

# Difficult or Challenging? Dealing with Patients.

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## Objectives

By the end of this educational encounter the nurse will be able to:

1. Identify the reasons for patient behaviors
2. Examine own feelings regarding patient behaviors
3. Identify measures to cope with patient behaviors

## Purpose

The purpose of this continuing educational activity is to give clinicians knowledge for dealing with patient behaviors.

## Introduction

Let's face it. We have all encountered a patient in our career that we have labeled 'difficult', but instead of immediately placing a label on these individuals did we stop to try to determine what was causing the behavior? Was it the patient's behavior or more **OUR** reaction to the patient that caused the problem? Instead of labeling the patient 'difficult' we could of thought of them as 'challenging' and tried our best to find ways of meeting the challenge and provided better patient care as a result.

## Behind the Emotion: The Patient

The first thing that you want to consider is the reason behind the anger or the rude behavior of the patient. Patient's come to us because they need our help. Do they feel that their needs are not

being met in some way? Are they frightened? Are they worried about finances or about who is taking care of things at home?

The patient may feel vulnerable, and is having to give up their routine to adopt one that we impose upon them. Instead of giving them choices, we tell them when to eat, sleep, and bathe.

Another possibility may be that the patient has unrealistic expectations. Some patients still expect healthcare providers to be the saintly being of medicine and may feel let down if we unknowingly do not live up to those expectations. Some patients may feel angry if they perceive that they are being ignored or that their situation is not important. Anger on the part of a patient can be a signal that they have needs that are not being met.

Oftentimes, difficult people were manipulated as children. Normal people and situations are not read properly. They feel that they are always going to get the raw end of every deal. The best way to deal with these types of persons is to over explain everything to reduce fears.

Sometimes difficult people fear that they are at risk for losing something; it might be control, time, money, or even their life. Sometimes patients may hesitate to have needed medical tests for fear that their insurance will not fully cover the costs. Sometimes it may be helpful to say, "You can tell me if something is bothering you."

### **Behind the Emotion: The Clinician**

When we graduated with our degree we did not suddenly become deities. We still have the same human emotions and shortcomings as we always had. Our professional training just helps us to strive to overcome our shortcomings. Patients can push our buttons whether we want to admit it or not. Adding our anger to the patient's anger is not conducive to safe and effective patient care. It is instinctive that we want to flee or fight when faced with these types of situations, but as health care professionals neither of those options is an acceptable choice.

First we need to examine why the patients emotion makes us feel the way we do. Does it make us feel incompetent or inadequate? Once we recognize the emotions that the patient stirs in us we gain a measure of control almost immediately. This is the point where we can

put the care back into care giving. Then we are ready to meet the challenge of caring for the patient.

## **Treating the Emotions**

**Physical Reactions-** The body language that you use can be just as strong or even stronger than the words that you use. When dealing with an angry patient, maintain a slow steady breathing rate and monitor the pace and tone of your voice. It is very important to speak slowly and calmly. Your body language should remain open; avoid crossing your arms over your chest, placing them in your pockets, or on the hips.

**Ask- Ask** the patient what has happened to cause them to be upset, sometimes this in itself is therapeutic.

**Listen-**Try to ensure that you have privacy when discussing the problem with the patient. Close the door to the room or find a quiet hallway, however do not isolate yourself alone with someone that you feel may become physically violent. Stand or sit quietly and listen to the patient, if you are sitting lean forward slightly. Nod and make eye contact as the patient is talking. Taking notes is also an excellent way to show the patient that you are interested in what they have to say. Don't interrupt, as this will fuel the patient's emotions. Remain quiet for a few seconds after the patient finishes speaking. Then in a calm, soft voice begin to try to determine why the patient is angry if he has not clearly told you so previously. Do not become defensive, as this will make the patient even more irate. Instead try something like. "What I hear you saying is that you are upset because..... I am sorry this has been difficult for you. This is what can be done to make this less bothersome for you in the future". Utilize active listening techniques such as repetition, summarizing, validating, and empathizing.

**Inform-** Let the patient know about routines up front. A patient will be less angry if they know that they may have to wait or that an emergency will take precedence over non-emergent needs.

**Validate-** Where possible, agree with the patient. "You are right. You did have to wait a long time today." Another technique is the Feel, Felt, Found approach which goes something like this. " I understand that you are angry (Feel). I would have felt that way also. What we have found is that (present a solution for the problem)"

**Empathize-** Once the patient is calmer, it never hurts to ask them if they have a worry or concern about their condition that they have not expressed or is not receiving proper attention. You may find out that the patient is afraid they are dying because they were too rushed or embarrassed to ask for clarification about information they have received. Ask the patient open-ended questions such as “ What would make you feel better?

**Set limits-** It is not unprofessional to tell a patient in a calm tone of voice that their *behavior* is unacceptable. If a patient persists in being demanding or pushy simply state that you must check on your other patients and that you will return in \_\_\_\_\_minutes to check on him/her. Then make sure that you keep your word. Returning a bit early won't hurt matters either.

**Take a Cooling Off Break-** If you feel that a patient is testing your limits and you might lose control, take a break. Kindly excuse yourself from the room and allow yourself a few minutes to cool off—this is not only healthy for you, but for the patient as well. Utilize resources in your facility, such as a psychiatric liaison nurse, social worker, psychologist, or chaplain if you feel that you just cannot cope or that the patient is abusive.

Always make good eye contact with your patient. If appropriate, give a pat on the shoulder as reassurance. Sometimes it is impossible to soothe an angry or apprehensive patient in one episode of contact. It may mean that you have to take more time with that patient or check on them a little more frequently than others. [2]

### **The CALMER Approach [4]**

The CALMER approach is a six step process that can be used when dealing with challenging patients to make the process easier for both the patient and the clinician.

1. **Catalyst for Change-** In this step the clinician recognizes and acknowledges what he or she can and cannot control about the situation. One cannot always control the behavior of another; however one's reaction to the behavior can be modified and controlled. This analysis of the situation can occur before, during, or after the encounter with the patient or may be a part of the ongoing patient interaction. The clinician can serve as a catalyst for change in the behavior of the patient by giving

- recommendations on how the patient might change their behavior.
2. **Alter Thoughts to Change Feelings-** The next step in the process is to analyze the feelings that the clinician is experiencing as a result of the patient encounter. Clinicians should remember that the patient's behavior might be the way that they respond in many life situations and should not be taken personally.
  3. **Listen First. Diagnose Later-** When clinicians respond to a challenging patient situation with a negative response they may be unable to effectively receive the communications that the patient is sending whether they are verbal or nonverbal. By following the first two steps, the clinician is placed in a better position to receive the message of the patient.
  4. **Make an Agreement-** In this step the clinician and patient make an agreement to continue the patient/provider relationship. An agreement is made between the two parties that they will work together to solve problems and issues as they arise. It is important that the patient participates in the decision-making and agrees with the plan. Confirm with the patient that they understand both the problem and the plan for resolution as well. This step is important to both parties as it fosters perceived control for both sides.
  5. **Education and Follow-up-** After the patient and the clinician agree to work together on the problem, they need to define as specifically as possible how this will be accomplished.
  6. **Reach out and Discuss Feelings-** At this stage the clinician should again ask them selves how they feel about the patient and assess the impact that any negative feeling are having upon their ability to care for the patient. Discussing challenging patient situations with trusted colleagues is very beneficial as social support decreases stress.

### **When Things Go Out of Control**

With the increasing incidence of workplace violence, the clinician should be aware that the possibility exists for anger to escalate into violence. Health care workers suffer assaults at four times the rate of workers in other sectors. There are warning signs when anger could potentially erupt into violence. Therefore you should be aware of risk factors that put you in greater danger of becoming a victim of workplace violence.

- Low staffing levels

- Being isolated with patients during exams or treatments
- Working with patients who are abusing alcohol or drugs
- Facilities that serve police and others for violent criminals or mentally ill persons
- Lack of staff training'
- Long wait times in ER or waiting rooms [1]

## Conclusion

By utilizing the approaches detailed in this continuing education activity, health care providers can gain confidence in dealing with challenging patients. Through examining ones feeling about patient interactions we can uncover our own insecurities and rise above them to provide enhanced quality of care and communication for all patients.

## Resources

1. Maun, Clint. "Anger, Hostility and Frustration...Oh My!." Clint Maun, CSP. Information Resources for Healthcare. 14 June 2009 <65.17.226.143/articles/Anger\_Hostility\_Frustration.shtml>.
2. JEMSprepare . " » Dealing with Difficult Patients | JEMSprepare." | JEMSprepare. 14 June 2009  
<http://www.jemsprepare.com/2008/07/07/dealing-with-difficult-patients/>
3. Liao , Dr. Allen . "allenliao: dealing with difficult patient." allenliao. 25 Oct. 2005. 15 June 2009 <<http://allenliao.blogspot.com/2005/10/dealing-with-difficult-patient.html>>.

- 4 Pomm, Heidi A. PhD., Pomm, Raymond M. MD., Shahady, Edward MD., The CALMER Approach: Teaching Learners Six Steps to Serenity When Dealing With Difficult Patients." 15 June 2009 <<http://www.stfm.org/fmhub/fm2004/July/Heidi467.pdf>>.

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