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Violence at Work: Westside Health Systems

Maryanne Walker arrived at work relaxed and refreshed from her two-week vacation in Florida. Maryanne was director of pharmacy services at Westside Health Systems, and the first item on her calendar was a regularly scheduled total quality management meeting with the four supervisors who directly report to her. During the meeting, routine business matters and normal progress reports on projects were covered. However, Maryanne was very disturbed by what occurred at the close of the meeting.

Rhonda Carter reported that one pharmacy technician, Susan Miller, had allegedly assaulted another, Brenda Lawson, in the receiving area of the main hospital pharmacy. Neither of the technicians reported the incident, there were no witnesses, and Rhonda learned of the altercation from another employee. Maryanne stressed her desire to be kept informed on all matters and her complete confidence in an open communication system on which total quality management was based. Maryanne asked Rhonda why she did not view the event as important enough to contact her during her vacation. Rhonda reported that the episode did not occur during her vacation but six weeks earlier. Maryanne was perplexed to find that an incident occurred six weeks ago, but was only now being brought to her attention.

Maryanne had dealt with problems of job performance but had never faced personnel problems unrelated to performance. It never occurred to her that physical fighting would be a problem in a pharmacy whose work force was predominately women. Upon returning to the office, Maryanne received the following memo from her supervisor, Nancy Smith:

"While you were away, I was made aware that Susan Miller grabbed Brenda Lawson by the shoulders, shoved her against a partition, and perhaps drew her fist back as if to hit her. I suggest that you do further research into this matter. Dependent upon the outcome of the investigation, the appropriate responses could range from ignoring the incident as hearsay or gossip to termination. This is not the way I would wish for your week to start but I really need to talk to you as soon as possible."

As Maryanne's boss had already learned of the incident, some action must be taken.

BACKGROUND

Westside Health Systems was a private, nonprofit health care system located in Chicago. The system consisted of a 150-bed hospital, an 80-bed nursing home, and five "minor emergency" clinics. Although Westside was nonunion, many of the hospital's personnel practices and policies were similar to those found in unionized settings.

Maryanne directed pharmacy services that included the main pharmacy located in the hospital, a pharmacy at the nursing home, and four satellite pharmacies. There were 35 employees in pharmacy services (14 pharmacists [10 full-time and 4 part-time], 18 technicians, 2 secretaries, and 1 records clerk). In addition to Maryanne, there were four other supervisors in pharmacy services: an operations supervisor, an inventory supervisor, an administrative supervisor, and a supervisor of sterile products and chemotherapy. All of the supervisors, except the operations supervisor, were female.

Both of the employees (Susan and Brenda) involved in the altercation were pharmacy technicians. Of the 18 pharmacy technicians, 11 (60 percent) were women. While licensed

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pharmacists were required by law to fill prescriptions, pharmacy technicians did most of the routine work. At first, Susan worked as a technician in the main pharmacy where technicians accepted orders from the nursing floors. Pharmacists checked the orders for harmful drug interactions and passed the prescriptions to the technicians to fill. The technicians printed out a label, filled the prescription, and returned the orders to the pharmacist to check for accuracy, such as the correct drug or dosage. The technicians delivered the medication to the floor nurse or placed the drugs on a cart for delivery. The work was continuous and very fast-paced. However, pharmacy technician jobs were seen as very desirable since the starting pay was over \$9.00 per hour and did not require extensive education. Due to the unrelenting work pace and stress, and perhaps the unfulfilling nature of the job, the turnover rate among technicians was 50 percent.

Brenda worked in receiving, and Susan was later transferred to receiving. Rhonda was the inventory supervisor to whom Brenda and Susan directly reported. In receiving, deliveries were accepted, orders were processed after receipt from the manufacturers, shipping documents were checked for accuracy, and drugs were tracked in inventory for expiration dates and placed in storage for inventory. Drugs were delivered in bulk from manufacturers, and technicians repacked them into unit doses. The work pace in receiving was much less hectic than in the main pharmacy.

Maryanne had been the director of pharmacy services for two years, and this was her first management position. She was trained as a clinical pharmacist, and her educational background included an AA in liberal arts, a BA in sociology, a bachelor of pharmacy, and a pharmacy doctorate. In addition, Maryanne had been a clinical pharmacist and associate director of pharmacy services for two years at another hospital and a staff pharmacist for six years. Maryanne earned the reputation throughout Westside as a good boss. However, none of her pharmacy education or training prepared her to face this dilemma.

THE INCIDENT

Following the total quality management meeting, Maryanne initiated an investigation of the incident between Susan and Brenda. Maryanne interviewed the supervisor, Rhonda, and both Susan and Brenda. Maryanne also gathered all the pertinent policies from human resources management such as the Standards of Behavior and for Corrective Action (see Exhibits 5.2 and 5.3). Maryanne kept copious notes and recorded the following interviews.

INTERVIEW WITH RHONDA, INVENTORY SUPERVISOR

"On October 20, the day of the altercation, Susan and Brenda were working alone in the receiving department of the pharmacy. Brenda was training Susan to operate the packing equipment that repacks bulk drugs into unit doses.

"Susan was 28 years old, had been at Westside for one year, and was somewhat of a 'misfit.' Although her job performance was fine, her attitude caused problems. Susan worked hard to complete her assignments on time and was extremely organized. Although Susan was articulate and her written communication skills were excellent, she seemed to have difficulty dealing with ambiguity. For example, two technicians showed Susan two different ways to do a task. Susan did not seem to understand how the same job could be done two different ways. She voiced her aggravation by calling both the job and the people doing it stupid. She huffed, puffed, and shoved things around, and she always seemed to be angry. As a result, she was not as careful as she should have been and injured herself twice.

"Susan seemed obsessed with organization. If things were not organized just the way she thought they should be, she became frustrated. There were a few times when she returned to work a few hours after her scheduled shift to work on organizing things, such as our filing

EXHIBIT 5.2 *Standards of Behavior Policies*

The following are types of behavior that could result in disciplinary action up to and including dismissal. This list is not all inclusive.

1. Falsification or omission of facts on applications for employment or any Westside Health System records.
2. Giving out information of a confidential nature to unauthorized persons.
3. Altering work records or time cards.
4. Falsifying work records or time cards of another employee.
5. Insubordination or refusal to perform a work shift or job assigned.
6. Failure to perform work or assigned jobs.
7. Reporting to work unfit to assume assigned duties.
8. The sale, purchase, transfer, use or possession of illegal drugs, or the misuse of prescription, over-the-counter drugs or alcohol, and/or working under the influence of such.
9. Possession or use of firearms, weapons, or explosives on the premises without authorization.
10. Unauthorized removal of Health System property, property of other employees, patients, or visitors from the premises.
11. Theft of services (i.e., telephone, parking).
12. Abuse, mistreatment, or improper care of patients.
13. Fighting or attempting to injure another person on the premises.
14. Conducting or participating in unlawful games of chance on the premises.
15. Making statements of a defamatory nature about other employees, patients, or the company.
16. Violation of the solicitation policy.
17. Sleeping on the job.
18. Excessive absenteeism.
19. Altering the work shift without authorization.
20. Failure to report absences in accordance with established procedure.
21. Unsatisfactory job performance.
22. Use of threatening or abusive language towards patients, visitors, or other employees.
23. Violation of policies and procedures.

system, emergency boxes, or narcotic forms. Sometimes she came in on her days off to reorganize the work area. Because this caused problems for the other employees, I formally warned her about working unauthorized overtime and asked her to stop coming in at unauthorized times. One Sunday afternoon, Susan made some changes to the inventory control computer program. She thought that she was making it better, but it took the management information systems department three days to fix the program.

“Susan was moved to receiving from the main pharmacy. The sterile products and chemotherapy supervisor requested the move because Susan had difficulty handling the fast-paced work and the pressure to make no mistakes. Last year, there was an incident when Susan lost her temper, yelled at another employee, threw a pencil across the room, and then ran out of the pharmacy. Later, her supervisor found her curled up in ball, on the couch in the hallway leading to the main entrance of the pharmacy. Susan blamed her actions on the stress of the job and had been diagnosed as suffering from clinical depression. She took both Prozac and Klonopin, and she was in counseling for her depression. Those antidepressant drugs have

EXHIBIT 5.3 *Corrective Action Policies*

In order to provide continuous and efficient operation and to maintain acceptable employee behavior, the Health System has developed a system of corrective action to promote these goals. The system provides the employee with the opportunity to correct behavior when minor violations have occurred. Minor violations may result in verbal or written reprimand. Serious or repeated violations may result in written reprimand or suspension. Repeated violations which were not corrected previously, or more serious violations, may result in termination.

The system of corrective action is not necessarily a progressive one. The corrective action may vary depending on the nature, frequency, and gravity of the offense and on the employee's past record. The Health System reserves the right to discharge an employee without prior warning when such action is considered to be in the best interest of the System.

The corrective actions consist of: verbal counseling, written counseling, written reprimand, special review, suspension, and dismissal.

Verbal Counseling

Verbal counseling is an initial discussion between the employee and department management to address a performance deficiency or disciplinary problem of a minor degree of seriousness.

Written Counseling

Written counseling is a written record of a discussion between an employee and department management to address minor performance or disciplinary offenses that have persisted despite verbal counseling or as an initial corrective measure for more serious offenses. The written counseling is also used to raise an employee's awareness of performance deficiencies.

Written Reprimand

A written reprimand is a strong, written expression of management's disapproval concerning an employee's conduct or performance. It is intended to address serious disciplinary problems or repeated minor offenses.

Special Review

A special review is a period of time, usually 60 days, for close monitoring of an employee's conduct and performance, with opportunities for interaction with management to discuss problems, and assist the employee to overcome deficiencies. Repeated substandard performance, violations of rules and regulations, or a return to work following a disciplinary suspension are situations that warrant special review. During this period, the employee is ineligible to bid on open positions or receive a wage or salary increase. At the end of the special review period, an employee may be returned to regular status if the problem is corrected, have the special review extended, or be dismissed if the deficiencies have not been corrected.

Suspension

Suspension is a management-imposed absence from work without pay following a serious or repeated violation. Suspended employees are ineligible to bid on open positions or to receive wage or salary increases.

Dismissal

Dismissal is a management-imposed and authorized separation from employment at the company.

All forms of written corrective action are placed in the employee's personnel file. The signing of the approved record of employee conference form indicates only that the document has been read. An employee has the right to comment on the form. An eligible employee who disagrees with a written corrective action may access the formal grievance procedure.

side effects such as erratic behavior. In fact, some of the other employees were really afraid of Susan because of her severe mood swings.

“Actually, Susan was overqualified for this job. The mental challenges of pharmacy technician underutilized her abilities. No wonder she was frustrated. I recall that Susan was hired during a period of high turnover and turmoil in the pharmacy. Her boyfriend worked here as a computer programmer in management information systems. He talked to me incessantly about Susan and her qualifications. Every day, he asked me if there were any openings. He told me that Susan was a displaced worker who had been reengineered out of her job as an assistant curator at a museum. Susan had a BA in archeology from the University of New Mexico and had done some graduate work. She had also completed the three-month pharmacy technician certification program at the community college. Perhaps we did not do as thorough a background check on Susan as we normally do. Quite frankly, we had not had many college graduates apply for these positions. Because of Susan’s education and background, we thought she would have no problems handling the job. Later, there were rumors that reengineering was not the real cause of Susan’s job loss at the museum. Some speculated that Susan was asked to leave the museum after a series of threatening confrontations with other employees on a dinosaur dig in Utah.

“Brenda was a pharmacy technician employed at Westside for 18 months and trained on the job. She was a 25-year-old high school graduate. Her previous work experience consisted of clerical jobs such as store sales clerk and cashier, and she was married to an assembly line worker at a manufacturing plant.

“Brenda was a good employee. I would call her a steady and consistent performer and not a problem employee at all. However, Brenda had a habit of frequently checking to ask if her performance was satisfactory. Although I found this habit a little annoying, I shrugged it off as a need for approval. Brenda had a baby who died suddenly a few months ago. The baby had not been sick and died while Brenda held her in her arms. Brenda accepted the death as a sign that she was not destined to be a mother. This seemed to be a fatalistic attitude, and perhaps Brenda did not report the argument with Susan for similar reasons. I heard about the incident through the grapevine from another pharmacy technician who was unsure about exactly what happened. Only after making several inquiries did Brenda tell the story.”

INTERVIEW WITH BRENDA

“On October 20, I started work at 11:30 a.m. Susan mentioned that she was going to be off the week of Halloween (October 26 to November 2). She taunted me that she switched her work schedule easily with little notice. She knew that I had asked for the Friday after Halloween off six weeks in advance and I was refused. I was upset and said, ‘You can do anything, you punch in when you want, you leave when you want, and you make personal phone calls when you want.’ I suppose Susan losing that good job at the museum and not being able to find a similar job was difficult. In fact, I know she was seeing a psychiatrist. Susan then said, ‘I’m sick and tired of everyone treating me like an alcoholic, like I’m incompetent.’ I said, ‘Susan, watch your mouth.’ Susan pushed me against a partition wall, held my left shoulder against the wall, and drew back her right fist in a posture to strike me. Then I said ‘Susan, if it’s going to make you feel better, go ahead and hit me.’ Susan ran out the back door of the pharmacy and came back about 20 minutes later. Susan said, ‘Don’t worry, I’d never hit you.’

"Three weeks later, a pharmacist reprimanded Susan about some pills that she had packed incorrectly and also questioned the higher-than-average inventory count of crushed and unusable pills (Prozac). Susan grew angry and glared at me and said, 'Why didn't you tell me about the problem with the pills? Are you afraid of me?' I said, 'No Susan, I'm not afraid of you, but I am afraid to say anything to you because you take everything too personally and are too easily upset.' I also knew that Prozac was the same drug that Susan kept popping in her mouth at work.

"Susan told me she had spoken with Rhonda, our supervisor, about our argument over work schedules. I said, 'Did you tell her that you shoved me and were going to hit me?' Susan said 'No, I told her you were upset about scheduling time off.' I asked her, 'Why not tell Rhonda about the shove?' and Susan said, 'Because I really need this job.' I looked at her and said, 'I guess if I shoved someone and was going to hit them, I wouldn't tell either.'

"About a week later, Rhonda, my supervisor, and I were leaving work. I could sense that Rhonda had heard of my trouble with Susan. Rhonda asked me if I was tired. I said 'No, I'm just disgusted with Susan,' and then told her about the assault. Rhonda asked me why I didn't say anything earlier, and I said 'I was willing to accept the situation and give Susan the benefit of the doubt. I was taught to handle my own problems and never to tell on others. However, Susan tried to intimidate me by asking if I was afraid of her!' After that, I figured the situation was going to degenerate. So, I decided to report the incident. Rhonda thanked me and said she would take care of the situation."

INTERVIEW WITH SUSAN

"Because of personal reasons, I had requested four days off between October 23 and November 2. When my request was approved, I told Brenda about it. It was not out of the ordinary for us to discuss scheduling changes since our working schedules could almost be described as a time-sharing situation. As part-time employees, we split a 40-hour work week. Upon hearing of my scheduling change, Brenda became very agitated over the possibility that my schedule change might interfere with her plans to be off on one of the days I would be gone. I told her that I had talked to our supervisor, Rhonda Carter, and had been assured that both of our absences on that day would not pose any problems for the receiving department. My assurances did not satisfy Brenda. She became very agitated, and suggested that special favors were granted to me. Brenda contended that I was a 'favored employee' while she was being singled out for unfair treatment.

"After several attempts to calm her and defend myself against charges of favoritism, I grasped Brenda by the shoulders, looked her in the eyes, and asked her to calm down and be reasonable. Brenda was unresponsive to this gesture and her agitation was not abated. I certainly do not think my gesture was threatening. My intent was to calm Brenda and to reassure her. As friends, I did not view this act as inappropriate. I decided that the best thing for me to do was to leave the pharmacy and go on to lunch. So that's what I did.

"On the days we worked together following this incident, our relationship returned to normal, and I was unaware of any problem between the two of us. In fact, Brenda told Rhonda that she did not report the incident because 'It didn't seem like a big deal.' I really don't know what all the fuss is about; Brenda and I are friends!"

CONCLUSIONS

Following the interviews and the collection of relevant policies, Maryanne must decide on a course of action (see Exhibits 5.2 and 5.3). She scheduled a meeting with her supervisor, Nancy, for the next morning. Maryanne continued to be perplexed that the total quality management and open communication had not prevented this altercation. In addition, Maryanne was burdened with knowledge, which had not been publicly released, that Westside planned a massive reengineering project. Maryanne thought about the workers who would be displaced by the reengineering. She wondered whether the employees would be able to find suitable employment or would become misfits.