

Duration: 30 - 45 mins

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# How to deal with unhappy patients - **conflict resolution**



## **Introduction**

Patients are at the core of your pharmacy or practice and maintaining a positive relationship is beneficial for long-term business growth and practice reputation. People rarely call or visit to tell you that you are doing a good job, or that they had a satisfactory experience. Patients, like in other industries, often only engage when they are unhappy, and their expectations have not been met.



**When things go wrong, it is important to correct them quickly and satisfactorily before they escalate.**



## So, what do patients expect?

Patients expect when they get a prescription, that it will be fulfilled straight-away. When this is not possible for reasons outside of your control, it can cause frustration on both sides.

If you are a Pharmacist, you might be confronted with a patient asking for medical advice that you are unable to provide, or a medicine you are unable to prescribe (if you are a prescribing pharmacist). If you are a Dispensing Doctor, you may be faced with a patient who wants you to write a prescription for a medicine that is not appropriate for them. These misunderstandings by the patient can lead to conflict.

These are just a few examples of incidents that could result in a difficult conversation and lead to an escalation that needs to be defused.

## What are the key skills in handling conflict?

When dealing with an unhappy patient, it is important to stay calm, understand the situation fully and find a resolution that you both are satisfied with. That might not sound easy, but if you consider these key considerations when managing your patients, you are more likely to be successful.

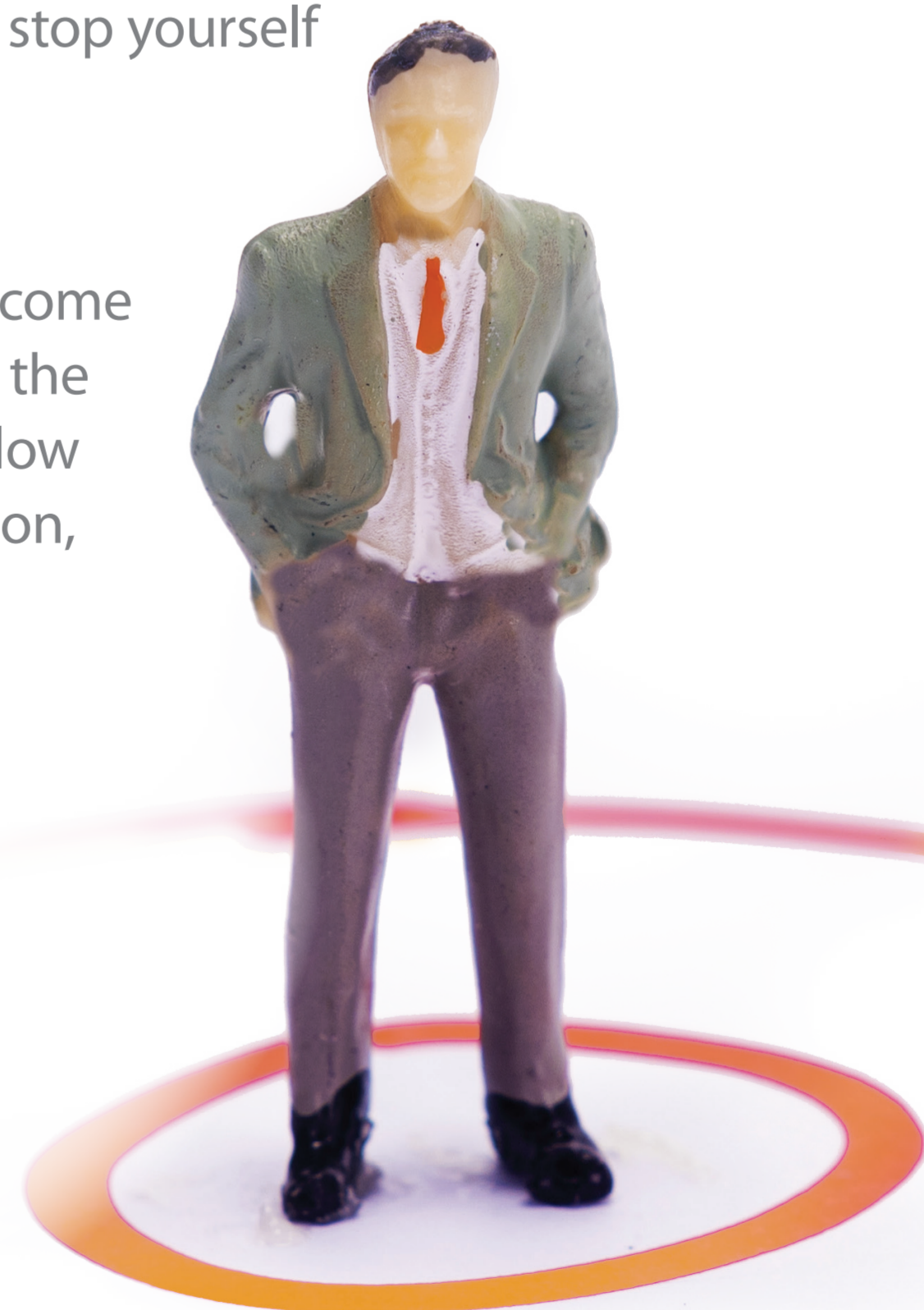
## Emotion regulation

Get the conversation on track, by creating the right frame of mind. It will be more challenging to put into practice the other elements that will help you resolve the conflict unless you are able to remain calm and regulate your emotions. It is difficult to stop yourself from having an emotional response as they are often a reaction to stimuli in the environment.

It is perfectly natural if someone has raised their voice or has become aggressive to be angry or even afraid. However, you can control the reaction you have to that emotional response. In the section below 'Staying calm' we will explore further how to regulate the emotion, so you are in the best position for a successful conversation.

## Ascertain the situation

Expectations are not always objective and are often subjective. If your patient is unhappy but you feel you have handled the situation correctly, the first step is establishing the difference in your perceptions and getting clarity on the issue at hand.

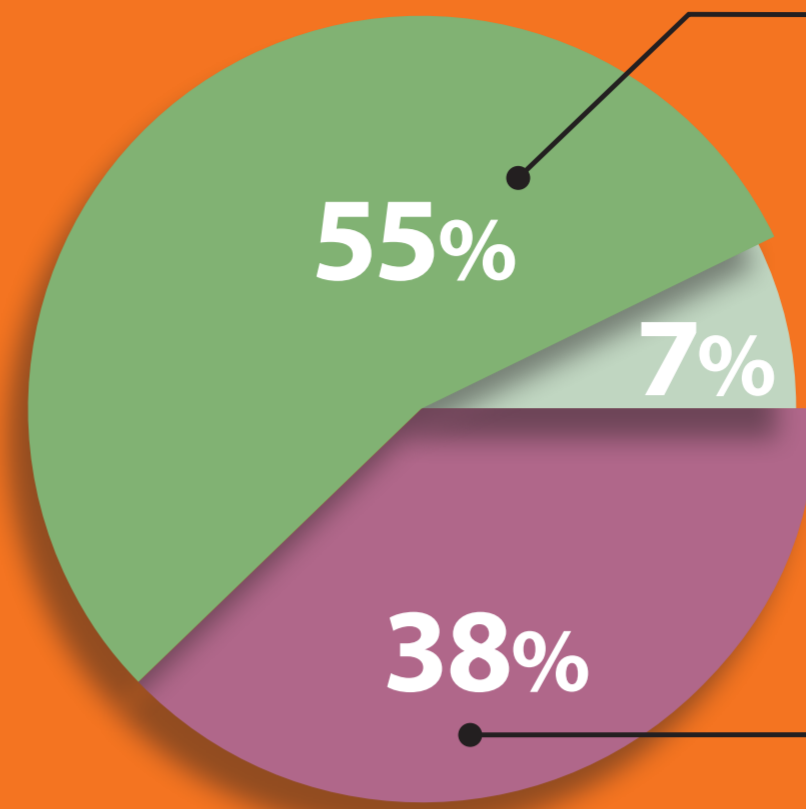




**BODY  
LANGUAGE**

**SPOKEN  
WORD**

**38%  
TONE OF  
VOICE**



## Tone of voice

We have all heard the adage

**'it's not what you say,  
but how you say it',**

but research over the years has shown this to be true. Professor Albert Mehrabian devised the 7-38-55 formula for effective conversation.<sup>i</sup>

Using this formula we can see that tone of voice can take over the content of what you are saying. This is even more important when you are on the phone. For example, even if the patient cannot see you, they can detect from your voice whether or not you are smiling.

## There are four elements to tone that you should consider:

### Inflection

- Where you place the emphasis in a sentence can completely change the meaning. For example 'that sounds like a good idea' said without emphasis sounds genuine, but if you were to really emphasise the 'sounds' and the 'good' it could appear sarcastic.
- Inflection can range from monotonous to dramatic. If your tone is too monotonous, you could be perceived as boring or uncaring. Too dramatic and you could be interpreted as fake. Neither of these are a good way to interact with upset patients. It is important to strike a balance with your inflection.

### Pitch

- A high pitch is associated with a submissive attitude and a low pitch is associated with a dominant attitude and it can be helpful to use both when dealing with patients.

### Pace

- The speed at which you talk can engage patients. Too fast and the patient might struggle to understand you. Too slow they might lose interest or think you are being patronising.

### Volume

- Whilst it is important to not raise your voice, you should vary the volume to maintain interest.



# Positive language

There is a common saying 'actions speak louder than words', which is often true, but we must not underestimate the power of words and their impact. It is important when choosing our words, that we consider not just the dictionary definition of the word, but also and more importantly its implication.

Words such as 'rage', 'disgust', 'sadness' are considered negative and words such as 'happiness', 'satisfaction', 'success' are considered positive. However, some words can have a positive or negative connotation that goes beyond the dictionary definition and can be attributed to either personal or cultural triggers. By using positive language, we aim to avoid triggering a negative response. For example, 'cost' often has a negative implication as it is associated with spending money. A positive or neutral alternative would be 'value' as it makes the person think about what they are getting rather than what they are giving away. The meaning of both words is the same, but they trigger different emotional responses.

## Consider the following alternative positive language when talking to a patient...



### Do say

- ✓ What I am hearing is... is that correct?
- ✓ What we can do is...
- ✓ We understand, we appreciate, we know, we recognise
- ✓ One option open to you is, might we suggest...
- ✓ What do you suggest we do about this?



### Don't say

- ✗ I think you have...
- ✗ That's not possible, we can't do that...
- ✗ These things happen, everyone faces these issues
- ✗ You are wrong
- ✗ You should...





# Body Language

According to Mehrabian's rule, 93% of communication is non-verbal. This means that you should not only consider your own body language, but also pay attention to your patient's body language. This will help you understand the intent behind their words. You should ensure that your body language mirrors what you are saying so that you appear authentic. For example, closed arms or hands on hips can make you appear aggressive, even if you are speaking calmly. Other ticks to watch out for are rolling your eyes or raising your eyebrows.



# Active and empathic listening

Hearing your patient and listening to your patient are two very different skills. Hearing is a biological function, whereas listening takes a conscious effort and involves paying close attention to what the other person is saying.

According to Steven Covey in his book 'The Seven Habits of Highly Effective People' there are five levels of listening.



When dealing with patients, it is important to engage with empathic listening. By doing so you are more likely to fully appreciate the situation and find the best route forward.

# Asking questions

Asking the right questions at the right time can give you control of the conversation. There are two main kinds of questions.



**Open** questions tend to start with 'how', 'what' and 'why'. They encourage the other person to share lots of information without restriction.

**Closed** questions are usually specific and result in a single response 'yes' or 'no'. There is a sub-category that falls between an open and closed question and involves asking 'who', 'when' and 'where' and is good to establish the facts.

When dealing with unhappy patients, closed questions are useful for taking control of the conversation and open questions are good for showing empathy and getting the context which will help to resolve the situation.

## Staying Calm

As discussed, it can be a challenge to manage a difficult conversation if you are feeling angry or upset. Unless you can regulate your own emotions, it will be impossible to de-escalate the situation.

**Firstly**, acknowledge your own emotions and why you might be feeling that way. It might not have anything to do with the patient, but something external such as waking up late, missing breakfast and getting to the pharmacy or practice late. It could be that you had a dispute with a partner earlier that day or your child was stressed when you dropped them off at school that morning.

**Secondly**, whatever it is, acknowledge why you are reacting and before engaging with the patient, pause and take slow deep breaths and count to six in your head. It has been proven that it takes six seconds to get control back after a 'fight or flight' response.

Another tip for resetting your emotional position is to relax all the muscles around your eyes and forehead. Gently close your mouth and keep your jaw loose by not clenching your teeth.

**Thirdly**, while you are doing this, think about the consequences of what could happen if you let your instinctive response get the better of you. You could get aggressive and be unable to calm the patient. They are likely to get more upset and could make a complaint. This final step should help focus on clearing your mind and getting the best outcome.



# Getting to the win-win

Using the skills, we have discussed, below you will find the key points from turning around an unhappy patient into a happy one or even a loyal one



## Do

## Don't

|                    |   |   |
|--------------------|---|---|
| <b>Acknowledge</b> | <ul style="list-style-type: none"><li>✓ The issue (remember saying "I understand how you feel" is not the same as saying that you agree)</li></ul>  | <ul style="list-style-type: none"><li>✗ Don't tell the patient what you think is the problem and make assumptions</li></ul>   |
| <b>Apologise</b>   | <ul style="list-style-type: none"><li>✓ If you are at fault, apologise</li></ul>  | <ul style="list-style-type: none"><li>✗ Empathise with their grievance, but be careful of apologising if you are sure the company is not at fault (an apology is an admission of guilt)</li></ul> |
| <b>Clarify</b>     | <ul style="list-style-type: none"><li>✓ Ask a mixture of open and closed questions to get the information you need to better understand the situation and to take control of the conversation</li></ul> | <ul style="list-style-type: none"><li>✗ Make assumptions or ask rhetorical questions</li></ul>  |
|                    | <ul style="list-style-type: none"><li>✓ Repeat what you hear with positive language such as "what I am hearing is..." "am I right that you are saying...?"</li></ul>                                    | <ul style="list-style-type: none"><li>✗ Don't repeat back to the patient too often (i.e., more than twice) as it can appear as if you are not listening</li></ul>                                 |



|                                  | Do   | Don't   |
|----------------------------------|--|---|
| <b>Get the conversation back</b> | ✓ Balance your tone of voice and adapt to the patient's emotional state with a moderately low pitch  | ✗ Speak too slowly or be monotonous, as it could be perceived as patronising or that you are disengaged   |
|                                  | ✓ Give the patient your full attention and try to imagine how what they are saying impacts them  | ✗ Listen with your response already in your head. By doing this you are not actively or empathically listening  |
|                                  | ✓ Consider your body language by maintaining eye contact and open your body by relaxing your arms  | ✗ Roll your eyes, look away, cross your arms or place your hands on your hips as this can be seen as disrespectful and / or aggressive                  |
|                                  | ✓ Set boundaries and tell a patient calmly that is not acceptable to use abusive or bad language "we can continue this conversation, when you use civil language" (note use a little empathy if a patient is angry, letting them vent is part of the process, consider allowing them one bad word (unless it is abusive) at the outset, before setting boundaries) | ✗ Get angry and respond in kind   |
| <b>Guide to a resolution</b>     | ✓ Re-route the patient if appropriate – you might not be able to resolve the complaint. If you are a pharmacist, the patient may need to return to their GP or if you are a dispensing doctor you might need to refer to a specialist  | ✗ Don't just move the patient on, so that you don't have to deal with the issue. The patient will get more frustrated and is likely to come back to you |
|                                  | ✓ Use phrases such as "the fastest way to resolve this is, if I refer you to..."   |   |
|                                  | ✓ Offer an alternative if it is not possible to give the patient what they are demanding using some of the positive language phrases suggested such as "what we can do is...", "one option we can offer is"  | ✗ Bluntly refuse the patient and use negative triggers such as "it is not possible"   |
|                                  | ✓ Calmly repeat the solutions if the patient is being unreasonable   | ✗ Use phrases such as "as I have already told you"  |



## Scenario **1** Pharmacy

It is a busy day in the pharmacy and there are a lot of patients waiting for their medication. One patient has been waiting for their medication for 30 minutes and is getting irate. You had warned them when they dropped their prescription that the wait could be 30 minutes or longer and had advised them to come back later, but they have decided to wait. Watch how the pharmacist calms the patient below...

|                   |   |   |
|-------------------|---|---|
| <b>Patient</b>    | "This is getting ridiculous I have been waiting for half an hour for my medication and I am in a hurry!"  |   |
| <b>Pharmacist</b> | "I appreciate your frustration. When we get lots of prescriptions in at once, it takes time for us to process them. We are doing our best to get through them as quickly and safely as possible." | Acknowledges the patient and calmly reasons using a balanced tone of voice with a low pitch   |
| <b>Patient</b>    | "It is taking too long, and the system isn't fair. There was a person who came in after me and they got their prescription first!"  |   |
| <b>Pharmacist</b> | "I can see why you might think that. That prescription was dropped in yesterday for a timed collection and it was ready to go when that patient arrived."   | Acknowledges again and calmly provides context  |
| <b>Pharmacist</b> | "Let's see what we can do. Can I ask when you dropped in your prescription and your name?"  | Clarifying the situation with a semi-open/closed question to take control of the conversation |
| <b>Patient</b>    | "At 12pm and I have to pick up my daughter from nursery at 1pm"   |   |
| <b>Pharmacist</b> | "Thank you, I understand you have been waiting for 30 minutes, is that right?"  | Confirms the situation  |
| <b>Patient</b>    | "I can't wait that long, otherwise I will be late to pick her up"   |   |
| <b>Pharmacist</b> | "I see, there are a couple of options I can offer you. I can arrange a timed collection for later today or tomorrow or did you know that we now offer a delivery service?"                        | Offers alternative solutions with positive language   |
| <b>Patient</b>    | "Can't you just do mine next?"  |   |
| <b>Pharmacist</b> | "We have one prescription to do and then we can fulfil yours. Would you like to wait, or arrange a timed collection or a delivery?"   | Calmly repeats the solutions  |
| <b>Patient</b>    | "Can I arrange a timed collection at 3.30pm today?"   |   |
| <b>Pharmacist</b> | "Of course, we have that booked in, we look forward to seeing you at 3.30pm."   | Confirms the resolution   |



## Scenario 2 Dispensing Practice

It is Monday morning, and a patient has called the surgery requesting an appointment that day with a sore throat. The symptoms do not warrant an emergency appointment and next available appointment you can provide is in three days' time. Read how the Dispensing Doctor practice resolves the situation using the skills we have discussed.

|                          |   |   |
|--------------------------|---|---|
| <b>Patient</b>           | "Thursday is not good enough. I have taken today off work to see the GP"  |   |
| <b>Dispensing Doctor</b> | "I can understand it can be difficult to take time off work. All our appointments for today have already been allocated and there isn't a GP available to see you."                   | Acknowledges the patient and calmly reasons using a balanced tone of voice with a low pitch   |
| <b>Patient</b>           | "I have been calling the surgery since 8am this morning and it has taken me an hour to get through. Now you tell me there are no appointments left!"                                  |   |
| <b>Dispensing Doctor</b> | "I can understand your frustration. The surgery does get a lot of calls in the morning, and we have a finite number of appointments, which have been taken."                          | Acknowledges again and calmly provides context  |
| <b>Patient</b>           | "I can't take another day off. I need to see a GP today."   |   |
| <b>Dispensing Doctor</b> | "What time do you start and finish work?"   | Clarifying the situation with a semi open/closed question to take control of the conversation |
| <b>Patient</b>           | "I start work at 9am and finish at 5.15pm."   |   |
| <b>Dispensing Doctor</b> | "I have two options I can offer – you could take our first appointment on Thursday at 8.30am or we have an evening surgery on Friday night where you can drop in from 6pm until 8pm." | Offers solutions with positive language   |
| <b>Patient</b>           | "Can you not squeeze me in today?"  |   |
| <b>Dispensing Doctor</b> | "Our first available appointment is Thursday at 8.30am. Shall I go ahead and book you in or would you prefer to come to our evening drop-in?"   | Calmly repeats the solution   |
| <b>Patient</b>           | "I will take the first appointment on Thursday."  |   |
| <b>Pharmacist</b>        | "Thank you, that is confirmed, I will see you Thursday at 8.30am."  | Confirms the resolution   |



# Try it for yourself

The best way to master the techniques covered is to practice them in a safe space. In your next team meeting you could try out some of the skills above using different scenarios, taking it in turn to be the patient

## Active and empathic listening

**Dispensing Doctor scenario** – a patient has read an article in the Daily Mail about a new treatment for their condition. However, you know from their diagnosis that they are not suitable for the treatment. They are insistent that they are prescribed the medicine.

**Pharmacist scenario** – a patient hands you their prescription for their medicine, but there is a national shortage, and you don't have any in stock for at least a month. There are alternative medicines, but the patient will need to go back to their GP, which they don't want to do.

**Dispensing Doctor / Pharmacist scenario** – a patient in England with a chronic condition has been getting the same medication for three years. Seven months ago, a biosimilar of that medicine was approved for use in England and Wales. Following the NHS England guidance to switch a patient within 12 months of approval their medication has been switched. The patient is confused and worried that the medication won't be as effective.

<sup>i</sup> Masterclass 'How to use the 7-38-55 rule to negotiate effectively'

<https://www.masterclass.com/articles/how-to-use-the-7-38-55-rule-to-negotiate-effectively>

Last accessed: June 2022

<sup>ii</sup> Simply psychology 'Amygdala Hijack and the Fight or Flight Response'

<https://www.simplypsychology.org/what-happens-during-an-amygdala-hijack.html>

Last accessed: June 2022

<sup>iii</sup> Hypnotic coaching 'Body language skill to handle conflict'

<https://hypnoticcoaching.com.au/body-language-skills-to-handle-conflict/>

Last accessed: June 2022

<sup>iv</sup> NHS England 'Biosimilar medicines' Available at:

<https://www.england.nhs.uk/medicines-2/biosimilar-medicines/> Last accessed: June 2022