. Cox's relationship.

The last two strategies Canary and Stafford characterize as being used in relationships to maintain the dynamic are social networks and sharing tasks. While these tactics are used more in interpersonal relationships with

couples or friends, there are instances where J.D. and Dr. Cox engage in them.

Social Networks: Friends as Support

A social network is used to reduce uncertainty among partners and reaffirms common social circles and activities. Common friends or associates help confirm previous feelings or notions people have about one another and this was evident in the first three seasons of *Scrubs*. For instance during a golf outing, Dr. Cox and Dr. Kelso began arguing over a patient that needed a procedure but did not have the insurance to pay for it. As J.D. looked on he observed the two philosophies between his mentor and the Chief of Medicine:

Dr. Cox: You know that before medicine ever became a business, the only rule was to do your best to help the patient.

Dr. Kelso: Like it or not, medicine is a business. If the hospital shuts down, who are we helping then?

Dr. Cox: So, what, only people with money deserve medical treatment?

Dr. Kelso: It's about what's best for the hospital.

Dr. Cox: It's about what's best for the patient.

Dr. Kelso: The only reason I go back to the hospital day after day is because I care about those patients--every one of them. (To J.D.) You've got a lot of potential sport; you stick with me, and you're going to be climbing the ladder very quickly. Isn't that what you want?

Dr. Kelso: You have to sink this for the win, Dr. Cox.

Dr. Cox: Hey, Newbie, come here--I almost forgot. I'm gonna get Mrs. Blitt her TIPS procedure tomorrow, with or without insurance; and I want you to help me. Now, tell me Margaret, do you have the stones to sink a putt when you have to?

In this example, J.D. was forced to confront his desire to move up in rank within the hospital hierarchy and his own personal and medical ethics. Social networks help to clear up uncertainties partners may have about each other. The social network made up of his mentor and the Chief of Medicine affirmed J.D.'s ideology and reiterated that it was similar to Dr. Cox's.

Sharing Tasks: Lending a Helping Hand

As for sharing tasks, this tactic is applied when the people in a relationship want to do something for the other person. Sharing in chores or duties illustrates an equal balance between the partners and that the power is evenly distributed. This strategy can also demonstrate how much the people care about each other and to what lengths they are willing to help out or be of assistance. In the first three seasons of *Scrubs* it was apparent this main tactic was implemented between J.D. and Dr. Cox. For example, in one episode:

J.D.: Dr. Cox. I got the sed-rate back on Mr. Yeager. Say how-do to that.

Dr. Cox: All righty. But then I'm back at the hootenanny.

J.D.: See, I noticed he had a rash on his legs, right? And then I realized he's been having jaw claudication, which led me to...

Dr. Cox: Temporal Arteritis. Of course it is. Nurse?

Dr. Cox: Now, Newbie, I'm relatively certain I can handle this. You're off anyway, aren't you?

J.D.: Yeah, whatever. I'm with you.

Dr. Cox: Fair enough. Let's go treat the patient.

J.D.'s Thoughts: I am so on top of things
tonight, it's scary.

Although J.D. had other plans, he was willing to sacrifice his personal agenda to work side by side with Dr. Cox. This example demonstrates that J.D. looked up to Dr. Cox and desired to model his own medical practices to his mentor's. By sharing the work load on this patient, it was evident that both J.D. and Dr. Cox were willing to help each other out and solve the problem together at the sacrifice of their personal lives.

Conclusion

Ultimately the data used from *Scrubs* exemplify Knapp's model of relational development as well as Canary and Stafford's relational maintenance tactics. The data reveal that work relationships are capable of changes and phases similar to that of an intimate association. Furthermore, it is clear that supervisors and subordinates use strategies to sustain and preserve the nature of the relationship. By integrating both models into a work setting, it is evident

that relationships can progress forward beyond a strict and rigid superior/subordinate relationship.

Stage four of Knapp's model suggests that the two people involved with begin to create an identity with each other in this integrating phase. Evidence was shown that their characters were dissimilar yet through disclosure they defined their relationship in a work setting. By divulging personal and private details they grew to understand and accept each other's differences. Towards the end of the third season J.D and Dr. Cox's commitment to each other increased and the tension in their relationship diminished.

Finally of the five tactics defined by Canary and Stafford, two of them were most dominant in this study. There were repeated examples of positivity and assurance in the data suggesting the success of these two strategies. While openness, sharing tasks, and social networks did play a role in sustaining the working relationship, the characters rarely engaged in these tactics. Over the course of three seasons it is abundantly clear that relational maintenance tactics can be applied successfully to a working relationship.

CHAPTER THREE

MENTORS AND DISCLOSURE WITHIN THE WORKPLACE

The value of healthcare depends in part upon the quality of communication within the organization. Similar to any other organization, it is built on human relationships between co-workers, patients, and management. Relationships and associations are formed throughout the organization regardless of hierarchy or occupational position. The success of an organization could prove to hinge on the effectiveness of communication between the supervisor and the employees. When people spend time with each other in a work setting there are many opportunities for communication between superiors and subordinates to be productive or unproductive.

Mentoring versus Supervising

A recent notion of whether supervisors should be mentoring has received some attention, especially within the medical field (Johnson, 2007). The fact is that within clinical settings, interns and supervisors spend a great deal of time together. Thus it seems there is more than just learning happening, but rather encouragement,

coaching, and advising as well. Supervision is defined as "an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered to the client . . . and serving as a gatekeeper of those who are to enter the particular profession" (Bernard & Goodyear, 2004, p. 8). Whereas, Johnson (2002) acknowledged mentoring as "a personal and reciprocal relationship in which a more experienced faculty member (or clinical supervisor) acts as a guide, role model, teacher, and sponsor of a less experienced student (or supervisee). A mentor provides the protégé with knowledge, advice, counsel, challenge, and support in the protégé's pursuit of becoming a full member of a particular profession" (p. 20). By definition, supervision and mentoring are relatively similar, and potentially can be corresponding instead of conflicting.

Research on mentoring has found a need within organizations to increase the regularity and quality of trainee advising (Johnson, 2002; Ponce, Williams, & Allen,

2005). Mentor relationships are "dynamic, emotionally connected, reciprocal relationships in which the faculty member or supervisor shows deliberate and generative concern for the student or trainee beyond mere acquisition of clinical skills" (Johnson, 2003, p. 259). Weil (2001) found that strong mentoring can be so influential to trainees that he referred to the provision of "a mentoring culture and training approach as a moral obligation for departments and training centers" (Johnson, 2007, p. 259). If that is the case, healthcare organizations could benefit from incorporating mentoring into the superior/subordinate relationships already in place.

To Disclose or Not To Disclose

While trust is a large component of mentoring, so is the idea of disclosure between the parties involved. Self-disclosure and intimacy have been equated as having the same meaning of "to make known" and "intermost" (Knapp & Vangelisti, 2000, p. 254). Essentially, self-disclosure is revealing information about oneself to another person. Usually self-disclosure occurs in the early phases of getting to know someone and as the relationship grows and develops, it requires more exposure about oneself. Yet people have been known to disclose very private information

to complete strangers. Self-disclosure can concentrate on "information, perceptions, or feelings; messages may be positive or negative, frequent or infrequent, long or short, accurate or inaccurate reflections of yourself, very intentional or under less conscious control" (Knapp & Vangelisti, 2000, p. 255).

Sharing information allows people to be intimate and strengthens their interpersonal relationship. Mutual disclosure helps those in an interpersonal relationship understand each other better and more deeply. Yet not every relationship will experience the same amounts of disclosure and it is not required that partners disclose equally. It also involves risk and vulnerability since the information being shared is usually personal and private. Self-disclosure is essential to the progression of a relationship. It allows a partnership to grow and build off of what is disclosed by each member.

Notions of trust and commitment are typically established before a person can feel comfortable enough to open up and disclose information they otherwise would not have. According to Knapp and Vangelisti (2000), trust is made up of three primary perceptions: predictability, dependability, and faith. Predictability is the belief that

the partner will act consistently in positive ways toward another; dependability means relying on the partner when it matters most; and faith is the belief that the partner will continue to be receptive and caring in the future.

Divulging too much information can be hazardous to the relationship by forcing intimacy before the relationship is ready for it. The status of a relationship can falter and power can become unbalanced if both members do not contribute information.

It is evident after examining the data that there were two types of disclosure that occurred between J.D. and Dr. Cox. This included work disclosure as well as personal disclosure and each were critical to the growth of their relationship. In this case, revealing information pertaining to work related situations or issues demonstrated the closeness of the relationship. For instance, if Dr. Cox willingly shared some information about his career or a patient, it suggested that he had a high level of respect for J.D. and valued his trust and judgment. As for J.D., his self-disclosure to Dr. Cox, his boss, implied that he trusted him enough to confide while treasuring the advice and knowledge that came with experience.

Although it was not always easy for them to be open and forthcoming with their feelings or perceptions during the first three seasons under investigation, J.D. shared more about his personal life than Dr. Cox. Whether it was to get his mentor to "like" him or because J.D. felt comfortable opening up to Dr. Cox, the data reveals that he divulged more information from the work and personal spectrums of his life than Dr. Cox did. Over the course of three seasons, Dr. Cox finally let J.D. "in" and included him in what was going on in his life outside of the hospital. Yet this disclosure occurred over time and ultimately Dr. Cox had to trust that J.D. would be supportive and would not use the information he shared against him. While both characters did eventually disclose information pertinent to their professional and private lives, this study shows that disclosure was primarily one sided in that J.D. disclosed more than Dr. Cox. This suggests that the power in their relationship was held largely by Dr. Cox. Since J.D. was so forthcoming, Dr. Cox could chose what to do with the information J.D. shared and whether or not he too wanted to disclose. Yet it does imply that J.D. was more trusting of his relationship with Dr. Cox and depended on him as a superior and as a friend.

Unlike many other organizations, employees within the healthcare setting spend an enormous amount of time together. Their relationship relies heavily on the foundation they have built and the ability to trust the other. The hierarchy of power is well established within the healthcare system and the roles of superiors and subordinates are clearly defined. Even with good communication skills, organizations can experience conflict at all levels. Hence it is a must for superior/subordinate relationships to be able to communicate, disclose, and be able to recover from intense situations. Therefore, the need for disclosure within a hospital setting is not only for the good of the institute, but also for the well-being of the patients.

JD: Personal Disclosure

From the very beginning the audience was aware of J.D.'s views and way of thinking through his actions, narration, and inner monologue that accompanies each episode. Disclosure apparently came easy for J.D. and he often told his colleagues and his patients exactly what he thought.

Dr. Cox: 'Sup, Newbie?

J.D.: My mom called and said my favorite high

school teacher just died.

Dr. Cox: Yeah, the correct answer to that question is "Nothing, Sir."

In this example, Dr. Cox was just asking an everyday, rhetorical question, not really expecting J.D. to respond with news of his teacher's passing. Yet J.D. found some kind of solace in informing Dr. Cox of this unfortunate news. While he did not get the kind of response and comfort he was most likely looking for, J.D. continued to include his boss, Dr. Cox, in his personal issues.

J.D.: I'm just a little lonely, you know I guess 'cause I haven't really been hanging out Turk since he's been dating Carla.

Dr. Cox: First of all, who's Turk? And don't answer. Look if you have a medical question for me, I'm forced by hospital policy to answer you. However, if you ask me about a personal problem, I'm going to start doing this. (Flicks J.D.'s ear and walks off).

In this episode J.D. was overwhelmed with work and he could not vent to his best friend, Turk, because he was busy with a new relationship. He confided in Dr. Cox hoping to get some sympathy or advice as to how to deal with the

demands of being an intern at a hospital. Yet Dr. Cox's insensitive attitude was a reflection of his desire to stay in control and keep distance between himself and his employees.

In another instance, J.D. shared with Dr. Cox that a girl he had been seeing broke up with him recently due to the fact that he missed their date. It was only when Dr. Cox brought it to his attention that he realized he sabotaged his own personal relationship to work beside Dr. Cox.

J.D.: Alex dumped me.

Dr. Cox: Aw, you mean the blind girl you've been dating?

J.D.: She's not so blind.

Dr. Cox: Of course she's not. Okay, Newbie, how'd you drop the ball on this one? And don't tell me you cried, or I'm gonna have you banned from the men's room again.

J.D.: Well, I was just so excited about what we were doing here last night, I just forgot about our date.

Dr. Cox: You didn't forget. You kept looking at your watch. I saw you.

Dr. Cox: I just naturally assumed that you were just afraid of missing 'Judging Amy'--it never occurred to me that you were choosing work over being with that sweet little biscuit, you stupid piss-ant.

J.D.: Well, you know what? That--that means a lot coming from you, "Mr. Right Here with Me Two Hours after His Shift, Also . . . And Last Monday Night, Too . . . Guy.

Dr. Cox: What?

J.D.: You heard me.

Dr. Cox: Newbie, what are you saying? That you want to be like me? Do you understand . . . I just barely want to be like me?

Social courtesy dictates that if one discloses, reciprocation will occur. By sharing personal information with Dr. Cox then, J.D. could expect Dr. Cox to, in turn, share intimate and private details. Furthermore, reciprocal disclosure garners trust. Hence by disclosing information, J.D. could hope that it would help Dr. Cox open up to him and together they would build trust and a foundation for an interpersonal relationship. While J.D. disclosed information about his personal life, he ultimately wanted

his relationship with his boss to grow and build into something more than a workplace association.

As an intern, J.D. often had to cover for the residents and do jobs that were tedious and unwanted. For example, a resident asked J.D. to cover for him and give the medical students a lecture on heart murmurs. This new task inconvenienced plans J.D. already made with his father and he shared his feelings with Dr. Cox.

J.D.: That sucks. I totally wanted to spend some time with my dad tomorrow.

Dr. Cox: Then take him?

J.D.: What do you mean?

Dr. Cox: Uh, I don't know, secure a vehicle of some kind--car, balloon, tricycle--and transport your father from wherever he is to where you're going to be.

J.D.: I don't think you really get my dad. He's not interested in my work. He's more like a buddy.

Dr. Cox: Ohh-kay that was my mistake. Here I engaged you and gave you the impression that I actually care which is just wrong! God!

J.D.: The thing is, I don't' really need a buddy.

What I need is a father.

Dr. Cox: Well, you definitely need something. Um, maybe a backbone, or perhaps some testicles. At the very least, a pillow that you could carry around the hospital and just cry your sad eyes out into whenever drama occurs.

(He walks out. J.D. looks at the patient.)

J.D.: I have testicles.

Over the course of three seasons, J.D. attempted several times to let Dr. Cox in, so he could see what his life was like outside of the hospital. J.D. put himself out there, divulging information that was related to both his work and personal life. Although personal disclosure is not required in the workplace, J.D. seemingly felt that divulging private details of his life would help Dr. Cox to respond with advice or personal examples.

JD: Workplace Disclosure

During his first day as an intern, J.D. came to the realization that practicing medicine was difficult and not what he had anticipated. Lacking confidence in his abilities to practice simple procedures, J.D. informed Dr. Cox of his apprehension.

J.D.: Dr. Kelso, he's always telling me, you know,
"You've gotta stay positive!" . . .

Dr. Cox: I'm gonna go ahead and say this just as
carefully as possible so I don't overstate
it: Dr. Kelso is the most evil human being
on the planet. And may, in fact, be Satan,
himself.

J.D.: It's just that, this isn't really what I
expected . . . you know. Most of my patients
are, uh . . . older and sort checked-out,
mentally.

Dr. Cox: Pumpkin, that's modern medicine. Advances
that keep people alive who should have died
a long time ago, back when they lost what
made them people. Now, your job is to stay
sane enough so that when someone does come
in that you actually can help, you're not so
brain-dead that you can't function.

(Noticing J.D.'s facial expressions) For the
love of God, what?!

J.D.: (whispering) It's just that, do you really
think we should be talking about this in
front of . . .

Dr. Cox: Her? She's dead. Write this down newbie:

If you push around a stiff, nobody'll ask you to do anything.

J.D.: (sarcastic) You've been like a father to me.

Dr. Cox: Fair enough, you want some real advice?

If they find out the nurses are doing your procedures for you, your ass'll be kicked outta here so quick, it'll make you're head spin.

J.D.'s Thoughts: (bewildered) And there it is.

Being new, J.D. was scared of making a mistake and killing a patient, therefore he looked to Dr. Cox for some tips or pointers. Instead of being polite and sensitive towards a new employee who was obviously frightened, Dr. Cox appeared uncaring and heartless. While his disclosure did offer some advice and guidance, it was meant to put distance between himself and J.D. From day one Dr. Cox made it abundantly clear that their work relationship was meant to be strictly professionally and any information that was shared was done as part of his job, not because he cared. Dr. Cox was up front with J.D. and explained that medicine is not glamorous and the best way to learn is to jump in

with both feet. Dr. Cox was very abrupt and brash whenever he told J.D. his opinion or delivered upsetting news.

There are several times throughout the first three seasons when J.D. told Dr. Cox that he was out of line or pointed out his flaws and bad characteristics. The hierarchy within an organization prohibits subordinates from speaking out against their superiors and would be considered inappropriate. J.D. needed Dr. Cox to write him a letter of recommendation, but when he asked him, Dr. Cox made him feel worthless and small for asking for help. Yet when Dr. Cox needed to attend a hospital board member reception, he bribed J.D. to accompany him by offering to write his letter of recommendation. In return, J.D. disclosed that Dr. Cox was being irrational and that his pride was harming his career.

J.D.: All you have to do is sign right below where it says, "He makes me proud to be a doctor", and right above where it says, "P.S. He ain't too hard on the eyes, either!"

Dr. Cox: Tell you what, Newbie. This must be a very . . . very proud day for ya.

J.D.: You can't make me feel guilty for asking for help. That's just the way the world works,

okay? And you know what? Most people actually like helping out the people around them.

J.D.: Still, I don't even believe that you think asking for help makes you look weak. I think you don't do it because you're afraid of putting yourself out there. And that's why you're never gonna get anywhere.

This example illustrates that supervisors, like their employees, often need assistance from time to time, not just in the workplace. If there is an understanding of the trust within the relationship, asking for help does not have to be so difficult. Dr. Cox was scared to be seen as vulnerable and depended solely on himself, refusing to rely on others. However, J.D. made him feel secure and constantly reiterated that he cared and would be there no matter what. By expressing this type of assurance and emotional support, it eventually led to Dr. Cox being open and honest with J.D., whom he grew to trust. He learned the benefits of divulging details and disclosed information that was both personal and work related.

As much as J.D. wanted Dr. Cox to be his role model and teach him all he knew about medicine, J.D. had a

breaking point during season two. J.D. wanted to be able to talk to Dr. Cox like he would a friend, sharing his own personal and professional issues. In return he wanted his boss to reciprocate and disclose information he normally refused to share. Yet, Dr. Cox's constant nagging and negative attitude towards him and his work finally got to J.D.

Dr. Cox: If it isn't my favorite career counselor.

You wouldn't happen to have any more tips on how to climb down the ladder, would ya?

J.D.: I've been doing some thinking, about how you're always blaming me for everything, and how you just send a constant stream of crap my way . . . and . . . I decided I need a break.

Dr. Cox: So, what'd you come by to tell me you're a complete wuss?

J.D.: No. I . . . came over here to tell you that I traded with another resident and switched off your service for awhile.

Dr. Cox: Well, tears and hugs, there Katie. But, unless you want to come inside here, and give one of the fellas a lap-dance, I'm afraid I

gotta say Sayonara, 'cause I got twenty guys in here and it's about to get nutty! All the best, baby.

J.D. was compelled to separate from his mentor in order to prove that he did not want to be treated with disrespect. Dr. Cox's behaviors and attitude had a negative effect on J.D. to the point where J.D. no longer wanted to work along side of him. J.D. took a stance against his boss and in the end, Dr. Cox apologized and asked J.D. to come back to work with him. J.D.'s workplace disclosure helped to strengthen his relationship with his boss while demonstrating his values, self esteem, and work ethics.

Dr. Cox: Work Disclosure

Although J.D. disclosed more frequently, perhaps more insightful are the examples when Dr. Cox, as the boss, shared personal details with his staff member. It allowed J.D. to see his mentor as a human being who suffered from the same insecurities and mistakes as everyone else. In addition, it gave J.D. some comfort knowing that Dr. Cox had similar frustrations, problems with women, as well as being affected by a patient's death.

Dr. Cox: You were gonna, what, rescue me from loneliness with a three dollar six-pack of

light beer? It turns out you can't save people from themselves, Newbie. We just treat'em. You treat that kid with a respiratory problem, and when he comes back with cancer, go ahead and treat that too.

J.D.: (sarcastic) Well, thanks for the pick-me-up!

Dr. Cox: Hey! Smokers, drinkers, druggies, fatties, whatever. All I'm saying is that if you keep living and dying on whether or not a person changes, well . . . you're not gonna make it as a doctor, that's all. Now . . . come here and gimme a hug. It's okay. Come here come here.

(J.D. steps towards him)

Dr. Cox: Aw, get outta here! And take this piss-water with you. It's embarrassing to have it here.

In a cold but sincere way, Dr. Cox tried to warn and inform J.D. of the disadvantages of being a doctor. Dr. Cox stated his point very clearly that being a doctor means helping everyone, even the patients who have the least likely chance of a good prognosis. In a way it was meant to

scare J.D. but also kept him realistic about life and death within the hospital.

In one example Dr. Cox had to go before the board of hospital directors to evaluate the interns. He surprised them by praising J.D. and commending him for his hard work and dedication.

Dr. Cox: I would like to make special mention of one intern here: John Dorian. Smart. Smart kid, he's extremely confident, and his enthusiasm--and his determination to always be better--is something I see in him 24 hours a day. He cares. Probably cares too much. But he's definitely somebody you don't want to lose.

Dr. Cox: Now, if you have any questions, uh . . . well, I could give a crap; I'm goin' home. You all get paid way too much for doing nothing, anyway.

While this disclosure was not directly communicated to J.D., it was about him and the audience witnessed for once how Dr. Cox felt about his mentee. Even though his strict demeanor and pessimistic personality was conveyed to J.D. on a regular basis, the viewers were allowed to see a

softer, more honest Dr. Cox. Although this disclosure did little to help strengthen the relationship between the supervisor and subordinate, it did reveal a deeper level of belief and respect Dr. Cox had for J.D.

In one episode, J.D. felt he did everything right but when he went to get Dr. Cox's approval, he found out that his diagnosis was right but his treatment of the patient was anything but excellent.

J.D.'s Thoughts: Ultimately, I always turn to the person I trust the most. Because I know when he looks me in the eye and says I didn't do anything wrong, I'll actually believe it.

Dr. Cox: Yep, looks like you screwed the pooch there, Tinkerbell.

J.D.: But I didn't overmedicate him!

Dr. Cox: Of course you didn't, and I always check your orders after you make them. But if you're wondering whether or not you treated Mr. Simon differently because he's a complete jeer, well . . . I think you know the answer to that one already, don't you?

J.D.: Depends what you mean by different, I--

Dr. Cox: I have to warn you. I just got dumped in front of my ex-wife not ten minutes ago, okay, Betty? It's always easy to treat the nice ones nice, isn't it?

J.D.: Uh huh.

Dr. Cox: But your drug addicts, your child abusers, your garden-variety jerks . . . Man.

(Dr. Cox puts on his rain jacket and pulls it tight around his face.)

J.D.: You know, it's, uh--it's barely misting out . . .

Dr. Cox: It's my hair, if it even gets damp, it frizzes out and becomes wildly unmanageable.

J.D.: (whispering) Mine too!

Dr. Cox: (whispering) It was a joke, you girl.

Dr. Cox: Look it, Newbie, the only way to judge your growth as a doctor--hell, as a human being--is by making sure you don't repeat the same mistakes over and over.

In this case Dr. Cox was not being rude or even impolite to J.D.; he was just trying to make him a better doctor. He gave J.D. valuable wisdom and knowledge about

how not only to care for the illness or disease but to treat the patient as well. In terms of their progression, it was a huge step towards mutual sharing and respect within their jobs.

One of the ways Dr. Cox mentored J.D. was by providing a "father" like figure that told him when he had done something wrong. His disapproval of J.D.'s actions, disappointed and upset him like any parent would be with a child who disobeyed.

Dr. Cox: Hey, Betty. Hey Wilma. Oh, what the hell, you're only forty minutes late. Do I . . . do I smell beer?

J.D.: Uh, we . . . we, uh, we had a few.

Dr. Cox: Newsflash: you can't drink and then come to work--you're not airline pilots!

J.D.: Look, Dr. Cox . . .

Dr. Cox: No, you look! If someone had asked me just this morning, 'Is there any way that I could be less respect for you two geniuses?' I would have said, "No! No, No that's not possible!" But, lo and behold, you went and pulled it off. Congratulations. The only problem is I'm--I'm fresh out of blue

ribbons, so instead, you're gonna have to settle for a lifetime supply of my foot up your ass! Now go home. You're not fit to work tonight.

When J.D. and his friend Turk got called to work to assist with a large accident, it was Dr. Cox who put them in their place for drinking while being on call. He yelled and disciplined them for their bad judgment, while enlightening J.D. and Turk of his discontent for their behavior. Dr. Cox's disclosure made J.D. aware of what was expected of him and what would not be tolerated.

Dr. Cox: Personal Disclosure

While most of Dr. Cox's disclosure was work related, he increasingly disclosed intimate details and personal issues he was facing. For instance, when J.D. advised Dr. Cox to do something good for his career by helping Dr. Kelso out with his physical, it backfired. Dr. Cox was furious with J.D., blaming him for the physical going so poorly. This led Dr. Cox to see his therapist and discuss his current work situation. The viewers received another insight into Dr. Cox's personal life when in season two he attended a counseling session with his therapist.

Dr. Cox: Kelso asked me to give him a physical, I did it, he said "thank you" and told me he owed me one.

Shrink: You actually made a decision that benefited your life personally and professionally?

Dr. Cox: Well, a resident kinda talked me into it.

Shrink: Yeah, come on, you're telling me you took the advice of another human being.

Dr. Cox: (nods)

Shrink: It's a great moment for me.

Dr. Cox: Congratulations.

Shrink: Thank you. And Perry, if there's someone in your life at that hell-hole of a hospital who you actually listen to, you should do everything in your power to keep them around. Because that person is nothing short of a genius.

Dr. Cox was reassured by his therapist that taking J.D.'s advice was a good thing, and in fact he needed to keep confiding in his subordinate. In addition to doing something positive for his career with the hospital, he allowed himself to be counseled by another person and trust

their guidance. It speaks volumes about J.D. and Dr. Cox's relationship and how far it has come over the course of three seasons. The fact that Dr. Cox willingly disclosed information and allowed J.D. to influence his actions and decisions showed he valued the superior/subordinate relationship they developed. An example of J.D.'s impact occurred when he advised Dr. Cox to ask Jordan for help getting a promotion with the hospital. He took a subordinate's suggestion and it worked out in his favor to better his career and his relationship with his former spouse.

During the second season, Dr. Cox's ex-wife, Jordan, returned and while her arrival initiated some drama for Dr. Cox, it ultimately forced Dr. Cox to disclose to J.D. Yet J.D. had his own issues when it came to Jordan. In this example, J.D. lied about sleeping with Dr. Cox's ex-wife to save their relationship. J.D. was aware that his superior still had feelings for his former spouse and knew that telling the truth would jeopardize Dr. Cox's confidence in him.

Dr. Cox: She was never boring.

J.D.: What happened?

Dr. Cox: Eh, you marry somebody just like your mother, and then you remember you hate your mother.

Dr. Cox: You asked her for help, didn't you?

J.D.: Look, I don't think you realize how important you are to some people around here.

J.D.'s Thoughts: I'll always remember that moment as the first "thank you" I got from Dr. Cox.

Dr. Cox: Well, geez, Agnes, does the field hockey team know that you're missing?

J.D.'s Thoughts: It felt good.

Dr. Cox: Although, it did take some stones to be honest.

J.D.: Stick with the truth, and you can't get hurt; it's just always been my philosophy.

Dr. Cox: You didn't sleep with her, did you?

J.D.: God no!

J.D.'s Thoughts: Philosophy is tricky.

Even though J.D. lied, Dr. Cox was open and honest about his past with Jordan and shared with J.D., feelings he would not otherwise have told his ex-wife. He was not coerced into telling J.D. nor was he under any obligation

to fill him in on what had previously happened in their marriage. He consciously made the decision to expose his private and intimate life to his subordinate.

When Dr. Cox found out he was the father of Jordan's unborn baby, he started feeling anything but joy. Even though J.D. knew and tried to warn him, it came as quite a surprise to the macho, stubborn, narcissist boss.

J.D.: I'm sorry I didn't tell you about the whole
"it's your baby" thing.

(Dr. Cox gives him a look)

J.D.: We'll probably talk about that later.

Dr. Cox: You know I'm--I wasn't even mad at
Jordan.

J.D.: No?

Dr. Cox: No, I was scared. In fact, I was freaking
out all day, because I'm quite confident
that I'm gonna be an absolutely horrible
father.

J.D.: You? Come on! You're gonna be a very scary
fath-- I mean a great . . . you're gonna be
a great father. Like last night, when you
totally kicked our asses 'cause we deserved
it? And do you remember that time you told

me I wasn't the worst resident that ever lived?

Dr. Cox: You mean like eight seconds ago?

J.D.: You have no idea how much that meant to me.

Dr. Cox: I said I think you may not be the worst resident ever, but I can't be sure of stuff like that. Come on, I haven't done the appropriate leg work!

J.D.: But, Dr. Cox, you're always there when we need you! I think you have this fathering thing down!

(They walk up to Dr. Kelso lecturing Dr. Reid, pretty harshly)

J.D.: (quietly to Dr. Cox) See, if she was your daughter, you'd totally know how to handle it.

Dr. Cox: My God, you're right.

(He walks over to Kelso and punches him in the nose.)

When Dr. Cox shared his apprehension about being a new father, J.D. was the one to comfort him and assure his boss that everything would be fine. Their superior/subordinate relationship developed and they were finally at a place

where they revealed information that may have made them appear vulnerable or weak. Sharing that he felt scared about caring for and being there for a child was not an easy conversation, especially for someone as closed off as Dr. Cox. Yet he trusted J.D. and knew that his employee would never harass or mock him for something he said in confidence.

Lastly, another illustration of Dr. Cox being honest and unguarded was during a visit by J.D.'s brother, Dan. Dan approached Dr. Cox and informed him that J.D. looked up to him and that he should keep that in mind when he belittled and mocked J.D.'s hope in practicing medicine. It finally registered with Dr. Cox, that his actions, behaviors, and advice influenced the young intern as evidenced in the following dialogue.

Dr. Cox: Well, Mr. Pickles, welcome back.

J.D.: Here we go with this guy again.

Dr. Cox: Yep. Still, it sure is nice to be doing something you love. I wouldn't trade it. How 'bout you?

J.D.: No . . .

Dr. Cox: Don't forget that.

J.D. had been feeling hopeless that medicine was ineffective because his patients were not getting the results to improve their way of life. Dr. Cox tried to restore his faith in the idea of medicine and that their job was to take care of the patients one day at a time. By disclosing his thoughts about the hospital and that he loved his job, it made J.D. feel less frustrated with his lack of progress.

Conclusion

Due to the nature of J.D.'s personality, his most revealing disclosure came from his moments of self-confidence and courage. J.D. was a very open person and often told his co-workers and superiors details of his private life. Yet the audience learned more about J.D.'s character when he was standing up to Dr. Cox. J.D. had low self-esteem so it definitely revealed his character's development. While divulging his personal information was second nature to J.D., disclosing details about work was more difficult for the intern. He always second guessed himself, therefore his ability to confront Dr. Cox when he felt he was right showed strength, courage, and growth.

On the other hand, Dr. Cox was very unlikely to be honest or open about work or personal issues. Rather he made jokes, harassed, or used sarcasm to avoid having to share anything that was private or intimate. By neglecting to disclose, Dr. Cox evaded appearing weak or exposed. Thus, examples of Dr. Cox's disclosure uncovered a softer, more humane side to the relatively strict, cold boss. His ability to open up about his personal life and work-related matters exemplified a great deal of trust and humility.

Overall, J.D. and Dr. Cox disclosed more information about their work and private lives than was asked of them. Through the daily trials and tribulations in the hospital they built a bond and relied on each other to help them through rough times. While there were instances where sharing information meant crossing the line between authority and worker, it ultimately made working together that much easier. Knowing what was going on in each other's lives explained their mood or attitude and the relationship gave them someone in which to vent or depend. Workplace relationships are built upon the same fundamentals as interpersonal relationships are: trust, honesty, and commitment to the other person. J.D. and Dr. Cox were able

to develop their relationship through the use of disclosure
and improve their workplace association.

CHAPTER FOUR

SCRUBBING IN: FINDINGS AND IMPLICATIONS

The data over the course of three seasons has shown that J.D. and Dr. Cox used interpersonal relationship strategies to maintain their organizational relationship. Examples from various episodes gave context to the character's thoughts and feelings, revealing changes in their relationship's development. The findings indicated that interpersonal concepts such as Knapp's model of relational development and Canary and Stafford's relationship maintenance tactics could be applied in the workplace. Furthermore, people in organizational relationships will disclose information about personal and work related issues.

Findings

The data presented in this study supports Knapp's model of relational development by witnessing the progression of these two characters. By the end of season three, J.D. and Dr. Cox progressed into stage four, the integrating phase of Knapp's model. They began sharing personal specifics and started forming an identity as a

working team. Whereas they started out at essentially opposite ends of a continuum, by the end of the third season, Dr. Cox and J.D. gravitated towards the center of these extremes.

The relational maintenance tactics defined by Canary and Stafford are also used through this research. The study shows that there are phases and changes that develop in a working relationship that are comparable to that of an intimate association. Their interactions often demonstrated anti-maintenance tactics in that they avoided strategies that would strengthen their personal relationship. These anti-maintenance strategies prevents the relationship from progressing forward into the next stage of Knapp's model. What is also identified is the use of strategies to protect and intensify the dominance needed to continue an employer/employee dyad.

The dynamics between J.D. and Dr. Cox developed and changed during the first three seasons of the show. The restrictions set in the beginning clearly identified a strict and rigid superior/subordinate relationship. Dr. Cox was seeking to teach J.D. without letting their relationship become personal. As their interactions increased, the fundamentals of interpersonal relationships

strengthened. They proved their commitment to each other and formed a foundation of trust and honesty. This developed as the amount of disclosure between the two increased. By sharing personal information the characters struggled with crossing mentor/mentee boundaries. It was evident though later that they had discovered the benefits of crossing those lines. J.D. and Dr. Cox found an ability to rely on each other whom they found to be trustworthy. The kind of disclosure they used greatly enhanced their working relationship.

It is evident through this discourse analysis that the two characters under investigation, J.D. and Dr. Cox, have very different personalities. Ranging from one extreme to the other J.D. depicted a sweet, gentle, kind hearted person while Dr. Cox was cast as a cruel, callous, heartless supervisor. Due to the nature of their differing personalities, it enhanced the perception of growth in their working relationship. This "protagonist versus antagonist" dynamic further helps create animosity among the characters as well as making J.D. and Dr. Cox identifiable as the stereotypical mean boss or hard working employee. These two ends of the continuum are very unlikely to see eye to eye at first. Yet with time and effort, each

character learned to put faith in the other and the distance between the two diminished. Dr. Cox's extreme behavior was derived from his sarcastic wit and narcissistic demeanor. On the other hand, J.D.'s need for acceptance and approval made him a sensitive, yet vulnerable guy. Comparing J.D.'s excessive openness contradicted Dr. Cox's closed, distant behavior and helped to make the development of their relationship more detectable.

In this working relationship, trust was a significant component and necessary element to progress forward. J.D., as an intern, needed to earn Dr. Cox's respect and prove his worth as a doctor. Through trial and error J.D. and Dr. Cox both learned the benefits of relying on each other. The development of trust between this superior and subordinate lead to a relationship that valued openness and honest communication.

A persistent theme throughout the three seasons revealed that relationships can struggle and even diminish without participation in disclosure. Too much or too little can be harmful and create an imbalance in the amount of power one would have over the other. Dr. Cox often used J.D.'s open disposition to insult, unhinge, and eventually

teach him the fundamentals of being a doctor. However, Dr. Cox's consistent detached persona kept J.D. at a distance, thus complicating the relationship. Towards the end of the third season the two characters found common ground in which to share personal and work related issues.

J.D. often referred to Dr. Cox as his "mentor" despite his boss's constant rejection. From day one he looked upon Dr. Cox as a teacher, someone who could educate him and train him to be an exceptional physician. As time went on, Dr. Cox began to give J.D. advice and useful tips to encourage him in his progression as an intern. The support showed by Dr. Cox illustrated his more personable traits, which helped to ease J.D.'s low self esteem. Their superior/subordinate relationship was more than just a work association, but rather a mentor/mentee relationship where each had something to teach the other. The advantage was that each person matured and grew learning for each other's mistakes.

This study followed the evolution of these two characters over the course of the first three seasons. In the beginning their interactions resembled that of a superior/subordinate relationship. While J.D. tried to get Dr. Cox to like him, their daily routines and conversations

were those of an employer and an employee. Dr. Cox's very stern and strict behavior was a way of teaching J.D. and imparting wisdom upon the new intern. While his tactics were less than friendly, he meant well and did want J.D. to succeed as a doctor. As for J.D. his personal development came from his ability to stand up to Dr. Cox and put his supervisor in his place. This happened several times over the progression of their relationship and the results were often beneficial to both the superior and the subordinate. It taught J.D. confidence and to challenge authority when he felt he was right, while Dr. Cox learned it was okay to be wrong and vulnerable at times. At the end of their relationship Dr. Cox found out that he had something to learn from the novice trainee. J.D. had taught him how to be more open and to talk about things that were bothering him. Both characters found that by disclosing personal and work-related matters they could improve their working relationship.

Over time they grew to respect and value each other's opinions. Through mutual disclosure and honest communication, their relationship developed a new level of trust. The working relationship they shared matured with time, building a strong foundation on which they learned to

depend on each other. Although it was still a superior/subordinate dynamic, the notion of trust in their working relationship created a more intimate feel. Dr. Cox exhibited signs of sensitivity, patience, caring, and sincerity. During the second season his ex-wife came back into his life and together they became parents. He forgave his former spouse for leaving, but more importantly forgave himself for being cold and distant in his relationships with others. As for J.D., he realized what was truly important and made decisions based on his beliefs and values. His character changed and as his self-esteem grew he began to believe in his abilities as a doctor. J.D. and Dr. Cox grew and evolved as people, not just in their professional careers, but in the interactions they had with their patients and loved ones.

Beyond the three seasons explored in this study, the relationship between Dr. Cox and J.D. resembled that of an interpersonal relationship. As J.D. became a resident and started being responsible for his own set of interns, he will most likely realize the headaches and hardship Dr. Cox must have experienced. Furthermore, with a more extensive knowledge about medicine, J.D. and Dr. Cox will begin to most likely disagree and question each other's judgment.

Since they were in the initiating stage of Knapp's model of relational development at the end of season three, the next phase would be bonding. This would be illustrated through personal interactions outside of the workplace such as going for drinks after work, watching a game together, attending important events such as weddings, funerals, and birth of a child. While this stage of bonding will never be achieved by a platonic relationship, this model demonstrates how the work relationship can develop and is no longer solely an association that takes place at the hospital.

The connection between J.D. and Dr. Cox will progress past superior/subordinate and into a relationship that is similar to colleagues. According to Knapp's model they will learn to value each other and choose to work together, socialize together, and see the other person as an equal. However, based on their relational development Dr. Cox will always be seen as mentor to J.D. and continue to advise him on both work and life issues. Following Knapp's model then, the next three seasons should depict the relationship between the two characters as being more intimate. The trust between J.D. and Dr. Cox will be put to the test and

as they become closer the more they will disclose and confide in each other.

Since the relationship between J.D. and Dr. Cox is no longer enforced by the superior/subordinate hierarchy, they will navigate away from using anti-maintenance tactics. J.D. will become a superior to his own group of interns, therefore making the "pecking order" between him and Dr. Cox less obvious. Episodes in the next three seasons might show examples of the characters using more positivity and assurance tactics to maintain the relationship they built. Therefore, there should be more instances where tactics such as emotional support, honesty, and showing a commitment to the other person are being exhibited. It is feasible that J.D. and Dr. Cox might use sharing tasks and openness strategies to continuously grow and mature in their roles as doctors and as people. Given that their working relationship has formed a strong foundation of trust over the first three seasons, J.D. and Dr. Cox can be open about the good and bad in their relationship. In addition because of the nature within the hospital, by requesting the other person's help with a patient or procedure reveals admiration and respect.

Implications

Overall an understanding of relational maintenance tactics could serve as a guideline for people to determine the status of a work relationship. These interpersonal tactics are often used subconsciously by members of the relationship. Relationships will use relational maintenance tactics without identifying them as improvement strategies. If people could identify with J.D.'s openness or Dr. Cox's assurance they might be able to understand tactics being used by their own superiors/subordinates. In addition using maintenance tactics can be helpful in recognizing the progression of a work relationship. This could also be applied to the anti-maintenance tactics being used in the workplace. The negative outcome of anti-maintenance tactics can be very revealing in how the relationship is being viewed by its members. By exhibiting such strategies as positivity, assurance, openness, social networks, and sharing tasks, superior/subordinates can take active steps in advancing their work relationships.

In this study of *Scrubs* it is evident that superior/subordinate relationships use relational maintenance tactics, have phases of development, and engage in personal and work-related disclosure. Work relationships

are similar to romantic couples or friendships in that they experience the same conflicts, accomplishments, and changes. Superiors and subordinates, like J.D. and Dr. Cox can use these concepts to learn, grow, and build a functional, healthy working relationship. The findings suggest that these interpersonal concepts can be applied to a variety of communication fields and forms, such as organizational and mediated communication.

The implications of this study are important to other types of relationships, for instance parasocial relationships. Parasocial relationships, according to Horton and Wohl (1956), are found between television viewers and the characters they watch. This kind of relationship involves the viewer's feelings and reactions toward the characters. While they are based on fictional interaction, parasocial relationships continue long after the viewing period, when audience members perceive characters as close friends they have something in common with. The relationship is obviously not a "real" interpersonal relationship since there is no self-disclosure happening between the viewer and the person on the screen. However, the character may reveal specifics about his or her personal life to the audience and

therefore begin the process of forming an interpersonal relationship.

Rather, parasocial relationships balance interpersonal relationships and are better understood as part of a viewer's social life (Caughey, 1984). Previous studies have been conducted that support the similarity between parasocial and social relationships. Findings showed that audience members judge characters along the same criteria as those they use to judge the people they meet (Perse & Rubin, 1989), and there are similar patterns in the development of social and parasocial relationships (Rubin & McHugh, 1987). Parasocial relationships could further explain why this study is important to the research of organizational communication. By claiming that viewers can establish a relationship with the characters they watch on television, it would make sense then that they would engage in tactics employed by those characters in their own lives.

In addition, George Gerbner's cultivation theory maintains that the more time people spend watching television, the more likely their conceptions of reality will reflect what they see on television. Morgan and Shanahan (1990) argued that "Cultivation research examines the extent to which cumulative exposure to television

contributes to viewers' conceptions of social reality, in ways that reflect the most stable, repetitive, and pervasive patterns of images and ideologies that television presents" (p. 1). Other studies have supported this notion that heavy television viewing is related to altered perceptions of reality (see e.g., Diefenbach & West, 2001; Tyler & Cook, 1984; Weaver & Wakshlag, 1986).

In regards to *Scrubs*, the show cultivated the idea that hospitals are extremely concerned about the patients they administer to and lack disregard for the healthcare system. The characters often treated the person, not the disease or illness and frequently ignored hospital standards because they had become close with the patient. This idea implies that the healthcare system is not a business that makes money, has a budget, and insurance procedures but rather cares more about the people they take care of than the organization itself.

In addition, viewers of *Scrubs* may be under the impression that the healthcare system is comprised of dominantly white, male, narcissistic, successful doctors. That the characters like Dr. Cox and Dr. Kelso only gain respect from their subordinates by harassing, discriminating, and belittling them. Furthermore, the show

implies that superior/subordinate relationships can be intimate and interpersonal if both partners are willing to disclose information and use relational maintenance tactics regardless of their position or status. A hierarchy within the work place is replaced and the power can be shared by supervisors and their employees.

According to cultivation theory, viewers of *Scrubs* would likely believe that this type of co-existing superior/subordinate relationship actually happens within an organization. Audience members may have the notion that they would receive this kind of priority treatment as patients in a hospital. In regards to this theory, *Scrubs* indicates that the most responsible, knowledgeable, and successful doctors will be the white, male doctors. And finally those audience members will perceive the behaviors shown by Dr. Cox towards his interns is not only acceptable but actually helpful in acquiring admiration and respect from his subordinates.

Both parasocial relationships and cultivation theory provide evidence that audience members are influenced by the characters they watch on television. Each theory claims that the more television a person watches, the more likely that person is to change their perceptions of reality.

Applying these concepts to this study would suggest that heavy viewing of *Scrubs* would lead its viewers to believe that the interaction between J.D. and Dr. Cox to be typical of that in an organizational setting. Furthermore, if television shows have the ability to influence their viewers, it would imply that the media has the power to manipulate and impose its ideologies on the public. If that is the case viewers need to pay attention and be consciously aware of what is being insinuated in their favorite television shows. More importantly though, media institutions need to be cautious and mindful of what their media evokes and advocates.

Limitations

Although it is advantageous to organizational communication to be able to use interpersonal concepts, there are several limitations that cannot be overlooked. To begin with, there are structures or hierarchies within the workplace that define the boundaries between the superior and the subordinate. Organizational disclosure does take place but on a more confined spectrum than interpersonal disclosure since it would be insubordinate to criticize a superior's actions. In addition, while it is feasible for workplace relationships to move through the first few

phases of Knapp's model, not all superior/subordinate relationships are going to get to stage four and none will move past this fourth phase. These constraints would restrict a deeper, more intimate relationship in order to maintain the authority power dynamic.

Another limitation is that this study observed the dialogue of two fictional characters. The thoughts and feelings of the characters are a projection of the writer's imagination. The dialogue between the characters was meant to fit into the comedy genre of a television sitcom, not to exactly duplicate a real life workplace relationship. This type of open communication between a superior and subordinate is unlikely and unheard of in organizations. A relationship like J.D. and Dr. Cox's is completely speculative and the probability of this actually taking place in a workplace is uncertain. Yet this program offered numerous situations where the dialogue between J.D. and Dr. Cox demonstrated the basic principles of Canary and Stafford's relational maintenance tactics. Even though the characters had extreme personality traits, it helped to illustrate the strategies used between a superior and a subordinate. While the dialogue between J.D. and Dr. Cox is

purely fictional, it is not so implausible that the audience cannot relate to it.

A further limitation to this study is the notion that because it is a scripted television show these characters did not have any choice when disclosing information. Interpersonal relationships mature over time and disclosure increases when the two members feel there is a significant amount of trust in their relationship. It is a decision each person makes and it is up to them as to how much or at what point to reveal intimate and private details. The characters are scripted to be forthcoming or private with their disclosure based on the episode's plot, not the characters' decisions. J.D. and Dr. Cox's relationship is a product of the media which is sold to the masses and a profit is made. The interactions are artificial between the characters and the people behind *Scrubs* created situations that would prove to be the best for them financially. People in actual superior/subordinate relationships choose what is appropriate to share or whether to reciprocate once the other person has confided in them. Nevertheless, the script portrayed a relationship that dealt with daily trials and tribulations, causing the members to develop and grow. The writers needed to depict characters that

disclosed and depended on each other otherwise they would not appear genuine or have any depth.

In addition, Knapp's model of relational development is a limitation in itself because this model has never been supported with empirical research. While the stages of a relationship have been studied and there is much research to support the idea that interpersonal relationships travel through various phases, Knapp's model lacks scientific evidence that it in fact is viable. There is no scientific instrument to measure the phases of this model and therefore Knapp's stages have yet to be validated. Still, the relational development model has been used by researchers to show the progression or digression within relationships and is still being utilized to explore the connection between two people.

Knapp's model also presents another constraint on this study because the model is intended for romantic partners and not for friendships or working relationships. Since J.D. and Dr. Cox have a superior/subordinate relationship, they can never advance past the fourth stage to the fifth phase, bonding. Bonding is only reached once the two partners make a public showing or are committed in some sort of ceremony. Therefore since the characters cannot

progress past the phase of integrating, the use of this model is restricted in its development and may have been a poor interpersonal communication model to show the growth of working relationship.

The characters' sex may also be considered a limitation to the findings presented in this study. The fact that both individuals were white, heterosexual males could suggest that their demeanors and personalities are more similar and reflect their upbringing and culture. Therefore, the findings could not be generalized to all working relationships. Yet this study is significant because it applied an interpersonal communication concept to an organizational setting. While it is a mediated relationship between two men, it presents interesting perspectives on an untapped area within communication that scholars still have a lot to learn from.

Furthermore the text itself is a limitation to this study. The use of only three seasons limits the number of examples and explores only a small portion of the relationship between a superior and subordinate. This study does not address what happens to the relationship between Dr. Cox and J.D. after Season Three, it merely offers a glimpse at how their relationship evolved. Later seasons

could demonstrate deterioration in their relationship and an unraveling in growth. Examples from *Scrubs* were often nothing more than a short conversation or a quick quip shared between the employer and employee. Still, the data provided numerous illustrations of a valid televised superior/subordinate relationship that developed and progressed over time. It is important to use this study as a stepping stone from which to base future research on organizational communication.

Finally another restriction to this study was the fact that the relationship observed was on a television series and not in a work setting. Main characters cannot be written off the show for disrespecting a superior or being critical of their employer's actions. Yet this type of behavior could be grounds for dismissal in any modern day organization. The half hour episodes, once a week present a glimpse at the relationship between J.D. and Dr. Cox. Once the camera turned off, that is where the relationship ends. There is no way of interviewing these characters to find out why they were so obliging in their disclosures or what caused them to postpone being open until season two or later.

However since the writer's scripted the characters and use relational maintenance tactics (whether intentional or not), the end result is that their work relationship resembled one of a real-life setting. Furthermore, because this fictional pair is relatable to the audience, viewers can identify with their own work relationships. Hence if the audience can relate to it, then there must be some justification in using interpersonal concepts in organizational communication research when it is in a mediated format.

Despite these limitations, the findings from this study show potential when using interpersonal communication concepts in an organizational setting. It breaks down the superior/subordinate relationship into its basic form, an interaction between two people. The data highlights conversations and dialogue that demonstrates relationship maintenance tactics and disclosure being used to advance the relationship. The findings exemplify the maturity of Dr. Cox and J.D.'s relationship and reveal that relationships within an organization experience various stages of development. In light of these limitations, this study offers substantial evidence that mediated superior/subordinate relationships are similar to

interpersonal relationships and that scholars have the ability to learn a lot about organizational relationships by studying those found in fictional settings.

Future Research

Organizational communication would benefit from further studies observing interpersonal concepts within the media. Researchers should study the development of these tactics and self-disclosure within a drama series or another genre on television. It would seem valuable to organizational communication if these models were identified in various forms of media. If further studies show that these interpersonal concepts are being used across multiple media, then it might suggest that viewers are implementing these notions into their workplace.

Another outlet for conducting research in organizations is to consider that personality may influence the tactics used by superiors and subordinates. In *Scrubs*, J.D. and Dr. Cox primarily used positivity and assurance to sustain and balance their work relationship. Openness, sharing tasks, and social networks could be applied more in work relationships where the superior's and subordinate's personalities are more alike than different. Further, research on this topic may show that personality traits may

lead to different dominant tactics used by superiors and subordinates.

In addition, more research should be conducted that explores the relationship between work relationships in the media to real life work relationships.

Superiors/subordinate interactions should be addressed as interpersonal relationships and considered dialogue between two people, not just as employer/employee. Research should take into consideration the amount of time spent at work and more studies should be conducted to observe and document how trust is formed and maintained. Understanding what makes superior/subordinate relationships successful could establish better working conditions. It could be significant if scholars could evidence similar patterns between the two relationships. If, by chance, organizations are using interpersonal strategies to maintain their superior/subordinate relationships, it could be directly related to a relationship the employee perceived on television. This may suggest that the media and/or organizations are influencing one another and could have some impact on the audience members. It would also be useful to interpersonal communication scholars if workplace relationships could benefit from disclosure and relational

maintenance tactics. Besides intimate relationships and friendships, this would open up a new venue for scholars to study the progression of relationships between two people who work together. Ultimately new research should strive to enhance the communication in the workforce by improving workplace relationships in hopes that the outcome is satisfied employees, better productivity and financial gain. Hence, there is an overwhelming need to combine interpersonal models with organizational communication research.

REFERENCES

- Adler, R. B., Proctor II, R. F., & Towne, N. (2005).
Looking out/Looking in. Belmont, CA: Thomson
Wadsworth.
- Allen, M. W. (1992). Communication and organizational
commitment: Perceived organizational support as a
mediating factor. *Communication Quarterly*, 40, 357-
367.
- Anderson, C. M., & Martin, M. M. (1995). Why employees
speak to coworkers and bosses: Motives, gender, and
organizational satisfaction. *Journal of Business
Communication*, 32, 249-265.
- Bandura, A., & Walters, R. H. (1963). *Social Learning &
Personality Development*. New York, NY: Holt, Rinehart
& Winston, Inc.
- Baxter, L. A. (2004). A tale of two voices: Relational
dialectics theory. *The Journal of Family
Communication*, 4, 181-192.
- Baxter, L. A., & Goldsmith, D. (1990). Cultural terms for
communication events among some American high school
adolescents. *Western Journal of Speech Communication*,
54, 377-394.

- Baxter, L. A., & West, L. (2003). Couple perceptions of their similarities and differences: A dialectical perspective. *Journal of Social and Personal Relationships, 20*, 491-514.
- Bell, R. A., Daly, J. A., & Gonzalez, C. (1987). Affinity maintenance in marriage and its relationship to women's marital satisfaction. *Journal of Marriage and the Family, 49*, 445-454.
- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston: Allyn & Bacon.
- Billingsley, J. (2005, December 16). *Doc-to-doc 'hand-offs' impact patient safety*. Retrieved November 16, 2006 from <http://health.msn.com/healthnews/articlepage.aspx?cp-documentid=100120808>
- Brew, F. P., & Cairns, D. R. (2004). Styles of managing interpersonal workplace conflict in relation to status and face concern: A study with Anglos and Chinese. *International Journal of Conflict Management, 15*(1), 1044-4068.
- Bruins, J., Ellemers, N., & De Gilder, D. (1999). Power use and differential competence as determinants of subordinates' evaluative and behavioral responses in

- simulated organizations. *European Journal of Social Psychology*, 29, 843-870.
- Canary, D. J., Cody, M. J., & Manusov, V. L. (2003). *Interpersonal communication: A goals-based approach* (3rd ed.). Boston: Bedford/St. Martin's
- Caughey, J. (1984). *Imaginary social worlds: A cultural approach*. Lincoln: University of Nebraska Press.
- Chi, S. C., & Lo, H. H. (2003). Taiwanese employees' justice perceptions of co-workers' punitive events. *The Journal of Social Psychology*, 143, 27-42.
- Chiu, S. F., & Chen, H. L. (2005). Relationship between job characteristics and organizational citizenship behavior: The mediational role of job satisfaction. *Social Behavior & Personality: An International Journal*, 33, 523-539.
- Cozby, P. C. (1973). Self-disclosure: A literature review. *Psychological Bulletin*, 79, 73-91.
- Diefenbach, D. L., & West, M. D. (2001). Violent crime and Poisson regression: A measure and a method for cultivation analysis. *Journal of Broadcasting and Electronic Media*, 45, 432-445.

- DiMarco, N. (1975). Life style, work group structure, compatibility, and job satisfaction. *Academy of Management Journal*, 18, 313-322.
- Downs, V. C. (1985). Interaction involvement as a predictor of perceived social style: An empirical test of dialogic communication assumptions. *Communication Research Reports*, 2, 62-67.
- Dunbar, N. E. (2004). Dyadic power theory: Constructing a communication-based theory of relational power. *The Journal of Family Communication*, 4, 235-248.
- Ellemers, N., Van Rijswijk, W., Bruins, J., & De Gilder, D. (1998). Group commitment as a moderator of attributional and behavioral responses to power use. *European Journal of Social Psychology*, 28, 555-573.
- Etzioni, A. (1964). *Modern Organizations*. Englewood Cliffs, NJ: Prentice-Hall.
- Fiske, J. (1986). Television: Polysemy and popularity. *Critical Studies in Mass Communication*, 3, 391-408.
- Fiske, J. (1991). Methodological preface [to "The discourse of tv quiz shows, or school + luck = success + sex"]. In L. Vande Berg & L. Wenner (Eds.), *Television criticism: Approaches and applications* (pp 445-447). White Plains, NY: Longman.

- Fiske, J. (1994). *Media matters: Everyday culture and political change*. Minneapolis: University of Minnesota Press.
- Greene, C. N. (1972). Relationships among role accuracy, compliance, performance evaluation, and satisfaction within managerial dyads. *Academy of Management Journal, 15*, 205-215.
- Goodman, S. B. (2006). Autonomy and guidance in doctoral advisement relationships: A dialectical study. *The Humanistic Psychologist, 34*, 201-222.
- Harris, K. J., & Kacmar, K. M. (2005). Easing the strain: The buffer role of supervisors in the perceptions of politics--strain relationship. *Journal of Occupational & Organizational Psychology, 78*, 337-354.
- Horton, D., & Wohl, R. R. (1956). Mass communication and para-social interaction. *Psychiatry, 19*, 215-229.
- Hundley, H. L. (1995). The naturalization of beer in Cheers. *Journal of Broadcasting & Electronic Media, 39*, 350-359.
- Infante, D. A., & Gorden, W. I. (1979). Subordinate and superior perceptions of self and one another: Relations, accuracy, and reciprocity of liking. *Western Journal of Speech Communication, 43*, 212-223.

- Johnson, W. B. (2002). The intentional mentor: Strategies and guidelines for the practice of mentoring. *Professional Psychology: Research and Practice, 33*, 88-96.
- Johnson, W. B. (2003). A framework for conceptualizing competence to mentor. *Ethics and Behavior, 13*, 127-151.
- Johnson, W. B. (2007). Transformational supervision: When supervisors mentor. *Professional Psychology: Research and Practice, 38*, 259-267.
- Jourard, S. M. & Lasakow, P. (1958). Some factors of self-disclosure. *Journal of Abnormal and Social Psychology, 56*, 91-98.
- Judy, R. W., D'Amico, C., & Geipel, G. L. (1997). *Workforce 2020: Work and workers in the 21st century*. Washington, DC: Hudson Institute.
- Kaplan, S. J., & Baxter, L. A. (1982). Antisocial and prosocial behavior on prime-time TV. *Journalism Quarterly, 59*, 478-482.
- Kay, B., & Christophel, D. M. (1995). The relationships among manager communication openness, nonverbal

- immediacy, and subordinate motivation. *Communication Research Reports*, 12, 200-205.
- Knapp, M. L., & Vangelisti, A. L. (2000). *Interpersonal communication and human relationships* (4th ed.). Needham Heights, MA: Allyn & Bacon.
- Koermer, C., Goldstein, M., & Fortson, D. (1993). How supervisors communicatively convey immediacy to subordinates: An exploratory qualitative investigation. *Communication Quarterly*, 41, 269-281.
- Lee, J. (1998). Effective maintenance communication in superior-subordinate relationships. *Western Journal of Communication*, 62, 181-208.
- Lee, J. (1998). Maintenance communication in superior-subordinate relationships: An exploratory investigation of group social context and the "Pelz Effect". *Southern Communication Journal*, 63, 144-159.
- Morgan, M., & Shanahan, J. (1990). Adolescents, families and television in five countries. *Journal of Personality and Social Psychology*, 43, 1-24.
- Nielsen reports Americans watch TV at record levels. (2005, September 29). Retrieved November 26, 2005, from <http://www.nielsenmedia.com/newsreleases/2005/AvgHoursMinutes92905.pdf>

- Omarzu, J. (2000). A disclosure decision model: Determining how and when individuals will self-disclose. *Personality and Social Psychological Review*, 4, 174-185.
- Pallarito, K. (2006, May 5). *Nurses give surgeons poor grades on teamwork in OR*. Retrieved November 16, 2006, from <http://health.msn.com/healthnews/articlepage.aspx?cp-documentid=100135472>
- Perse, E. M., & Rubin, R. B. (1989). Attribution in social and parasocial relationships. *Communication Research*, 16(1), 59-77.
- Reinberg, S. (2006, September 20). *U.S. health-care system scores a D for Quality*. Retrieved November 16, 2006, from <http://www.healthday.com/view.cfm?id=535048>
- Rubin, R. B., & McHugh, M. P. (1987). Development of parasocial interaction relationships. *Journal of Broadcasting and Electronic Media*, 31, 279-292.
- Ponce, A. N., Williams, M. K., & Allen, G. J. (2005). Toward promoting generative cultures of intentional mentoring within academic settings. *Journal of Clinical Psychology*, 61, 1159-1163.
- Scrubs* (n.d.). Retrieved November 16, 2006, from <http://www.nbc.com/Scrubs/about>

Scrubs (n.d.). Retrieved November 16, 2006, from <http://www.scrubs-tv.com>

Sias, P. M., & Jablin, F. M. (1995). Differential superior-subordinate relations, perceptions of fairness, and coworker communication. *Human Communication Research*, 22, 5-38.

Simon, E. P., & Baxter, L. A. (1993). Attachment-style differences in relationship maintenance strategies. *Western Journal of Communication*, 57, 416-430.

Tam, S. Y., Dozier, D. M., Lauzen, M. M., & Real, M. R. (1995). The impact of superior-subordinate gender on the career advancement of public relations practitioners. *Journal of Public Relations Research*, 7, 259-272.

The Humanitas Prize, 30-Minute Winners. (2002). Retrieved on November 16, 2006, from <http://www.humanitasprize.org/winners30m.htm>

Tyler, T., & Cook, F. (1984). The mass media and judgments of risk: Distinguishing impact on personal and societal level judgments. *Journal of Personality and Social Psychology*, 47, 693-708.

Vande Berg, L., & Trujillo, N. (1989). *Organizational life on television*. Norwood, NJ: Ablex.

- Vande Berg, L. R., Wenner, L. A., & Gronbeck, B. E. (1998). *Critical approaches to television*. Boston, MA: Houghton Mifflin Company.
- Waldron, V. R. (1991). Achieving communication goals in superior-subordinate relationships: The multi-functionality of upward maintenance tactics. *Communication Monographs*, 58, 289-306.
- Weaver, J., & Wakshlag, J. (1986). Perceived vulnerability to crime, criminal victimization experience, and television viewing. *Journal of Broadcasting and Electronic Media*, 30, 141-158.
- Weisman, J. (2006). Genre jumping pays off [Electronic version]. *Variety*. Retrieved October 19, 2007, from http://www.variety.com/awardcentral_article/VR1117936723.html?nav=news&categoryid=1985&cs=1