

I have one coworker who loves to chat and gossip. He usually takes twice as long to do his rounds as anyone else. He tells me, and even patients, things that I would only tell close friends; I sometimes feel uncomfortable with how expressive and really loud he always seems to get. I imagine clients do too. Sometimes he even talks to me across or down the hall in different rooms.

One LPN we've had working with us for years... I just don't know, I think she may have a learning disability. She has incredible difficulty following directions, she gets distracted, and with the rounds and dropping off medications, she can never do it in the time allotted for it. She stands and visits in every nursing unit with staff and patients, and a few times she even left the cart of medications unattended in a public hallway which poses a risk to our organization. But she just seems to be drawn to social interaction everywhere!

As a nursing administrator I had issues for over a decade with one woman. She had a Master's in Nursing and also an administrative background. No one wanted to work with her. She gossiped a lot, seemed to have to debate every decision, and always wanted to pass her work onto others. Her colleagues felt she was untrustworthy, argumentative, and incompetent. She kept asking to be transferred between units, and never seemed happy in the departments in which she worked. She applied for every promotion that came up, but her track record wasn't good enough to promote her.

We had one fellow, around 40yrs old, who was a very technically qualified pharmacist. He had a couple of Masters degrees. He didn't agree with coworkers' lifestyles and how they lived outside of work, and told them so. And he couldn't handle feedback from other, younger colleagues; it didn't matter that some of them had worked there for a very long time.

We had one pharmacy tech who was clearly unable to discern when to bend the rules and when not to. He used to always say: "This is what we were taught in school, so this is the way we should do it." We eventually had to let him go.

I worked with one woman who had a very strong accent and spoke very quickly. It was really difficult to understand her, and she always seemed nervous. This problem affected the continuity of care for patients in the unit. The more her team members got to know and respect her however, the more she seemed to slow down her speech. It took a long time for her to fit in.

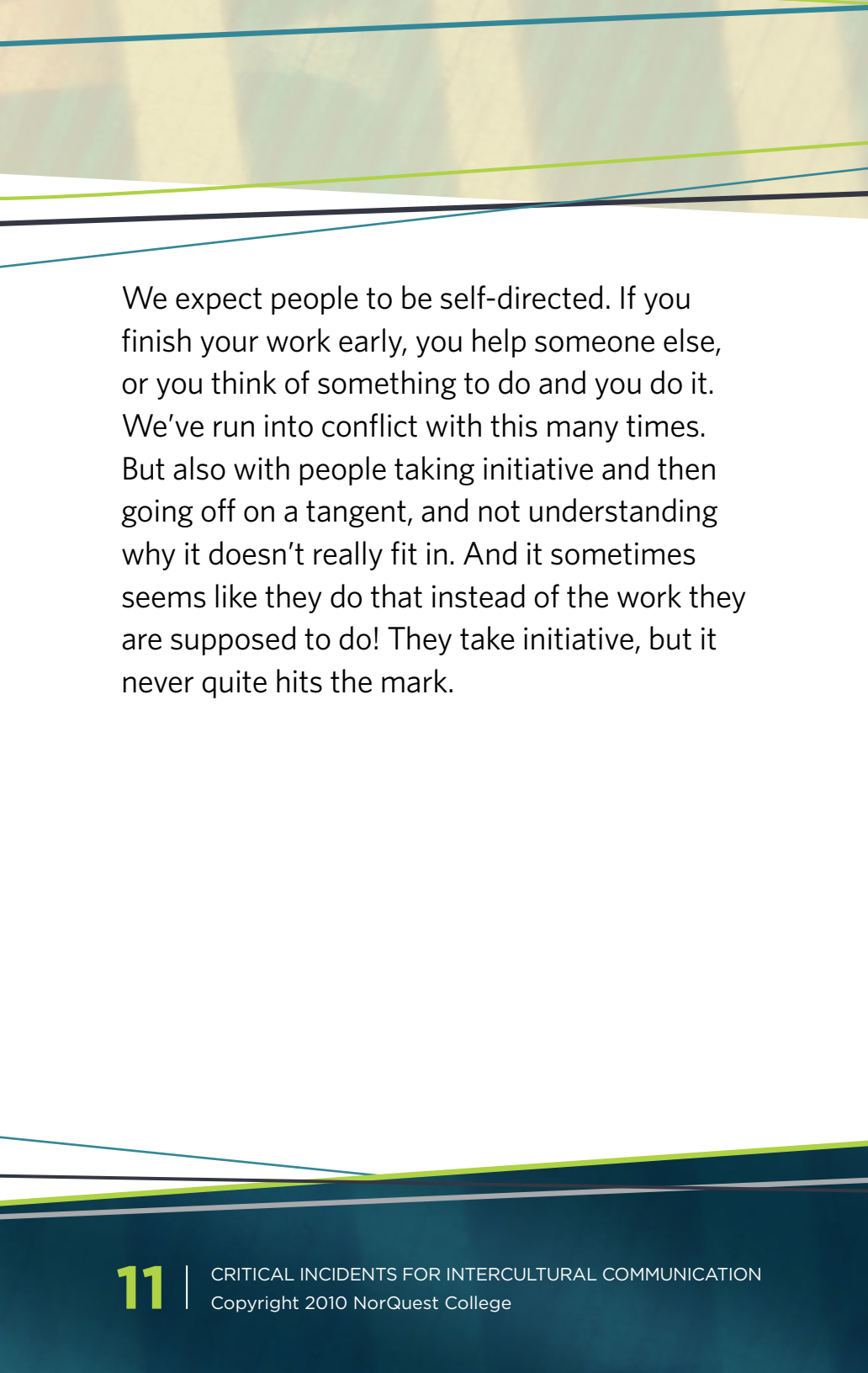
I had conflicts on two occasions with one coworker. She told other colleagues that I wasn't a good worker and implied that I was not reliable. I work hard and take care of my clients, doing whatever is necessary for them. The first time this happened I went to the manager to tell him about the situation. He did nothing. That surprised me. The second time I went and found her in her patient's room and confronted her directly. She denied saying anything. That made me angry and my voice got louder as I explained what really happened. There were two clients in the room. Later I got a suspension and was subsequently fired.

I'm a charge nurse from time to time, and I work with nurses trained in a lot of different countries. We're never really sure what someone's skills are and so we tend to give them easier patients until we're sure. Language is not always the issue. I worked with one nurse from an English-speaking country and she would ask questions all the time about whether she had the right medications; even if she had the right dose. Many technical procedures were very different and I was amazed on more than one occasion at the way she would go about things. It's a fast-paced environment and, frankly, I don't have time to figure out the skills of my staff.



In the unit in which I work I always seem to get the tedious patients who need little more than their bedpans changed. I used to be an ICU nurse in my country. I don't feel like I'm being challenged enough, nor are my skills being utilized to their fullest extent.

I am a nurse manager in a fast-paced unit where we're required to work with a lot of different people and personalities. You have to be a fast study, flexible, and still get your job done. We recently had a new hire and I'm just not sure if it's going to work. Initially her background and credentials made me really excited. I did our usual orientation, expecting her to just jump right in. But it was different right from the beginning. When she arrived she was very serious, didn't make small talk, and her body language suggested she really lacked confidence: she wouldn't make eye contact, she had her hands below the table, shoulders folded inward. There may have been some language-translation issues, and I think personality definitely played into it. But I couldn't help but think her chances of success would really be limited.



We expect people to be self-directed. If you finish your work early, you help someone else, or you think of something to do and you do it. We've run into conflict with this many times. But also with people taking initiative and then going off on a tangent, and not understanding why it doesn't really fit in. And it sometimes seems like they do that instead of the work they are supposed to do! They take initiative, but it never quite hits the mark.

I'm the director for my region, and I had a situation with one person in particular. He emailed me directly with a lot of complaints – the majority, interpersonal conflicts with regards to job responsibilities and who needs to do what. Most of the complaints were petty things; they were not about technical skills or knowledge, they were simply about trying to work with others, in a fast-paced, high-pressure environment. I called him on the phone, and asked if he'd talked with his manager first. He said yes, so I agreed to meet with him and the manager. At the meeting, as he went through his list, it seemed to me that the real issue was that he didn't like to be told what to do, especially by a woman in a position of authority.

A basic premise in the medical profession is that you have to own-up to what's gone wrong, because somebody's life might be in danger. But with one guy I work with, nothing is ever his fault, and he's always putting the blame on someone else, even when it's clear that the mistake was his. People are really mistrustful of this and just don't want to work with him anymore.

When we're doing team-based work, it's more egalitarian. We have multidisciplinary teams, particularly in medicine. If we think about hierarchy, well... yes, what the doctor says, goes... most of the time. But there is a lot of influence that the other professions can have and bring to the table. And in many situations, it's imperative that they do so.

We had a situation at work one time, where one of our staff and his wife were expecting a baby, but unfortunately it was still-born. The wife of another coworker was also pregnant, and he was just beside himself; a complete wreck. It seemed to really affect his work performance. Outside of work, he kept sending his wife to the doctor a couple times a week, just to make sure the baby was okay. The staff ended up having a small funeral service at the hospital for the still-born baby, and everyone came, except this fellow. This upset everyone on the team. When people finally confronted him about it, it turned out that he believed that if he went to the funeral, he would bring the evil spirits back home to his pregnant wife. I was surprised. He grew up here from a very young age and seemed so Canadian.

I remember one receptionist who used to ask me for my permission for everything. When there was an issue of some kind which didn't fit into her job description, she'd say things like: "I didn't know if I should do that myself," even though she'd worked there for a very long time. It was very frustrating.



As a nursing administrator I mostly had issues with groups of nurses from the same country. The majority were very hard workers, but they were almost always late for duties within the hospital. The reason they often gave was that they were detained by the physicians. I spoke to many of those physicians about the issue, and they said they hadn't been aware; the nurses had never said anything about having other commitments.

One of the first units I worked in had a very large group of staff from the same country; I was the only one not from their country. They used to talk in their language all the time in front of me; sometimes even in front of patients. On breaks they would talk amongst themselves and I would sit there eating by myself. On the job, they would all help each other out with their duties, but nobody would help me out with mine. I never brought it to their attention. They were nice enough to me, but I just never felt like I was part of the group.