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PSYCHOSOCIAL NURSING FOR GENERAL PATIENT CARE

3rd EDITION

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Nurses' Responses to Difficult Patient Behaviors

Learning Objectives

After the classroom discussion, the students will be able to:

1. **List qualities expected in a "good" patient.**
2. **Describe how the concept of a "difficult patient" reflects both the patient's behavior and the nurse's interpretation of that behavior.**
3. **Identify the process of evaluating what patients may be communicating by difficult behavior.**
4. **List types of nurses' responses that may impair awareness of the dynamics of problematic patient behavior.**
5. **List resources available in most health-care agencies for psychosocial support**

Introduction

Nurses often see patients behaving at their worst. Fear, stress, pain, and other discomforts all contribute to patients not being at their best, and the nurse is frequently dealing with these responses.

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Introduction

Manos and Braun (2006) define the difficult patient as one whose behavior is an obstacle to the provision of good nursing care.

These patients often exhibit problem behaviors such as anger, regression, and out-of-control or manipulative behaviors (Fincannon, 1995).

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NURSE-PATIENT INTERACTIONS

1. The nurse-patient interaction is based on the continuous flow of communication between the nurse and patient with input from both.
2. The nurse’s therapeutic use of self is the basic tool that enhances the interaction.
3. Communication skills, an awareness of how personal responses can influence the patient, and a good knowledge base combine to enhance a positive nurse-patient interaction.
4. Difficult patient behaviors can negatively influence the nurse-patient interaction and, possibly, the quality of nursing care.

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ROLE EXPECTATIONS

1. Clarifying the nurse’s intertwining role expectations of the patient in the sick role and himself or herself as the helper can provide a useful perspective.
2. Keep in mind that nurses have chosen their roles as helpers but most patients have not deliberately chosen to become patients.

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The Nursing Process with Difficult Patient Behaviors

Assessment Step	Positive Cycle	Negative Cycle
Assessment	Nurse assesses patient's and his or her own understanding of what is happening. Nurse evaluates if he or she is stereotyping or reacting personally. Nurse gets assistance and support.	Patient does not explore issues. Patient responds only to surface level of communication. Patient reacts personally. Nurse complains to staff about patient.
Intervention	Nurse responds accurately and with empathy to patient.	Nurse avoids or rejects patient. Nurse is unable to control patient's behavior.
Patient outcome	Patient feels heard, accepted, and understood, resulting in less anxiety. Difficult behavior decreases. Patient can participate more fully in health care.	Patient feels alienated with escalation of undesirable behaviors. Potential exists for negative health outcome.

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Maintaining Professional Distance

1. ***Listen to what the patient is really asking.*** People have a need to be heard. When a patient tells a nurse about his or her concerns and problems, he or she may simply need someone to listen and understand his or her feelings and suffering and to feel less alone.

2. ***Assess the patient's ability to use comments or receive information about more negative emotions like anger before sharing them and risking alienating the patient.***

3. ***If a nurse determines that, even with the advice of specialists, he or she would not be able to work with the patient without bias, then alternate arrangements for patient care need to be made.***

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PATIENT ISSUES

1. **Covert Communication**

   Consciously or unconsciously, patients often communicate their real needs and wishes indirectly, possibly because they are not aware of their fears. If a nurse determines that, even with the advice of specialists, he or she would not be able to work with the patient without bias, then alternate arrangements for patient care need to be made.

2. **Transference**

   This is a common issue with difficult-to-care-for patients. Sometimes even without being aware of it, the patient transfers early childhood perceptions, feelings, and experiences onto people with whom he or she is currently interacting.

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NURSING ISSUES

1. **Identification**

   The nurse may identify with a patient because of similarities such as age, gender, and social interests, and then superimpose his or her own conflicts, values, and expectations onto the patient.

2. **Countertransference**

   Countertransference is a conscious or unconscious emotional response to the patient based on the nurse's own inner needs rather than the patient's. It occurs when the nurse transfers significant positive or negative early childhood figures and conflicts onto the patient. This may present problems if the nurse does not recognize what is happening and therefore chooses interventions based on faulty assessment findings.

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NURSING ISSUES

3. Rescue Feelings

The nurse may believe that he or she is the only person who really understands the patient and will be the one to save or cure a patient. This usually involves some internal needs of the nurse that are often reinforced by the patient. Secrets and secret alliances may result. Nurses should keep in mind, however, that becoming a rescuer undermines the patient's responsibility for his or her own health care.

4. Losing Credibility

Stating facts such as "85% of patients have no complications with this type of surgery" is very different from telling a patient that he or she will not have any problems with upcoming surgery.

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NURSING ISSUES

5. Labeling

Labeling, or referring to the patient by his or her diagnosis, problem (“he’s just a junkie”), or even room number, diminishes the value of the person. Almost without realizing it, once a label is used, nurses will begin to focus on the label and place less value on the patient’s underlying needs and feelings. Optimal patient care requires that those needs and feelings be recognized and honored.

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STRATEGIES FOR SURVIVAL

- Some overall recommendations can help nurses to cope better with difficult patient behaviors. Personal survival strategies also need to include strategies to maintain objectivity and prevent burnout.
- These can include using relaxation and stress management techniques and assertiveness training, as well as developing a professional support group to share concerns and help with problem-solving.

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STRATEGIES FOR SURVIVAL

- Developing a sense of team cooperation also lessens the chances of a single nurse being called upon to meet everyone's needs.
- Attending classes and reading about managing commonly seen difficult patient behaviors gives the nurse more effective tools as well.
- Maintaining a satisfying personal life is also very important.

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Identifying Psychosocial Resource Personnel

1. Social workers
2. Advanced Practice Nurses
3. Nurse Educators or managers
4. Psychiatric liaison staff
5. Psychiatrists or psychologists, including those specializing in chemical dependency, rehabilitation, or pain
6. Chaplains
7. Psychotherapists or staff members from other agencies who are familiar with the patient and his or her problem and previous treatment

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Staff Responses to Difficult-to-Care-for Patients

Staff Responses	Intervention
Feeling inadequate to respond effectively to patient's symptoms	Lower emotional reactivity.
Feeling angry when patient gets angry	Maintain objectivity.
Fear of the patient who exhibits bizarre or unpredictable behavior or who is confused, psychotic, or exhibits other psychiatric symptoms	Provide staff education on identifying and handling patients.

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Staff Responses to Difficult-to-Care-for Patients

Identifying with patients who are the same age or race or who share similar life experience	Use empathy rather than sympathy to protect self and yet not harm patient.
Frustrated because there is not enough time or energy to work with patient	Share workload evenly.
Concern over being manipulated by patient's demands	Schedule consistent staffing.

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Staff Responses to Difficult-to-Care-for Patients

Labeling patients rather than their behavior in an attempt to achieve an emotional distance	Foster staff value system that precludes patients labeling.
Uncomfortable with certain personal topics related to family dynamics or personal history	Support staff through discussion and education.

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MENTAL HEALTH CONSULTATION

- Sometimes agencies request outside consultation from mental health professionals for staff support and education, management of a crisis such as patient suicide, problem-solving for difficult patient behaviors, or improving workplace communications.
- The consultant may be a mental health clinical nurse specialist, psychologist, psychiatrist, or social worker with consultation experience.
- This specialist needs to have experience and skill in providing consultation, as well as some understanding of the type of problems the staff is encountering.

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Facilitative attitudes

- Feeling comfortable identifying problem areas and learning needs
- Recognizing that requesting assistance for areas outside personal knowledge or expertise is a sign of strength, not of weakness, and is necessary for professional development
- Approaching the consultant as a resource and role model
- Anticipating the opportunity to gain insight

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Hindering attitudes

- Fearing exposure of inadequacies or embarrassment about not having all the answers
- Underestimating the specialized skill or knowledge needed to work with patients' problems
- Viewing patients' difficult-to-manage behaviors as deliberate or willful
- Calling the consultant too late and then challenging him or her to "fix" everything
- Harboring a prejudice against or fear of psychiatry
- Not maintaining confidentiality of group process

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Key Issues in Response to Illness

1. Lifestyle information

Determine whom the patient lives with as well as the patient's significant relationships, available support people, marital status, occupation, religion, and other important components of the patient's lifestyle.

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Key Issues in Response to Illness

2. Normal coping patterns

Identify which coping mechanisms the patient uses when under stress and which he or she used during past illnesses or hospitalizations. Questions that can be asked include the following: What happened the last time the patient was under severe stress? How is the patient currently coping? What helps in stressful situations?

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End of Chapter 4