The purpose of the training was to improve the outcomes when the client service representatives (CSRs) were dealing with angry or severely upset clients. The report will be clearer if I define a few terms first:

Stress – comes in two forms:

1) Difficulty – the demands or tasks that need to be accomplished relative to the resources available. High difficulty occurs when demands are greater than resources. A person's skills, available tools, co-workers, and time are all examples of resources.
2) Unease – the desire to obtain something or avoid something. High unease occurs when we have a strong desire to obtain something or a strong desire to avoid something. For example, a strong desire to help a client's pet will cause high unease. If the client is upset the desire to avoid upsetting them more will also increase unease.

Strain – the effects on the body caused by stress. There are also two main forms of strain:

1) Activation – the processes that prepare the body and brain to respond to the stress. In simple situations that require only strength, speed, or reflexive actions then more activation is better. In complex situations that require cognitive or social skills, or an adaptive response, higher activation can reduce performance and lead to serious errors.
2) Modulation – the processes that direct the activation to appropriate systems to generate effective responses. When activation is high due to high stress, then high levels of modulation direct the activation appropriately, increasing effectiveness in complex situations. Modulation also enables the body to rest and repair itself when activation is low.

Unease has strong effects on activation and modulation. It increases activation which can be helpful. It suppresses modulation which is not helpful.

Operational stress – The difficulty and unease that come from demands outside the organization. Examples include taking care of sick patients, interacting with clients, making sure supplies are stocked, and fixing broken equipment.

Organizational stress – The difficulty and unease that come from demands inside the organization. Examples include communication among staff, making sure staff are getting along, creating schedules, training staff, and issuing corrective feedback.

One consistent finding is that when other factors are equal, the lower the organizational stress the more effectively the team will deal with operational stress. Generally, front line staff tend to deal more with operational stress, and managers need to deal more with the organizational stress.

Training Process:

Prior to the training I had asked the staff who were to be in attendance to email me descriptions of a situation in which they were able to achieve a positive outcome and a situation in which they were not able to do so, i.e. themselves or the client was upset at the end. I received responses from all the staff.

I began the training by presenting to the staff for 90 minutes on how stress effects the body and how those effects influence performance. I then demonstrated a technique, the one-breath reset, that improves performance under high stress by increasing modulation instantly. I also demonstrated another technique, recovery breathing, which reduces the strain caused by stress and improves sustainable performance. I then introduced two techniques to improve learning: reviewing the processes that led to successful outcomes and redoing the processes that were associated with unsuccessful outcomes.

I then observed the CSRs performing their job. I also met with the lead technician, to discuss the various sources of stress she experiences and those that are more difficult for her to deal with. I met with the hospital manager briefly several times to describe my observations and suggest some interventions.

I also met with each of the CSRs individually. We used that time to go over specific techniques for dealing with stress. I also used the time to do heart rate variability biofeedback and find each CSR's resonant breathing pace to use for recovery breathing. I was also able to do this for the lead technician. Resonant breathing is associated with lower levels of stress and anxiety when people use it regularly. I emailed each of them an audio track to practice with. The hospital manager had left the hospital before I was able to do this for her.

At the end of the day, I met with the CSRs and the lead technician to discuss their experiences and allow me to make some suggestions.

Client Service Representatives

Observations:

The first observation I noted was from the responses to my request for examples of situations. I received more examples of situations with negative outcomes than situations with positive outcomes. This suggested that people tended to focus on rare, intense negative experiences rather than frequent, less intense positive ones. This is common and is associated with higher levels of stress and burnout.

The CSRs are dealing primarily with operational stress coming from client requests for scheduling and information on their pets, voicing complaints, and making payments. The difficulty of each request depended highly on the number of calls coming in at any one time, the complexity of the client request, and the availability of services. The difficulty also increased if the calls were more frequent and if fewer CSRs were on duty.

The physical impact on the CSRs was significant in one respect. They were often sitting in a hunched position for many minutes at a time while on the computer. In addition, when answering phone calls they were holding the receiver with their ear.

At times calls that were not particularly difficult caused a strong physiologic reaction. For example, during one phone call a CSR's pulse increased from 80 bpm to 120 bpm coming back to baseline slowly after she completed the call. When queried about the call she said the client's request was not that difficult and it went well, but that this particular client has a demanding tone which makes her uneasy. An increase of 40 bpm in heart rate is a strong sign of high activation due to unease, indicating that certain clients can evoke that in the CSR's.

The CSRs tended to put someone on hold with the statement "… can I put you on hold for a moment." At times they informed the client how many people were ahead of them "… there are three people ahead of you, can I put you on hold for a moment." While the CSRs were often able to work through the queue quickly, at times clients were left on hold for several minutes. This was often due to another client walking in who needed attention, or to the current client on the phone needing information from another source, such as a doctor, whom the CSR had to track down and divert from their current task. These occurrences were rare and only occurred when call volumes were high.

The CSRs had low levels of organizational stress. They communicated clearly and efficiently among themselves. They covered for each other and readily gave assistance to other team members. When there was a difference of opinion, they were able to deal with this in a light-hearted manner using humor to reduce the unease. The team lead used this approach effectively when addressed a co-worker who had allowed empty coffee bottles to accumulate in the workspace.

Overall, the CSRs handled the day effectively. They dealt with hundreds of client interactions, many of which involved denying the clients initial request due to appointments being unavailable and none of the clients became angry. The interactions were all neutral or positive, and none of the clients got angry.

Interestingly the CSRs did not seem to feel good about this being a successful day. They took their ability to handle client interactions efficiently and successfully hour after hour for granted. They also took their collegiality for granted, not realizing that their smooth interactions are the result of effective teamwork skills.

Conclusions:

The CSRs handle hundreds of client interactions per day smoothly and without clients escalating.

The CSRs do experience physical strain from their work that could make it more difficult for them to meet the demands of clients in a calm manner. Some of this physical strain is from sitting in a contracted position for a long time and holding the phone receiver with their shoulder.

Another source of strain comes from unease about particular clients. This can happen even if the client is not upset, but just has a particularly aversive style. It can also happen if the client's request for help has a strong emotional charge. This was apparent in the large increases in heart rate during some phone calls. While these elevations were not dangerous in any way, they are signs of strain in the CSR's autonomic nervous system.

Both these types of strain will accumulate unless the CSRs work actively to release them. If the strain accumulates without release the CSRs will have a harder time meeting the demands of clients and the probability of a negative interaction will increase.

CSRs may be inadvertently setting up clients on hold to expect a response faster than the CSRs can get back to them. This will tend to increase the tension in the client which will then impact the CSR. I did not see clear evidence of this so my conclusion here is tentative.

Suggested interventions:

Reducing muscle strain.
Some of the physical strain is likely to be reduced if the CSRs had headsets for their phones. The CSRs were shown a simple stretching exercise to release muscle tension that takes less than a minute and were encouraged to do this every few minutes.

Reducing autonomic strain.
The CRSs were also encouraged to reduce the accumulated strain on their nervous system by using recovery breathing for 1-3 minutes (5-15 breaths) several times per day. This was not something they were comfortable with as they felt unease about making clients wait. I pointed out that pausing for 5 slow breaths a couple of times per hour will increase efficiency and reduce the likelihood of negative interactions.

I suggested that the CSRs think of the clients waiting in a queue and to give clients calling in an indication as to how many people were ahead of them. Some of the CSRs were already doing this. The goal of was to reduce the tendency for clients to get uneasy when waiting on hold longer than expected.

The CSRs were encouraged to "put yourself in the queue" when informing a client how many people were ahead of them. This would ensure that the CSR would have a brief break to recover and maintain a balanced physiology for optimal client service even when the pace was high.

Creating a more accurate frame of reference:
CSRs were encouraged to review the successful interactions they had with clients and the skills they used to make those successes happen. They were also encouraged to do this with their many successful interactions with each other. Instead of taking their skills for granted they should acknowledge those and how effectively they applied their skills. This would reduce the tendency to ruminate about the situations when clients got upset.

Overall impression:

No negative client interactions were observed. When negative interactions were discussed, it seemed that there was little the CSRs could do to meet the client's demands in those situations. We discussed the importance of not taking the client's negative and even hurtful language personally, giving the client the benefit of the doubt, i.e that the client is a decent person having a really bad day and upset about the world, not the CSR they are interacting with.

My tentative conclusion is that only a small fraction, probably <1%, of client interactions become significantly negative. These are likely to occur because of a combination of factors. One factor is the client's request is impossible to meet, such as the client wanting something that is unavailable, illegal or against regulations, or more than the client is willing to pay. Another factor is the client's high level of unease about the situation. The last factor is that the CSR's level of unease also becomes high, leading to high activation and low modulation. The only factor the CSR can control is their own level of modulation and unease. The reset technique will increase the CSR's modulation and the practice of focusing on how the vast majority of interactions are positive will keep the CSR's unease in perspective. This will eliminate one of the three factors and reduce the frequency of extremely negative interactions.

The observations from the one-on-one training with the lead technician have been removed for the client's privacy.