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Make Points, Not Enemies: How to Effectively Manage Angry Parents

What's the first thing you do when you enter the office each morning? You probably peek at the schedule to see who's coming in. When you see a certain name, you can't restrain a groan – a reaction often shared by your entire team. Some parents just mean trouble for your practice.

Although most parents hold positive attitudes about your services, every pediatric dental office faces the occasional angry outburst. Parents may be upset because they thought the treatment would be covered by insurance but isn't - because their child didn't like a particular procedure - because they can't have the appointment times they want. Although you can't control the emotional state of parents, you can control how you respond. Since a positive approach to managing angry parents is a way to make points for your practice instead of enemies, this issue of *PMM News* is dedicated to practical tips for handling parents when they are so upset they act worse than children. We will start with general guidelines, then turn to specific strategies.

Four Essential Truths of Managing Angry Parents

One: You are usually the last straw on the camel's back. When parents lose their temper in the office, it is not solely because of the incident under discussion, but also because the incident occurred in the midst of the parent's very long, very bad day. This essential truth should help protect your feelings and your sanity, as well as keep you from saying something you should not. As author Dorothy Nevil wrote, "The real art of conversation is not only to say the right thing at the right time, but to leave unsaid the wrong thing at the tempting moment."

Two: More parents are bothered than you think. According to a Gallup Poll sponsored by the American Dental Association, 60 percent of patients said they would change dentists if they were dissatisfied or had a problem, but only 23 percent would talk with their dentist to resolve the problem.¹ Practice management consultant Sally McKenzie estimates that for every one patient who complains, 10 are bothered.² She recommends that team members keep a record of complaints, discuss them at staff meetings and watch for reccurring problems.

Three: Anger hits with a double whammy. First, anger is a negative emotional state and difficult for some people to handle. Second, people who are angry tend to see the actions of others as far more negative than they actually are. For example, if you leaned back in your chair and folded your arms in front of a calm parent, the behavior would probably go unnoticed. The same behavior in front of an angry parent might cause additional upset. Thus, you must keep your nonverbal manner as calm, pleasant and positive as possible.

Four: When anger rages, compassion counts more than clinical competence. According to research, consumers generally consider competence and expertise as most important in deciding whether to trust a professional. However, when consumers get angry, they care less about expertise and consider empathy and caring as most important.³ The old saw of "They don't care how much you know until they know how much you care" is proven true, particularly with angry parents.

Smart Strategies for Managing Angry Parents

Now that we have laid the groundwork for working with parents who are upset about an incident in your practice, we turn to practical communication tips to help reduce anger in constructive ways.



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Get privacy. It is hard to negotiate a workable solution when an angry parent is "playing to the crowd" of other families in the practice. Further, a parent's vociferous complaints can damage your practice image whether they are true or not. So, your first step is to invite the parent into a private location such as a consultation room or administrative office.

Listen well and longer than you want to. Let parents tell the story of their discontent without interruption. Listen attentively while the parent blows off steam and then winds down. The best step in anger management – and in successful negotiation – is to let the other side know you have carefully considered their point of view. Frankly, many parents will not listen to anything you have to say until their opinions have been aired first.

Paraphrase the parent's message. A parent approached a pediatric dentist in the office hallway after her son's visit and said, "My Billy said you told him to 'shut up.' How dare you! I won't have my son talked to that way!" The pediatric dentist had done no such thing, of course, but rather than first stating his innocence, he said, "How upsetting that must have been for you to hear! No parent would want a child talked to in a disrespectful way." This empathetic response helped calm the parent down enough to be able to listen to the doctor's description of what *really* happened during the visit.

Keep in mind that people who are anxious or upset can miss as much as 80 percent of the content of a conversation. If you communicate back in your own words what the parent has told you, you will build rapport and clarify the problem. For example, if parents are angry because their child needs a prompt appointment and they don't like the times available, you might say, "It is certainly frustrating when the times you want are already taken," or, "I can tell this situation is exasperating when you are trying to get your daughter the care she needs."

Stay professional. Some parents behave so badly that you desperately want to get snotty right back at them. For example, a parent asked a financial coordinator to post-date a treatment to make it eligible for insurance coverage. When the coordinator politely refused to do so, the parent became extremely rude. The coordinator finally snapped, "If I would cheat an insurance company, wouldn't I cheat you too? Is that what you want?" Don't give into the temptation to match the parent's bad manners. Adlai Stevenson once said, "Speak when you're angry, and you will make the best speech you will ever regret."

Ask for the parent's help. Some situations require you to gather information to develop an accurate accounting of the problem. For example, a parent might be upset because they received a letter from a collection agency. You might say, "I want to make sure I get everything exactly right when I talk to the doctor about this. I'm going to write down your concerns. Would you tell me again what the collection agency said when you called them?"

Look for an area of agreement. Although you may disagree with most of what angry parents say, you may find something with which you can agree. For example, suppose a mother is upset because her son did not like an aspect of treatment. Both you and the parent agree that having her son comfortable with dentistry is an important goal. Perhaps you can work together to discover how to help her son feel more comfortable for the next visit. Or, imagine a father is angry because his dental insurance will not cover sealants. You can certainly agree that dental benefit plans should cover sealants, and note that although some do, far too many do not.

Give a quick solution if there is one. Suppose a nanny is irritated because she sat on a piece of mashed banana left on one of your reception area chairs. Offer her money from petty cash to pay the cleaning bill and clean or cover the messy chair immediately.

Ignore unfair criticism. Imagine a parent storms to the front desk and shouts, "There's a mistake on this bill. I bet you thought you could get away with it! Well, you can't put one over on me!" It is best not to get defensive and try to explain that you are not in the business of deliberately overcharging patients. Simply say, "I'm so sorry about this! How inconvenient for you. Let me see how quickly I can fix it."

Don't tell too much. As a dental seminar speaker, I once had a client who expressed concern that bad weather would prevent me from speaking at her conference. I thoughtlessly responded by telling her my favorite travel horror stories involving hurricanes, tornados and ice storms. Naturally, she found me neither helpful nor entertaining. Don't say, "Parents complain about that a lot," or "That happens all the time." Discussion of frequently occurring problems belongs with team members in staff meetings, not with parents in the practice.

Add a compliment if you can. Resolutions of parent complaints and problems often go more smoothly if you can add a positive remark, such



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as, "I'm sorry the visit didn't go as you had hoped. You know how much we like Justin." Another possibility is, "You are the last person I would want to be unhappy with our practice."

Keep them posted on your progress. Frequently, the issues that make parents angry can't be solved immediately. You may have to track down information or check with such parties as the insurance company, hospital, or referring dental office. You might tell the parent, "I am going to see what I can do about this unfortunate situation. I will call you tomorrow. Is your work or home number best?"

Don't roll over and play dead. If the parent becomes verbally abusive, you do not have to stand there and take it. Instead, try saying, "I really want to help with this, but I'm finding it difficult when you talk to me in this manner." Or you might say, "This isn't going as well as I had hoped. Can I have just a moment to take a deep breath, and then we can start over?" Another option is, "I'm sorry, but I'm getting too upset to be a good listener. That's not fair to you. Can we take a brief break, or would you prefer to talk to someone else about this?"

Conclusion

Although an upset parent is one of the most challenging aspects of managing a pediatric dental practice, sometimes anger is a signal worth listening to. Questions and concerns left unsaid are the ones that can hurt your practice in the long run. If parents voice their complaints, you have an opportunity to clear up misunderstandings, provide valuable information, build relationships and protect your professional reputation.

References

- 1. Dentistry in the 90's: Consumer Attitudes and How They Affect Your Practice. Chicago: American Dental Association, 1991.
- 2. McKenzie, Sally. New Patient's First Impressions, presentation given at the Chicago Midwinter Dental Meeting, Chicago Dental Society, February, 2001.
- Covello, Vincent. Seven cardinal rules of risk communication. Washington, DC: U.S. Environmental Protection Agency, Office of Policy Analysis, 1998.



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