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# Dealing with Angry Patients: Strategies for Hospital Workers

**Mohammed Ayidh J Alaklabi[1], Zamil Hamad Zamil Alshahrani[2], Ali Abdullah Saeed Aldirani[3], Dalal Khalaf Zayed Alsuhaymi[4], Monirah Khatelan Almarashi[4], Abdalmageed Mukbil Almukalfy[5], Manal Hassan Medaeen Aljohani[6], Rakan Saeed Mohammed Alreshan[7]**

1. Psychologist, Medina Health Center - Specialized Psychiatric Hospital
2. Social worker Belhamar General, Hospital Ministerial email zalshahrani
3. Social worker, Bisha Maternity and Children's Hospital
4. Nursing Tech, Madinah Health Culster
5. Nursing Specialist, Madinah Healh Cluster
6. Technician-Nursing, Eastern Health Cluster
7. Specialist Nurse, New Najran General Hospital

## ABSTRACT

Hospital personnel are not immune to the anger of patients. As patients become sicker, they become more vulnerable, and some react to their fears and uncertainties with anger. This anger may be projected toward health-care personnel, who in turn may feel frustration or anger in response. In hospital settings, much of the contact between personnel and patients is intermittent, leaving little opportunity to build rapport and explore the multitude of issues so often surrounding a patient's health. In a way, health-care personnel are intruders, interfering with patients' lives when patients would prefer to be left alone. Under these circumstances, symbolizing caring is difficult. More often than most health-care workers would like, they are representatives of bureaucracy, messengers of fear, bearers of needles, or deliverers of unpleasant news. Even while acting in a caring fashion, as might a nurse listening to a patient's lament about the hospital, the health-care worker may have other things on his or her mind, and the patient senses this. In effect, health-care workers setting out to do their job of relieving suffering may act as living symbols of institutional control, becoming more objects of negativity than agents of healing. Methods: To date, no studies in Spanish medical literature analyze methods for handling conflicts in doctor-patient relationships. Experts recommend remaining calm, listening attentively, understanding and expressing empathy, and searching for a solution. They also suggest various coping strategies to prevent confrontations. Repressed anger signs include feeling overwhelmed, depression, irritability, sensitivity, and decreased concentration. Conclusion: Failure to manage angry behavior can jeopardize the patient-physician relationship and effective care. Assertiveness, good listening, and concern for the patient's loss of control can improve communication. Support is necessary for both the clinician and patient. Short-term suggestions include rapid treatment of life-threatening anger and using medications appropriately. Maintain professional boundaries regardless of the

patient's behavioral problems. When anger becomes violent, safety is paramount, and backup should be summoned. Training, planning, and resources are essential. Quantitative studies are needed to verify strategies' usefulness. Outpatients with psychiatric diagnoses often have concomitant medical illnesses and are seen in hospital settings. Hospital staff must feel comfortable with at-risk populations. Assisting angry out-patients can prevent serious situations. Hospitals should anticipate victims of community violence at any hour.

**KEYWORDS:** healthcare staff, patients, violence.

## 1. Introduction

Hospital emergency departments are stressful environments for both patients and staff. Their degree of stress is often considered higher than that of other hospital areas because of several differences. Most patients admitted to hospitals arrive through emergency departments. As a result, most patients are unfamiliar with hospital procedures and may perceive their situation as more critical. Emergency departments are in service mode 24 hours a day, 7 days a week, 365 days a year. The census cycle tends to peak and valley and then remain constant. This paper provides educators within hospital settings with some techniques to assist staff in understanding why patients might become difficult under stress and help them in managing the behavior. By using and emphasizing such techniques, hospital personnel can be more assertive in not allowing the victims of stress to control interactions and staff functioning. Staff may be comforted by the empowerment of learning to make the structure of the interaction a very strong defensive tool.

## 2. Understanding Anger in Healthcare Settings

Anger is a complicated emotional state. Often, it contains a combination of feelings including frustration, depression, and anxiety. Any action that tries to work those embedded feelings from the person’s body is likely to be fruitless. This is especially likely as a first response to an angry person. The reaction and label given to the person at this time merely serve to increase the person’s levels of negative feelings. Most of us don’t like to be called names, especially if the name is negative and we’re already feeling out of control. If another person resorts to name-calling, it’s a signal to us that the other is not interested in helping and may be adverse to our venting of feelings. It’s not likely to restore good feelings. If we are indeed in a position to assist the person, we will want to refrain from verbalizing our negative reaction. The verbalization of aids or name-calling, partially expressing our feelings, is more difficult to spot than the instance of a name. It could be as simple as tightness in the throat, a small pucker around the lips, or an expelling of air with the comment.

Responding, rather than reacting, allows the other person to vent his anger without incurring additional emotional debts that won’t do him good. The most common initial reaction to anger is to ignore the person by saying nothing. We hope that the person will stop shouting or behaving in a negative manner. After the episode, we might try to talk about the situation, but every action may at best calm the person,

but is often taken as being uncaring. The person's actions interrupt the positive actions on our side and the negative actions, leaving the person to pay a huge penalty. By continuing to refrain from negative comments, we allow him to pay off the bill by giving him an opportunity to relieve his underlying frustrations. We're left in a passive role, yet, left in peace, the person will eventually restore good feelings in the only way that can be done in his own time and in his own manner.

## 3. Impact of Anger on Patients and Staff

Angry outbursts provoke various feelings in others nearby. If unprepared, we can be affected in many ways, which are not all negative. Grappling with anger can lead to constructive outcomes for some. For example, patients can gain insight into the underlying feelings and needs that trigger their anger, while staff can learn to deal with both their own and patients' aggressive emotions. Some patients manifest great capacity for growth by learning how to communicate rather than suppress their feelings of fear and helplessness. While anger may be a primary feeling, suppressed underneath are often feelings of abandonment, guilt, shame, and helplessness.

This certainly does not discount the potential for harm. Staff may have difficulty in maintaining an empathic response once they have been on the receiving end of abuse. There are biological, psychological, and emotional consequences to being on the receiving end of hostility, which can bring with them a feeling of helplessness and of being ill-equipped to handle the situation. By not expressing anger constructively, patients may contribute to ongoing mental and physical pain. Initial fear stems from a perceived threat. In vulnerable people, this can lead to hyperarousal, an increased risk for post-traumatic stress disorder in the aftermath of the event. Related to the fear is a cycle of guilt and failure that accompanies not being able to control the situation. Any subsequent loss of essential skills required of the health care worker must be addressed, since an appropriate response is necessary for patient safety.

## 4. Effective Communication Techniques

It has been suggested that listening is the most important communication skill, that it is the most effective factor in therapeutics, and that the resolution of the patient's concerns seems more important than the use of a directive or nondirective interviewing technique. Anger often makes communication difficult, but it is important that hospital workers continue to communicate as effectively as possible. Although it would be inappropriate to use an authoritative stance with adolescent patients, it has been suggested for adults that the worker establish rapport, assess the situation, plan the intervention, and follow up. Suggestions that clinicians explain their role and why they must conduct specific interviews might also be effective. In discussing the benefits and risks of treatment procedures, it has been suggested that staff leave time for patients to discuss concerns and ask questions, recognize the risks and inconveniences of treatment, and discuss risk stratification. (Siregar et al.2021)(Drossman et al.2021)(Yoo et al., 2020)(Mata et al.2021)

There are times, however, when it is important to ensure that the message has been received. Reasons given for staff interrupting and completing sentences have been that it can be time-saving and can let the patient know that the issue is known, that staff are aware of it, and that the patient will be helped with the pertinent problem or question. Assistance with structuring the patients' concerns for describing their symptoms during an initial healthcare interview is also available. When communicating with patients, it has been suggested that an authoritative approach, open body language, and similar eye level with the child can be used to establish open informal communication and set the stage for the health histories that are a key component of the physical examination. Smiling, using other friendly facial expressions, and leaning forward may also be involved. When infants are involved, it has been suggested that parents talk to them and mimic their communicative actions. When the results of a list of attitude items that were rated by clinic physicians were analyzed, it was found that their verbal attention to patients may also increase patient satisfaction.

## 5. De-escalation Strategies

De-escalation is important in situations where anger is escalating or escalates quickly, or in situations where a patient has a history of violent behavior. De-escalation attempts to take a more timid patient and make him or her realize their present feelings. The key is to talk with the patient in a way that will help them feel that they have legitimate concerns and that you want to address them. A calm, empathetic approach with effort to reconnect the person with reality in a firm, but not punishing way, is most effective in decreasing agitated behavior. Answering anger with anger results in an escalation. (Orosco, 2022)(TDIC2022)(Schaffer, 2023)(Celofiga et al.2022)

Attempt to remain calm; it is difficult to argue with a wall. Since you cannot argue with a wall, it means you will stay less agitated, more rational, and better able to make a clear and specific request or directive. Move slowly, allowing the patient time to respond to your requests. Talk indirectly; state your displeasure or concern with the behavior in general, not the patient. It is very important to establish firm and clear limits. However, do not argue. Make eye contact. Be firm and authoritative, but not threatening. Tell the patient that they are responsible for their behavior. Set the norm. "We expect all our patients and visitors to act in a non-aggressive manner toward our staff." Offer the patient a choice and let them know the consequences of continued aggression: "If you do not settle down, you will need to leave." Give the person time to think about the outcome; no need to force a decision or feel responsible for their reaction. Remove the person from the reigns of their anger but give them some degree of control: "Do you need to sit with a friend to calm down?"

## 6. Self-care and Burnout Prevention

Positioning self-care as a professional duty to protect the well-being of you, your family, and your patients can be helpful in motivating yourself and your colleagues

to engage in self-care efforts. When working with injured and/or angry patients, not taking on other people's issues will be helpful in preventing burnout and reducing compassion levels. Many professionals may have learned how to read and understand other people from a very young age, yet may not have learned to keep a helpful emotional boundary. This means that you can have compassion and understanding for others while protecting yourself and supporting others in a way that helps prevent them from forming problems in their lives. Being present, helpful, and reassuring for patients yet not taking on their issues is needed at a professional level. Balancing concern for the individual battling problems in their mind and/or life while clarifying that there are limits to what can and should be done to help patients is imperative for an engaged and constructive worker.

Being compassionate towards patients is an important part of the professional duty for hospital workers, yet to prevent professional burnout and reduced levels of compassion, self-care will need to be part of health professionals' lives on a day-to-day basis. Practical help is normally available when an issue arises, yet self-care to reduce compassion fatigue and professional burnout will be an ongoing daily effort. This will require setting the boundaries necessary for caring professionals who can also switch off and relax outside of professional hours. When dealing with angry patients, practical and emotional boundaries will be helpful. The duty to others does not mean that health professionals need to hide their emotions; they simply should not be ruled by them. Some methods of self-care cannot be seen by others, and to avoid professional burnout, it is important that health professionals take responsibility for all aspects of their care.

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