

The “Angry Parent”

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CASE: A mother becomes very angry at the front desk. She came late and has been told she will have to wait to be seen, because the provider had to move on to see other patients.

QUESTION: What's a helpful way to deal with Parent Anger?

RESEARCH: The method described below has been abstracted from the literature and will improve compliance with treatment and patient outcomes, reduce the total time spent by staff, reduce practice expenses over the long term and increase the likelihood the patient/parent will come back. (JAMA 1999: 281:661)

METHOD:

1. **STOP!** Take a deep breath or two. Recognize that this is often an acute stress reaction in the parent, not a personal attack against you. And it is a critical moment in patient-practice relations. Ask yourself how you would prefer someone respond to you if you were the angry parent. Don't try to talk the parents out of their anger or tell them they are wrong.
2. **LOOK!** Recognize the feelings beneath the words. In addition to anger they may be feeling: "disappointed," "hurt," "threatened," "frustrated," "fearful," "worried."
3. **LISTEN ACTIVELY!** Empathize out loud, calmly and slowly. “You are feeling upset /disappointed/ frustrated.” You can repeat this type of statement (“You feel...”) several times as needed. (If you ignore the anger or dismiss the feelings as "wrong", you will probably escalate things!). Then, respectfully ask what happened to upset them and listen.
4. **VALIDATE!** Acknowledge the patient's point of view or perception (even if it is not your perception). “This is distressing.” “If I were your shoes, I would be upset too.” (Keep in mind, there are always different ways of interpreting a given situation, and your goal is to be helpful).
5. **FOCUS ON SOLUTIONS!** “What can we do to help?”... “What can we do to improve this situation?” Then, work with them to find a good solution or a way to help.

REMEMBER: The “angry parent” is often acutely stressed because s/he:

- Thinks things are “awfully” different from what they “should” be.
- Feels threatened, overwhelmed, embarrassed, and/or frustrated with the “system.”
- Has perhaps had past experiences in which s/he felt ignored or rejected (e.g. in another setting, community, or country) and expects a “replay.”
- Has perhaps learned in other parts of their life, being angry is “the only way” to get what you need.
- Or is stressed or angry about something else that happened earlier in their day (or life).

MAKE IT A LEARNING EXPERIENCE

Get the staff together afterward to discuss what you can learn from the experience and think of how to respond next time and how to prevent it.

WHY USE THIS APPROACH?

- Research and experience shows that taking the extra moment to listen early to the parent complaints and feelings and to empathize can reduce the time spent later in patching things up.
- It builds trust and preserves patient-practice relations.
- It improves compliance with treatment and clinical outcomes for the child.
- This will not always work with every single patient, but it generally works better than arguing, placating, or reciting a practice policy.

More Tips

- Use a calm and even tone of voice.
- Monitor your body language so that you convey a neutral, non-threatening and interested demeanor.
- Listen first, before you start talking.
- Say what you can do to help, not what you can't do.
- Don't say, "It is our policy that..."
- Answer a question with a question for clarification.
- Repeat what you have heard to verify that the real issue(s) have been noted.
- Refer the patient/family to the appropriate person ("The person who can give you the best information is I'll check with them and get back with you.")
- Share with the patient/family what steps you will take and what they can expect of us.
- Check back with the patient/family to ensure that their needs have been addressed to their satisfaction.
- Under-promise and over-deliver.
- Explanations about another patient's care being a higher priority are not helpful. Neither is blaming another individual and/or department.
- Resist the temptation to share a patient/family's dissatisfaction with those that do not need to know. Patient/families may be sensitive about expressing dissatisfaction and may feel concern that their care/treatment will be negatively impacted.
- Develop a written policy for the practice on how to handle the angry parent

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