

Responding to Family and Client Concerns

Abstract:

Caring for others is a big responsibility and being supportive and assisting them with answers to questions or concerns can be an important aspect of being a health care professional. Ensuring you understand what they are asking is the first step in giving them the appropriate information. The second is knowing where to acquire the information and that the information is accurate.

Clients and family members may have questions ranging from when and how to get out of bed following surgery or perhaps, the client has started a new medication and is having dizzy spells. Understanding what your responsibility is and what is out of your scope of practice will help in assisting the client or family member with the correct or appropriate information. In this course we will look at common concerns clients and family members may have, how to acquire the correct information for them, and when it is your responsibility to give them the information or have another member of the healthcare team speak with them.

Learning objectives:

1. Identify ways to know that the client and/or family members understand they can bring their questions and concerns forward.
2. Explain who to ask if you are unsure how to answer a client or family member's question.
3. Describe where to find the answer to many questions that will arise from clients and family members.
4. Explain when to seek guidance from your supervisor or a superior when a question is out of your scope of practice.

Introduction

Certain steps should be followed when communicating with family members and clients or just people in general. If we listen in order to respond we will miss important information that is being vocalized, we have to listen without distraction. To find an answer we have to first fully understand what is being asked.

Clients and family members will experience many emotions when it comes to their health or the health of a loved one. They may come across as aggressive, demanding, helpless, or even withdrawn. Emotions are almost always connected to these behaviors and supporting and educating these individuals can help them cope with the situation.

Creating a Safe Atmosphere for Communication

Creating an atmosphere for safe communication builds trust and better outcomes for clients. Clients need to feel safe to be completely open and honest. Ask clients if they have any questions and remind them that you are available at any time. Allow for privacy when they do state they have questions, especially if their concerns are sensitive in nature. Clients will seek out someone they trust when they have questions and if you create that trusting atmosphere, they will come to you.

Allowing Time to Listen and Express

There are many times in the workday when you will have to shift from rushing from one task to the next in order to have a focused conversation with a co-worker, client, or family member. Allowing time to listen uninterrupted and focused can be challenging. Here are some steps to follow to be an active listener.

Pay Attention

1. Look at the speaker directly.
2. Put aside distracting thoughts.
3. Don't mentally focus on a reply.
4. Avoid being distracted by others.

Example: A client asks to speak with you about something personal. Close the door, sit down, put aside what you are doing, and look directly at the person. You are listening and not being distracted by anything else.

Show That You Are Listening

1. Body language and gestures show that you are engaged.

2. Nod occasionally.
3. Smile and use other facial expressions.
4. Make sure that your posture is open and interested.
5. Encourage the speaker to continue with "yes" and "uh huh".

Example: A client begins to tell you that they feel uncomfortable when they are sitting in the TV room. You are sitting across from the client, leaning slightly forward, you say "uh huh", and nod your head when they explain the reasons why.

Provide Feedback

Listen to understand and reflect on what is being said so you can ask questions.

1. Reflections:
 - a. "What I'm hearing you say is..."
 - b. "It sounds like you are saying..."
2. Ask questions to clarify certain points.
 - a. "What do you mean when you say..."
 - b. "Is this what you mean."
3. Summarize the speaker's comments periodically.

Example: "So, I heard you say, you feel uncomfortable when you are sitting in the TV room. What do you mean when you say you are uncomfortable?" Then, summarize their response.

Don't Interrupt

1. Interrupting is a waste of time and rude. This will frustrate the person you are listening to, and it puts limits on the full understanding of the message.
2. Allow the person to finish each point before asking questions.

Respond Appropriately

Active listening is designed to encourage respect and understanding. You are gaining information and perspective while sending the message you are someone they can come to with questions and concerns.

1. Be open and honest in your response.
2. Be respectful in your responses.

Example: You may suggest not being in the TV room at the same time as the person who makes them feel uncomfortable. If this is not possible then inform the client or family member other arrangements will need to be made and you will speak to your supervisor about their concern.

Empathize with the Client or Family Member

Reassure the patient or family member that their concerns are taken seriously. Repeat what has been said through reflection for understanding but they mustn't be told you will fix the issue but will report to the appropriate individual for follow-up. There are proper channels that need to be followed when it comes to client complaints and concerns, health care professionals are responsible for reporting these concerns, but their focus is on caring for the client and their family members. Ensure the complaint was followed up on by checking back in to ensure this has happened.

Common Patient Complaints in Healthcare

On average, Americans visit a provider four times a year and an alarming one in five people end up in the ER yearly. Rising costs of healthcare cause stress and strain on clients so having a positive experience when receiving care is becoming more important to those providing care to these clients. Providing a positive experience for these clients begins with hearing what could be done better. Encouraging feedback is important for improvement in any service industry and can begin the focus of correcting those areas that are the primary concern according to the customer, the client.

The following are five of the most common customer complaints in healthcare:

Long Wait Times

Going to a provider is stressful but clients have stated that wait times are the second largest issue. Clients are sometimes asked to arrive 15-30 minutes early for their appointments, but they are not seen by the provider till long after their scheduled appointment time. Emergency room visits can have extensive wait times which adds to the already increased stress of cost.

Unfortunately, everyone wants to have their time with the provider but once a provider falls behind on their schedule, it can be difficult to virtually impossible to make up that time. Providing clients with estimated wait times if the provider is behind on their schedule and providing a relaxing and entertaining waiting room environment can help alleviate some of the stress involved in the waiting process.

Issues with Staff Members

Healthcare organizations want to hire and do their very best to hire employees that are skilled at their job and who exercise professional and compassionate behavior. However, at times this may not be the case and interactions can be rude, disorganized, or occur in a dismissive manner. This could cause increased stress for the client and drive those clients to another location where they feel welcomed and respected.

Amount of Time Spent with Doctor

Each client deserves the same amount of time, level of attention, and care from their provider. Clients that have sat longer in the waiting room and those towards the end of the day may feel like they didn't get enough time with their provider, or they felt rushed out of the examination room. Allowing time for clients to ask questions, seek advice, and discuss information with their providers makes them feel cared for and important.

Insurance and Billing

Health insurance can be confusing but assisting clients with the cost of a procedure and their expected out-of-pocket expense will help alleviate some of the stress associated with medical expenses. Easy access to customer service if a client has a question or needs to pay a bill is vital because if this is a taxing process it could cause the client to leave the practice and find another facility that is easier to work with. It's important to supply clients with online portals and email reminders of outstanding balances along with resources for those clients who need added assistance. Make things less stressful for clients who may already be dealing with health issues by using technology or by being available by phone to answer questions or concerns.

Lack of Communication and Dismissiveness

Communication can make or break any relationship. The relationship between a client and their provider, nurse, front office staff, or customer service representative is essential when it comes to getting proper medical treatment. If a client or a family member feels like they have not been heard or their concerns have been dismissed, they are likely to look for something different. Making sure clients and family members have their concerns validated and that they are active participants in their treatments will likely make them feel comfortable and they will have no reason to go elsewhere.

Identification of Issues

There are some clients who will not have support from outside sources such as family or friends or they may not have the ability to express themselves due to cognitive deficiencies. These deficiencies could be caused by a stroke, depression, or a mental disorder. A stroke could leave the client confused or unable to understand their needs or wants because of residual effects like aphasia, dementia, or Alzheimer's. Depression or mental disorders could leave the client unable to completely express themselves. Whichever the case, health professionals can still be supportive by explaining what they are doing before they begin and talking with clients with these deficits about common outcomes or concerns others have expressed. Placing ourselves in another person's shoes can give us a lot of insight and the ability to verbalize to that person what we may like to hear under those circumstances. Being mindful and understanding of another's situation can bring comfort to that person.

Appropriate Responses to Concerns

As stated earlier in the course, knowing your scope of practice is imperative. Medical practice is evidence-based and if we do not have the education to understand certain processes or outcomes, we should not be giving advice or recommendations on certain subjects. If a patient tells a certified nurse assistant, they have been experiencing an upset stomach so they stopped taking their medication and it went away, the certified nurse assistant cannot make the determination that the medication was the cause and tell the client it was a good decision to stop taking it. This is the direct responsibility of the provider and only their decision to determine if the medication was causing the upset stomach. Making assumptions can be dangerous to the client and can ultimately end up causing harm.

Table 1 gives an idea of what three different practices were created to protect the client as well as the health care professional. Know your scope of practice and if you don't, learn it. Even if something is within your scope and you don't know the answer, seek assistance either through your supervisor, manager, co-worker, or facility protocols. It is okay to admit you don't know something but be proactive by seeking out the answer.

Table 1:

RN	LPN/ LVN	CNA/ UAP
<ul style="list-style-type: none"> • Clinical Assessment "ADPIE" • Nursing diagnosis • Planning care • Implementing nursing & medical orders • Medications: IV, PO, IM • Initiating IV's & Blood Administration • Sterile administration • Teaching • Evaluation • Initial pt Education • Clinical judgement 	<ul style="list-style-type: none"> • VS • Administering MOST medications: PO, IM, Narcotics • Routine Sterile procedures (catheterization + in/out foley) • Maintaining IV's/ IV medications based on state NPA • Physical care • Reinforcing teaching/ education • Monitor RN findings + drainage & flow 	<ul style="list-style-type: none"> • Feeding/ Drinking (NOT with ASPIRATION RISK pt's) • Hygiene/ Grooming/ Toileting • Physical care/ Ambulation • Dressing • Socializing • Positioning/ Bed making • Specimen collection • I & O's • Routine STABLE VS + Documentation <ul style="list-style-type: none"> ○ VS 1/2hr after

Understanding What You Have Control Over

Clients and family will sometimes ask things of you that you do not have control over or the authority to do. Requesting dietary changes, maybe an increase in pain medication, or ambulating without assistance are just a few examples. When you are asked to do things or give answers to things that you do not have the authority to do, honesty is the best policy. Explain who is responsible for those decisions and that you will bring that to their attention.

When the client or family is asking for reassurance that they or their loved one will recover or will be okay, finding the right words can be challenging. In some cases, the client may have a diagnosis that is progressing, and end of life is inevitable. These are discussions that need to take place between the provider, the client, and their family if they choose to include them in the discussion. Once the prognosis has been discussed you can be a good support to the client and family and answer questions that pertain to their care.

Be sure to summarize what the patient/family member has stated and suggest possible solutions to the issue, if feasible. In addition, providing reassurance that the appropriate personnel (supervisor, manager, provider) will be informed can also help alleviate the situation.

All client care should be provided holistic care, but care must be completely client-centered during end-of-life and all caregivers must be fully harmonized with the needs and wishes of the client. Caregivers spend the majority of their time with clients and have a long-standing relationship with them, but it is essential to not assume the client's preferences. During this end-of-life phase, it is important to increase communication because preferences may change continuously. It is also vitally important to allow

space for the client and family members as this is a very difficult time for everyone.

Do-Not-Resuscitate Orders and Advanced Directives

Understanding important orders and legal issues during end-of-life is extremely important for caregivers. Below we will discuss Do-Not-Resuscitate Orders (DNR) and Advanced Directives with Power of Attorney (POA).

Do-Not-Resuscitate (DNR) Orders

A Do-Not-Resuscitate (DNR) order is a medical order that the client has chosen and states they do not want to be resuscitated by cardiopulmonary resuscitation (CPR) if they stop breathing or their heart stops beating. The client or their Power of Attorney (POA) gives permission for this order to be written and is usually done before the client's condition deteriorates. This DNR order is recorded in a patient's medical record and is visible for all medical staff to see. A DNR order refers to not performing CPR and does not affect other client care. If the client is not hospitalized, DNR orders can be on wallet cards, bracelets to be carried with the client, or other DNR documents that can be kept at home.

Clients and family members may have an unrealistic picture of CPR and what successful CPR looks like. Clients may think that if CPR is successful, they return to the state before receiving CPR. This is unlikely, especially for those with several chronic conditions. Also, they may have an assumption that CPR has a high success rate. The decision to implement a DNR order is likely very difficult for a client and their family members to make. Ensuring the client and the family member understand the probable outcome of CPR and if successful, life from that point forward. One recent study found that only 10.6% of clients who experience cardiac arrest while hospitalized were discharged from the hospital.

Nurses can facilitate discussion surrounding DNR orders and provide up-to-date client education regarding CPR and its effectiveness based on their current condition. If a health care professional witnesses a cardiac event, their first action should be to notify the nurse and they can perform CPR based on their scope of practice according to the state they are certified in. All health care professionals should know if the client they are caring for has a DNR order signed and in place.

Advance Directives

Advance directives include two important things, the health care power of attorney (POA) and the living will. The health care POA is a legal contract that identifies an individual as a decision-maker for health concerns when the client is no longer able to speak for themselves. It is the responsibility of this designated individual to follow through with the medical decisions per the client's wishes. A healthcare POA must be 18 years old or older and must be mentally stable and able to make the decisions discussed between the client and the POA. This person should be someone the client can discuss these important decisions with and someone who will follow through with those desired wishes on their behalf.

The health care POA should know what the client's living will states. A living will is a legal document that outlines the client's wishes when they are no longer able to speak for themselves. This could occur due to injury, illness, or a possible persistent vegetative state. The living will give directions on ventilator support, feeding tube placement, cardiopulmonary resuscitation, and intubation. This document enables the healthcare provider to care for the client in the way the client wishes. The living will covers those bigger decisions listed above but cannot possibly cover every possible medical decision. The POA will be needed for those decisions not listed within the living will and will be based on what the client and the POA have discussed. If this medical situation has not been discussed the POA will make the best decision based upon the personal knowledge of the client and their wishes.

Care for the Dying Client

Care for the client should be holistic and centered around the client and their desires. The end of life is a very emotional time and clients may experience some aspect of a loss of control. It is important to keep them involved in decisions as long as they can make them to ensure some sense of control over their own life. Interventions should be centered on quality of life and comfort measures. The involvement of those important people in the client's life should be discussed with the client in a private setting without them present. Their level of involvement should be discussed with the client at an appropriate time when they can communicate and understand the conversation and can speak openly without being influenced by someone else. These decisions will be implemented into the client's care plan and will be carried out by the care team.

Paying Attention to Certain Aspects of Care

Pain:

Notifying the nurse 10-15 minutes before performing client care such as repositioning, bathing, and toileting. This will enable the nurse to assess the client's current pain level and determine if pain medication is needed before performing client care.

Repositioning:

Repositioning should occur hourly due to decreased circulation on pressure points that lead to a high risk for skin breakdown. Massage can also help with circulation if it is tolerated by the client and skin breakdown is not present.

Hygiene:

Routine hygiene can be completed in bed with careful observation of urine and fecal incontinence. The client's skin should be kept clean and free of moisture and should be moisturized on a routine basis.

Oral Care:

The jaw tends to open and mouth breathing is common towards the end-of-life phase. Oral care with a moist swab should be done hourly and applying a lip moisturizer following the oral swabbing is recommended.

Environment:

Keeping the room quiet and lighting should be comforting for the client. Calming music and certain scents are only recommended if this was discussed with the patient before them not being unable to speak for themselves. The nurse may decide on the number of people visiting at one time which will always be based on the best interest of the client. A separate, private area should be delegated for family and friends to gather and rest if needed.

Hearing:

Hearing is the last sense to go. Explain what you are going to do to the client before beginning and be conscious of what you are saying when in the client's room even if not directly speaking to the client. Remind family members that the client's hearing is probably still intact, and they have the ability to hear what is being said, both positive and negative. Encourage family members to talk to the client even if they are not responding. Positive conversation can be comforting to the client and family members during this final stage of life.

Stages of Grief

Five main stages of grief are likely to occur during the end-of-life stage and death. Health care professionals should be aware of these stages and it is helpful for caregivers to have an understanding of these stages so they can better assist clients, family members, and possibly even themselves with emotional reactions to grief and loss. Clients and families may experience these stages of grief along a continuum, move randomly and repeatedly from stage to stage, or skip stages altogether. There is no exact science to grief and loss but keeping needs as the center focus will better assist everyone in the process.

These stages of grief and loss include denial, anger, bargaining, depression, and acceptance. Keep in mind that these stages of grief not only occur due to loss of life, but also due to significant life changes such as divorce, loss of friendships, loss of a job, or diagnosis of a chronic or terminal illness.

Denial

Denial is just that, the denial or pretending that something is happening. This is characterized by the statement, "This can't be happening." The denial process is protective and occurs because something is too overwhelming and can help with the immediate shock. You may have heard someone say, "This is surreal." They are unable to accept what has just happened or what they just heard. The situation is marked by the intense irrational reality of a dream, or it is unbelievable. Denial is commonly experienced during traumatic or sudden loss or if unexpected life-changing information or events occur.

Anger

Anger in general is a way of shifting the focus in the grief process, often masking pain and sadness. Anger can be aimed in many different directions. Anger can be directed at the individual who has died, internalized to self, or projected toward others. Being a health care professional, you could be the target of someone's projected anger when someone they love is critically ill or has died. Health care professionals should be aware that anger may often be directed at them as they relay information, provide care, or attempt to support someone who just lost someone they love very much. It is important to recognize that the anger and emotion are not personally directed at them but a means of releasing pain and directing it somewhere because of a loss of control, and a feeling of helplessness or hopelessness. It is okay to set boundaries while continuing to be supportive. Allowing the individual to verbalize their frustrations, pain, sorrow, and anger can be the best support you can offer them.

Bargaining

Bargaining occurs when there is a loss of control, and a means to regain that control. When someone is in the bargaining phase, they are looking for ways to change the situation or negotiate the outcome by making some kind of deal. They may try to strike a deal with a higher power. They may make promises to do better or ask if they can take their loved one's place. There may also be thoughts such as "Why isn't this happening to me instead of my child?"

Depression

Depression is an intense sadness over the loss of a loved one or a situation. Depression can cause a loss of interest in activities, people, or relationships that previously brought satisfaction, pleasure, and joy. Individuals sometimes face feelings of irritability, have trouble sleeping, feel run down or fatigued, and have a hard time concentrating on anything. Normal everyday activities become overwhelming and difficult to complete. People sometimes become withdrawn, isolated, and no longer participate in activities and life with others.

Health care professionals should monitor clients for depression. Behaviors such as isolation, ineffective coping, sleeping more or less, lack of personal hygiene and self-care, self-medicating with alcohol or drugs, and a flat affect are signs of depression. Clients should be screened for self-harm and suicidal ideation. Any remarks made about feeling depressed or talk of self-harm should be reported immediately.

Acceptance

Acceptance is about acknowledging the loss and accepting this as the new reality. During the acceptance phase, there will be great sadness but there is a new truth about what has happened and what life will look like moving forward. In this phase, individuals begin to spend time with others, find comfort in the new routines, and begin to find happiness in spending time with others and re-engage with activities that bring them joy. Some individuals will try new activities they have never tried or had an interest in before.

Assisting in the Grieving Process

Understand that the grieving process is different for every individual, and it will look different for everyone. Being present, available, and listening closely to what the individual is saying will give insight into what they need to

move through the grieving process. Table 1 includes suggestions to assist in this process.

Table 1:

Stages of Grief	Suggested Actions by the Health Care Professional
Denial	<p>Offer support and give the person time to sort through feelings.</p> <p>Don't downplay their emotions or pain by saying, "You will get over this" or "Everything will be fine."</p>
Anger	<p>Explain the care you will provide and refer to the nurse if needed.</p> <p>Listen to the client and/or their loved ones without judgment or offering opinions. JUST LISTEN!</p> <p>Involve the client in choices regarding their care as appropriate to give them a sense of control.</p>
Bargaining	<p>Assist in contacting a counselor for support if requested by the client. This could be spiritual or religious in nature.</p>
Depression	<p>Offer activities the client previously enjoyed.</p> <p>Encourage participation in ADLs.</p> <p>Report behavioral changes to the nurse. Monitoring for self-harming behaviors.</p>
Acceptance	<p>Validate thoughts and any plans made.</p> <p>Focus on quality of life.</p>

The death of a client can affect many individuals. If the client lived in a facility, other clients will be affected as well as staff. Staff and other clients will work through the grieving process, so offering the same interventions as listed above is warranted. Grief counseling may be offered individually or in a

group setting. A memorial service may be held at the facility separate from the family's plans.

Client Care

As a health care professional, you play a crucial role in client care. Being the first point of contact you will probably hear most of the clients and the family's concerns or complaints. Clients may express their grievances about the quality of care they are receiving, communication with staff members, or any other number of issues. Handling these complaints professionally and efficiently, and ensuring clients and their family members feel heard, valued, and satisfied with their care is extremely important. Below are the steps to ensure these complaints are handled appropriately and effectively.

Listen to the Patient

Listening carefully to clients' and family concerns demonstrates that you value them and their feedback. Here are some ways that health care professionals can listen effectively to patients:

Show empathy:

Putting yourself in the other person's shoes demonstrates you understand and acknowledge their feelings. A statement like, "I'm sorry that you had to go through that, that must have been so frustrating for you", empathizes with the person.

Use open-ended questions:

When using open-ended questions, you are creating an environment for more sharing surrounding their concerns. This can help paint a clearer picture of the issue and show that you are interested in understanding their perspective. Examples would be, "Can you tell me a little more about what happened?" or "How did that make you feel?"

Avoid interrupting:

Allow the client or family member to finish their thoughts before you attempt to respond. Observing their body language and the tone of their voice allows you to get the complete picture and understanding of their concerns.

Validate their concerns:

When you validate another person's feelings, experience, or concern you build trust and confirm they are heard and taken seriously. An example would be, "I understand why that would be upsetting for you," or "That's a valid concern, let me find out how we can go about getting this addressed."

Take notes:

When you take notes, you are showing the client or family member you think what they have to say is important. Taking notes will also ensure you have the facts straight and have a reference to refer back to as well as creating a record of the conversation.

Summarize their concerns:

When you summarize what someone else says, you are confirming you have understood what they said. This can help to clarify any misunderstandings and ensure that you understood exactly what they were saying or requesting. For example, "So to ensure I understood you correctly, you are requesting additional information on diabetes, specifically surrounding carbohydrate counting. Is that correct?"

When we listen attentively and are not focused on a reply, we improve our listening skills. This enables us to listen effectively and allows us to successfully address client concerns in a compassionate and empathetic way.

Apologizing and Taking Responsibility

When someone, a client, or a family member expresses dissatisfaction with medical care, taking ownership of the problem is important. It is important to understand, you are not taking the blame but acknowledging that something needs to be corrected, or something went wrong, and you are committed to finding a solution to the situation. Here are some ways to take responsibility and apologize effectively:

Express empathy:

Demonstrating that you hear what the client is saying, understand that they feel a certain way, and acknowledge the impact this must have had on them builds rapport and trust. An example would be, "I am so sorry this has happened, that must have been very frustrating for you."

Avoid blaming others:

When we shift blame to other staff members or departments, we build walls around issues rather than solving them. Instead, take ownership of the problem and focus on finding a solution to the issue or problem. For example, "I'm sorry that this happened, do you mind giving me a few more details so we can begin to find a solution so this does not happen again?"

Provide reassurance:

Being committed to assisting and acknowledging the client's concerns will provide reassurance that you are doing everything to resolve the issue. An example would be, "I want you to know that I have heard what you said, and we take your complaint very seriously. We will work hard to find a solution that will meet your current needs."

Thank the client or family member for bringing the issue to your attention:

Informing the client or family member that their feedback is vitally important for improvement and you appreciate them taking the time to let them know. You might say back to them, "Thank you for bringing this to our attention. Your feedback is so very important to us, and we want to ensure that we are providing the highest quality of care possible."

Offer an explanation:

If it is appropriate after hearing the client's complaint, provide a clear and concise explanation of what happened. This will not only help with understanding but make the client feel included and informed. This can help the patient understand why the issue occurred and what steps are being taken to prevent it from happening again in the future. For example, "I want to explain what took place so that you have a clear understanding of why this issue occurred. We are currently looking into this in great detail to ensure that this doesn't happen again in the future."

Commit:

Make a commitment to the client and their family members that the issue is being addressed and you will be happy to keep them informed of the progress. This keeps the client involved and valued. It also demonstrates your commitment to them and providing high-quality care. An example might be, "I am truly committed to finding some kind of solution to the issue we spoke about. I will not hesitate to keep you

informed on what is transpiring as far as the steps we are taking to resolve this.”

Offer a Solution:

When we address a client’s complaint, offering a solution that resolves the problem while meeting the client’s needs is the goal. Below are approaches to these issues and ways of offering solutions.

Involve the Client:

Inquiring about what the client feels is the best solution, allows them to feel heard and offers a fresh idea about the issue. Having more than one approach is a good way to look at the issues from many different angles. This approach creates brainstorming and resolves the issues through insight and collaboration.

Notify the Client of the Options:

It is easier to find a solution when both parties know what the options are. Explain the different options that are available to the client so they can make an informed decision. This will allow the client to feel more in control of their medical decisions. An example would be, “Would you like to know what the actual options are so you can base your requests on what is available?”

Include other Staff:

Sometimes other staff members will need to be involved to solve an issue. This could be other staff within the same department or staff members from a completely different department. By involving those individuals that play a role in solving the issues or complaints, the client will feel you have taken their comments or concerns seriously, and that you are actively seeking a solution. Always keep the client informed of who is working on finding the best solution for them. For example, "I have reached out to the manager on the surgical unit because that is where you stated the issue occurred. He will be in touch with you shortly to discuss the best approach to resolving the issue."

Follow up:

When we follow up on a complaint from either a client or family member, we are showing them we are vested in finding the best solution to resolve their concern. When clients feel heard they feel valued. Follow-through is essential in building trust and rapport with clients and their families because it shows them that their concerns are valid, and quality medical care is the top priority.

Provide Updates:

Providing regular updates to the patient will keep them informed of the progress.

Request Feedback:

Ensuring satisfaction is vitally important when it comes to complaints. If you don't ask for feedback, you will not know if the client is satisfied with the outcome. This will also help with insight into future improvements.

Document:

Document the date, time, what the complaint consisted of as well as the steps that were taken to resolve. This information can be used for future issues by providing a written resolution and the steps taken to rectify the issue.

Follow-up with Staff:

Informing specific involved staff with the resolution of the situation ensures they get the information and steps taken to resolve it. This will help them avoid the same situation and have specific knowledge of how the situation was resolved and how to avoid this circumstance in the future. You can also provide them with feedback from the patient and suggest ways to improve their performance.

Offer Compensation, When and if Appropriate:

Ensure you can offer a discount for services before making an offer to the client as well as any other form of compensation. Discuss this with your supervisor before making this offer to the client. Always ensure that this offer has the client's best interest at hand and is not just a way of brushing the client's concerns off. The client's needs should always be the top priority!

Quality Improvement

Quality is defined by the National Academy of Medicine as, “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

Quality improvement uses a framework to systematically improve care. Quality improvement gives predictable results and improves outcomes for clients, healthcare systems, and organizations by working to standardize processes and reduce variations in procedures. Quality improvement is used in almost all aspects of business including things like technology, culture, leadership, and medical practices.

Conclusion

Responding to client and family concerns is an important part of patient care. Understanding your scope of practice is important so the concern may be passed on to the appropriate staff member. Showing empathy, not interrupting the client or family member, and summarizing what you heard are a few of the good practices in finding answers and solutions to the issue at hand. Health care professionals are the front line in client care and their relationship with the client allows safety and the ability to share their concerns or questions.

Resources:

Mind Tools Content Team. Active Listening. www.mindtools.com. Published 2022. <https://www.mindtools.com/az4wxv7/active-listening>

Addressing Common Patient Concerns. www.aap.org.
<https://www.aap.org/en/practice-management/addressing-common-patient-concerns/>

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