

Providing a good customer experience in challenging times

GRaDE Care Group

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Red Vanilla

This workbook can be downloaded from
www.redvanilla.co.uk/GRaDE

1. Welcome and Aims

Workshop Aims

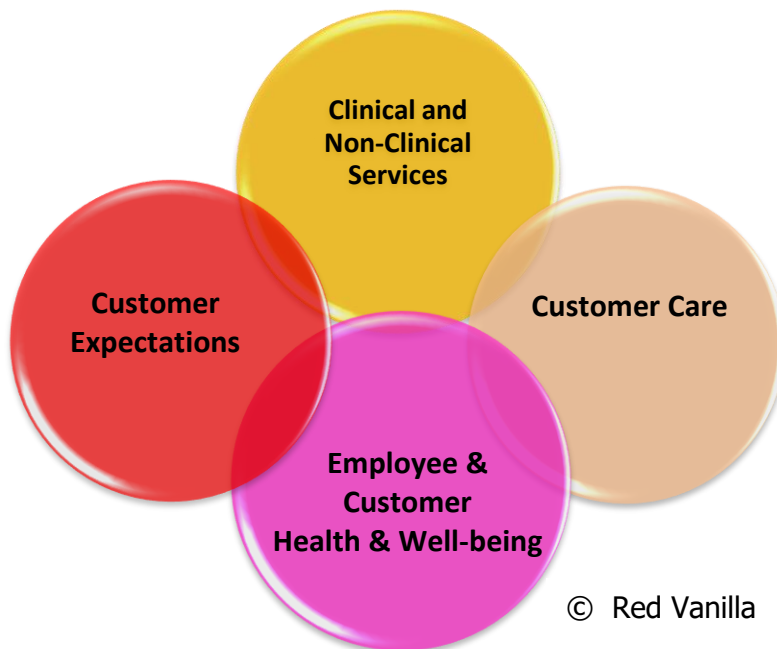
- To help you prevent, respond to and de-escalate challenging situations.
- To help you improve your own resilience to challenging situations.
- To share good customer experience practice and expertise that currently exists within your Care Group.

Using the term 'Customer'

'Customer' is a catch-all phrase used to refer to everyone who you provide a service to. For care groups such as GRaDE, customers refers to patients and their visitors, carers and relatives. In addition STH colleagues (and colleagues from other parts of the NHS) can be viewed as internal customers.

Who are your customers?

The 4 Parts of Patient and Customer Experience



- Which circles are completely within your control?
- Which circles can you influence?

2. The 4 Parts of Customer Experience

1. Clinical and Non-Clinical Services – What you deliver

The delivery of high quality clinical and non-clinical care including availability of appointments, waiting times in clinic, quality of waiting rooms, speed of diagnosis, speed and effectiveness of treatment, speed of response to internal customers



For a range of reasons and especially during the COVID-19 pandemic, clinical and non-clinical services may have been reduced in terms of availability, speed and quantity.

2. Customer Care – How you deliver

Making a positive impression, taking ownership and solving problems, treating people as individuals, communicating effectively, smiling, being empathetic, introducing yourself, helping colleagues in other teams and directorates.



It can be challenging to provide polite, pleasant customer care when a) the person you are interacting with is being challenging and b) if you are tired, stressed and exhausted.

3. Customer Expectations – What people expect you to deliver

The expectations that the customer has about clinical and non-clinical services and customer care. Customer expectations may be unrealistic and mismatched to what you can deliver. Customers' expectations may be met, not met, or exceeded.



In a post-pandemic era combined with budgetary pressures, it can become even harder to meet customers' expectations – even though customers' needs (especially patients) may have increased.

4. Employee and Customer Health and Well-being

The physical and mental health and well-being of NHS employees as well as patients, relatives and visitors impacts on all of the above in different ways.



Staff and customers may all be suffering from reduced mental and/or physical health may be more difficult to engage with.

2. The 4 parts of Customer Experience



This clip from the BBC's The Office shows the difference between service, customer care and customer expectations.

https://www.youtube.com/watch?v=2Z8pgV74_Hw

Q1 Customer Expectations

What sort of experience is the customer expecting?

Q2 Service

Out of 10 how would you rate the service provided and why?

Q3 Customer Care

Out of 10 how would you rate the customer care provided?

Q4 Customer Experience

What was the customer's overall experience?

Customer & Patient Experience

EXPERIENCE



Employ caring and cared for staff

"Something that happens to you that affects how you feel"

Patient Experience: Aspects of care that are over and above the medical interventions

Making a difference: The next chapter 2022-2027

"Focus on how we look after our current staff as they recover and our future staff to ensure we continue to be a great place to work and meet their health and wellbeing needs."

2. The 4 parts of Customer Experience

What you can do to improve customer experience during challenging times.

- Recognise customers' behaviour, attitudes and emotions
- Demonstrate and acknowledge you recognise customers' emotions
- Use effective communications to demonstrate that you wish to help customers
- Check with the customer that you have helped them



6 Questions to Consider in your team

What are your team's strengths and areas for improvement around Customer Experience?

1. Do we provide a good service but some customers' experience is let down by aspects of poor customer care?
2. Do we provide a good service but some customers' experience is let down by poor management of people's expectations.
3. Where we cannot provide the service we'd like to, do we try to provide excellent customer care to try to improve the overall customer experience?
4. Does everyone in our team provide our customers with a good experience? If some colleagues are less effective at providing a positive experience than others – is there anything that we can do to support these colleagues?
5. Does the team provide a consistent customer experience? Are there times of days or days of the week when we are particularly understaffed or exceptionally busy– can we do anything about this?
6. Do we work well with other colleagues and teams in other areas of the Trust for the benefit of our internal and external customers?

3. Effective Communications

Effective verbal and non-verbal communications can help **prevent** patients and other customers becoming frustrated and angry and may de-escalate challenging situations/ improve challenging behaviours.

Poor verbal and non-verbal communications can **contribute** to patients and customers becoming frustrated and angry and can create challenging situations.

3.1 Establishing rapport

When communicating with people, even if the communication is very brief, establishing rapport early can contribute greatly to effective communications.

Rapport is:

“A close and harmonious relationship in which the people or groups concerned understand each other’s feelings or ideas and communicate well”

Source: www.oxforddictionaries.com/definition/english/rapport

Benefits of Establishing Rapport

- Creates trust
- Reassures and comforts anxious and stressed people
- Reduces the risk of conflict and aggression

How we Communicate and establish rapport



3.1 Establishing rapport

The late Kate Granger MBE (1981-2016), creator of the **Hello My Name Is** campaign describes in a clinical setting how a Theatre Clerk created rapport.

"I had my Portacath inserted this week. I had worked myself up into a nervous frenzy about the procedure, as I commonly do when anything invasive happens to me. I arrived at the theatre reception at the specified time with my Mum.

We were greeted by the theatre clerk. A friendly: "Oh yes you must be Kate! My name is Karen. Please take a seat and I'll fetch Jay the nurse to do your pre-op assessment."

All said with a smile and welcoming body posture. Immediately, despite my anxious state I was put at ease. I literally sighed in relief and took a seat."



Kate Granger

Introductions might not seem like the most important aspect of care we deliver, but they can really have a huge impact on the psychological state of our patients as demonstrated by this episode. We've all sat there and stared at a computer screen or set of notes, refusing to look up to acknowledge the presence of someone who needs our help. But just remembering that patients are in an alien environment and being welcoming can have such a big impact.

Source: www.england.nhs.uk/2013/11/kate-granger/

Do you have any examples, pre or post Covid of successfully responding to a challenging situation? What communication skills did you use? What did you say?

3.1 Establishing rapport

Being seen and being heard to be friendly and approachable



10 mins

- Please place the 12 A4 laminated photographs on your table or on the floor.
- Discuss in your groups who appears approachable and who not so approachable.
- Place the laminated photographs in order from **Most Approachable** person on the left to **Least Approachable** on the right.
- How we interpret people's facial expression and body language is subjective so you may not all agree about the order.



1



2



3



4



5



7



8



9



10



11



12

12

3.1 Establishing Rapport

Introduce yourself whenever appropriate



#hello my name is...

A YouTube clip from Chesterfield Royal Hospital

(Duration: 52 seconds)

www.youtube.com/watch?v=DoRMDIG1www

Do you introduce yourself by name when answering the phone? What tone of voice do you use?



How can you communicate to people that you are approachable, welcoming and wanting to help them when?

1. You are speaking to someone on the phone.
2. You are using a keyboard and screen and the person is in front of you waiting.
3. You're responding to an email they have sent.
4. You are sending an email to them.
5. What could you do if one of your colleagues doesn't look or sound happy at work when interacting with a customer?
6. Do any of laminated photos remind you of yourself at work?

3.2 The Words We Use

Words – Negative and Positive

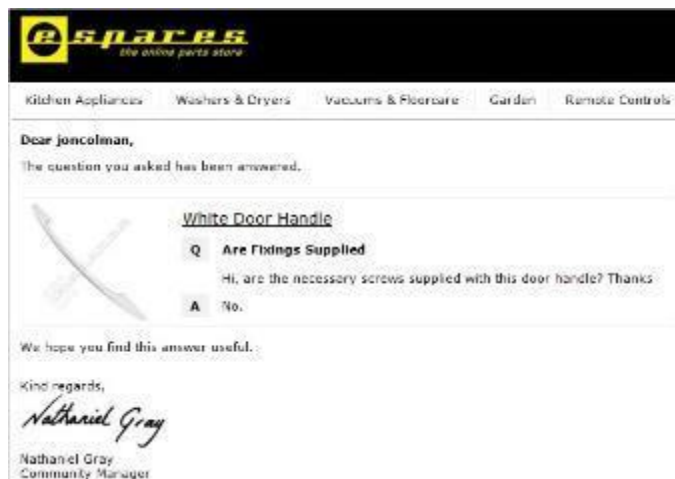
Negative language – Can lead to people having a negative experience because it:

- Emphasises what **cannot** be done.
- Can have a subtle tone of blame.
- Reminds or tells people that you're right so they feel bad

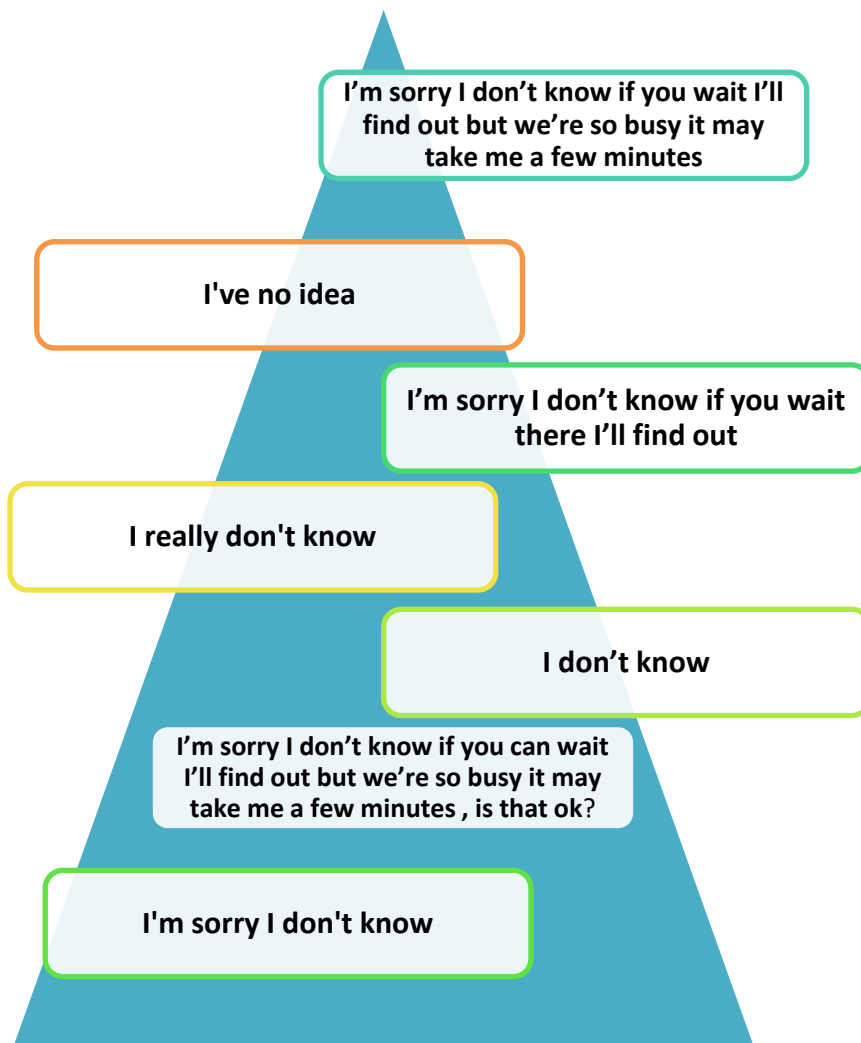
Positive Language - Can help people have a positive experience because it:

- Emphasises what **can** be done
- Shows you're accepting and taking responsibility for helping the other person
- Suggests alternatives and choices available
- Sounds helpful and encouraging not bureaucratic

The cooker door handle



3.2 The Words We Use



Hierarchy of Helpfulness

Group Work  5 Mins

Working in groups, please place the laminated cards in ascending order with least helpful phrases at the bottom and the most helpful/ most caring phrases at the top.

Are there any words or situations in your experience that can 'trigger' patients and customers, leading to even more challenging situations

3.2 The Words We Use

What words or phrases can we use to achieve the following:

Aim	Positive Words
Words used to show you care	
Words used to show you understand what the customer wants	
Words used to show you understand how the customer is feelings	
Words used to give the customer a sense of control and options	
Words to immediately calm an angry person?	

4. Using Transactional Analysis to influence behaviour

Transactional Analysis (TA) and Challenging Situations.

TA can be used in two, linked ways.

- 1) To help you choose the right words, tone of voice and body language to prevent or de-escalate a challenging situation.
- 2) To help you analyse the attitudes and behaviour of other people, in order to influence their behaviour in a constructive, ethical way.

Transactional Analysis was first developed by Canadian-born US Psychiatrist Eric Berne in the 1950s, originally as a therapy tool.

The word 'Transaction' in this context refers to the interactions and communications between two or more people. The 'Analysis' refers to understanding the transaction.

Generally, Transactional Analysis can be used to:

- Help understand why we behave in certain ways, with certain people.
- Help us to appreciate why we affect people in different ways, sometimes on different day.
- Help us behave more effectively.

Transactional Analysis in one sentence

Transactional Analysis suggests that people subconsciously adopt one of three 'ego states' i.e. personality type and the way we transact with people reflects the ego state we're currently in – **Parent, Adult or Child**

4. Using Transactional Analysis to influence behaviour

The Three Ego States



Critical Parent



Nurturing
Parent



Rebellious Child



Compliant Child



Free Child

4. Using Transactional Analysis to influence behaviour

Recognising Parent, Adult and Child behaviours.

Parent

Physical - angry or impatient body-language and expressions, finger-pointing, patronising gestures,

Verbal - always, never, for once and for all, judgmental words, critical words, patronising language, posturing language.

N.B. beware of cultural differences in body-language or emphases that appear 'Parental'.



Within the NHS – an angry relative: “I pay your wages” “You must do this for my relative” “I’ll be making a formal complaint”

Child

Physical - emotionally sad expressions, despair, temper tantrums, whining voice, rolling eyes, shrugging shoulders, teasing, delight, laughter, speaking behind hand, raising hand to speak, squirming and giggling.

Verbal - baby talk, I wish, I dunno, I want, I’m gonna, I don’t care, oh no, not again, things never go right for me, worst day of my life, bigger, biggest, best, many superlatives, words to impress.



Within the NHS – some patients: “I’m the sickest patient” “You’re the expert” “I don’t want to get out of bed”

Adult

Physical - attentive, interested, straight-forward, tilted head, non-threatening and non-threatened.

Verbal - why, what, how, who, where and when, how much, in what way, comparative expressions, reasoned statements, true, false, probably, possibly, I think, I realise, I see, I believe, in my opinion.



Within the NHS – colleagues: “Can we find a bed for this patient; I know you’re really busy?” “Is there anything I can do to help you with your patient?”

4. Using Transactional Analysis to influence behaviour

4.1 Recognising Parent Adult Child

Jeb's Jobs

In this animated office scene we see a Technical Support team member demonstrate Adult, Parent and Child behaviours.

www.youtube.com/watch?v=tG7hYnMyxyY

YouTube search: Jeb's Jobs Technical Support



1 What's Jeb's state of mind when he first starts answering the phone?

2 What's his state of mind when someone asks for Mr Strap and Mr Octopus?

3 What's his state of mind when he talks about the firewall?

4 What's his state of mind when he asks someone to flush the power unit?

Words and Transactional Analysis – Online Quiz

This is an online quiz you may choose to do after the online workshop



The things people say will often indicate what state of mind they are in. Within a hospital, listening out for this 'clues' can help you

We don't provide that	You didn't do it correctly	
You mustn't	What do you think?	It's not fair
We've told you before	I need	I can't be bothered
I want	Can we discuss this now please?	I agree
The reason we can't do this is....	Do I have to ?	Please calm down
You'll have to wait	I'm lost	I'm too busy now
I'm really scared	Is now a good time to look at this?	
I'm sorry you've been waiting so long	How are you doing?	

4.1 Recognising Parent Adult Child

Transactional Analysis with the NHS



David Cameron, Nick Clegg and a camera crew were told to leave a ward at Guy's hospital, London on the 14th June 2011 by an orthopaedic surgeon because proper hospital procedures weren't being followed.

www.youtube.com/watch?v=WIQWaBbURIY

YouTube Search: Irate Surgeon/ David Nunn



5 Mins

How would you describe the Surgeon's behaviour in terms of Parent, Adult, Child?

How would you describe David Cameron's response in terms of Parent, Adult, Child?

How would you describe the person who said "come and talk to me about it"

Why might have the Surgeon behaved in this way?

4.2 Changing Behaviour Through the 'Persistently Helpful' Approach

In a challenging situation, when faced with someone who is acting Rebellious Child or Critical Parent towards you – talking to them adult to adult, being continually helpful towards them can help move them towards adult behaviours – especially when combined with the correct body language and tone of voice.

Keep repeating an adult to adult message, being persistently helpful

Maintain an adult-to-adult approach – you should get an adult approach back.



This video contains swearing – please use headphones or watch where no-one else can hear the video

YouTube Search: Lego Death Star Canteen – The Remake

<https://youtu.be/toBJXOnOMdQ>



After this workshop you might want to consider the two questions below either on your own or with your team.



How could you use Parent Adult Child at work to prevent or de-escalate a challenging situation/challenging behaviours?

What words and phrases would you use to convey an Adult to Adult relationship or a Nurturing Parent attitude?

5. Emotional Intelligence

Emotional Intelligence (EQ) is different from the standard measures of intelligence (IQ)

Emotional Intelligence is:

“The skill or ability to **identify**, **assess**, and **control** you own and other people’s emotions”

An understanding of EI can help influence two sets of behaviours.



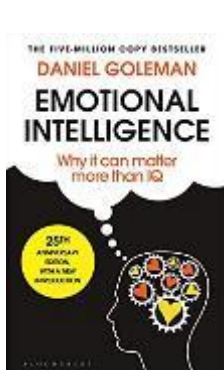
EI can help you choose your behaviour

EI can help you recognise and then manage your own emotions. If you can manage your own emotions this can then help you manage your own behaviour. Managing your own behaviour when faced with challenging situations will help you cope with these challenging situations.

Recognising and managing your own emotions in the long-term can help you develop and build resilience.

EI can help you (ethically) influence other people’s behaviour

If you are able to recognise and manage your own emotions, it can be easier for you to identify and understand how others, i.e. patients and visitors may be feeling and behaving.



Developing your Emotional Intelligence, can help you provide patients and visitors a positive experience even under very challenging circumstances.

Emotional intelligence came to prominence as a result of the publication of Daniel Goleman’s 1995 book called: “Emotional Intelligence - *Why it can matter more than IQ*”

5. Emotional Intelligence

- Emotional Intelligence can help explain how patients and other customers may be thinking and how and why they react to problems in different ways.
- Recognising customers' behaviour and demonstrating empathy can help you resolve customer dissatisfaction.
- Emotional Intelligence can also help you handle complaints and difficult customers well, particularly when you're not feeling at your best.
- Lack of Emotional Intelligence can turn a dissatisfied customer into a complaining customer.

The 5 components of Emotional Intelligence



5. Emotional Intelligence



1. Self-Awareness

- Recognising and understanding your own emotions
- Knowing when you're angry, tired, frustrated, sad etc and therefore potentially going to be abrupt or less patient with a patient, customer or colleague etc.

10 Minutes



Self-Awareness

Q1 What situations cause you to feel negative?

Q2 How do you know when you are feeling negative and therefore at risk of dealing with a colleague or other customer poorly?

Self-Management

Q3 If you know you're feeling negative at work or negative towards a particular customer what do/could you do to manage your emotions?

5. Emotional Intelligence



2. Self-Management

Being able to control and change your own emotional responses in a positive way.

Self-Management is dependent on being self-aware.

If you control your emotions you are less likely to make cause others to get angry or upset



3. Self- Motivation

Being able to stay motivated even during difficult periods such as handling a difficult complaint.

Self-motivation requires you to have a clear idea of you want to achieve and not letting emotions get in the way.



4. Empathy

Being able to recognise and respond appropriately to *other* people's emotions.

Being empathetic means seeing things from other people's perspectives and putting yourself in the their shoes.



5. Influencing Others

Using empathy to manage other people's emotions in a positive and constructive way.

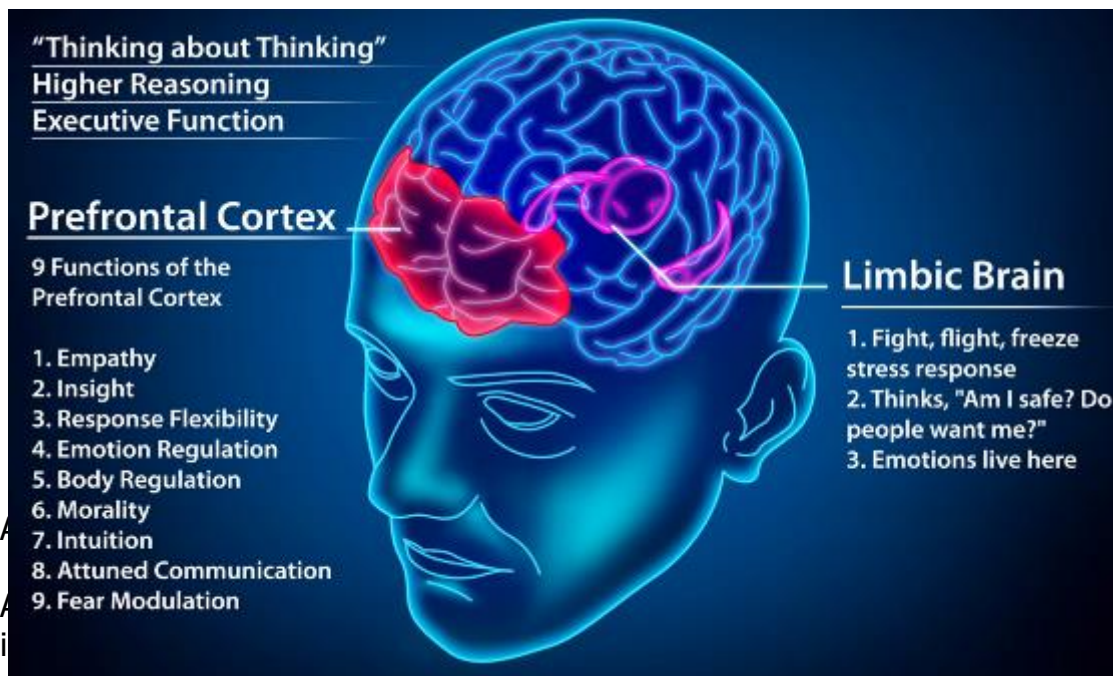
People with influencing skills can manage relationships with the people they work with, find common ground and build rapport with a very wide range of people.

5.1 The Amygdala Hijack

An Amygdala hijack is:

"An emotional response which is "immediate and overwhelming, and out of proportion with the actual stimulus because it has triggered a much more significant emotional threat"

1. When you sense something (sound, sight, touch etc) you experience the response in the Amygdala which is located in the brain's limbic system.
2. The amygdala may trigger the evolutionary flight or fight response.
3. Once the limbic region has received the stimulus the message may be sent to the Neocortex part of the brain. In this **thinking** part of the brain the stimulus is considered and the Neocortex works out what the best appropriate, considered reaction should be.



5.1 The Amygdala Hijack



Amygdala Hijack.

www.youtube.com/watch?v=Lr-T6NAV5V4

First 4 minutes (out of 5 minutes) are relevant.

YouTube Search:

"Amygdala Hijack / Kirsten Johnson"



Q1 What triggers patients, visitors or customers to become very angry or upset?



Q2 What do you do when faced with someone who is angry or upset i.e someone who might be having an Amygdala Hijack? What words do you use to demonstrate empathy, how do you influence their behaviour?



5.1 The Amygdala Hijack

The following techniques may be particularly relevant when responding to someone showing amygdala hijack behaviours.

- **Setting and Location**

When possible, move to quiet and private areas to have difficult conversations. Encourage patients away from any 'audience'

- **Introduce Yourself**

Take every opportunity to build a connection and rapport by introducing yourself , briefly explaining your role and what you intend to do – eg *Hello, my name is, let's discuss this...*

- **Offer Reassurance:**

Use words to communicate that you are there to try to help whilst you can acknowledge they may feel this is not the case, reassure them that you are there to help.

- **Encourage questions:**

Use open and closed questions to give the other person a sense of control: "Do you have any questions?" "How can we sort this out for you?" "What would make this better for you?"

- **Acknowledge issues:**

Use phrases such as: "I know this must be difficult for you" "I'm very sorry you've had to deal with this issues for so long" "I can image you must be very anxious" "I'm sorry this isn't what you were hoping for"

- **Use body-language to convey emotions:**

Use signs and gestures such as thumbs up, thumbs down, palms open etc to communicate emotions that would be normally communicated by your mouth when not covered by a mask.

- **Safeguard confidentiality:**

Masks may muffle your voice and you may need to speak louder than normally, in this case ensure confidentiality is maintained, possibly by moving location or ensuring patients remain distance from one another.

6. Resilience

What is resilience?

Resilience is the ability to cope under pressure. A person who copes well under pressure is resilient.

“Personal resilience is the way we cope with challenging and difficult situations in order to overcome them. Simply put, it’s how we personally recover from stress. The good news is that we can become more resilient, even in the most stressful and unpredictable times such as now.

As healthcare workers, we are already hugely resilient, committed and skilled. It’s what we’ve been trained for and goes with our jobs. Yet with the uncertainty and challenges of the COVID-19 situation, it is completely normal to feel unsettled, anxious and worried. As NHS staff, we are often portrayed as heroes – and we can be. However, it’s unrealistic to be heroic all the time and even heroes need help.

Source: NHS Leadership Academy 2021

<https://people.nhs.uk/guides/abc-guide-to-being-personally-resilient/>

Why is resilience important?

- a) It protects you from the negative effects of stress
- b) It enables you to continue to perform effectively at work

Two types of pressure and stress

In-the-moment pressure

This type of pressure is caused by incidents that occur during your working day, or on the way to work. Traffic problems making you late, members of your family being ill, being short-staffed at work, facing an immediate crisis at work.

In-the-moment pressure can affect your ability to think clearly, make rational decisions and to cope

Long-term pressure

This type of pressure can be more serious as it can affect long-term physical and mental health in addition to affecting your ability to think clearly. Long-term pressure builds up over time, and can be caused by issues at home as well as long-term issues at work.

During Covid-19 and post-pandemic, In-the-moment and Long-term issues caused and continues to cause both types of pressure and stress simultaneously.

6. Resilience

Recognising In-the-moment pressures

Physical	Digestive problems, nausea, light headedness, dry mouth, heart pounding, rashes or flushing
Emotional	Immediate emotional judgement, short temper, feeling overwhelmed, paranoia
Behavioural	Procrastinating, neglecting responsibilities, nervous habits such as pacing, nail biting
Thinking	Inability to concentrate, seeing only the negative, constant worrying, self-blame, poor judgement

Responding to In-The-Moment Pressure

- [7/11 Breathing Technique](#)

Deep breathing can help your body transition from a stressed state to a more calm state, in so doing it lowers blood pressure and heart rate, relaxes the muscular system and increases blood flow to the brain helping us to make more rationale decision.

Breathe in for a count of seven, out for 11.

- [Muscle Tightening](#)

Tighten all your muscles for count of three, then let go. Repeat.

- [Moving for Two or Three Minutes](#)

A quick walk, going up and down stairs, stretching can help reduce stress. Even simply having a large yawn and arm stretch can help.

- [Targeted muscle relaxation](#)

Tension can be stored in muscles, jaw, shoulders etc. Self-massage (e.g. pressing your fingertips into the muscles in the back of your neck, or your shoulders) can help you find and release muscle tension.

- [Step out of the stressful situation](#)

Physically move away, for example if you're at a computer, reception desk or in a heated argument find a way to excuse yourself and walk away, even if you only very briefly move away and then return.

6. Resilience

Responding to In-The-Moment Pressure (continued)

- Talk to a colleague

This is an important action, talk to a colleague, a friend at work, a supervisor or manager. Talking to the other person will give you a fresh perspective on the issue.

- Use your Emotional Intelligence to notice what you are feeling

Emotional intelligence starts with 'Self-awareness' and can help you cope with pressure. Work out and be aware of what you are feeling. Identify the feeling (or feelings) – anger, fear, embarrassment, whatever. Don't judge yourself, don't fight your feelings. Just observe and accept them..

- Problem solve

If you are facing a problem that is causing you pressure combine some of the above techniques such as moving away from the issues, talking to someone to then systematically and logically try to think through and solve the problem – this will help give you a sense of control and should reduce your stress.

- Mindfulness

Mindfulness involves paying full attention to your feelings, thoughts and bodily sensations in the present moment. This means standing aside from any other thoughts, worries, upsets, plans etc. that normally absorb and preoccupy our mind.

There are a variety of 'apps' available to help you be more mindful such as Headspace.

6. Resilience

Recognising Long-Term Pressure

Too much long-term pressure can cause chronic stress which can lead to a range of issues:

People can feel:

- tense, agitated, irritable, tearful, moody, helpless, anxious, depressed
- weary - physically and mentally
- apathetic, withdrawn
- distracted, unable to concentrate.

They may experience problems with:

- relaxation, sleep
- judgement, memory
- muscle tension, headaches, dizziness, nausea, stomach problems
- frequent colds, minor infections.

Often people:

- worry constantly, see only the negative, feel lonely and isolated
- eat too much or too little
- use caffeine, tobacco, alcohol and other drugs to help them cope
- put things off.

Strategies to cope with long-term pressure

Strategies to cope with long-term pressure aim to help you develop sustainable ways to manage work demands.

Physical health and wellbeing	Mental health and wellbeing	At work
<ul style="list-style-type: none"> • eat healthily • not smoking • regular exercise • sleeping well 	<ul style="list-style-type: none"> • be social with family, friends and work colleagues • stay physically active • try new activities • help others 	<ul style="list-style-type: none"> • be assertive (ie not confrontational, deal with conflict with assertion) • be an effective manager of your time • set boundaries between work and home • use your network of colleagues at work as a support – talk to people

How will you develop your resilience?



Further resources

This workbook and additional resources are available from:

www.redvanilla.co.uk/GRaDE