6 Tips for Handling Patient Complaints

Practicing various responses in advance helps staff handle complaints when they really occur. BY RUSSELL A. JACKSON

SUSAN KEANE BAKER wrote the book on handling patients who complain. Literally. It’s called “I’m Sorry to Hear That...” Real Life Responses to Patients’ 101 Most Common Complaints About Health Care, and it’s available from www.firestarterpublishing.com. Here’s her advice for handling those difficult, but unavoidable, situations.

1. **Listen to the patient’s entire gripe without interrupting.** That can be tough. In moments of conflict, it’s natural to do anything but listen. You might be tempted to think, instead, “If I can just get my point across, this person will understand and everything will be fine.” But that’s not a good idea. Or, if the complaint is one you’ve heard before, you may want to jump in to fix the problem before the patient continues: “Okay, Mrs. Smith. We’ll adjust your bill.” Doing that may simply encourage the patient to embellish and repeat the story to others, as he or she hasn’t been heard by you. You may fix the problem, but not the relationship.

2. **Listen for the patient’s disappointment.** How does he or she feel “failed”? Understanding what’s really wrong can help reduce defensiveness on your part. That’s key, because when you take business matters personally, it’s too easy for the situation to escalate into something really ugly.

3. **Move the patient to a quiet area.** In a low, calm tone of voice, say, “Let’s step over here to talk. That way, we won’t be interrupted.” The angry patient with an audience will be less likely to accept your point of view.

4. **Avoid rationalizing.** There are usually a few often-repeated rationalizations that come immediately to mind when a patient has a complaint. “It’s the insurance company’s fault.” Or “This is the way we’ve always done it.” Instead of thinking this way, put yourself in the patient’s shoes for just a moment and consider whether your rationalization is an explanation or simply an excuse.

5. **Respectfully use the patient’s name in your reply.** When a person is very angry, using his or her name in a respectful way can ease the tension. But using the person’s name in a condescending way will likely do nothing but fuel his or her anger.

6. **Demonstrate your understanding.** If sincere, use the “feel, felt, found” technique. For example: “I understand how you feel. I’ve felt that way, too, when I’ve received a bill that didn’t seem to make any sense. What I’ve found is that writing down my questions for the billing specialist helps us both understand where the misunderstandings are and resolve the problem without anyone’s feelings being hurt.”

There’s a lot a physician’s office can do to prepare for unpleasant situations involving patient complaints. In her book, Baker offers three possible responses for each of the 101 complaints she lists. Health care organizations often use the book in group exercises, tossing out a complaint in a meeting and asking staff what good and bad responses would be. That way, office employees can say what they actually feel like saying in the privacy of the meeting and then ask, without any patients within earshot, what a better response would be. Sharing the three options helps people adopt one or craft their own very quickly.

Susan Keane Baker invites you to request a free copy of “100 Ways to Make Your Organization More Patient-Friendly” by contacting her directly at susan@susanbaker.com. Visit her website at www.susanbaker.com.