

A GUIDE FOR PATIENTS DEALING WITH DIFFICULT DIALYSIS CENTER STAFF MEMBERS

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(Author's Note: In a typical dialysis clinic, there are very few difficult staff members just as there are few difficult patients. In a clinic of 150-200 patients, we could predict only 2-3 that could be termed "difficult." In the arena of difficult people, there are no differences between patients and staff. Therefore, in a typical clinic, where, perhaps, 100 staff come and go over the years, we could predict only 1-2 difficult staff members.)

James walked toward his assigned dialysis seat. He stopped at the thermostat on the wall. Sixty-eight degrees. Several patients had already complained about the cold in the clinic. He studied the settings. As he reached for the temperature switch, a patient-care technician grabbed his arm.

"Don't you touch that!" she barked. "Get over to your chair, and mind your own business!"

The patient, an ex-superintendent of the school district for their large city, looked at the floor. He walked quietly to his chair and sat down, embarrassed and humiliated.

Regrettably, this type of scene may be played out in a number of dialysis clinics. Even more regrettable is the fact that many patients believe they can do nothing about it.

Common Human Situation

People are people with the same desirable and undesirable characteristics, no matter how long they went to school or how they earn a living.

The law of averages dictates that the percentage of difficult patients and staff would be about the same.

Over the past decade, however, there has been an emphasis in renal journals and conferences on dealing with "difficult" patients, but little about "difficult" dialysis staff. Most articles and speeches about difficult patients culminate in the "dismissal" of the patient from the clinic. But patients cannot dismiss difficult staff members. Therefore, they may have a greater need to learn how to deal with difficult people.

The Professional Relationship

All staff members, from the medical director and renal administrator to the part-time housekeeper, must act professionally. They have to follow certain rules and regulations in their conduct around patients. Following is a summary of professional behavior:

"No Harm." All staff members are expected to do their jobs in a manner that will do "no harm" to the patient. Some medical procedures may

cause pain to the patient, but the benefit must be greater than the pain. For example, it hurts to get stuck with a needle, but the benefit outweighs the risk, thereby justifying the pain. All medical staff adhere to this risk/benefit ratio. Intentionally harming a patient without benefit is unethical.

Listening. Professional caregivers are supposed to listen to their patients. This takes time, and staff are often pressed for time. If a patient asks a question, requests information, or wants to discuss a problem, however, staff members should stop and listen.

Confidential. All information about patients and their medical problems should remain confidential. This means that staff may not discuss such matters with anyone without the patient's permission. In most cases, this permission is given in writing and is for specific information. Employees who discuss patients outside the clinic without their permission are betraying confidentiality.

Non-judgmental. Professional staff should not judge patients. They must accept patients as they are, regardless of political affiliation, religious preference, lifestyle, sexual orientation, ethnic or racial origin, marital status, or language. Staff members who show contempt for patients because of who they are, or for the life choices they have made, are exhibiting unprofessional behavior.

Education. It is the job of staff members to teach patients and answer questions about their illness and its treatment. If they cannot answer the questions, they should refer the patients to someone who can. Sometimes, patients need to ask the questions first. Every procedure, every injection, every pill—everything staff members do—needs to be explained to those patients who do not already know.

One-Sided. The professional relationship is one-sided. Staff should talk about the questions and needs of the patient, not of the staff. It is

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inappropriate for staff to discuss their personal problems, salaries, conflicts, or religious beliefs. Employees who discuss personal matters in front of patients are also being unprofessional.

Courteous and Friendly. Staff members should never be rude, snippy, curt, or contemptuous with patients. Certainly, they are allowed to have a “bad day” once in a while, but a staff member who is nearly always rude or unfriendly is violating the rules of professional behavior.

Private. Staff members frequently have to ask personal questions. This is best done in a quiet voice that cannot be

overheard by other patients. If a patient requires a procedure that involves removing some clothing or wants to discuss something personal, staff should put up privacy curtains.

Non-Financial. Except for the social worker under certain conditions, employees should not exchange money with patients. Patients are at the mercy of staff any time money changes hands between them. If an employee purchases an item and does not pay for it, the patient has little recourse to collect.

Non-Romantic. While nurses sometimes “fall in love” with their patients in the movies, in real life this is not allowed. All dialysis clinic staff are prohibited from dating patients or getting personally involved with them. Dialysis staff should be friendly and treat patients in a loving way, but they should not “fall in love” with them.

“Difficult” Staff

Staff members are supposed to be “helpers,” but the difficult ones can cause patients discomfort, fear, embarrassment, even unnecessary pain. They might insult patients, act rude or superior, and ignore patient requests. Above all, difficult employees violate one or more of the standards of professional behavior repeatedly with all patients.

Sometimes, personality conflicts occur between

a patient and an employee. A difficult staff member is someone who acts inappropriately with several or all patients. Patients must observe staff behavior over a period of time and with several other patients to determine if the staff member is "difficult" or if it is a personal matter. Once it is certain that the employee is behaving unprofessionally over several treatments with several patients, something can be done about it.

Following are some steps patients can take in dealing with difficult dialysis staff members:

Step One: Talking to the Staff Member

When there is a problem, even if it is a personal matter, it is best that a patient and the staff member talk to each other directly. The patient should approach the employee and ask to talk with him/her privately. In most cases, a mere mention of the problem should change the behavior. And remember that no one likes to be yelled at, so it is best to talk in a calm, polite manner.

It is also best to introduce a specific gripe. The patient may say that, on a certain date, the staff member said or did something that made the patient feel offended. Usually, the employee will reply that this was not his/her intention and may even apologize. It may also be best to accept part of the blame for a bad situation. Most people will respond well to this type of approach.

Some staff members may not be approachable or refuse to accept responsibility for wrongdoing. If this happens, and the employee continues the unprofessional behavior, the patient can go to Step Two.

Step Two: Talking to the Social Worker (SW) or Director of Nurses (DON)

The SW or DON will intervene for patients and talk to "difficult" staff members if they are asked to do so.

The difficult person may be formally counseled and even "written up." This will cause almost anyone to change their unprofessional behavior! If it does not, however, the patient may elect to talk to the clinic administrator or proceed to the next step.

Step Three: Filing a grievance in the Clinic

Every dialysis facility has a manual of policies and procedures for the operation of the clinic and care of its patients. It includes a patient grievance procedure. The SW is the best person to ask about the procedure and how it works. If the

patient needs help in writing the grievance, the SW, who may serve as an advocate for the patient, can help.

The steps involved in a grievance will vary from one clinic to another, but, generally, they involve writing the complaint, often on a specific form, giving it to the social worker or administrator, and waiting for a reply. Most often, the administrator or DON will meet separately with the patient and the staff member to hear both sides.

The clinic will try to resolve the issue in a mutually satisfactory manner. This means that both parties must be willing to work toward a solution. Most complaints can be resolved within the clinic itself by the SW, DON, and/or administrator.

Step Four: Going Outside the Clinic

Going outside the clinic to resolve a problem with a difficult staff member is a serious matter, but, sometimes, patients may have no choice. All dialysis and kidney transplant clinics in the country come under the auspices of an End-Stage Renal Disease (ESRD) Network. The network is the appropriate place to file a grievance outside the clinic. All clinics are required to post the phone number of their network in a place where patients can see it.

The Patient Services Coordinator or Quality Management Nurse at the network will investigate the matter. Clinic administrators and medical directors do not like to be under the watchful eye of the networks, so they attempt to resolve the problem as quickly as possible. In a majority of cases, just a phone call from the network will resolve the problem.

Some state agencies such as the Department of Health, Department of Human Services, or Adult Protective Services, also investigate complaints and attempt a resolution. The procedures are similar for both the state agencies and the networks. If your state has such an agency, its phone number should be posted on the patient bulletin board.

It is against Medicare regulations for any doctor or clinic to retaliate in any way against a patient for filing a grievance. A patient is merely exercising his/her rights by doing so, and any doctor or clinic who retaliates against a patient for doing this must answer to the authorities.

There are other entities that can help patients with complaints. These include the American Association of Kidney Patients at (800) 749-2257

and the National Kidney Foundation (800) 622-9010.

Litigation: the Last Straw

Going to court against a doctor or clinic is time-consuming and costly. Both sides are going to be hurt, no matter the outcome.

Patients should think seriously before taking this step. If patients feel the step is absolutely necessary, however, they should contact the bar association in their county and ask for a referral to a lawyer. By the same token, there is no law requiring a doctor or clinic to continue caring for a patient after a suit has been brought against them.

Patients and staff alike should remember that nearly all problems can be worked out if the two parties are willing to talk with each other and seek a compromise. A compromise means that neither side gets everything they want, but they do get a resolution they can live with. This will probably be much easier than going through all the steps involved in a complaint, grievance, or court proceeding. **FPO**

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