“A methodical approach can help manage difficult patients”

We all encounter and dread “difficult” patients. Behaviour that is intimidating, abusive or time consuming can make us feel uncertain, manipulated, frustrated and angry.

We shouldn’t feel guilty about these feelings – nurses are not supposed to be judgemental but we are not robots, and some patients we simply don’t like. However, while we don’t have to like them, we do have an ethical and legal obligation to rise above our feelings and provide the best care we can – which is not easy in the face of continued provocation.

Irritation with challenging patients can be compounded by fear that they may complain. Complaints have increased by over 40% in the last decade and often lead to disciplinary action and even litigation. Whether nursing standards have fallen or not is a moot point, but people are certainly less reticent about speaking up.

Legally, we are stuck between a rock and a hard place. Any zero-tolerance policy regarding difficult patients eventually falls foul of our basic duty of care. We cannot simply walk away. And neither should we – while some people may just enjoy making life difficult for others, most challenging patients have varying and legitimate reasons for their behaviour – be they mental health or drug-related issues or simple fear, pain or communication problems.

We need a safe, stress-free solution to this grey area. In other areas where a resolution is not clear, such as intractable pain or chronic wounds, our response is not emotional but systematic and rational. Perhaps we should apply a similar reasoning here. It seems counterintuitive but fostering a more distanced attitude (at least on the surface) may be more effective.

A methodical approach that could serve both our patients and ourselves is found in the teachings of non-violent communication; if it could be distilled into one handy epithet it would be “make a conscious decision to not be offended”.

This suggests that allowing oneself to become offended at another’s response causes defensiveness and the erection of unhelpful barriers. It does not claim that patients won’t make you sad, hurt or angry, but points out that, by choosing to not become offended, you can separate the emotions from the experience and restructure it into something that can be addressed rather than only felt.

I’ve discovered that at worst it defuses confrontations and enables me to retain a sense of moral superiority (a kind of mildly satisfying failure). At best, it leads to a change in difficult patients: on seeing that their behaviour does not elicit drama and tension, they may give up or even develop respect for you.

Don’t take difficult behaviour personally, and accept that, while some situations cannot be resolved, they can be made more manageable. We can’t change patients but we can think of situations as “challenging” rather than “difficult”. As a result we may, in time, see difficult patients more as an ongoing challenge than an immediate affront.

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