Dealing with a Chronically Complaining Co-Worker

Here's how to manage this daily dose of downer.

BY LYNN HOMISAK, PRT

To Our Readers: *There are no foolish questions. Chances are…if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

Re: All-Around Negative

Dear Lynn,

What do you do when you have a co-worker who turns "I'm having a bad day" into a bad month? Ms. N's complaining and whining is wearing everyone down. There is a constant dark cloud hovering over her—and many of her co-workers (me included) try not to poke at it too much for fear it will explode into a raging storm. We need advice dealing with this type of personality before we ALL lose our sanity!

Those Negative Nellies can certainly be a workplace nightmare. Many readers can relate to your situation. Working with negative people is not easy; in fact, it is exhausting. Their pessimism is contagious and capable of turning even good attitudes sour. It would be great if they were aware enough to leave their negativity at the door before stepping into the office, but that is like throwing a stone in the ocean and telling it to stop sinking.

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In describing a negative person, Guy Winch, Ph.D. at Psychology Today nails it! He says, "The optimists see a glass half full; the pessimists see a glass half empty. Chronic complainers see a glass that is slightly chipped holding water that isn't cold enough, probably because it's tap water when I asked for bottled water and wait, there's a smudge on the rim, too, which means the glass wasn't cleaned properly and now I'll probably end up with some kind of virus. Why do these things always happen to me?!"

We would like to avoid these individuals to escape getting sucked in

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to their 'daily dose of downer'. That becomes almost impossible when we have to work with them, side by side, all day, every day, week in and week out, month after month, seemingly forever! In order to create a positive, rewarding environment and a productive, effective workplace, often the answer is to just let that employee go. The doctor/boss/manager should not be afraid to truly manage and dismiss this person. The results can be almost immediate. Existing staff may breathe a sigh of relief, attitudes change, the sun comes out and you can almost hear the office begin to hum, literally and figuratively. Often, if severing one relationship ends up saving all the others, it is one worth making. Actually identifying the problem and acting on it, making that difficult decision—well, they will likely earn more respect for doing so.

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Of course, firing this individual is problematic if the person exceeds productivity expectations, has the unending praise of patients, generally has a grip on every aspect of the practice, and is perceived as indispensable. Now what? In that case, it may be prudent to have that last shot, a candid discussion with the grim reaper. Believe it or not, sometimes the Negative Nellies of the world don't even realize what a storm they are creating around them because no one ever wants to confront them.

Use this private talk to point out how his/her pessimism has upset co-workers and the divisive impact it has on the culture of the practice. It's unnecessary to point out that they complain too much; rather, that their grievances lead you (and others) to believe they may be unhappy in their job. Communicate that if they have a legitimate complaint, it could best be presented at the next staff meeting for general discussion, if, and ONLY if it is also accompanied by two or three real solutions.

Although our first instincts may be to ignore complainers or walk away hoping to shut them down, it often doesn't solve anything long-term. They are pros at their behavior and have a limitless appetite for sharing that gloominess. You can never beat them. Why not engage them?

First, acknowledge what they are saying (give them their much needed validation). Then, offer a controlled response by shifting the conversation in order to dissuade further discussion. For example, "Wow, that must be a struggle; I know how you must feel. I also know that you are the kind of person who can turn that around!" Then walk away.

Finally, consider creating an incentive program that rewards affirmative behavior. Ex: happiest staff person; most pleasant co-worker; most fun at work today; etc. Maybe having a chance at the prize is enough to motivate the person. Doing this might be a long shot, but it is worth a try!

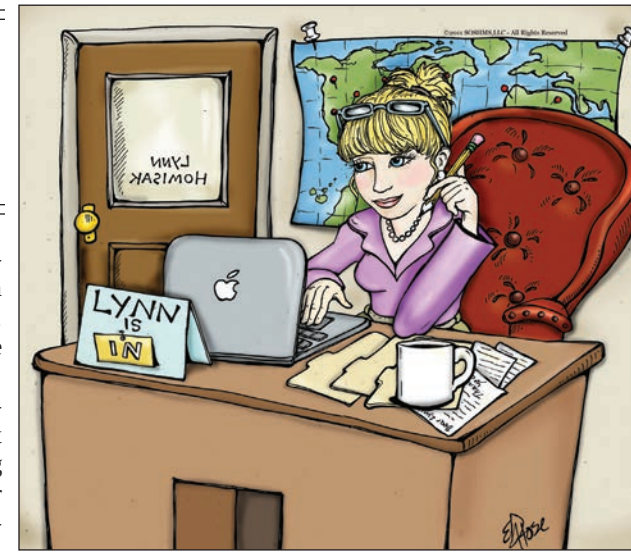
Consider those three options of discipline/termination, inclusion/opportunity, inducement/participation. Look at it this way: if the outcome is an improved attitude, it's a move forward. Forward is progress.

Re: Emergency Readiness

Dear Lynn,

How extensively should our practice plan for an emergency?

I have actually witnessed a patient suffering a traumatic medical emergency in our office. That experience taught me you can never be over-prepared. Too many people think because they have not had a major disaster incident in their practice, they never will. Don't be so naïve. It is always when you least expect it that you find yourself in a crisis situation.



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Remember, this is not Mr. Smith presenting with aching bunions, again. This is a random medical emergency with chest pains, or choking, unconsciousness, or hemorrhaging. Also, keep in mind the non-medical concerns: natural disasters, bomb threats, fire, hazardous spills, weapons, combative persons, child abduction, utility outages, etc. Who could possibly prepare for chance events like that? You can! A well-designed action

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plan will limit confusion and panic during a time of upset and tragedy. Proper training and implementation of that plan will require coordination and discipline from the entire team and it is critical for the safety of everyone involved.

Take this as a well-intended warning. Have an action plan. Drill and update. If you do not have an action plan in place, put one together now to protect doctor, staff, patients, and the practice in the event of an unexpected emergency (and since when is an emergency expected?) Following are some things you'll want to include:

• Designate a principal individual to coordinate in crisis events as well as individual monitors to help direct staff and patients and reduce confusion. Select a back-up.

• Have an internal code signifying an emergency occurrence. For example, code "red" = fire and code "blue" = stopped heart or respiration are some pretty common callouts.

• Have important phone numbers visible by the phone (Fire, police, EMT/paramedics, ambulance, etc.). Even though you may know certain phone numbers by heart, one frenzied incident can erase all memory.

• Post an outline or map of all evacuation routes where everyone has access to them; don't forget the lighted exit signs.

• Outline individual emergency protocol for each of these situations:

– Various types of medical distress (from a minor syncopal episode to anaphylaxis, heart attack, etc.),
– Injury/accident on the premises,
– Severe weather or natural disasters (tornado, earthquake, flood, hurricane, blizzard, and volcano eruption),
– Fire,
– Loss of power or computer crash,
– Belligerent patient,
– Chemical spill,
– Robbery, bomb scare, or terrorist attack.

• For each situation, provide clear instructions that identify who is in charge, patient-first safety protocols, whom to notify, what each person is assigned to do, what NOT to do, when and where to evacuate (if necessary), and whom and when to notify.

– As an example, sounding a medical alert might require someone to call 911, someone to stay with the patient and the doctor, someone to get the emergency kit/oxygen, someone to calm the other patients in the office.

• Review written protocol at your staff meeting annually to refresh everyone's mind.

• Orient and train new staff in current protocols.

• Conduct mock fire or medical emergency drills to assure everyone is familiar with their responsibilities.

• Encourage staff to get certified in CPR. One office I worked with offered $100 to staff who certified and $50 to recertify. It's certainly worth it. Their training may be put to good use one day.

• Have an updated medical emergency kit and apparatus, oxygen, and fire extinguisher in your office. If you never have to use them, consider yourself fortunate.

If you are interested in an emergency protocol outline, the CDC provides a pretty good template online. Go to: https://www.cdc.gov/niosh/docs/2004-101/emrgact/files/emrgact.pdf No excuses. **PM**

Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.