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**The Hospital Waiting Room Revisited**

**By Susan Dunn**

**The Hospital Waiting Room Revisited by Susan Dunn, MA**

I would rather drink Clorox than waiting room coffee. But of course I drink it, and I'm glad it's there. "How nice," I think, "that they provide this." The only other thing that always seems to be in a hospital waiting room is 1000-piece jigsaw puzzles. I don't know about you, but when I'm stressed, those tiny pieces are too much; however the length of time it would take to complete one is fitting. I've been back to same waiting room for weeks. How about you?

I find the circumstances in a hospital waiting room to include, as one of the astronauts said about space flight, "all the elements necessary for a murder."

Things have improved over the years, but they'll always be trying. Actually, that old adage first attributed to a bomber pilot fits: It's hours and hours of boredom punctuated by stark terror.

Of course it can also be punctuated by incredible relief, and abundant joy, and that's part of the equation. Emotions are running high. Everyone there is concerned and waiting for information, waiting for a decision. Waiting.

So what helps? Information is always helps. If this is new territory to you, here are some tips gleaned over the years:

**DIVERSION**

Bring light reading material and other amusements, like your laptop. And be glad for laptops. One of the worst fights I saw in a waiting room - and this the Pediatric Intensive Care waiting room, one of the saddest places on earth - was over the single electrical outlet available. There were numerous fights in this particular waiting room which, at the time included a dorm with bunks for sleeping, and which, because it was pediatric, included young folks, arguably more volatile. Many of us were there for weeks and began to get involved in each other's lives and squabbles, like a group thrown together on a desert isle. Only worse.

## The Hospital Waiting Room Revisited

At night, in the dorm, the snoring made me want to kill someone, and the sobbing made me want to convert to Buddhism and learn how to remove all suffering from the world. I sought the mercy of sleep. It was hard to come by, and when we don't sleep well, everything is worse. Which brings up the next point.

There was someone on-call to come up and mediate fights, and guess who it was? The chaplain. Who else could handle this emotionally-charged cauldron of pain? So know that when needed, there's a chaplain there. There's a chaplain and a chapel in most hospitals. Seek and ye shall find.

### FIGHTS

Fights? Let's say aggression. When you're emotionally-charged, that's one release of the tension, and in the hospital there are numerous targets - the doctors who don't show up; the resident who treats you to his intellectual musings which have no conclusion, which leaves you more confused and scared;

the person who removed your sleeping materials from your chairs as if they don't know you've marked your territory; the nurses who tell you to shut off your cell phone or get out, visiting hours are over; or your own Aunt Martha who just won't shut up about her arthritis, her bowels, and her cat.

### SENSE OF HUMOR

A sense of humor goes a long way. In fact some hospitals now have "laughing rooms" which I've read about, but not seen. I suppose they have funny videos. A good laugh is a great stress relief. You don't feel like laughing, of course, but do it anyway, and don't be apologetic. It's a physiological remedy to unrelenting stress that costs less, is more readily available and has fewer side effects than Xanax. When you go back to your hotel room at night, rent the funniest movie you can find and laugh.

### HELP!

Take advantage of other help that's available. The admissions person is one source; they're also planning a discharge program from the moment of admission, so go find out.

There are volunteers around, praise the Lord, and I plan to be one one day when I'm freed from the obligation of having to make a living. Often there's one sitting at the desk in the waiting room, by the phone. They often wear smocks and have nametags.

One of them heard me lamenting and offered to drive me to and from a Wal-Mart to pick up extra clothes and toiletries. She said she would just sit in her car and wait and "Please take all the time you need." I tried to tell her what this meant to me. She simply replied, "It's okay. I know about this."

Also nearby hotels often offer greatly reduced rates for hospital visitors. Ask.

### NUTRITION

Now let's talk about nutrition. The last thing you need is a sugar high, and if there's any time you're after comfort food, it's in a hospital waiting room. Use what self-discipline you can. People will bring homemade cookies, the ultimate gesture of comfort food and caring, and they will tempt you, but after the 4th you'll be all jitters, and after the 5th day of this, you'll have put back on those 5 lbs. you worked so hard to get off. The remedy? Well, there's always a hospital cafeteria, and you can also bring

healthy snacks.

Eat something healthy when you can; in other words don't miss a chance to have a good meal. Food and transportation can become iffy. If you're prone to hypoglycemia, bring along peanut butter crackers or nuts. Being concerned about fat and calories when consumed with the munchies, I bring containers to share - ginger snaps, Toastys, and key lime meringue cookies.

### ETIQUETTE

Remember your manners when others drop by to visit. Say "Thank you for coming." They want to help, feel there's little they can do, and will appreciate your acknowledgement that they have indeed "done something." Send thank you notes when it's all over.

### INFORMATION

Getting the information around to those who can't be there can be solved through cell phones, of course, but also by setting up a blog. You can set one up free at [www.blogger.com](http://www.blogger.com).

### EQ

Now let's talk about your EQ skills, your emotional intelligence. There's not much use for the intellect in the hospital waiting room, while the emotions will get a big workout.

Hopefully there's someone in your group who's less emotional and more focused. This is a good person to run information through. When you're listening to "the news," they can hear the facts, separating them from fantasy fueled by fear or hope. Perhaps you're this person!

Practice self-soothing techniques. Whether it's breathing deeply, saying mantras, going for walks, playing with the kids that are around, or solving math equations, do things that calm you. You don't need more physiological stress.

De-escalate and de-intensify. Because emotions are running high, the members of your group can get into confrontations. Be the one who calms things down. No one can think until they've calmed. Don't go home with a well patient and a harmed relationship because you didn't control yourself.

Share your wisdom and experience and be the voice of reason. As the diagnoses and prognoses come out - "It looks bad," and "Chances are slim," remind yourself - and remind the others - that no one really knows for sure. I've heard predictions from doctors that never came true. I've heard them do 100% turnabouts. I've seen one doctor come in and completely reverse the diagnosis of another. I know people deemed "terminal" who are still walking around today. Doctors do their best, and hopefully you have a good one, but the outcome is in other hands, so there is always hope. Period. (At the point where there is no hope, you will know it.)

### ADVOCATE

Now as to having the best doctor, one of your functions (or of someone in the group) is to advocate for the patient. If you should happen to be in a teaching hospital, you may be handed from doctor to doctor. Hopefully this won't be the case. If it is, there can be more confusion, so hang in there.

## The Hospital Waiting Room Revisited

At a teaching hospital you will also be dealing with residents. How would you know a resident from a doctor? Ask. Residents are learning. They must perform like a doctor, but the final authority is not theirs, and also they are learning. This means their manner can be rough and even offensive. (My doctor friend who trains residents tells me that sometimes they can tell him every detail about the patient's chart, but when he asks them the sex of the patient, they cannot tell him.) This also means they may "think aloud" going through all the things the text book has told them it might be, and that they're ruling out. This can be scary.

For instance, a friend of mine was in the hospital with anemia, and the resident kept talking about leukemia. Big difference. When the attending physician arrives, he dismissed leukemia with a flick of the wrist. You see?

Now as to your doctor ... if you're been assigned one, check him out. (A good physician has nothing to hide.) The Internet has information. The hospital has materials. Find out where he went to school, where he got his training, how many of these procedures he's done. You know the old joke - "The good news is your doctor graduated first in his class. The bad news is, it was last year."

Give the physician you have a fair shot, but know that you can change physicians, and also hospitals, if you choose.

If the patient is about to have brain surgery, find out who's the best physician in the country for this procedure. Ask a doctor you know whom she would go to herself, not whom she'd refer patients to.

There are alternatives to consider - can the person afford to fly elsewhere? Does the insurance cover this? How long can it wait? Will it be lengthy and they'll have to get accommodations in a strange town or fly back and forth? If so, does being away from the familiar outweigh other benefits? Is he young with kids at home, or retired and his wife can easily accompany him anywhere? Just know there are options.

You may also want to investigate the condition on the Internet. Who knows what "phakomatosis" or "oliodendroglioma" mean.

### THE CLOTHES

And how do you dress? This isn't a time to worry about your butt looking big. Wear something comfortable. I recommend something with pockets. It doesn't hurt to wear something bright and cheerful and be a beacon of light.

And on a final note, if you want to do something helpful, donate something to a waiting room at your local hospital - magazines, books, toys. You get the idea.

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## **Improve patient sensitivity large multicultural hospital**

**By Jose Sanchez**

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#### COMPANY/ORGANIZATION

A South Florida hospital. The CEO of the hospital saw the need to provide exceptional customer service to differentiate itself from the competition and avoid being acquired.

#### PROBLEM

The hospital was undergoing a series of changes involving personnel, organizational alignment and even an expansion of the property which caused disruption to the entire staff. The attitude of many of the hospital personnel was focusing on the negative aspects of the changes and reflected on reduced sensitivity towards the patients. Some ratings from the Joint Commission were below average and the public opinion about the hospital was poor.

#### SOLUTION

Management Resources Inc. (MRI):

Developed a program to meet the hospital's needs based on the input from the CEO, the Assistant VP of Planning and one Department Director

Different programs were developed for different levels in the organization:

an executive program for doctors and administration

a program for the staff

a program for entry level personnel.

The entry level program included customized excerpts of MRI's programs in:

Leadership

Customer Service

Service Recovery

Change Management

Telephone Etiquette

Team Building

Personal Change

This program is delivered in Spanish and occasionally in English

The program was administered to all personnel.

#### RESULTS

Personnel who have attended the program show excellent results.

Their attitudes show considerable improvement.

The Joint Commission ratings improved considerably.

The hospital is among the top ten Hispanic businesses and one of eleven (11) hospitals who are still independently owned in Florida.

Managing Partner, Management Resources, Inc



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