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Leon McKenzie, Ed.D.

Patient Satisfaction (Part 2): Critical Issues in the Implementation and Maintenance of Patient Relations Training  
June C. Buoman, R.N., M.S., Brent D. Ruben, Ph.D.

An Analysis of Employee Education in Hospitals  
Wesley E. Hakanen, Ph.D.

Linking Theory to Practice: The Research Challenge Facing Health Care Educators  
Maria Piantanida, Ph.D., et al.

Book Review

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Patient Satisfaction (Part 2): Critical Issues in the Implementation and Maintenance of Patient Relations Training

June C. Bowman, R.N., M.S.
Brent D. Ruben, Ph.D.

The impact on the health care industry of the information explosion, new medical technology and procedures, and especially the economics of health care have been dramatic. One of the by-products of the evolving health care environment is the emphasis on the patient and the patient's satisfaction with the health care services received. Concern with the quality of patient treatment is not new, but the focus on the patient's perception of the quality of treatment is a slight but significant shift—a shift with a number of important implications for health care in the 1980s and beyond.

This article is the second of a two-part series. Patient Satisfaction (Part 1): Critical Issues in the Theory and Design of Patient Relations Training examined some basic implications of the growing emphasis on the patient's perspective of the health care experience, explored the role of communication competence in patient satisfaction, and examined the need for competency-based patient relations programs.

This second article identifies methods for assessing the need for competency-based patient relations training and considers the "how-tos" of implementing, maintaining, and evaluating the impact of communication competence-based patient relations and training programs.

Needs Assessment
How does an organization determine whether patient relations training is needed or appropriate? While the need for improved patient and visitor relations is certainly shared by most, if not all, health care institutions, it can be very useful to conduct a patient survey to gather precise information. This approach enables the organization to systematically:

- Assess the overall level of satisfaction with the hospital, its staff, and its services
- Determine how these impressions were formed
- Identify particular factors or circumstances that contribute to satisfaction and dissatisfaction
- Identify departments that particularly need communication competence training
- Assess patient attitudes toward using the hospital in the future

The information derived from such a survey can be very useful in determining whether training is needed, for setting training priorities, and for designing or selecting a training program appropriate to the specific needs of the institution. The results also provide a current measure of patient satisfaction. The survey technique can be used later, on an ongoing basis, to monitor patient relations and to identify areas in need of attention. (A standardized survey instrument designed for these purposes has been developed for use by itself or in conjunction with the Bottomline: A Patient Relations Training Program. Further information can be obtained from the authors.)

Following the collection and analysis of patient satisfaction data—from a survey or other source—the decision on whether to implement a training program is made. In making this decision, information on present levels of patient satisfaction must be weighed against desired levels of satisfaction and costs associated with bringing about the desired outcome.

Planning
If a decision to implement patient relations training is made, the administrator must make a commitment to the program, for without his or her support, the success of such an effort is questionable. Before the program is begun, a variety of issues must be considered. The impact of these issues may differ significantly from one institution to another.

The Role of Management
One of the major issues is the role of management within the institution. Eisenberg and Gardella (1985) have also noted the importance of this issue. Managers and supervisors play a key role in promoting a patient relations program and in maintaining the philosophy of positive patient relations. Their support, which is critical to the success of the training effort, can be gained by sharing with them information on the reasons behind the decision to institute a training program and the key role they play in this effort.

Managers and supervisors must be provided with a forum for discussing their questions and concerns, and their input into program schedules must be sought and used. It is also important that this group "preview" the program before it is presented to the staff. One successful approach to the preview is: We know that you understand this material; however, we want you to be fully aware of what your staff will experience. If you have examples of any of these points you would like us to use, we would be happy to have them. This process is essential to gain the sense of involvement and commitment of the entire management and supervisory staff.

Determining Desired Outcomes
Another major issue is determining desired results of the program. Such results may vary widely, from those that provide employees with a prescription like "smile and say hello" to those that help employees develop more fundamental communication competencies for dealing with patients, visitors, and colleagues. While a quick-fix prescription of "dos and don'ts" can have some positive benefits, it often fails to provide the staff with comprehensive and lasting skills for dealing with the wide
variety of situations they face as they deal with patients and visitors.

A competency-based training program imparts a philosophy—a way of thinking about patients, the institution, and the role of the health care professional. Specific desired results follow:

- Increased staff awareness of the essential contribution they make to patient satisfaction
- Increased staff awareness of their impact on the organization's reputation
- An understanding of communication style and the impact of these styles on patients, visitors, and peers
- Assistance to the staff in handling difficult people and difficult problems
- Increased ability to foster patient cooperation and compliance
- A forum for determining special staff needs and problems
- Better morale

Desired program results also affect the type of instructional methodology that is appropriate. Available methods range from lectures, posters, and handouts to interactive audiovisuals, case studies, and role plays. The literature on behavior modification convincingly argues that merely imparting information about the subject results in little if any behavior change. Where the goal is the development of fundamental communication skills, the learner must be involved.

Budget
An overriding issue is, of course, budget. The funds designated to support the program will influence a number of factors, including the following:

Program Design and Selection. The amount of money directly affects program design or selection. A fundamental question is whether to purchase a program or to design one. A wide variety of programs are available, ranging from purely informational, “how to” programs to highly interactive competency-based programs. Generally it is less expensive to purchase an existing program. However, there can be significant differences between institutions, and programs that work well in one organization may be less effective in another.

Key criteria in considering different programs include the services offered by the institution, its size, location, staff composition, and image. If the needs of a particular institution are unique, the organization may wish to consider designing its own program. Alternatively, and at far less expense, a purchased program can be modified to meet special needs. Some programs are designed for easy modification.

Trainers. Another major issue is the selection of trainers. Competent trainers are always essential to program success. Inexperience may result in backlash, damaged reputations, or failure to achieve desired results. Criteria to consider in selecting trainers from within the institution include the following:

- Classroom experience
- A realistic, but positive approach to today's health care environment
- Good leadership skills
- An ability to lead meetings and groups
- Good listening skills
- Respect of staff as an individual and professional
- Available to work with the program

Using external consultants is another alternative. One might consider a variety of options when using an external consultant. Such options include retaining the consultant to conduct training for the entire staff, to train in-house trainers, and to introduce the program to managers and supervisors to help set an appropriate tone for the training.

Trainees. A survey is useful for identifying departments particularly in need of patient relations training. Exposure to patients and visitors increases the need for training. Since anything a staff member does or does not do can affect the degree of patient and visitor satisfaction, it is important to consider training all staff members.

Training Time. The greater the degree of behavior change deemed necessary or desirable, the greater the degree of learner participation necessary. And, in turn, the degree of learner participation is directly proportional to the length of the program. Spreading the learning process over several weeks provides the opportunity for feedback and reinforcement. While this time commitment increases the cost of the program, it greatly magnifies the transfer of learning into practice.

Implementation
The introduction of the training program is of vital importance, for it can set the stage for the program’s success or failure. An introduction that includes the sharing of information about patient satisfaction, the reasons behind the decision to institute a training program, and the value of satisfied patients in today’s competitive environment will serve to increase commitment and success. An introduction that makes the staff feel defensive, distrustful, reprimanded, or talked-down-to can doom the program from the start. Administration’s commitment to the program may be demonstrated through their participation in the introduction. As is true with the introduction of any new program or change within the organization, information on the program should be given first to top management, then to middle management, and thereby moved down through the organization.

Schedules. One must at all costs avoid pulling staff members away from their departments during peak workload hours. To avoid this problem, department managers should be consulted when establishing training schedules. The mixing of groups across departments often results in better interdepartmental communication, whereas training departments as a whole can better address specific departmental problems. A needs assessment survey can shed light on problems that will influence group composition. Having an employee scheduled in the same training session as his or her boss definitely decreases participation of both. Also, mixing professional staff with service employees tends to inhibit participation on the part of the service employees.
Initial Feedback. Initial feedback on the first training sessions can be critical in terms of correcting problems quickly. Such feedback can be obtained through written questionnaires completed by participants immediately after each session. Questions might include: What part of today's session did you find most helpful? What part of today's session did you find least helpful? How could today's session be made more useful? What specific suggestions can you give? What changes would you make in today's session? What would you add? What would you leave out?

Evaluation
Program evaluation may take place at various levels within the organization, including participants, management, and patients. A detailed questionnaire that includes open-ended questions asking for assessments of the quality of the content, applicability, and level of instruction can be given to participants and managers. If an initial patient survey has been conducted, the same questionnaire can be mailed to another group of former patients several months after the training has been completed. The findings can then be analyzed and compared with the results from the first survey.

Additional indications of the success or failure of the program include the level of participant attendance, having other managers request training for their employees, and overall morale of participants. Many employees verbalize improved morale with statements such as: "This program made me feel that the administration cares enough to be concerned about the treatment of patients and visitors," or "The program shows administration cares about staff problems and wants to help."

Maintenance
Once the training is completed, a system of maintaining the practice of patient relations must be established. Again, managers and supervisors hold the keys to maintenance.

Employment Interviewing. One factor that should be considered in employment interviews is whether or not the interviewee demonstrates competent communication skills and relates well to others. If the prospective employee is lacking in these skills at the time of the interview, it's doubtful that the level of competence will improve later.

New Employee Orientation. All new employees must be oriented to the philosophy and practice of patient relations. Orientation must make clear that the entire staff is expected to represent the institution with the appropriate behavior. One option is to develop a compressed version of the patient relations program for use as part of the general orientation program.

Department Meetings. Patient relations should be reinforced through discussion at regular department meetings. This is an excellent forum for discussing problem cases and situations with employees. Patient comments and letters about their experiences should be shared at department meetings and posted on department bulletin boards.

Recognition. A major reinforcer of behavior is recognition. When administrators and managers observe employees practicing competent communication skills and effectively handling difficult patients and visitors, they should provide the employee with proper recognition. Appropriate methods of recognition include a "thank you" to the employee, mentioning the incident to the employee's boss, a note in the employee's personnel file with a copy to the employee. The recognition must be seen as sincere and meaningful to the employee. If the recognition is interpreted as insincere, patronizing, or a mere token award, the result can be a damaging backlash. An example of this potentially ill-fated kind of recognition might be awarding gold stars to employees who are witnessed practicing good patient relations.

Performance Appraisal. Any important job expectation should be incorporated into the annual performance appraisal. Again, this serves to remind employees of the important role they play in patient satisfaction and of the commitment of the organization to the courteous treatment of patients, families, and visitors.

Coaching and Discipline. Managers who observe or are notified of rude, unprofessional behavior on the part of an employee must coach and possibly retrain the employee. Should such behavior continue, the disciplinary process must be initiated. A single employee who consistently practices poor patient relations can damage the reputation of a department and the entire hospital.

Role Modeling. Administrators and managers must serve as role models for employees. Employees constantly observe their relations with patients, visitors, staff, and peers. They cannot afford the ill effects of "Do as I say, not as I do."

Conclusion
A successfully implemented and maintained patient relations training program can have a far-reaching impact on an organization. It can impart a philosophy to employees—a way of thinking—about patients, the institution, and the role they play in making and maintaining the reputation of the organization. Such a program can serve as a tremendous marketing strategy for the institution whose economic viability depends on patient satisfaction. A successful patient relations training program also provides a great opportunity for the health care educator—an opportunity to demonstrate the importance of the training and education function to the institution's bottom line.

Biographical Sketch
Brent D. Ruben, Ph.D., is professor of communication and director of the doctoral program, Rutgers University School of Communication, Information and Library Studies, New Brunswick, NJ. He is the developer and project codirector of The Bottomline: A Patient Relations Training Program, and senior consultant to Morristown Memorial Hospital, Morristown, NJ. Ruben is author of 10 books and numerous articles including Communication and Human Behavior (Macmillan, 1984), and Information on Behavior: Volume 1 (Transaction, 1985).
June Bowman, R.N., M.S., is director of management development, Morristown Memorial Hospital, Morristown, NJ, and project codirector of The Bottomline: A Patient Relations Training Program. She has 10 years of experience in management development and employee relations and currently manages an employee relations program involving 1,800 employees. In 1985, Bowman received the Distinguished Achievement Award from the American Society for Healthcare Education and Training, of which she is a past member of the board of directors.

For more information on The Bottomline: A Patient Relations Training Program, write to the authors.

**Bibliography**


