


Positive Responses to Challenging Events in the Dialysis Unit

**D DECREASING
DIALYSIS
P PATIENT-
PROVIDER
C CONFLICT**



**A Guide to Managing Dialysis Patient Comments,
Questions, and Complaints to Prevent Conflict**

Introduction

This guide provides examples of responses to common patient complaints and comments to prevent conflict between patients and staff.

Use the responses to patient statements included in this guide as a tool to assist you to develop a non-confrontational method of responding to patients who may be angry, frightened, demanding or inappropriate.

Do not memorize these responses! They are intended as a tool to assist you to develop a non-confrontational method of managing difficult situations.

If you have questions about the responses or need additional help in developing non-confrontational communication skills – speak with your unit social worker, he/she is experienced in speaking with people in distress and is an excellent resource.

A positive response to a challenging situation has three parts:

1. Acknowledge the comment, question or complaint.
2. Respond to the individual in a calm empathetic manner.
3. Seek assistance from the Resources available to you:
Unit Administrator, Nurse Manager, Charge Nurse, Social Worker and Dietitian.

Note: All complaints should be recorded in the patient's medical record along with steps taken to resolve the issue.

Staff Issues

PATIENT:

“You NEVER listen to me, you just act like we’re all the same. It’s not one size fits all!”

SAMPLE RESPONSE:

I’m sorry you think I’m not listening to you. I do want to hear what you are saying. Please try to be specific about your concerns so I can try to help you. Some aspects of your treatment will have to be addressed by the physician, but I’ll do what I can to make you more comfortable.

“Who taught you how to do this job? Cause I don’t think you got it man. You don’t know what you’re doing.”

Please tell me what you think I am doing improperly. I’ll explain the procedure to you and why I’m doing what I’m doing. If you’d like me to call the DON or Charge Nurse to join us I’d be happy to call her.

“You guys just go off and leave us alone.” or “You’re so busy visiting about your weekend, boyfriend, vacation... that you can’t bother to come over here and answer the alarms. ”

I am sorry that occurred. I will tell my center director (or nurse manager) that you have observed times when staff was not responsive. I know she/he will want to make sure that this is not re-occurring.

“I’ve been watching you and you didn’t wash your hands like you’re supposed to.”

Thanks for reminding me. It gets pretty busy in here and I may have forgotten to wash my hands. Your safety is my concern.

“Why can’t you people talk to each other? I already told _____ about this.”

I’m sorry you have to repeat it to me. I’ll make sure your concern gets reported to the proper person (people).

“Why can’t you answer my question? Or aren’t you supposed to know this stuff?”

I don’t want to give you the wrong information if I’m not sure how to answer your questions. We have several specialists on our staff. That’s why I ask the (nurse, dietitian, social worker, etc.) to speak with you. Then we can both learn the correct answer.

“That dietitian (social worker) is never around when I need to talk to her.”

I’m sorry she’s not here today; we share her with (X#) of other clinics. Can you tell me what it’s about? Is it an urgent matter? Maybe someone else can help you today, and I’ll make sure she knows you want to see her.

Treatment Issues

"It's cold in here!"

I'm sorry you're cold. Many patients tend to feel too cool during the treatments. I will tell the charge nurse that you think it is too cold in here. Can I help you get more comfortable now? Could you bring a blanket or maybe wear extra clothing to your treatments? Some people like to wear a glove on their hand.

"I want to get on first." or "There's an empty chair, why can't I go on now?"

I understand your frustration. An empty chair doesn't necessarily mean that it's not about to be used. It takes time to prepare each machine. We give each patient a scheduled time window to get on to make things run smoother for everybody in the clinic. If we start changing people around, it will mess up our schedule, I'm sorry! Would you like to talk to the charge nurse about a different schedule for your put on in the future?

"I don't want her to stick me."

Okay. All of our staff are competent, but let me call our facility manager.

"I don't want them in my area"

I hear your concern. Would you like me to get the charge nurse so you can discuss your concerns with her?

“I want to get off before him.”

Are you saying that you want to get off your treatment early or just before him? If early, I must recommend that you stay on your full treatment to get the dialysis you need. If you mean take you off before him, well, he has already had his full treatment so its time for him to come off. Would you like the charge nurse to join us?

“How come my machine keeps on beeping?”

I know it can be disturbing. The machine monitors the treatment and tells us what's happening during treatment. It helps us to give you the best care. Please feel free to ask the staff what they are doing when they re-set the machine.

“Why did we have to wait so long today? ”

I'm sure it's frustrating to have to wait. We were having problems with (short staff, mechanical problems). We wanted to be sure everything was just right so you would have a safe treatment. Would you like to speak to the facility manager about it?

Food and Diet Issues

“Why can’t I have more soda?”

I understand you would like more but I have to follow the policy. We’re worried about possible fluid overload and the consequences to your health. Would you like to speak with the doctor?

“How come I can’t eat while I am on the machine?”

It might seem like a long time to go without food. The doctor thinks that it is safer if you don’t eat because your blood goes to your stomach to digest the food and that may make your blood pressure drop. Also, it is to be sure you don’t choke if a low blood pressure makes you vomit. If you like, I’ll ask the doctor to speak with you.

“I did not drink that much! How did I gain that much weight?”

Managing your diet can be hard. Sometimes that fluid can really sneak up on you. Some solids foods have a lot of liquid in them. Maybe for the next treatment you could fill out our journal sheet of everything you eat & drink in between the treatments and discuss with the dietitian. This would help us help you figure this out. Let me have the dietitian come and talk to you.

Safety and Policy Issues

"It's cold in here, I don't like my arm uncovered."

I'm sorry you're cold. It's for your safety that we have to keep your access exposed; we need to be able to see that everything is okay at all times. You can cover your hand and the other part of your arm (leg, etc.). You can bring a glove to keep your hand warm. Can I help you re-position to cover everything but the access?

"Pull the curtains; I don't like everyone watching me."

I understand that you're uncomfortable with the curtains open. But we must be able to see you at all times to be sure your treatment is safe. Would you like to speak with the charge nurse about a chair that is not in the middle of the room for future treatments?

"Why can't my (spouse, children, aide, friends) come in and keep me company?"

I know you're here for a long time. Dialysis units can get pretty busy. Extra people in the unit are a distraction and prevent the staff from safely monitoring your treatment. There is also a risk of increased infection with too many people in the unit. I'll ask the facility manager to speak with you.

*Produced by the Decreasing Dialysis Patient/Provider
Conflict Workgroup and funded by the Centers for
Medicare/Medicaid Services by contract to the
ESRD Network of Texas (ESRD Network 14)*