

## Dealing with Angry Patients

**N**obody wants them, yet we all have them—angry patients. It doesn't matter what position you hold in the office, knowing how to handle the dissatisfied consumer is crucial.

Studies show that one of four patients will be unhappy in some way; 4% will complain, 96% will go elsewhere.

Some people don't like to complain. My husband and I recently had dinner at a well-known steak house. Our service was terrible and the food even worse. We each had one bite and knew we would not eat the dinner. When the waitress did a "fly-by" she glanced down at the two completely full plates and asked: "Can I wrap that for you?" (Talk about robotic.) I responded by saying, "I'm sorry, but we didn't care for the food at all." She looked puzzled for a moment, took the check out of her pocket and cautiously replied, "Sorry about that. I'll take that (referring to the check) when you're ready."

We didn't want the hassle of arguing with her or asking to see a manager. We actually paid full fare and quickly left, never to return again. I am one of those 96% who keep quiet and then tell the whole world about it later. If this were a lecture to an audience, I would even go so far as to name the restaurant as my personal boycott effort. However, since this is in print, I'll resist.

Patients are walking billboards. They can be advocates for your work or testimonials to your shortcomings.

This may be pushing it a little bit, but when someone complains we should actually be *grateful* because they are giving us a chance to save the situa-

tion. Done correctly, angry patients can turn out to be lifelong patients. Let's take a look at the twelve steps to dealing with the angry patient.

### 1. *Stay Calm*

A majority of time it is our front line staff who take the brunt of angry patients. It is instinctive to flee or fight when faced with that type of situation and neither are the right answer. Staffers must train themselves to stay calm. Take slow and deep breaths while concentrating on maintaining eye contact.

### 2. *Stop, look, listen, lean forward, be responsive.*

If possible, move agitated patients from your front desk area to a private room or adjacent hallway. Stop all other activity and concentrate on what the patient is telling you. Body language is an important tool for showing a patient you are serious about resolving the issue. Nodding, eye contact, and note taking are all excellent modes of silent communication.

Most importantly, keep quiet. If you interrupt, the patient will assume you are not listening and often feel the need to start over again. Patiently listen to the whole story attentively. When the patient is clearly finished, you can begin to respond.

When it is your turn to speak, begin with agreement. Even if this requires really digging to uncover some common ground, do so. For example, let's assume a patient has told you a long story with many accusa-

### What Infuriates Customers

- Rude and unempowered staff
- Missing deadlines
- Being put on hold
- Phone lines being busy
- Promises which aren't kept
- Faulty products
- Difficulty with exchanges
- Unqualified or untrained staff
- Pushy people

### Why Customers Don't Complain

- They don't think it will do any good—no one really cares
- It's not worth the trouble or stress since nothing will happen, anyway
- They don't know where or to whom to complain
- They are afraid to complain
- They don't want to embarrass the person with them

tions about the staff or doctor that are not true. Obviously, you are not going to agree with false statements, but you could reply with: "I'm glad you brought this to our attention. I'd like to help solve this problem."

### 3. *Accept the anger.*

Try not to take the demonstration of anger personally. A majority of the time people do not know how to express displeasure pleasantly—I suppose that's an oxymoron. Some people assume they will get better

results with rage than with polite dialog.

(By the way, if YOU are ever the angry customer in a place of business, this is a great step to use in your favor. Help the other person by saying in a sincere, pleasant tone: “I know it isn’t your fault, but I’m very upset about this situation and I hope you can help me.” This often works better than berating an innocent team member.)

#### 4. *Accept responsibility.*

Never say: “There’s nothing I can do.” That statement is like gasoline on a camp fire. Although it may range from simply gathering facts to solving the problem, there’s ALWAYS something you can do.

If you are a member of the team, then all the work done for the patient is a reflection of the overall quality. We went to the Milwaukee Zoo over the 4th of July weekend. Nearly all the teenagers working concessions were rude and acted as if their summer was being disrupted. This behavior always upsets me because it shows how times are changing. Our family complained about it to each other most of the time we spent there. When we were leaving, we stopped to buy a soda for the road. The clean-cut boy working the stand was polite and considerate. However, if I had a questionnaire to rate our satisfaction of the staff at the zoo, I would have marked the lowest grade possible, even though a few individuals were doing a great job.

Why is that? Because majority rules. If most of the contacts we had were surly, we assume all the workers are the same. A similar principle applies in our office. All-for-one-and-one-for-all is the way a successful office should operate.

#### 5. *Refer to the proper person.*

As soon as you have determined who could be the best person to solve this problem, explain it to the patient. Choose your words carefully: “Mr. Smith, it seems that an adjustment to your frame is necessary and Stan, our optician, will be happy to take care of this for you. Let me explain your problem to him and we will fix this right away.”

- “Mr. Smith”—use the patient’s name.
- “adjustment to your frame is needed”—identify the problem as you see it.
- “Stan, our optician”—give identity to the person who can solve the problem.
- “will be happy to take care of this”—indicates we’re not bothered in any way.
- “let me explain to him”—removes the need for the patient to rehash the issue.
- “we will fix this right away”—responsive.

These two short sentences carry a bundle of information to the patient.

#### 6. *Ask questions.*

This step reminds me of the old rule to “gather your facts.” It is a fundamental rule by which we should all live. There is always more to the story, and by asking questions you can uncover some of the hidden facts to help you piece it together more completely or accurately.

Questions like:

- “What were you told?”
- “When did you call?”
- “Do you know who you spoke to?”

#### 7. *Restate the problem; ask for confirmation.*

If you have successfully followed the first six steps, you should have a basic understanding of the complaint. Now is the time to briefly summarize the story. But, remember to present the recap from the patient’s perspective. In other words, if there is a part of the story that you know is not accurate, you can insert such bridges as “and you feel, Mr. Smith” or “your impression was.”

#### 8. *Respond visibly.*

Be careful to have the right facial expression. The easiest way to achieve this step is to simply nod. Try not to be too defensive even if you’re the cause of the complaint. Avoid being too smiley; serious, professional and focused are the best traits to show.

#### 9. *Agree.*

I’m not asking you to agree with a patient who may be insulting the practice or the doctor. Agreeing in this case means to understand or empathize. A well-known technique for dealing with a complaint is the “Feel, Felt, Found” method.

“I understand how you *feel*, Mr. Smith. I would have *felt* that way, too. What we have *found* is that if we (insert solution here) it seems to help.”

#### 10. *Develop solutions.*

This is my favorite step and often is the turning point in calming a patient. Start tossing out suggestions of what can be done to solve the problem. If it’s a simple scenario, one suggestion is often enough. Other times, multiple options are necessary. When you are faced with a patient who will not respond to any of your suggestions, try this statement: “What can we do to make this situa-

tion better?" Occasionally the reply is: "There's nothing you CAN do!"

### *11. Exceed expectations.*

We refer to this as "REPLACE Plus 1." That means not only do we try to solve the problem, but we add a touch of appreciation with it.

We developed a creative idea many years ago that is wonderful. There is a restaurant across the street from our office (not the aforementioned steak house), where many patients treat themselves to dinner after their eye appointments. We arranged to have free dinner coupons printed to look like prescription pads. When the occasion calls for it, we give those to our unsatisfied patients as our "+1." Not only do we neutralize the problem, but we feed them as well. If you feed them, they will come. (That's the same philosophy I use for our optometric seminars, too!)

### *12. Personalize.*

Dale Carnegie said: "A person's name is, to them, the sweetest sound in any language." This is the trump card when dealing with a really irate person.

One time, I was dealing with a patient in rage. I had tried everything to calm him. Aside from just standing there and nodding, I had no ammunition to his verbal abuse. I kept quiet even though I wanted to yell back. Finally, when he appeared to be finished, I started my first sentence with his name. Immediately, he seemed to relax a little. I quickly asked what I could do to make the situation better. He came up with a suggestion that was quite simple; one I hadn't thought of. I agreed that his idea was a great compromise and he seemed satisfied. That happened more than ten years ago, and he's still a patient today.

After enough practice, the steps involved with dealing with angry patients becomes second nature. Unfortunately, there isn't a hard and fast rule on how to use the steps. Many times I find myself using step 12 first. Make time to script the best answers for your office before you face this type of situation.

### *Proper Follow-Up*

Make sure that once you have closed the situation an internal follow-up is done. In our office we utilize incident reports to make sure that systems and people are operating in the best possible manner.

Don't assume that the office is always right and that patient is wrong. Take each complaint seriously and evaluate if any changes are needed. We sometimes "outgrow" policies and procedures without realizing a change is needed until someone complains.

Let's go back to the story of the bad meal in the steak house. What do you think the waitress did after we told her our food wasn't good? Did she tell the manager or simply dump our plates in the dish tub for the clean-up team? Did the clean-up team notice that two whole plates of food were returned basically untouched? I doubt that anyone did anything different even though there were clear signs of unhappy customers. We didn't make a scene, so a change probably wasn't made.

Several years ago we started receiving complains about the length of check-in time in our office. We carefully analyzed each step of our process. We discovered that it took up to a half hour for some older patients to fill out our admissions forms. We creatively changed our forms into a check mark system, allowing patients

to finish the forms in two-thirds less time. It may have been easier to ignore complaints about the waiting time and tell yourself that's what happens in a busy practice. Instead, we took the issue seriously and looked for several ways to improve.

### *Taking the Pulse of Your Practice*

When I do consultation work with optometric practices, we spend a lot of time talking about superior service. We all realize that with competition what it is today, we better have patient loyalty or we won't survive.

I support the policy that many offices have of calling all patients after the dispensing of contact lenses or spectacles to gauge the satisfaction of the product. Not long ago, an office manager told me that this type of follow-up was discontinued because the office didn't want to encourage complaints.

My response? Yes, you most certainly *do* want to encourage complaints. There is a right way and a wrong way to handle this task. First of all, experienced staff members must initiate the calls. The questions and responses to the most common statements must have a scripted response—scripted, but not robotic. I mean well-thought-out responses that are concise, accurate and consistent.

Never say: "Mrs. Green, are you having any trouble with your new glasses?" This implies that you expect her to have problems. In fact, you may plant the idea in her head that she should be looking for something to be wrong.

Instead say: "Mrs. Green, I'm following up, as I promised I would, to make sure your new glasses are perfect for you."

Will your team find itself doing more adjustments? Maybe, but that's great. Your patients are going to tell their friends about you one way or the other. It's better to have them sharing the news of the professional manner in which they were treated than voicing complaints to friends and family.

Use these four tips for building value and patient satisfaction. Seek patient participation by asking what they are thinking. Keep your promises and back up what you put in your advertisements. Talk to competitors' patients to find out what works and what doesn't. Make it easy for patients to complain by training employees to handle difficult situations.

Remember, when you allow a patient complaint to go unsolved, you let a patient go. If you have questions or would like my one-page fax sheet on dealing with angry patients, e-mail me at [laurie@careercafe.biz](mailto:laurie@careercafe.biz).

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Laurie Guest, COT is a professional speaker and trainer with over 20 years of ophthalmic experience. She specializes in education and professional development of optometric staff. To reach her call toll-free 866-977-7325 or visit her website at [www.careercafe.biz](http://www.careercafe.biz).

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