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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 interaction and passed the prescriptions to the technicians to fill. The technicians printed out a label, filled the prescription, and returned the orders to the pharmacists 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, and technicians re-packed 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 education back ground included an AA in liberal art, 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 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 exhibit 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 the repack 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 assignment 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

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The same job could be done 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 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 system, emergency boxes, or narcotic forms. Sometimes she came in on her days off to organize 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 time. 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 had 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 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 side effects such as erratic behavior. In fact, some of the other employees were really afraid of Susan because of severe mood swings.

Actually, Susan was overqualified for the 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 system. 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 displaced worker who had been reengineered out of her job as an assistant curator at a museum. Susan had a BA archeology from the University of New Mexico and had done some graduate work. She had also completed the three months pharmacy technician certification program at the community college. Perhaps we did not do though a background check on Susan’s we normally do. Quite frankly, we had not many college graduates apply for these positions. Because of Susan education and back ground, we thought we should have no problem 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.

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Brenda was a pharmacy technician employed at Westside for 18 months and trained on the job. She was a 25 years 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 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 a 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 calls when you want. I suppose Susan losing her job at the museum and not being able to find a similar job was difficult. In fact, I knew 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 the 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.

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**Conclusion**

Following the interview and the collection of relevant policies, Maryanne must decide on a course of action (see exhibit 5.2 & 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 alt7er action. In addition, Maryanne was burdened with knowledge, which has 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.