

Approaching a passive-aggressive patient

Introduction

A patient who has a passive-aggressive personality presents with negativistic attitudes. He's typically sullen, argumentative, and resentful toward others; has a propensity to be a complainer, irritable, argumentative, critical, discontented, and disillusioned; resists fulfilling obligations; and complains of being unappreciated.

Patients who are passive-aggressive present as indirectly resistant to authority, demands, and responsibilities. They may also present as being procrastinators or being forgetful. Their hostile-submissive interpersonal behavior can be seen at work and in their interpersonal relationships. For example, the person may spoil a dinner engagement or a meeting when his preferences aren't met and may go to extreme lengths to seek retribution or to get even.

The goal of the nurse is to help the patient recognize and accept responsibility for his behaviors. A specific care plan must be adhered to by the nursing staff.

Implementation

1. Review the patient's medical record for an existing psychiatric diagnosis and a history of passive-aggressive behaviors.
2. Confirm the patient's identity using two patient identifiers according to your facility's policy.⁴
3. Involve the patient in planning his care.
4. Set limits on the frequency and length of the interactions with the patient *to decrease attention-seeking behavior*.
5. Set firm limits with the patient; state these limits to the patient *to let him know what's expected of him*.
6. Don't debate with the patient *because it can undermine the limits and encourage manipulative behavior*.
7. Encourage the patient to express his feelings *to promote a healthy action*. However, recognize that the patient's ability to express feelings may be impaired.
8. Promote effective coping skills in the patient.
9. Provide consistency *to provide structure and reinforce limits*.
10. Be direct, use confrontation if necessary, and don't react to the patient punitively or in anger.
11. Enforce the unit's policies or regulations without offering an apology. Point out the reasons for not bending the rules. *Regulations and policies offer structure; apologizing for the rule or structure encourages manipulative behavior*.
12. Don't discuss yourself or other staff members with the patient.
13. If the patient begins splitting staff (playing one staff member against another), saying that you're the best staff nurse or that you understand him, confront the patient and

verbalize that this behavior isn't desirable *to reduce the risk of the patient becoming dependent on you.*

14. Give attention and support when the patient exhibits appropriate behavior.
15. Help the patient identify the results and dynamics of his behavior and relationships.
16. Document the procedure.⁵

Special Considerations

- Remember your professional role when working with passive-aggressive patients. You aren't supposed to be the patient's friend. *Maintaining a professional relationship and boundaries is a basis for a therapeutic relationship.*
- Patients who are passive aggressive will try to make others feel that they were the initial problem and act like they don't know why the situation would be upsetting to others.

Patient Teaching

Teach the patient problem-solving techniques and coping skills.

Documentation

Use the appropriate forms for your facility to document specific information about the patient's behaviors. Document interventions performed, including medication administration as necessary, and the patient's response to interventions.

References

1. Bradley, R., et al. "Is the Appendix a Useful Appendage? An Empirical Examination of Depressive, Passive-Aggressive (Negativistic), Sadistic, and Self-defeating Personality Disorders," *Journal of Personality Disorders* 20(5):524-40, October 2006.
2. Czajkowski, N., et al. "Passive-Aggressive (Negativistic) Personality Disorder: A Population-Based Twin Study," *Journal of Personality Disorders* 22(1):109-22, February 2008.
3. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., Text Revision. Arlington, Va.: American Psychiatric Association, 2000.
4. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.01.01.01. Oakbrook Terrace, Il.: The Joint Commission, 2010.
5. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, Il.: The Joint Commission, 2010.
6. Mohr, W.K. *Psychiatric-Mental Health Nursing: Evidence-Based Concepts, Skills, and Practices*, 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.
7. Rotenstein, O.H., et al. "The Validity of DSM-IV Passive-Aggressive (Negativistic) Personality Disorder," *Journal of Personality Disorders* 21(1):28-41, February 2007.

8. Varcarolis, E.M., et al. *Foundations of Psychiatric Mental Health Nursing: A Clinical Approach*, 5th ed. St. Louis: Saunders, 2006.
9. Videbeck, S.L. *Psychiatric-Mental Health Nursing*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 2007.

Approaching a passive-aggressive patient

1. Review the patient's medical record.
2. Confirm the patient's identity.
3. Involve the patient in planning his care.
4. Set limits on the frequency and length of the interactions with the patient.
5. Set firm limits with the patient and state these limits to the patient.
6. Encourage the patient to express his feelings.
7. Promote effective coping skills in the patient.
8. Provide consistency.
9. Be direct and don't react to the patient punitively or in anger.
10. Enforce the unit's policies or regulations.
11. Don't discuss yourself or other staff members with the patient.
12. If the patient begins splitting staff, confront the patient and verbalize that this behavior isn't desirable.
13. Give attention and support when the patient exhibits appropriate behavior.
14. Help the patient identify the results and dynamics of his behavior and relationships.
15. Document the procedure.