

# When the Customer Is Stressed

by Leonard L. Berry, Scott W. Davis, and Jody Wilmet

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**Summary.** Serving emotionally charged customers can be difficult, draining, and downright miserable for the wrong employee. Customers' assessments of quality and value, buying decisions, and recommendations are all influenced by emotions. But too... [more](#)



Fredrik Broden

Customers' assessments of quality and value, decisions about what and where to buy, and recommendations to others are all influenced by emotions. But too often companies don't adequately anticipate those emotions and therefore can't mitigate negative ones in the design of their offerings. This is especially true for *high-emotion services*—those that trigger strong feelings before the service even begins. Services relating to major life events such as birth, marriage, illness, and death fall into this category, as do airline travel, car and computer repair, and home buying, selling, and renovation.

High-emotion services may elicit intense feelings for the following reasons:

- *Lack of familiarity with the service being delivered.* When family members must quickly arrange a loved one's funeral, their grief is often compounded by uncertainty surrounding expenses and options.
- *Lack of control over the performance of the service.* Complaints about auto repair shops regularly top lists published by the Consumer Federation of America.
- *Major consequences if things go wrong.* Legal services for a divorce can have a huge effect on a client's finances, child custody, and self-esteem.
- *Complexity that makes the service a black box and gives its provider the upper hand.* When a computer technician tells a customer that "the laptop's motherboard is fried," the customer usually has no way to judge either the diagnosis or the suggested repair.
- *Long duration across a series of events.* A wedding commonly involves extended planning, a rehearsal dinner, the main ceremony, and some combination of reception, meal, and party—plenty of opportunities for conflict and pitfalls.

Satisfying anxious or overwrought customers who are contending with these issues is a challenge for service providers. Drawing from our collective experience studying, designing, and providing services, we have identified four guidelines that can help positively influence expectations and perceptions of quality and value, enhancing customers' satisfaction and loyalty. Managers should identify emotional triggers, respond early to intense emotions, enhance customers' control, and hire and rigorously train people who can communicate respectfully.

## **A Traumatic Journey**

We chose cancer care to illustrate the application of these guidelines, for an obvious reason: Few services involve more-intense emotions. A cancer diagnosis is life changing. It immediately raises the specter of death, typically involves long treatment cycles and multiple clinicians, and often heralds acute short- and long-term physical and emotional side effects of the treatments themselves. The foundation of excellent cancer care is and always will be the quality of the diagnosis, the treatment plan, and the clinical services. But compassionate, sensitive delivery matters a great deal in shaping the reputation of a care organization and distinguishing it from competitors. In addition, a portion of Medicare reimbursements to hospitals is now tied to customer satisfaction ratings.

One of us (Len Berry) is conducting an ongoing study of how to improve the service journey that adult cancer patients and their families take from diagnosis through treatment, recovery, and in some cases end-of-life care. So far, the research has involved interviews with more than 350 cancer patients, family members, oncologists, surgeons, oncology nurses, nonclinical staffers, and leaders of health care organizations, primarily at 10 highly reputed cancer centers in nine U.S. states. For example, Bellin Health Systems, based in Green Bay, Wisconsin, was rated the safest hospital in America by *Consumer Reports* in 2013; Mayo Clinic attracts patients from all over the world to its three main sites in Minnesota, Arizona, and Florida, owing to its reputation for clinical quality; and Intermountain Healthcare, based in Salt Lake City, is a trailblazer in using analytics to minimize unwanted clinical variation across physicians and delivery sites.

The institutions studied are known for their service quality as well. Their delivery of high-emotion services was a primary factor in their selection for the study.

Consider Bellin Health. For most of its 100-plus years, Bellin's cancer services were limited primarily to surgery at its main

hospital; patients received outpatient care from other providers. But by the early 2000s competition was intensifying, oncology admissions to the hospital were declining, the surgeons were frustrated by the lack of timely, coordinated outpatient care, and patients were asking why they couldn't receive all their treatment at Bellin. During an effort to create a comprehensive cancer center, the board of directors instructed the steering team (led by one of us, Jody Wilmet) not to merely duplicate what the competition was doing but to differentiate patient care. The team decided to meet that challenge by designing high-quality services that would also address the emotional needs of patients and their families.

The cancer center, which opened in 2008, surpassed its five-year growth and revenue targets in just two years, and nearly 100% of patients (who are regularly surveyed) say they are "highly likely" to recommend its medical and radiation oncology services. Bellin achieved these results in large part by following the four guidelines for succeeding in highly emotional contexts. Let's look at each one in turn.

## **1. Identify Emotional Triggers**

The initial emotional trigger is a need for the service, and a company's underperformance can heighten negative emotions such as anger and fear. But emotions also present opportunities to exceed customers' expectations. Identifying the aspects of a service that are most likely to intensify negative emotions is a key step in developing a strategy to minimize those emotions. The process can range from the simple (surveys, focus groups, interviews) to the sophisticated (controlled experiments and experience mapping). The purpose is to encourage customers to probe and express their deep feelings about the service and to voice needs, concerns, or hopes that might not otherwise surface.

Open-ended prompts about common frustrations can be particularly revealing: "Describe the worst experience that you or

a family member ever had when using this type of service.” “If you were the CEO of this organization for a day and could make just one improvement for customers, what would it be?”

Bellin used patient focus groups to inform the design of its cancer center. For instance, breast cancer survivors who had been diagnosed or operated on at Bellin were asked how they would design the center if money were no object. The vast majority said it should *not* be inside the flagship hospital, which they perceived as a complex, scary, and inconvenient place. So Bellin designed a freestanding facility and located it off a major highway several miles from the hospital. The center houses all oncology and administrative staff members and provides comprehensive and coordinated care. (The health system branded its service as the Bellin Cancer Team.) The facility not only makes it easier to deliver efficient service but also offers a calming experience for patients: easy parking; serene design using soft colors, stone, wood, and natural light; and a garden visible from the infusion room. Without patient input, Bellin would have followed a consultant’s recommendation to simply add a cancer wing to its hospital.

Bellin also uses experience mapping in an effort to better identify and respond to patients’ emotional triggers.

## **2. Respond Early to Intense Emotions**

In times of duress, the impressions left by service providers are long-lasting and can heighten the impact of a service experience, for better or worse. A failure to recognize and quickly respond to their emotional states leaves customers feeling scared, frustrated, powerless, and ignored. Here are some tactics for avoiding those feelings:

### **Prepare customers for what’s next.**

Many high-emotion services are long-term and include numerous discrete experiences of varying intensity. Not knowing what lies

ahead is a major source of anxiety for customers, who often imagine worst-case scenarios. “With cancer, there is a sense of urgency,” one patient commented. “Everyone is upset when waiting for the diagnosis. As a patient, you want to know ‘What’s the plan?’ Something is growing inside you. Let’s get on with it.”

## **In times of duress, the impressions left by service providers are long-lasting.**

Consequently, attending to customers’ needs in a timely, thorough manner is crucial to moderating their emotional intensity. In many areas of the United States, newly diagnosed cancer patients have to wait several weeks or more to see various specialists and begin treatment. In stark contrast, Intermountain Healthcare offers a comprehensive set of medical appointments over the course of one day, typically within a week of the diagnosis. Patients and their families sit in one room during their “multidisciplinary clinic” day, and the members of the care team (for example, a surgeon, a medical oncologist, a radiation oncologist, a dietician, a social worker, and a nurse “patient navigator”) individually come to them. At the end of the day, patients receive a written care plan that includes scheduled appointments.

Timothy Crowley and Alex Metzger, oncologists at Marin Cancer Care, a private practice outside San Francisco, stress the importance of the personal touch in the initial meeting with a patient after he or she has received the diagnosis. “Anxiety is high, and I try to get patients to take a deep breath,” Crowley says. “I explain what’s going on, take them through what treatments may be involved, and reassure them to the degree possible. You never want patients to feel rushed.” Metzger adds, “It is really important

in the first visit to establish a relationship with the patient and start a plan.”

The beginning of *every* stage of a long-term service, not just the first, can heighten emotions—so each stage is a prime opportunity for an organization to build customers’ confidence. It is important to explain what to expect from each stage. Provide the information in a form customers can digest at their own pace, and repeat the most important aspects. Instill trust through transparent, reassuring communication.

Prior to a patient’s first chemotherapy or radiation session, the staff members of well-run cancer centers review the process step-by-step and answer questions. Ideally, the staffer who educates the patient about upcoming treatments will also administer the first one to take advantage of the established relationship. Asked about his first chemotherapy treatment, one patient recalled: “At that time, I knew what I was dealing with. I felt armed with what the nurse had taught me. I remember feeling positive and strong. Being prepared made it much better.”

The North Shore–LIJ Cancer Institute, one of the largest providers of cancer care in the New York metropolitan area, gives radiation patients and family members tours of the treatment rooms in advance. “Patients will fear the machine less if you show it to them,” explains Magdalena Ryniak, the director of patient care services for radiation medicine.

Another critical phase that requires preparation is the end of treatment, which may generate a mixture of relief and deep anxiety. Even patients whose cancer is in remission may be emotionally challenged by the fear of recurrence, the impending loss of their medical support network, and, possibly, the stigma (real or imagined) of having cancer. Many progressive cancer centers offer formal survivorship programs, which in 2015 became an accreditation standard of the American College of Surgeons Commission on Cancer.

Bellin was an early adopter. At the end of treatment, its patients meet with a nurse practitioner who specializes in cancer aftercare. “The end of treatment is a teachable moment,” says Patti Marquardt, a nurse who administers the program. “Patients say, ‘I’ve survived this. I got through it. How do I stay healthy?’” Patients receive take-home information summarizing their treatments, symptoms of recurrence, when to seek medical help, ways to manage physical changes, and fitness planning. Their primary-care physicians also receive the summaries.

### **Monitor for emotional spikes.**

Predicting exactly when a customer’s emotions will intensify is often impossible. Spotting spikes requires monitoring. They can occur for any number of reasons: surges in pain, severe side effects from medication, changes in physical appearance due to the disease or to treatment, family-related stress (from having to tell children that their father has cancer, for example), financial pressure (even for patients with health insurance, who may be unable to work or whose insurance may not cover a certain prescribed drug), and “bad news” days, such as when the patient learns that the cancer has spread.

Progressive cancer centers periodically administer comprehensive assessments to keep tabs on their patients’ physical and emotional states. Mayo Clinic’s Phoenix campus was among the first to use iPads for this. Palliative care patients (who receive an extra layer of care for symptom management and psychosocial concerns) complete a questionnaire on an iPad, usually while in the waiting room prior to seeing a doctor. The physician can access their responses during the appointment. The assessments cover the patients’ physical and emotional health, personal relationships, financial concerns, and difficulties with medication or with work. Questions about satisfaction with physician care are also included; they can reveal problems underlying the escalation of a patient’s emotions.



## **Communicate with care.**

The body language, choice of words, tone of voice, and appearance of staff members can have a big impact on anxious customers who are looking for evidence of competence and compassion and want to be reassured that they have chosen a good provider. A valuable exercise is to convene top providers and ask them to identify phrases that needlessly undermine customers' self-esteem, confidence, or hope. These "never phrases" can be incorporated into training sessions for the purpose of eliminating them.

Patients with advanced disease should never be told "There is nothing left to do," says Peter Eisenberg, the founder of Marin Cancer Care. He might instead tell them, "Let's focus on how well you can live, not how long you will live." All service sectors have never phrases. The key is to find and banish them.

### **3. Enhance Customers' Control**

One aim of redesigning service experiences is to give customers a greater sense of control and peace of mind. Time can seem to stand still for anxious people who need a service but have no access to it. In her powerful essay "Don't Get Cancer Over the Holidays," published in 2009 in the *Yale Journal for Humanities in Medicine*, Diana Burgess describes her emotional trauma upon being informed a few days before Christmas that she had cancer by a doctor she had never met who left the next day for a multiweek vacation without arranging any backup services to assist her. Burgess relates her panic and desperation—and deep resentment—when she was snubbed by the on-call physician as she sought information about her test results: "I get off the phone, shaking. How dare she talk to me like I am a stalker, like I got her phone number out of the phone book and tracked her down? 'You were the doctor on call,' I think. 'It's your job. It was your practice that blew me off today when I called during business hours, your practice that never answered my calls.' This experience of being

abandoned by the medical system, at the time in my life when I most needed a guide, the frustration of not knowing how to get the answers I so desperately wanted, had turned me into a crazy person.”



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### **Provide a direct contact.**

Stress related to a perceived lack of control can be relieved by access to customized service through a direct contact. Just knowing that assistance is available defuses anxiety. Many cancer centers employ patient navigators to help patients and family caregivers overcome barriers to care. The role and its impact vary widely from place to place, but Bellin’s program is one of the most comprehensive and effective that we’ve observed.

Bellin assigns every new cancer patient a “coach”—someone with a background in nursing or social work who assists and advocates for the patient from the initial diagnosis to the completion of treatment. The coach meets the patient on the first visit with the oncologist, takes notes, remains after the doctor leaves to clarify

and reinforce key points, provides a written summary of the meeting, and helps the patient prepare for subsequent visits. The coach also schedules appointments and assesses potential difficulties, such as child care, transportation, financial need, lack of family support, and inability to manage medications at home. Patients and family members have a direct phone line to their coach.

Knowing the patient and the family allows the coach to facilitate important interventions. For example, the wife of one cancer patient called his coach to say that he was scheduled for a heart procedure. The coach informed the patient's oncologist, who contacted the cardiologist to discuss the risks posed by the chemotherapy. The two doctors worked out a plan to minimize the risks.

### **Avoid service gaps.**

Cancer patients who fall ill during treatment may have to visit a hospital emergency room whose staff is unfamiliar with their medical history. To address this issue, Mayo Clinic's palliative care team in Arizona developed what is, in effect, a cancer urgent care clinic. In addition to better serving patients, such an approach can save money: Studies show that providing outpatient or palliative care support can significantly reduce emergency room visits and hospitalizations. A retrospective analysis of 300 cancer patients treated at Mayo's facilities in Phoenix and Scottsdale concluded that more than \$2.5 million could be saved annually if, on average, one emergency room visit and one hospitalization per patient could be avoided.

### **Empower customers with mobile technology.**

Mobile technology can assuage anxiety by providing customers with tailored, real-time information and access to assistance. But it should be a complement to, rather than a replacement for, face-to-face and telephone conversations.

Mayo's myCare program is a good example. (See [“How Mayo Clinic Is Using iPads to Empower Patients,”](#) on HBR.org.) After training by a registered nurse, cardiac surgery patients can use iPads to view customized daily plans, read educational materials, and work through daily “to-do” lists that include self-assessments, physical activities, and information on self-care after they leave the hospital. Care providers monitor patients' performance on dashboards, and the program alerts clinical staffers when an intervention is necessary. Mayo is extending the program to orthopedic and colorectal surgery patients, and other practices have requested it.

#### **4. Hire the Right People and Prepare Them for the Role**

Serving emotionally charged customers can be difficult, draining, and downright miserable for the wrong employee. People who deliver high-emotion services must be able to effectively cope with stress, respectfully communicate with customers, and strengthen customers' confidence. Thus excellent service organizations view the process of hiring and training employees as crucial to serving customers well.

##### **Hire for values and company fit.**

Why are you in business? Articulating your organization's core purpose can help you identify the values and qualities that are essential in new hires. (See [“Engaging Doctors in the Health Care Revolution,”](#) HBR, June 2014.)

Clinicians who perform personalized, high-stakes services, often on the fly, require a number of qualities. They must have emotional capacity (the ability to endure others' stress) and be resilient (able to bounce back from tough emotional encounters). Compassion, honesty, and teamwork are vital. To develop trust on the part of patients and families, they must have excellent communication skills and the strength to face reality and engage in difficult conversations.

How can you find people with these qualities? One way is to pose interview questions that reveal candidates' personal values and traits. Kimberly Frank, a nurse and a clinical director at Integris Cancer Institute, in Oklahoma City, might ask a prospective hire these questions:

“If I were to come over to your house, what would your house tell me about you?”

“Think about a time that you went home from work and were thinking ‘I love my job.’ Tell me, what happened that day?”

“Tell me about a day when you had the opposite emotion and thought, ‘I need to find something else to do.’ What happened that day?”

New hires at Mayo Clinic typically undergo multiple interviews. They interact with a panel whose members ask values-revealing questions such as “What would you do if you observed another staff member treat a patient rudely?”

### **Teach the why, not just the how.**

Employees must be prepared to perform services “onstage.” In addition to training them for functional tasks, organizations should educate them about customers, strategy, service offerings, and culture. Individual service providers also need to know where they fit in the organization and the importance of their work. Identifying the necessary skills and knowledge, formalizing learning as an ongoing process rather than an event, teaching the big picture, and rewarding desired behaviors (for example, by formally recognizing employees who have done something exceptional for patients) are all important.

## **Mobile technology can assuage anxiety by providing real-time**

## **information.**

Extracting, codifying, and disseminating the best practices of the organization's top service providers will help guide all staff members toward better outcomes. Set aside time for ongoing personal development as a nonnegotiable investment. A portfolio of teaching and learning approaches is best. Mind-stretching, job-relevant, inspiring reading through a company book club or an article-of-the-week distribution is worthwhile. "Mystery shopping" other units, conducting service simulations, and role-playing can be effective. As part of its training programs to improve how its 43,000 employees emotionally connect with patients, Cleveland Clinic produced two videos about empathy: *Empathy: The Human Connection to Patient Care* and *Patients: Afraid and Vulnerable*. "They have been pivotal in rallying people around a core element of our mission: to provide exceptional patient experiences," says Adrienne Boissy, a physician and the clinic's chief experience officer.

### **Leverage peer-to-peer learning.**

Peers learning from peers, which is common in health care, is powerful because it has credibility. Every cancer center in our study schedules time for clinicians and other team members to discuss specific patients' cases and reach consensus on treatment options. These meetings typically involve a cross-functional group of specialists for a certain cancer type, including surgeons, radiologists, medical and radiation oncologists, pathologists, and nurses. They may also include social workers, who can offer insight on nonmedical issues such as a patient's anxiety about the effect of treatment schedules on work or about leaving the family in debt after treatment costs. Pooling knowledge to provide the best possible service experience accelerates learning, facilitates teamwork, and benefits patients.

### **Turn middle managers into teachers.**

In all but the smallest organizations, service providers report to and have regular contact with middle managers, affording still another important teaching opportunity. Middle managers can have a tremendous impact through the example they set—actions as well as words—and through coaching. Organizations can improve the quality of high-emotion services by promoting effective teachers into management and by developing current managers’ teaching skills.

Several times a year Cleveland Clinic requires its more than 2,000 managers to attend daylong educational sessions devoted to topics such as change management, interpersonal communication, and emotional intelligence. The managers prepare annual plans for enhancing the engagement and satisfaction of their direct reports. (See [“Health Care’s Service Fanatics,”](#) HBR, May 2013.)

Cancer care epitomizes high-emotion services—the very need for which catapults customers into an emotional state. Even before the initial encounter with the provider, they may suffer anxiety, fear, or other intense emotions. If cancer centers can strengthen patients’ confidence and resolve, mitigate their anxiety and stress, and continue to provide an excellent technical service, imagine what managers in less emotionally intense settings could do.

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**Leonard L. Berry** is University Distinguished Professor of Marketing, Regents Professor, and the M.B. Zale Chair in Retailing and Marketing Leadership at Texas A&M University’s Mays Business School. He is also a senior fellow at the Institute for Healthcare Improvement. His books include [Management Lessons from Mayo](#)

*Clinic, Discovering the Soul of Service, and On Great Service.*



**Scott W. Davis** is a postdoctoral fellow at the Jones Graduate School of Business at Rice University.



**Jody Wilmet** is the vice president for oncology, diagnostics, and hospital physicians at Bellin Health Systems, in Green Bay, Wisconsin.

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