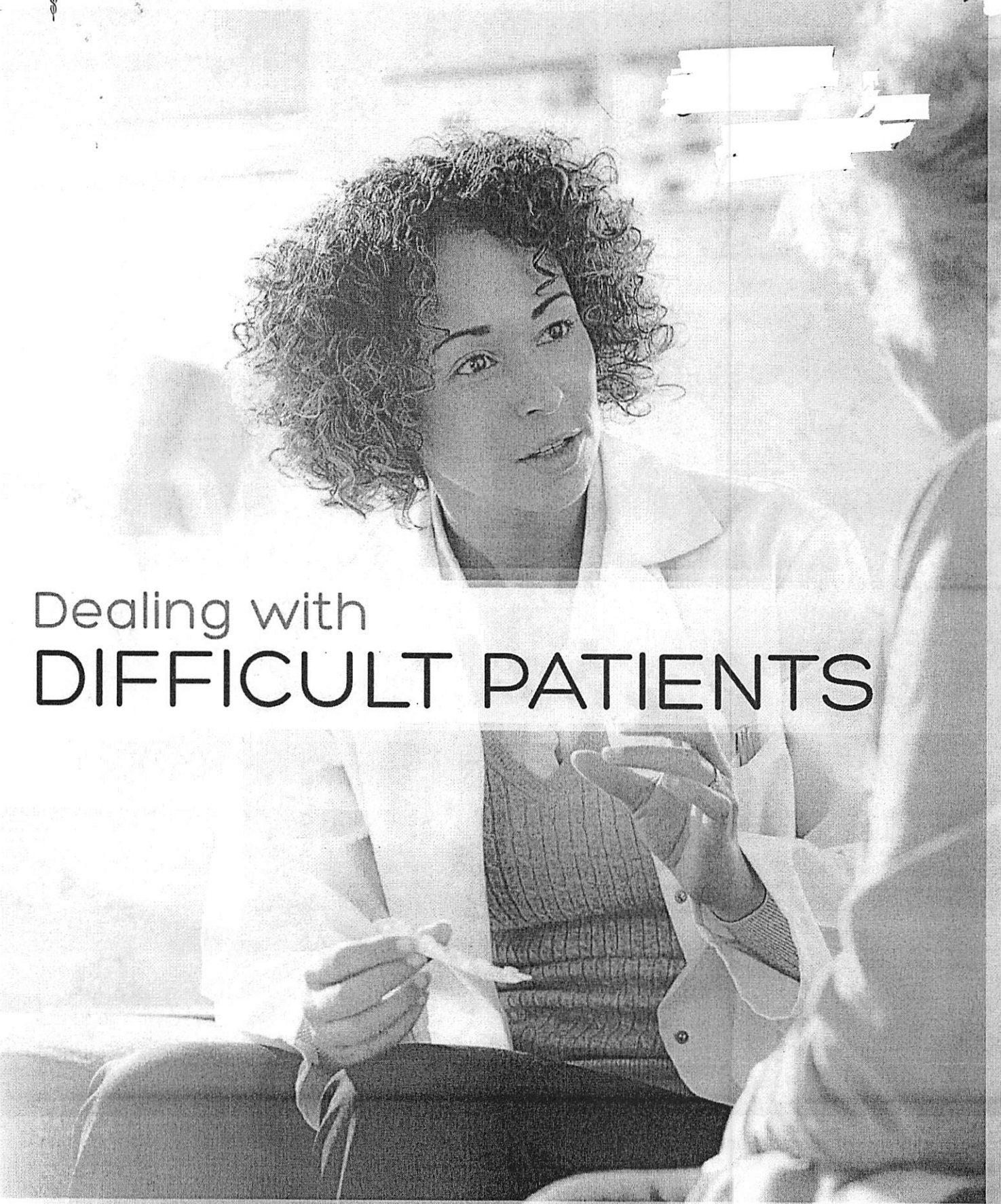




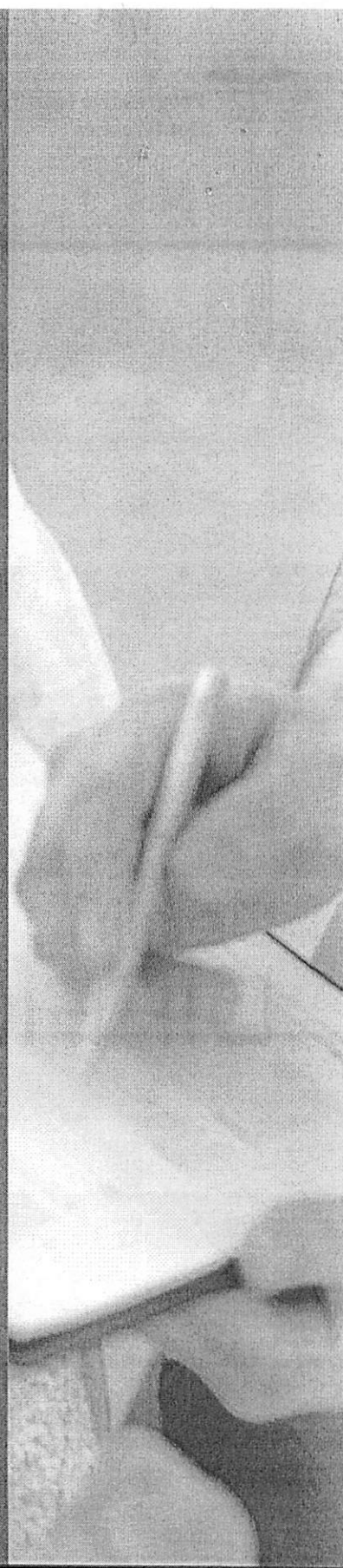
Progressive Healthcare  
Conferences

A black and white photograph of a woman with curly hair, wearing a white lab coat over a dark sweater. She is sitting and gesturing with her hands while talking. The background is blurred, showing what appears to be a hospital or clinical setting.

# Dealing with DIFFICULT PATIENTS

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# Dealing with DIFFICULT PATIENTS

People rarely want to take time out of their day to go to the doctor. They're even less happy if they need to visit the hospital.

Patients are often in pain, upset and not happy about having to interact with you or your staff, especially if they must deal with expensive medical bills.

And sometimes that means they're rude, angry or otherwise hard to handle.

Interacting with difficult patients every day takes a toll on employees' mental health and morale, and can often lead to situations where both patients and staff are upset.

So how can you tackle difficult patients?

Several different issues can come into play for providers and frontline staff, but some approaches work, no matter the position.

## Universal tactics

Certain strategies for handling difficult patients can be used regardless of who's dealing with the patient.

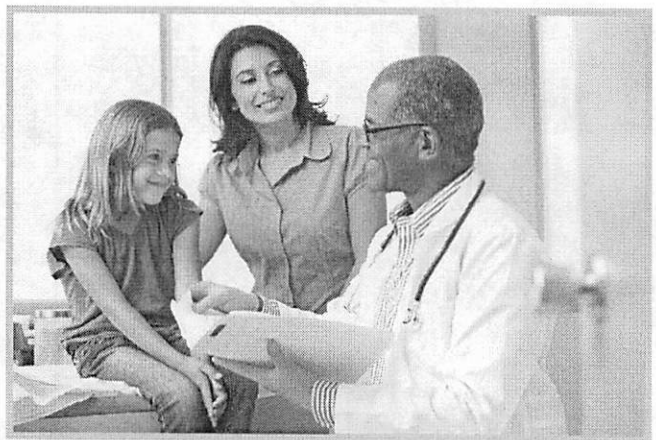
Above all:

### Stay calm.

If everyone ends up screaming at each other, nothing will get fixed – and both you and the patient will feel worse. Remember: Usually, the patient isn't mad at you. Patients often act out from a place of fear or anxiety, or because they have no control over what's happening to them. Keeping calm allows you to maintain a sense of perspective and de-escalate the situation. Explaining what's happening to them and giving them some say in their treatment plan, if possible, can help them feel a sense of control and allow them to relax.

### Engage with them.

Most patients are yelling because they want to be heard. Something that seems small to you can mean the world to them, and patients want to know you're paying attention to their concerns. Make sure they know you're listening to their complaints: Maintain eye contact, use their names, paraphrase what they said back to you and don't raise your voice. Asking questions like "Can you tell me what you need?" or "How can I fix this for you?" can make the conversation more positive. Encourage patients to ask questions, and answer them to the best of your ability. Confusion can cause a patient to become difficult, and alleviating the person's concerns can defuse a thorny situation instantly.



## Universal tactics

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### Avoid negative language.

Phrases like "Let me explain," "May I suggest?" and "Tell me more" make discussions productive. Voice your opinion respectfully and reassure the patient you'll do your best to solve the problem. Validating patients' concerns helps promote trust, since they'll know you're listening – and trust is essential in any medical relationship.

### Use empathy.

Remember how upsetting it is for people to be in pain and in the hospital or doctor's office. Treat every patient with respect, and let patients know you understand the difficulty of their situation, you care for them and you're interested in what they need. Acknowledge their anger or fear – sometimes that's all people want. Try to see the patient as an individual, not just another checkmark on your to-do list.

### Address basic needs.

If a patient is hungry, thirsty, too cold or too hot, it can make everything worse. Checking to see if their most basic needs are being met helps keep conflicts from escalating.

### Problem-solve.

Figuring out why someone is in a bad mood can help you try to fix it. If irritability is a side effect of a medication the person's taking, see if a lower dose or alternative treatment could improve the situation. Understanding a patient's social history can also help you solve the issue. If someone is particularly reluctant to be discharged, maybe they don't have a safe place to live. Learning about the patient's life outside your facility helps you offer better treatment and allows you to make a lasting connection.



## Universal tactics

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### Wait them out.

Some patients only want to vent their frustrations to someone, and the lucky person just happens to be you. Acknowledging patients' feelings can take the fight out of them, since they'll realize they don't have to scream to get your attention. In some cases, stepping away from the patient to give him or her time to calm down may be the best approach.

### Set boundaries.

If certain patients are making unreasonable demands on your time and energy, set limits with them. Tell patients you'll check on them in 30 minutes, and stick to it. Assess your safety and decide if you need another person in the room with you, whether that's another staff member or a security guard. Setting your boundaries keeps everyone safe and stops the situation from getting too heated.

### Shake it off.

A difficult patient can make you upset and ruin your whole day: Don't let this happen! Take a deep breath and release all your stress with the exhale. Remind yourself you have the strength and skill to handle whatever comes your way, and remember that this feeling will pass. Knowing your strengths and weaknesses in tough circumstances helps. If negative comments get to you easily, take a few extra minutes to calm down before you continue, rather than letting the interaction derail you. Be aware of your tolerance for different behaviors, and take a step back when necessary.



## Provider guidelines

While these general strategies can be used as a blueprint for handling a rude patient, sometimes more specific measures are necessary for patients who are consistently belligerent or inappropriate toward their providers.

### 1. Strengthen boundaries.

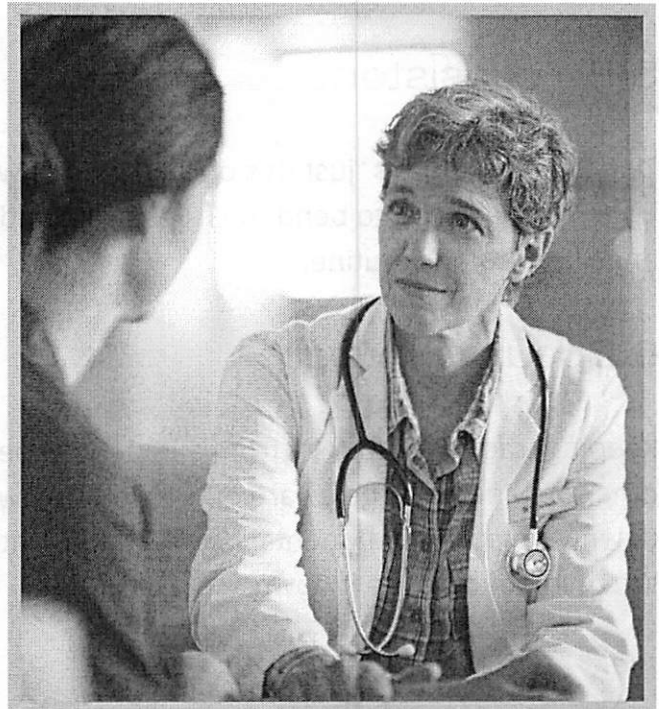
Providers can expand the boundaries they set, clarify what behavior is completely unacceptable, and demand that all staff in your organization are treated with respect.

"You have to let them know what won't be tolerated. I've said, 'Look, Tom, I know you're hurting, and I'll do my best to help you. But I can't have you talking to my nurses that way. We all deserve respect. If you want to be respected, you have to show respect,'" according to Dr. Richard Roberts, a professor of family medicine at the University of Wisconsin, in a Medscape article.

### 2. Say sorry.

Apologizing never hurts, even if the situation isn't the provider's fault. One doctor says she apologizes for things she has no control over, like a referral the patient wasn't happy with.

"Patients are forgiving if you are seen as genuinely sorry for what happened to them, regardless of how it happened," Dr. Patricia Roy, a family physician from Michigan, told Medscape.



## Provider guidelines

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### 3. Take a seat.

Sometimes, simply sitting down during the discussion is all it takes to make a patient feel better. Sitting shows you're taking the time to listen and interact with patients, and that can help them see you're trying to help – which is all most patients want.

### 4. Trust your instincts.

In a healthcare setting, prioritizing is important. Some patients may try to convince providers to treat them right away. Instead of bowing to that pressure, providers need to take a step back and objectively determine what needs to be done first, and stay firm in their assessment.

Clinicians are the experts, and neglecting a patient in need is never the right call – even if a difficult patient tries to convince you otherwise.

### 5. Be consistent.

Don't bend the rules "just this once." Patients will start to expect it every time, and they'll try to convince you to bend the rules again and again. Stick to what you've said in the past and keep to your routine.

### 6. Document it all.

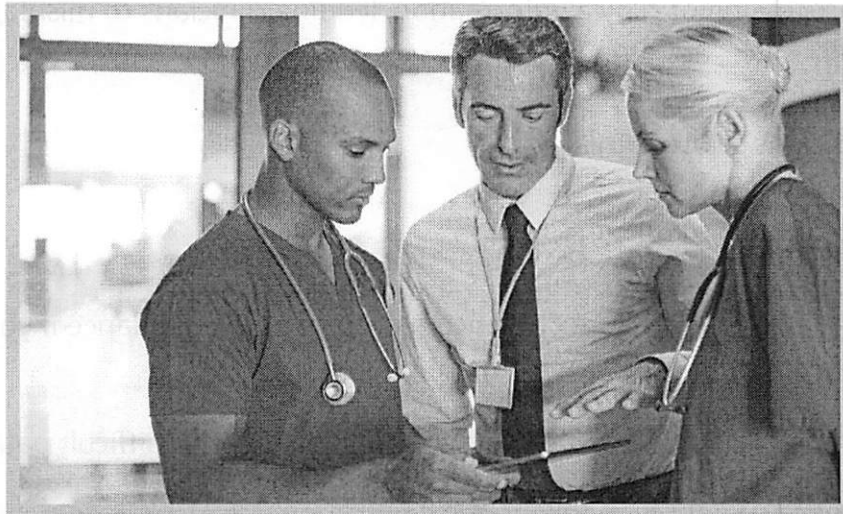
Keeping track of outbursts from a patient, especially if they turn violent, ensures that other providers will be aware of the situation with that patient. It can also demonstrate a downward spiral with mental health that might require further intervention or assistance. When in doubt, write it down.



## Provider guidelines

### 7. Give it up.

It's important to know when to step aside and let another physician take over, if possible. When you know another professional could handle the situation better, swallow your pride and allow the patient to move on. You'll both be happier in the long run. If the situation becomes extreme, it's all right to "fire" the patient. Tell the patient calmly that trust is the most important part of the provider/patient relationship, and the person's reaction clearly shows that trust is lacking.



Let your patient know they'll need to find another provider and give them options, whether that means referring them to someone else or directing them to a referral service. Put the termination in writing, so there's no misunderstanding what's going on.

Up to 85% of primary care physicians have dismissed a patient, according to a recent survey published in the Journal of General Internal Medicine. Firing patients is also common in hospital settings.

You're not the first to ask a patient to leave and you won't be the last.

## Diagnostic issues

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Two recent studies found that difficult patients are more likely to receive an incorrect diagnosis, regardless of the time spent on care or complexity of the case.

The studies defined difficult patients as ones who engage in disruptive behaviors and discovered physicians had a significantly higher chance of misdiagnosing them compared to neutral or non-disruptive patients.

The authors determined the mental energy spent dealing with a difficult patient interrupted the processing of clinical information, leading clinicians to misdiagnose those patients.

But how can physicians address this issue?

Here are a couple of ways to do so:

1. Make diagnostic checklists more structured so you have guidance if you're not at your best because of pressure from the patient.
2. Use computer-assisted diagnostic tools when dealing with difficult patients.
3. Try to be more diligent with follow-ups if you know a patient is particularly tricky.

## Frontline strategies

It's not only providers who deal with difficult patients, though.

Most will agree that a quiet facility with happy patients starts with the employees who first interact with patients – frontline workers, including nurses and nonclinical staff.

To make sure difficult patients are dealt with quickly and easily, the first step is informing your staff about handling various patient attitudes with these strategies:

- Training staff on different types of situations they might encounter can give them confidence in their abilities to clearly explain information to patients and defuse potentially stressful situations.
- Let staff know it's OK to end a call or interaction with someone who's berating them so they don't feel like verbal punching bags.
- Putting clear and detailed procedures in place for how staff should handle particularly abusive or rude patients allows employees to feel more comfortable in their roles. Those procedures could include calling for a security guard or asking the patient to leave or go outside.
- Positivity is essential for frontline staff. It's tough for staff to stay upbeat if patients are constantly yelling at them, so make sure they feel appreciated. Share a kind word when they've had a hard day, and provide opportunities for everyone to relax a bit and shake off the negativity.
- Being proactive can be the difference between a patient screaming over a bill and that same patient walking out the door smiling. Your front-desk or registration staff should be anticipating potential issues before they happen and planning how to overcome them.
- If there's an issue in the waiting room or patients are arguing in front of others, give your frontline staff the freedom and authority to take control of the situation before things get ugly.



## Moving forward

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Unfortunately, difficult patients are everywhere in healthcare, regardless of the organization you work for.

Whether you're in a huge hospital with hundreds of employees, a post-acute care facility or a small private practice with two or three staff members, there'll always be someone who's upset or angry – healthcare is complicated and hard for people to understand.

Your job is to make it clearer and help people feel better. Working on someone's physical health isn't the only component of providing patient care, and even when patients are in bad moods, they need understanding and compassion – not a stressful, loud argument.

But it's also critical to take care of yourself in these situations. You don't deserve to be berated or harassed because of someone else's discomfort.

It's a fine line to walk, and challenging at times, but it's crucial. Turning difficult patients into satisfied ones is part of what makes healthcare so rewarding.

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