

CHAPTER 5

BARRIERS TO A SUCCESSFUL GRIEVANCE EXPERIENCE

There may be barriers that you might face through the Grievance Experience. This chapter will identify some of the most common. If you understand these barriers, you can solve problems faster and more effectively.

BARRIERS CAN BE CLASSIFIED IN ANY OR ALL OF THREE CATEGORIES

- I. Barriers of Information and Awareness
- II. Barriers of Trust and Confidence
- III. Barriers of Strength and Ability

I. Barriers of Information and Awareness

1. Know your Patient Rights (Chapter 4)
2. Write your Concerns (sample forms are in pages 24 & 26)
 - a. What happened?
 - b. When did it happen?
 - c. Who was involved?
 - d. Who did you talk to about the concern?
3. Follow the Process (Chapter 6)
4. Evaluate how the Grievance Process worked
 - e. Is the concern resolved?
 - f. If not, are there any further steps you can take?

The first and most obvious barrier to be overcome is a lack of knowledge and understanding of the Grievance Process. The process, at times, can be involved and without a “roadmap” it is easy to get lost.

No two grievances are the same. The process can change from situation to situation and from grievance to grievance. A grievance may be as simple as a verbal complaint or as complicated as a formal complaint to a State Regulating Agency. If certain steps are followed, the grievance experience can be positive and effective.



II. Barriers of Trust and Confidence

Trust and/or Fear of Reprisal

The most common concern expressed by patients is a fear of reprisal or payback. The fear of reprisal is a natural concern resulting from the vulnerability many patients feel. Unlike grievances filed with a hospital after a patient has been discharged, grievances filed with a unit are processed and investigated while the patient is still dialyzing on the premises.

ANY AND ALL GRIEVANCES FILED WITH YOUR NETWORK CAN BE DONE:

1. ANONYMOUSLY (NO DISCLOSURE/NO NAME GIVEN)
2. CONFIDENTIALLY (ONLY THE NETWORK KNOWS WHO YOU ARE)
3. WITH FULL DISCLOSURE (YOUR NAME IS ATTACHED TO THE GRIEVANCE)

Filing without a name can help to ease this fear. But some Grievances are event specific and the grievant is often obvious. While CMS and the Networks do all that they can to lessen the fear of reprisal, grievances are often emotional. Both staff and patients are only human. Sometimes these emotions lead to poor decisions in talking with each other after a grievance has been filed.

While there have been some proven incidents of reprisal, most units are run professionally and make every effort to handle Grievances without emotion. Many units see this as a chance to improve patient safety and approval.

Confidence

Patients sometimes have a lack of confidence in their view of a concern. They may feel they are over-reacting to something they saw or that no one



else cares. Some may feel that they can't change the system and that their voice won't make any difference anyway so why bother.

After thinking about it, if you decide that your concern deserves a grievance, don't second guess the power of one voice. For every one that speaks up, there may be several that have been too uninterested or too afraid to speak up. If no one steps forward to be heard, nothing will improve.

“You should never second guess the power of one voice”

III. Barriers of Strength and Ability

Perhaps the least recognized barriers to a successful grievance are those of strength and ability. The Grievance process is never easy and can be made even harder by the very things we are working to improve and preserve – the health and vitality of the patient.

Certain groups of patients face greater barriers, such as:

1. Patients in poorer health
2. Patients without the energy to complete the process

Dealing with ESRD by itself is a draining situation. Many patients are tired and using all of their energy just coping with the basic needs of life. When the stress of filing a Grievance is added, it may seem like too much to get through.

3. Patients with language barriers
4. Patients with ethnic or cultural barriers

If a language barrier exists, making your concerns known and understood will be much more difficult. Being able to present your point of view well and understand the other side becomes less likely with a language barrier.



Also, ethnic and cultural barriers can keep a grievance being as useful. Certain cultural limits to talking may exist but not be understood by everyone.

Emotional Stress

There are also the barriers related to the Emotional Stress of filing a Grievance. There could be concerns on the time of the process and the possible effect on your how others think of you. Patients may be angry, scared, and/or resentful going into the grievance process. Feelings of a lack of control and protection about a grievance may add more stress.

A Possible Solution

These barriers of Strength and Ability may be helped or overcome by the use of a patient advocate. If the patient has a family member or personal representative able to stand beside them and work through the process, it can ease much of the burden. Someone who is familiar with both sides of the problem can often help find language and cultural barriers. If the unit has a Peer Mentoring program in place, this can help with communication and relieve some of the stress.

Patients and providers who work together can create a sense of understanding. Once a sense of understanding is reached, it is easier to work together in overcoming the barrier.

