

The Patient Experience Post

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Since the mid-1990s, Baird has helped healthcare organizations nationwide improve the patient experience and enhance organizational culture. Baird's culture assessment and diagnosis include experience mapping, medical mystery shopping, and focus groups to reveal the real customer experiences within your organization. Using your patients' experiences, Baird and her team prescribe critical next steps for improving patient satisfaction and HCAHPS scores.

Is Victim Thinking Killing Your Patient Experience?

Learn how to spot it, respond to it, and reframe your culture

by Kristin Baird, RN, BSN, MHA

"It's not fair!"

"It's not my fault!"

Many parents are all too familiar with these kinds of comments. Unfortunately, so are many managers! As we work with healthcare organizations around the country and conduct culture assessments, one common issue we encounter is victim thinking: "It's not me, it's *them*."

Victim mentality is actually a personality trait widely recognized by psychologists. It's a trait that results in people regarding themselves as victims of the actions of others, *even when there is no clear evidence to suggest this is the case*. Certainly we are all, sometimes, the victim of others' behaviors and actions. But, even more often, we are the victim of our own thinking.

Through our culture assessments, we often identify incidences of victim thinking. Sometimes it lands with individuals, and sometimes it's a pervasive mindset across the culture. This kind of thinking exhibits itself in statements such as:

- "Things would run a lot more smoothly around here if it wasn't for (insert individual or department name)."
- "Our patients just have bad attitudes about us."
- "I'd be able to provide better service if I had more time."
- "We'd have better patient satisfaction scores if we had a different patient mix."
- "My job would be so much easier if it weren't for..."

These are the kinds of statements that victim thinkers say regularly. You may have heard these statements. Maybe you've even made these statements yourself!

The Impact of Victim Thinking

When we believe we are victims, we are powerless. That is the devastation of victim thinking. If we feel powerless, we feel that there is no action we can take to resolve a situation—we think it is beyond our control. So we do nothing while the "victim" statements swirl in our minds allowing them to take a foothold in our beliefs and drive our actions.

Being a victim is a classic way of using excuses to support the lack of accountability. We don't want our employees to do nothing. We don't want them to avoid accountability. We want them to take action. Consequently, we need them to believe that they *do* have an impact, that they are *not* victims, and that they are empowered every day in every way to make a difference. No excuses. No victim thinking.

As leaders, we need to ensure that our employees adopt an attitude of ownership and empowerment. We need them to own the patient experience.

Here’s an example that will resonate with many of you. The EMR. How many of you have heard people in your organization—whether physicians, nurses, or allied staff members—“blame” the EMR for various problems? In fact, recently I heard someone say: “The biggest impediment to a positive patient encounter is the EMR.” That’s victim thinking. That’s blaming behavior. That’s abdicating accountability. And that, ultimately, should be unacceptable in any organization wanting to provide exceptional patient care. This is not to minimize the upheaval organizations can experience while making conversions to new EMR or updating systems. The reality is, however, that the EMR is here to stay, and we cannot forfeit the patient experience for quality informatics.

Spotting It

So, what can you do to combat victim thinking in your organization? As with any behavior change we wish to make, or wish others to make, the first step is recognizing the behavior. We coach managers to become adept at spotting victim thinking in their organizations and, frankly, sometimes in themselves. The challenge is that the thinking is so ingrained in the culture that leaders don’t identify common statements as detrimental. In one organization I worked with, employees and managers alike held a strong belief that their patients were just more negative than other communities; so, therefore, nothing would ever please them. If that thinking is allowed to permeate the fabric of the culture, no one will ever take responsibility for changing. As leaders, we need to be on the lookout at all times for these kinds of subtle signs that victim thinking may be seeping into our culture.

Responding To It

Once spotted, we need to respond to incidents of victim thinking. We need to intervene and hold up the mirror to let people know that, if we’re a culture that takes ownership of the patient experience, we have to first own our thoughts and behaviors. This is one time that it’s about *us (the healthcare organization)*; it’s not about *them (the patient)*.

In our service training, we teach people that there are three things they are entirely in control of all of the time:

1. What they think.
2. What they say.
3. What they do.

When you hear statements that signal victim thinking, respond immediately. Ask the person who made a victim comment to turn the statement around, to take personal responsibility to right whatever the “wrong” is that they perceive. For instance:

Turn this:	Into this:
“I just have too much on my plate; I can’t possibly find the time to...”	“I would like to find more time to...and I will work with my

	manager to review and prioritize my assignments.”
“Our patients’ expectations are too high. They think this is the Ritz Carlton.”	“Our patients are frightened and stressed, so they deserve the best experience possible. I can help provide that experience by...”
“The (doctors, lab techs, nurses, etc.) are too demanding. Their expectations are unreasonable.”	“I respect the (doctors’, lab techs’, nurses’, etc.) expectations and want to learn more about how I can meet their needs so our patients benefit.”
“If they would only...”	“I can’t control the actions of others; I can only control my own responses and actions.”

What we’re doing here is turning “they” statements into “I” statements. What can I do to make things better? What can I do to take personal control? As a leader, you are in a good position to help your staff members reframe their victim statements into positive “I” statements, to take back control.

As Richard Bach, the author of *Jonathan Livingston Seagull*, said: “If it’s never our fault, we can’t take responsibility for it. If we can’t take responsibility for it, we’ll always be a victim.”

Commit to being a crusader against victim thinking. Learn how to spot it, be courageous in responding to it, and stop it from permeating your workplace culture.

Learn more about ways you can ensure that all of your customer interactions, including over-the-phone interactions, support your healthcare organization’s brand, as in [Living Your Brand Promise](#), featuring Kent Seltman, co-author of Management Lessons From Mayo Clinic. As the former Director of Marketing at Mayo Clinic, Seltman was charged with managing the brand for this world-renowned organization. During this 90-minute presentation, you’ll hear about crucial elements in aligning the brand promise with the patient experience in order to build trust and credibility with customers. For only \$89, you’ll receive all this: pre-session worksheets, a session workbook, webinar slides, and an audio CD of the 90-minute webinar, complete with the Q&A session.

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Nurse, author, and consultant Kristin Baird, "Healthcare’s Customer Service Guru," is the author of *Raising the Bar on Service Excellence: The Health Care Leader’s Guide to Putting Passion into Practice* (Golden Lamp Press, 2008), *Reclaiming the Passion: Stories that Celebrate the Essence of Nursing* (Golden Lamp Press, 2004), and *Customer Service In Healthcare: A Grassroots Approach to Creating a Culture of Service Excellence* (Jossey Bass, 2000).