Dealing with Difficult Patients

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The nursing profession is arguably one of the most challenging and stressful professions in the world today. In addition to worrying about patients’ deteriorating health, health care providers such as nurses have to ensure that all their charting is done on time and that no crucial mistake is made whenever a patient is in need of medical assistance. As a result, the additional responsibility of defending oneself against aggressive and abusive patients almost seems unfair to the healthcare provider who is already burdened with other responsibilities of health care provision. In fact, the nurse’s need to worry about patients that often swear, shout, and even turn violent makes the nursing profession more difficult than it already is. Research has indicated that while most nurses may feel that a patient’s aggressive and abusive behavior may be as a result of their failure as professionals, such behavior is often attributed to the symptoms of the patient’s disease and not a reflection of the nurse’s incompetency in handling the patient (Shirey, Ebright, &McDaniel, 2013). Although such difficult patients may become the breaking point of some nurses, it is imperative for the nurse to understand what to do and what not do in such situations in order to ensure a safer and less stressful working environment.

I had just completed two years practicing as a nurse when I encountered a patient who was verbally abusive and aggressive. I had been placed in charge of the emergency room and was on evening duty. At around 8 p.m., an elderly seventy-five-year-old Caucasian man was brought by ambulance after he had suffered a fatal fall in the streets, and he was placed in one of the cubicles as he waited to be attended to. As required, I went to attend to the patient, but my interaction with him was not particularly pleasant. The patient yelled loudly and could not even allow me to take his medical history. I tried to calm him down since he appeared to be in severe pain, but he kept shouting and swearing and did not seem like he wanted medical attention even though he was clearly hurt. The patient was very uncooperative and kept insisting on going home. I was really irritated and frustrated by the situation. What is worse, the patient turned violent and aggressively pushed me away while I was trying to inject him with pain relievers to ease his pain. I immediately left the room feeling annoyed and asked for help from one of the nurses that was also on duty that night. It later discovered that the patient had a sick wife and wanted to go home to her since she had no one else to take care of her.

With respect to my professionalism as a nurse, there are a number of things I did in order to effectively deal with the patient. For instance, despite the patient’s aggressiveness and lack of cooperation, I managed to stay calm and composed. It is often easy to become irritated, angry or even annoyed when dealing with certain patients depicting such uncooperative and aggressive behavior (Brooks, 2015). Letting one’s emotions take control of the situation may not result in an appropriate solution. What is more, I acknowledged the fact that taking out my frustration on the patient would only make matters worse. While the patient remained uncooperative and openly abusive, my calmness and composure really helped me ease the tension even though the situation kept escalating even up to the point of violence. Another thing I think I did pretty well was trying to connect with the patient although my efforts proved futile. Research shows that getting to know one’s patient and connecting with him or her is an effective way of proving to the difficult patient that you are concerned and care about his or her condition (Spencer & Johnson, 2016). Trying to get to know the patient better may significantly help in calming the patient down. In fact, it becomes easier to show compassion and tolerate his or her demands and may consequently change the patient’s negative mood and attitude. I also showed a lot of respect for the patient by speaking to him in a friendly manner in addition to addressing him as Mister even though he remained openly disrespectful. Moreover, seeking for help from my colleague was another thing I did well in dealing with the situation.

However, there are a number of things that I did not do well during the situation. For instance, I accepted abuse from the patient, both verbal and physical in spite of my calmness, composure, and absolute show of respect. I allowed the patient to continually hurl vulgar expletives at me and perhaps this is why the aggression escalated to a point of physical assault. I should have made it clear to the patient to treat me with respect just the way I was doing in order to help him. Brooks (2015) acknowledges the fact that it is not within the job description of a nursing practioner or any other healthcare provider that he or she should become the target of verbal abuse as well as physical assault from an agitated and uncooperative patient. Spencer and Johnson (2016) further argue that any health care provider dealing with difficult patients should be careful enough to ensure that he or she does not establish avenues or habits in which he or she accepts abusive behavior or continually confronts patients. The work environment of any given health care provider determines the line between an abrasive and abusive patient. As a matter of fact, nurses who work in correctional facilities have varying tolerance for aggressive and abusive patient behavior as opposed to those working in intensive care units (Shirey, Ebright, &McDaniel, 2013). It is imperative that whenever a patient continues to exhibit abusive and disturbing behavior even after being informed about the unacceptability of their behavior, the nurse should immediately inform the immediate supervisor. In my case, I flawed since I waited until the patient’s behavior escalated before I sought for assistance. Another area I did not do very well was taking the whole situation personally. I was so annoyed and irritated by the patient’s behavior. In fact, for a moment, I thought the patient actually meant the things he said to me before it was later determined that he was extremely worried about his wife’s condition back at home. Julianne Haydel, a veteran nurse and consultant at Haydel Consulting Services maintains that although most nurses may think the difficult patient they are handling is upset with them, it is hardly the case (Brooks, 2015). Most patients who engage in such abusive and irritating behavior are in most cases going through unfortunate circumstances that have impacted their mood negatively.

As it was later determined, the patient I was handling did not want to be admitted in the hospital because he needed to get back home to his ailing wife for whom he was the sole carer. As a result, one of the things I would have done to make my interaction with him more effective would have been to establish the underlying cause of his aggression and irritable behavior. Had I determined that the cause of the patient’s behavior, perhaps I would have stood a better chance of effectively interacting with him. In fact, I should have shown the patient that I cared about his concerns regarding his wife instead of just talking him into giving him the medical attention he required. To some extent, the patient might have felt that I was not listening to him and that is why he became uncontrollably abusive and violent. I should have as well demonstrated control of the situation without allowing him think I was being too authoritative or demanding. In other words, I should have assured the patient that the medical needs of his wife would be attended to.

In general, it is apparent that an encounter with a difficult patient in the nursing profession is barely a pleasant one. Difficult patients like the one I handled require one to remain calm and composed apart from establishing a rapport with the patient. It is also imperative to treat the patient with respect and ask him or her to do the same. For patients whose aggressive behavior persists, the nurse is required to seek assistance from the immediate supervisor. When dealing with difficult patients, it is also not advisable to take any of the patient’s unpleasant comments personally. On the contrary, the nurse should try and establish the cause of the patient’s behavior and try to meet his or her needs while still providing care. Given that the nursing profession attends to patients from all walks of life, it is pertinent for nurses to equip themselves with the necessary professional skills and techniques in order to effectively interact with difficult patients.

References

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