Any patient in an active health care relationship is entitled as a matter of ethics to humane treatment.

Any patient in an active health care relationship is entitled as a matter of law to care provided in a reasonable manner.

If physicians find that they cannot meet these goals, they are entitled to terminate healthcare relationship provided that they act reasonably to ensure continuity of care for the patient, but this is a remedy that should only be used as a last resort.

For this reason, it is important to develop useful strategies for dealing with difficult patients.

The best way to handle that difficult patient is to confront their behaviors directly. If they are complaining about your performance, ask them to be direct and tell you exactly what you did wrong and how they feel you could have been better. Maybe they are right and you are not aware of how you are, but maybe they don't understand your job and responsibilities and with a little education they can learn something.

Being in the hospital or being ill or in pain is a stressful time for most people and they may from time to time lash out at us. But, usually, if somebody is confronted about their behavior they will change. Especially if they know that you are all working on the same team whose focus is their well-being.
ANGRY PATIENTS - Nobody wants them, yet we all have them.

It doesn’t matter what position you hold in the office, knowing how to handle the dissatisfied consumer is crucial.

Studies show that one of four patients will be unhappy in some way; 4% will complain, 96% will go elsewhere.

Patients are walking billboards. They can be advocates for your work or testimonials to your shortcomings.

This may be pushing it a little bit, but when someone complains we should actually be grateful because they are giving us a chance to save the situation.

Handled correctly, angry patients can turn out to be lifelong patients, and they make referrals.

Difficult Patients: Why They're That Way and How to Handle Them

There is no denying that medical practice places considerable strain on time, energy, and emotions. These strains can reach the breaking point with “difficult patients” or as they are sometimes called “hateful patients.” Patients are difficult to the extent that they are disruptive, hostile, or in other ways undermine a mutually respectful relationship.

Patients can be demanding, vindictive, dependent, slow, and so on down the list of human weaknesses and vice. It should also be remembered that patients can see these same faults in physicians. It is important that physicians develop effective strategies for dealing with a broad range of people in ways that protect core values in the humane treatment of patients.

They complain, criticize, shout, swear and may even try to hit you. Difficult patients are an unfortunate fact of life in healthcare. But knowing how to identify, understand and respond to them can make your work life safer and less stressful.
Identifying Difficult Patients

It’s sometimes possible to predict which patients will likely become difficult, abusive or violent. Alzheimer’s patients, for example, tend to be moody, irrational and easily agitated. Those with cancer, end-stage renal disease (ESRD), a history of violent behavior or some psychiatric disorders are also prone to disruptive or violent behavior.

Watch for certain emotions. Isolation and fear can lead to anger, which can escalate into violence.

Many patients also feel let down by their failing bodies, their illness or by being hospitalized, institutionalized or placed in a nursing home. Some experience spiritual betrayal, asking why God let this happen to them.

Cancer patients often feel betrayed, particularly if they are also feeling isolated and stressed by switching from competent caregiver to losing control over their life, spouse and children when illness strikes.
Response Strategies

Once you understand what makes some patients so difficult, it can be easier to follow the experts’ suggested “dos-n- don’ts”

Make sure you:

• **Observe**: Notice a patient’s words, voice or attitude to pick up on rising anger levels. Overly compliant behavior is also a warning sign that a patient has lost his identity and sense of competence, which can lead to vulnerability, fear, anger and violence. Worries and loss of control often are triggers of aggression.

• **Connect**: Uncover and directly address a patient’s underlying feelings with comments such as, “You sound worried. What can we do to help?” Establishing a personal connection can go a long way toward gaining cooperation.

• **Show Respect**: Make eye contact, and try to approach patients at eye level. Always address patients as Mr. or Mrs., and speak in a friendly manner.

• **Slow Down**: Rushing can be counterproductive, especially when caring for those with dementia.

• **Recruit Help**: Enlist relatives to help break the isolation, create solutions and provide support.

• **Be Informed**: Know your employer’s patient bill of rights, as well as its policies and procedures for dealing with difficult patients.

Avoid:

• **Bullying**: Don’t use your caregiver status to threaten patients.

• **Making Assumptions**: Most patients are not intentionally abusive or disruptive. They often are responding to an irritation, vulnerability, cognitive impairment, inability to express themselves or loss of identity.

• **Putting Up Walls**: Distance just fuels patients’ anger.

• **Tolerating Disruptive Behavior**: Clearly explain what is unacceptable to avoid problems later.

• **Taking It Personally**: You can’t expect that everyone at work will act pleasantly. Interpersonal mishaps or confrontations are guaranteed when you work with the public.
Use these four tips for building value and patient satisfaction:

1. Seek patient participation by asking what they are thinking.
2. Keep your promises and back up what you put in your advertisements, or what is stated in a posted set of office policies.
3. Talk to competitors’ patients to find out what works and what doesn’t.
4. Make it easy for patients to complain by training employees to handle difficult situations.

Remember, when you allow a patient complaint to go unsolved, you let a patient go.

Give complaining patients your undivided attention and you will see tangible results.

Every practice has a few patients who make life difficult, and those patients can continue to cause trouble even after they’ve left the practice.

Statistics show that satisfied patients will tell three people of their experiences, whereas a dissatisfied patient will tell 20 people.
Kinds of Difficult Patients

1. The *dependent clinger* makes inordinate demands on time, all out of proportion to the medical condition under treatment.

2. The *entitled demander* also makes strong demands on time and expects a high level of satisfaction with his or her treatment, perhaps impossibly high.

3. The *manipulative help rejector* works to sabotage a medical intervention, in order to achieve some ulterior goal, sometimes known to the patient but more often unconsciously motivated.

4. The *self-destructive denier* rejects the value of medical intervention, either because he or she believes that the matter will resolve on its own or because he or she believes it is not worth the effort to return to healthier state.

It is important to remember that the physician and/or other medical professional in these interactions must always “be the adult.”

Ethics cautions physicians against actions rooted in frustration, actions such as being punitive, neglectful or abandoning.

There is no doubt that all medical personnel and physicians will encounter patients whom they dislike and whom they find difficult if not “hateful.”

It is important, however, that communication problems do not stand in the way of better relationships, and that communication problems are not the reason there are “difficult patients.”
4 TIPS FOR DEALING WITH ANGRY PATIENTS... A Nurse’s perspective

You walk into the room, you introduce yourself, and everything you do from that point on is wrong.

Every medical professional has taken care of or encountered an angry patient.

It is not pleasant, and many are leaving the profession because they just can’t take it anymore.

**Tip #1: Put Yourself in Your Patient’s Shoes (or in their patient gown)**

The first thing that I do when I’m confronted with a beastly patient is try to remember that fear and loss of control are the two biggest factors that turn nice people into jerks.

I ask myself how I might act if I were in my patient’s place. Patients come to the hospital out of necessity, not by choice, and many people respond to this kind of stress by lashing out at everyone around them.

**Tip #2: Don’t Tune Out Your Patient When They Are Angry**

This is easier said than done. It’s not easy listening to a patient’s verbal abuse.

Patients and their families want to feel empowered, not patronized when they are talking to you about a problem.

- Give your patient your undivided attention.
- Turn off your cell phone.
- Sit down at his or her bedside and really listen.
- Acknowledge the problem, ask about it, and listen to what the patient has to say. It’s not easy listening to angry words, but it’s an important skill to learn.
- Try to understand what the patient is really dealing with. Is the patient angry about something concrete, or are they dealing with grief? We can’t fix sadness. Sometimes the only thing that we can do is be empathic and validate the patient’s feelings.

**Tip #3: Turn Down the Volume When Patients Start Yelling**

I learned this tip from one of my early mentors. I was fresh out of school when one of my patients went ballistic when I started giving her a bed bath.

My mentor heard the metal bedpan hit the wall as it shot past my head and hit the hall. My mentor came running into the room and started talking to my patient.

My patient screamed obscenities. My mentor responded in a very quiet voice. The patient’s voice grew louder. My mentor became quieter when responding to the patient. Within a few moments, the patient started lowering the tone of her voice so she could hear what my mentor was saying.

The patient was then able to calm herself and she became less irrational.

**Tip #4: Don’t Make Promises You Can’t Keep**

Your patient is demanding everything under the sun.

They are yelling, and they are threatening to call their lawyer. What do you do? It’s really tempting to tell a patient that they can have whatever they want just to make them happy, but prepare for the fallout if you can’t deliver on your word.

Keeping patients happy involves trust, and nothing will blow trust out of the water faster than a big fat lie.

It’s all right to tell a patient that you don’t know the answer to a question, but it’s not OK to make things up as you go.

If all else fails, tell your patient that you will ask your supervisor to come talk to them.
1. **Stay Calm**

A majority of time it is our front line staff who take the brunt of angry patients. It is instinctive to flee or fight when faced with that type of situation and neither are the right answer. Staffers must train themselves to stay calm. Take slow and deep breaths while concentrating on maintaining eye contact.

2. **Stop, look, listen, lean forward, be responsive.**

If possible, move agitated patients from your front desk area to a private room or adjacent hallway. Stop all other activity and concentrate on what the patient is telling you. Body language is an important tool for showing a patient you are serious about resolving the issue. Nodding, eye contact, and note taking are all excellent modes of silent communication.

Most importantly, keep quiet. If you interrupt, the patient will assume you are not listening and often feel the need to start over again. Patiently listen to the whole story attentively. When the patient is clearly finished, you can begin to respond.

When it is your turn to speak, begin with agreement. Even if this requires really digging to uncover some common ground, do so. For example, let’s assume a patient has told you a long story with many accusations about the staff or doctor that are not true. Obviously, you are not going to agree with false statements, but you could reply with: “I’m glad you brought this to our attention. I’d like to help solve this problem.”
3. Accept the anger.

Try not to take the demonstration of anger personally. A majority of the time people do not know how to express displeasure pleasantly (meaning when someone is dissatisfied with a service or product, they don't usually make you feel all “warm-n-fuzzy” when they are informing you of their situation). Some people assume they will get better results with rage than with polite dialog.

(By the way, if YOU are ever the angry customer in a place of business, this is a great step to use in your favor. Help the other person by saying in a sincere, pleasant tone:

“I know it isn’t your fault, but I’m very upset about this situation and I hope you can help me.” This often works better than berating an innocent team member.)

4. Accept responsibility.

Never say: “There’s nothing I can do.” That statement is like gasoline on a camp-fire. Although it may range from simply gathering facts to solving the problem, there’s ALWAYS something you can do.

If you are a member of the team, then all the work done for the patient is a reflection of the overall quality, because majority rules.

If most of the contacts we had were surly, we assume all the workers are the same. A similar principle should or could be applied various individual departments, offices, and practices.

All-for-one-and-one- for-all is the way a successful office should operate.
5. Refer to the proper person.

As soon as you have determined who could be the best person to solve this problem, explain it to the patient. Choose your words carefully: “Mr. Smith, it seems that we need to have your lab orders re-faxed to us and Stan, our receptionist, will be happy to take care of this for you. Let me explain your problem to him and we will fix this right away.”

• “Mr. Smith” — use the patient’s name.

• “We need to have your lab orders re-faxed to us” — identify the problem as you see it.

• “Stan, our receptionist” — give identity to the person who can solve the problem.

• “will be happy to take care of this” — indicates we’re not bothered in any way.

• “Let me explain to him” — removes the need for the patient to rehash the issue.

• “We will fix this right away” — responsive.

These two short sentences carry a bundle of information to the patient.
6. Ask questions.

This step means to “gather your facts.” It is a fundamental rule by which we should all live. There is always more to the story, and by asking questions you can uncover some of the hidden facts to help you piece it together more completely or accurately.

Questions like:

• “What were you told?”

• “When did you call?”

• “Do you know who you spoke to?”

7. Restate the problem; ask for confirmation.

If you have successfully followed the first six steps, you should have a basic understanding of the complaint. Now is the time to briefly summarize the story.

But, remember to present the recap from the patient’s perspective.

In other words, if there is a part of the story that you know is not accurate, you can insert such bridges as “and you feel, Mr. Smith” or “your impression was.”
8. Respond visibly.

Be careful to have the right facial expression. The easiest way to achieve this step is to simply nod. Try not to be too defensive even if you’re the cause of the complaint. Avoid being too smiley; serious, professional and focused are the best traits to show.


I’m not asking you to agree with a patient who may be insulting the practice or the doctor. Agreeing in this case means to understand or empathize.

A well-known technique for dealing with a complaint is the 3-F method: “Feel, Felt, Found”.

“I understand how you feel, Mr. Smith. I would have felt that way, too. What we have found is that if we (insert solution here) it seems to help.”

10. Develop solutions.

This is my favorite step and often is the turning point in calming a patient. Start tossing out suggestions of what can be done to solve the problem. If it’s a simple scenario, one suggestion is often enough. Other times, multiple options are necessary. When you are faced with a patient who will not respond to any of your suggestions, try this statement: “What can we do to make this situation better?” Occasionally the reply is: “There’s nothing you CAN do!”
11. **Exceed expectations.**

This is sometimes referred to as “REPLACE Plus 1.” That means not only do you try to solve the problem, but you add a touch of appreciation with it.

One doctor’s office developed a creative idea many years ago that is wonderful. There is a restaurant across the street from the office. The staff arranged to have free dinner coupons printed to look like prescription pads. When the occasion calls for it, they give those to unsatisfied patients as their “+1.”

12. **Personalize.**

Dale Carnegie said: “A person’s name is, to them, the sweetest sound in any language.” This is the trump card when dealing with a really irate person.

One time, a co-worker was dealing with a patient in rage. He tried everything to calm the angry patient. Aside from just standing there and nodding, he had no ammunition to the onslaught of verbal abuse. The co-worker kept quiet even though he wanted to yell back. Finally, when the patient appeared to be finished, the co-worker started his first sentence with the patient’s name. Immediately, she seemed to relax a little. Then, the co-worker quickly asked what he could do to make the situation better. The patient came up with a suggestion that was quite simple; one that the co-worker hadn’t thought of. It was agreed that this idea was a great compromise and she seemed satisfied. That happened more than ten years ago, and she’s still a patient today.

After enough practice, the steps involved with dealing with angry patients becomes second nature.

**Proper Follow-Up:** Make sure that once you have closed the situation an internal follow-up is done.

Don’t assume that the office is always right and that patient is wrong. Take each complaint seriously and evaluate if any changes are needed. We sometimes “outgrow” policies and procedures without realizing a change is needed until someone complains.

It may be easier to ignore complaints, but instead, take the issue seriously and look for several ways to improve.
A good way to follow up is by placing a phone call to a patient within 48 hours after the visit.

This is done because you want to encourage complaints.

There is a right way and a wrong way to handle this task. First of all, experienced staff members must initiate the calls. The questions and responses to the most common statements must have a scripted response—scripted, but not robotic. In other words, well-thought-out responses that are accurate and consistent.

Never say: “Mrs. Green, did you have any trouble getting your lab results?” This implies that you expect her to have problems. In fact, you may plant the idea in her head that she should be looking for something to be wrong.

Instead say: “Mrs. Green, I’m following up, as I promised I would, to make sure your experience at our patient service center was perfect.”

Will your team find itself doing more work? Maybe, but that’s great. Your patients are going to tell their friends about you one way or the other. It’s better to have them sharing the news of the professional manner in which they were treated than voicing complaints to friends and family.
What Makes Patients Difficult?

There are numerous reasons why patients become difficult to satisfy. The reasons include, but are not limited to, the following:

• Inability to communicate their needs to the healthcare professional
• A professional unwilling to understand and accept their needs
• Fear
• Bad experience in the past
• Having to wait for service
• Feeling ignored or overlooked
• Receiving no apology for inconveniences they believe they suffered.

Recognizing why patients are being difficult is usually the first step in solving the problem. Handled appropriately, an unhappy or dissatisfied patient with complaints can end up impressed with outstanding service.

Caring for the sick and the well does not exempt us from encountering various personalities. Part of our distinctive profession is to deal with difficult clients. These clients could be manipulative, demanding, suspicious, irate, or uncooperative clients. Unfortunately, some clients may show violent behaviors to which extent that assistance from our fellow health team members is usually needed.