

People Who Need People

There are thorns and there are roses.

BY LYNN HOMISAK, PRT

To Our Readers: *There are no foolish questions. Chances are that 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 soslynn@gmail.com which will be printed and answered in this column anonymously.*

Topic: People Who Need People

Dear Lynn,

What is wrong with people these days? In the 26 years I've had a practice, I've always been pleased that the types of patients we see are mostly polite, kind, respectful, loyal, grateful – you get the picture. Lately however, we seem to deal more with the complete opposite. Negative, rude, unappreciative. I'm convinced that the saying, "if everyone around you seems to be the problem, maybe it's you?" does not pertain to us. We haven't changed a thing. Same doctor, same staff, same level of professionalism. So, if it's not us, it must be them, right?

It sounds like you've built a pretty wonderful practice and I'm sorry that as of late, you are faced with what to you feels like patient erosion. If you are actually seeing the amount of doom and gloom patients you convey, it's conceivable that office morale would diminish, frustration would set in, and a positive outlook could be difficult to maintain.

It is important to recognize that the workplace environment can be significantly affected by the attitudes and behaviors of the people (patients and coworkers) with whom we interact. Constant negativity day after day does not make for an enjoyable

workplace. Since you affirm you and your team are not doing anything different, let's consider what else could be happening.

It is no secret that the general tenor of society is splintered lately, whether it's due to politics, economics, religion, human rights, fear, cli-

If someone appears thorny, it may be that they just need a gentle word or a welcoming facial expression to bring their rose petals out.



mate, you name it. We are facing unprecedented changes every day and it's no surprise that everyone processes these challenges differently.

It used to be that sharing opinions would make for good conversation, even constructive arguments. These days, it only seems to open the door for insults and rage. By the way, this is exactly WHY these aforementioned sensitive topics should be avoided in patient discussion. Better to stick to a medical or family topic as they are less likely to stir up controversy.

Naturally, we can't be expected to know what kind of life burdens or troubles our patients are carrying around. Still this is something we need to take into consideration.

Maybe some were hit hard with a recent illness, problem, or death in the family. Perhaps they are feeling the pressure of being sandwiched between caring for an elderly parent while also providing for their own children. Or they are struggling with a debilitating health condition themselves, an adverse reaction to a new medication, a divorce, or a devastating job loss that suddenly finds them in financial distress.

Unfortunately, patients who exhibit visual or verbal signs of irritability

Continued on page 40

THE CONSULTANT IS IN

People (from page 39)

are automatically labeled as difficult. In reality, they may not be difficult at all. They may simply have a difficult time dealing with their situations or shaking off their troubles for the satisfaction of others.

Life can present plenty of problematic circumstances that are apt to affect one's well-being and emotional disposition or cause temporary sadness or depression. And it's not a switch they can just turn on and off. Without knowing their back story, it is unfair for anyone to pass judgement or take what might look or sound "prickly" as a personal attack.

Are there negatively charged people among us with an ax to grind? Patients who are dissatisfied or disgruntled with the care they receive? Of course. But there are just as many oth-



ers out there who are kind, trusting, gracious, and compassionate human beings. There are thorns and there are roses. If someone appears thorny, it may be that they just need a gentle word or a welcoming facial expression to bring their rose petals out.

Here's something you might want to try in your practice should you come face to face with what appears to be a

negative patient. Look them right in the eye, offer a genuine smile, maybe a comforting touch on the shoulder and say, "Good Morning, Mr. (or Ms.) Cooper. How are you doing today?" You may find that a gesture as simple as that can create a safe space for your patient to confide in you. A small effort on your part might provide the open door they need to share something that is troubling them.

Wouldn't it be nice if the general public could put all socio-demographic and differences aside, show more empathy for one another, and try not to pass judgement on individuals based solely on perception or first impressions? Kindness and understanding can start with us.

While you may feel personally targeted from time to time, know that the difficulties your patients may be facing are not always the result of, nor are they aimed at you personally. Continue to extend to them the same pleasant, professional courtesy that you've shown for the past 26 years.

It is unlikely that your patients see you any differently "these days" than they have in the past. However, the best way to find out is to conduct a random satisfaction survey every now and then and simply ask them. You might be pleased to discover that there are more patients than you think who have a lot of nice things to say about you and your practice.

Topic: Patience Can Be Taught

Dear Lynn,

Does anyone else have to deal with patients who complain that we called someone in who arrived after them, i.e., "Why did that woman get called in before ME, when I was here first"?

Funny you should ask. Several years ago, this column addressed this very question. The response we gave then is one that bears repeating today.

Without understanding how the schedule works, patients feel that calling a patient in before them who arrived after them is unfair. So, they sit in their chairs, waiting impatiently, huffing and puffing in frustration. They resort to sharing appointment times with

Continued on page 42

Figure 1a, 1b

Dear Patients: We understand everyone's time is valuable. Please note that patients are taken by exam and appointment time, not by arrival time.

or offer more information:

[Practice Name] is a multi-doctor clinic and performs many different exams. If someone who has been waiting less time than you is taken to an exam room before you, please do not feel overlooked. Please let us know if you have been waiting longer than fifteen minutes. It is very important to us to keep you informed and provide you with excellent service.

Figure 2

THANK YOU FOR BEING RESPECTFUL and for treating other patients and our staff with kindness and respect! This is a place of healing and mutual respect. Aggressive behavior will not be tolerated.

(You can stop there, or as some offices choose, reinforce the legal penalty for abuse)

Anyone participating in physical or verbal aggressive behavior will be removed from our property and our practice, and if applicable, fully prosecuted under the law in (Our State). It is a felony to assault a health care worker.

THE CONSULTANT IS IN

People (from page 40)

each other and verbally complain to anyone who listens every time another patient is called in before them. Tick tock, tick tock. They have it all figured out. It is obviously a plot against them, concluding that the practice intentionally overbooks because they are greedy and the staff doesn't know how to properly schedule. Sigh.

Best to replace myth with reality and nip these speculative theories in the bud. In other words, take a more proactive approach and explain, in the simplest terms, why some patients are seen before others, particularly in a multi-doctor practice. This is something a straight-forward sign posted in the reception area can easily achieve. Rather than leave our patients to wonder why or ignore their impatience, let's do better and educate them.

To quote the late Mahatma Gandhi, "anger and intolerance are the enemies of correct understanding."

We are all familiar with the sign that hangs in medical offices demanding, "PAYMENT IS DUE AT THE TIME OF YOUR VISIT". Truth is, these demands are negative signage which have little, if any influence, when it comes to collecting payments. So, consider taking it down and explain payment obligations in your financial policy.

Why not instead post a sign in your reception area that explains why another patient may be called in before them. It's a learning moment that makes for a more *patient* patient. You could keep it simple (Figure 1a and 1b).

(Note: If a "longer than 15-minute wait" is normal in your office, best to do something about that first!)

While we're sharing meaningful signage, consider some "feel good" messages. For instance, how about a patient-centered **Patient Rights and Responsibilities** sign, or one with a humorous tone, "**Limp In, Walk Out**", or how about just a friendly "**Welcome to Our Office**"?

Finally (I am reluctant to publish this), it is distressing that signs addressing patients' behavioral obligations are necessary in today's world, but I find more and more offices are posting one similar to Figure 2.

Proper signage can guide patient behavior and compliance, provide patient satisfaction, and help create efficiency and professionalism. Whatever signage you choose, choose wisely. PM



Ms. Lynn Homisak, retired 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.