



HeartBeat

ON THE QUALITY PATIENT EXPERIENCE



RESHAPING
THE CULTURE
OF CARE



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Insights, tips, tools and resources to help you achieve the unparalleled patient, family and employee experience

“But I MEANT Well!”

...How the gap between intent and impact affects the patient experience

By Wendy Leebov, Ed.D.

I just returned from a visit with my ailing mother and sister. At 96, my mother is doing everything she can to preserve her dignity in the face of memory loss, disorientation, immobility, and scary fragility. My sister Linda just returned home after months in acute care, then rehab, then acute care again for multiple infections and complex conditions that won't quit. Linda has survived comas and sepsis more than once. She has physical therapy daily so she can maintain her ability to take 5 steps—with painful, painstaking effort.

During my visit, my mother and sister talked at great length about their recent healthcare experiences. I listened with sadness, frustration and appreciation as I heard their mix of heart-sickening and heartwarming stories.

They talked mostly about caregiver behaviors... the behaviors that meant a lot to them and the behaviors that infuriated them.

Steeped in healthcare and awed by the care and service providers I have the privilege of meeting every day, I felt dismayed. I know that people in health care are caring people. So, it was maddening to hear about tidbits of behavior that masked their caring and left my mother and sister with the opposite impression.

Positive Intent—Negative Impact

I call this the Honey-Sweetheart-Dear Phenomenon. Here's why. Many caregivers call patients and family members Honey, Sweetheart, Hun, Dear, and other so-called endearments. When asked why, they say they want to warm up the interaction, connect personally and show kindness. In other words, they mean well! Yet, more than 60% of people find these terms disrespectful, patronizing and overly familiar. Forty percent don't mind, but 60% do! For that 60%, there is a harmful disconnect between the caregiver's intent and the actual impact.



EMAIL



Our words and actions are visible. Our intentions are not.

FACT:

- People judge us by our words and actions, not by our intentions.
- Our words and actions are visible. Our intentions are not.
- If our words or actions offend, it doesn't help to tell people we meant well.
- The damage is already done.

EXAMPLES

Words/Actions Described by Patient	The Caregiver's Positive Intent	Negative Impact: Patient Perception
<i>She calls me Sweetheart.</i>	I want to be friendly and personal with my patients. I want them to feel comfortable.	<i>I feel demeaned and disrespected. Does she not know my NAME?</i>
<i>She looked at her watch while I was talking to her.</i>	I want to give a gentle hint that I'm out of time, instead of having to make a big point of it and hurt the patient's feelings	<i>She can't wait to get away from me. I'm not as important as her other patients.</i>
<i>He typed on a laptop the whole time he was asking me questions.</i>	It's efficient; it saves time. And, I capture the patient's responses accurately.	<i>He's rude and he's not really listening to me.</i>
<i>She was chewing gum with her mouth open and leaned over me. I could smell the gum and see down her throat. It was disgusting.</i>	I'm a smoker and I don't want my patients to smell tobacco on my breath. Also, chewing gum helps me with stress.	<i>It's so unprofessional and inconsiderate. It makes me sick.</i>
<i>Everyone asks me my birthdate.</i>	We follow a strict protocol for the patient's safety.	<i>Is that a senility test? Do they think I've lost my mind?</i>
<i>She says "we" instead of "I," like when she says, "Are we ready for our bath?"</i>	Be friendly and personal. Connect with the person.	<i>I HATE it when people say "we" instead of "I." WE are not ready for a bath. I am. "Are we ready to eat? Are we ready to work hard in therapy? Are we ready to go home?" It's so condescending and infantilizing; I could scream!</i>
<i>She told me, "Calm down!"</i>	She was all riled up. I wanted to help her relax.	<i>She thought I was overreacting! She has no idea what my life is like right now! It was dismissive. She just wanted me to shut up.</i>
<i>She wore a strong perfume.</i>	I wanted to smell nice for my patients.	<i>The smell made me sick to my stomach. There's no way to turn off my nose.</i>
<i>"Sorry it took me so long. We're short-staffed."</i>	I wanted to apologize for the delay and make sure she knew I was busy with another patient, not just taking my good old time.	<i>Get me out of here. They aren't equipped to take good care of me.</i>



Stress is inner biofeedback, signaling you that frequencies are fighting within your system.

The purpose of stress isn't to hurt you, but to let you know it's time to go back to the heart and start loving.

– Sara Paddison



**QUOTE WORTHY**

A wise woman who was traveling in the mountains found a precious stone in a stream. The next day she met another traveler who was hungry, and the wise woman opened her bag to share her food. The hungry traveler saw the precious stone and asked the woman to give it to him. She did so without hesitation. The traveler left, rejoicing in his good fortune. He knew the stone was worth enough to give him security for a lifetime. But a few days later he came back to return the stone to the wise woman. “I’ve been thinking,” he said, “I know how valuable the stone is, but I give it back in the hope that you can give me something even more precious. Give me what you have within you that enabled you to give me the stone.”

‘The Wise Woman’s Stone’ Author Unknown

How can you make sure that your impact is in line with your intent?

- 1) **State your intent before you act.** Check to make sure that what you intend is indeed valued by the person on the receiving end. If the person realizes your intent is in their best interest, they will accept your action and sometimes even help. If they don’t want what you intend, they’ll speak up and you can explain further or change course. Example:
 - Instead of closing a patient’s curtain without saying anything, ask permission or at least state your intent, giving the person a chance to say NO. E.g. “I’m going to close this curtain. I want you to have some privacy.” Patient replies, “No! I’d rather have it open.” You reply, “Okay, that’s fine. I’ll be glad to keep it open for you.”
- 2) **If a behavior might affect some people negatively and an alternative behavior would not, stop doing it.** E.g. perfume, gum-chewing, Honey-Sweetheart.
- 3) **Listen and apologize.** When you become aware of your negative impact (because the person or a coworker tells you), first apologize. And then, learn more about their perspective. Invite their thoughts on how you should behave differently.
- 4) **Reflect and do better.** Ask yourself:
 - 1- What just occurred?
 - 2- How was the impact different from what I intended?
 - 3- How do I fix this for the future? Take responsibility for the harmful impact, and stop doing the behavior.
- 5) **Raise your own and your team’s awareness about Intent versus Impact.** Click below for two Practice Exercises to help you and your team become more alert to mismatches between intent and impact: ***Practice for Leaders***, and ***Practice for the Team***. Practice and then commit to telling each other when you witness a mismatch.

The Bottom Line

Of course, you mean well. Yet, it’s the impact of your behavior that people live with. For the sake of my mother and sister and everyone who depends on us to provide high quality, respectful care and service, make sure your behavior expresses your good intentions.



LANGUAGE OF CARING WEBINAR SERIES PRESENTS...

**TUESDAY,
MARCH 25,
2014
1-2 PM
(EDT)**

How to Hire Caring Communicators

Hiring effective, empathic communicators is essential to providing a consistently great patient and family experience. When we make hiring mistakes, we end up either living with these mistakes and putting undue burdens on our effective performers, or we spend time, energy and emotional angst trying to turn ineffective performers into good ones—if we even can. In this webinar, Dorothy describes the state-of-the-art behavioral interviewing approach to screening candidates for communication competencies.

HIGHLIGHTS INCLUDE:

- Quick review of behavioral interviewing and why it's the state-of-the-art
- How to use behavioral interviewing to hire effective communicators
- Questions for evaluating communication competencies
- What to listen for
- Key skills for ensuring trustworthy, predictive information
- Examples that make the effective process come alive

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WHO SHOULD ATTEND?

- Managers, patient experience strategy champions, human resource professionals, educators, nurse recruiters

WEBINAR FACULTY



Presented by Dorothy Sisneros, Partner, Language of Caring.

A seasoned executive coach, facilitator, trainer, and strategic partner, Dorothy has extensive experience as a consultant/partner

in healthcare, service excellence, leadership, strategic planning, talent management and organizational dynamics. Dorothy has served in a variety of leadership roles and been at the forefront of several national Service Excellence initiatives.

UPCOMING WEBINAR

Tuesday, April 29, 2014
1:00 – 2:00 pm (EDT)

**NURSE COMMUNICATION-
THE HCAHPS DIFFERENCE**

Amy Steinbinder Ph.D., R.N., N.E.-B.C.

**SPACE IS LIMITED
REGISTER NOW!**



Patients Speak

....about the Honey-Sweetheart-Deer Phenomenon

- I just say, “I feel uncomfortable when you call me _____ . My name is Rita.” But I will say that it’s a double burden to hear these awful nicknames, AND feel like we must nicely, sweetly ask the perpetrators to stop while hoping we aren’t offending them.
- I’m in and out of the hospital. As a mature male, I have to put up with this constantly and I find it very annoying and patronizing. There is nothing pleasant about this, and the purpose seems to be to demonstrate their superiority over older people. I openly object and ask people not to do it, but then they seem to get offended. I am sure that people who do this don’t intend it to be offensive, but they are. It is a major source of irritation.
- I have breast cancer and a lot of healthcare experience. I fill this out and ask that it be attached to my chart.

Patient’s Special Notice to the Medical Staff
<p>Illness does not turn me into a child. Please remember that I am still an intelligent, educated adult.</p>
My Name: _____
I wish to be addressed by nurses or staff as _____.
I wish to be addressed by a physician as _____.
You may also call me (The circled ones are fine):
<p>Sir Ma’am Miss Doctor Professor Hon Honey Dear Sweetheart Darling Sugar</p>
Other: _____



QUICK THANK-YOU’S

- Take a box of thank-you notes or printed “Thank You” worksheets to your next staff meeting. Give one to each person.
- Make point: “To do a good job, we rely on people on other teams or in other parts of our organization. Let’s each take 3 minutes to write a short thank-you to an individual, a team or department whose cooperation or support you appreciate.
- After people write this, invite a few people to read theirs.
- Then, work out how to ensure delivery to recipients.

Dear: _____
I want to take a minute to thank you for _____
_____.
You help me to _____.
<i>I really appreciate you for it.</i>
Sincerely, _____



YOU AND YOUR COLLEAGUES ARE INVITED TO A FREE WEBINAR OVERVIEW



MARCH 27, 2014
12-1 PM (EDT)
REGISTER NOW!



MARCH 11, 2014
12-1 PM (EDT)
REGISTER NOW!

- Discover how these blended learning programs are helping organizations achieve breakthroughs in the patient experience and patient/family-centered care, as measured by CAHPS improvement
- Learn how the programs work and their specific components
- Preview our awesome new Client Portal for easy access and sustainability resources
- Get to know our implementation services that help you jumpstart your strategy and accelerate your results
- Ask your questions!

SIGN UP TODAY!
SPACE IS LIMITED



Language of Caring

Achieving an unparalleled patient experience and a culture of caring through exceptional communication.



314 300 7701



Jill Golde, MA, Dorothy Sisneros, MS, MBA and Wendy Leebov, EdD—partners at Language of Caring.

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Join our LinkedIn Group “**Quality Patient Experience and HCAHPS Improvement**” and add to the rich discussions about the quality patient experience. AND please send us an INVITE so we can connect. Thank you!

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