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Commonly Encountered Problems: Problems with Anger

PSYCHOSOCIAL NURSING FOR GENERAL PATIENT CARE

3rd EDITION





The Angry Patient

Learning Objectives

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

- 1. Identify three positive functions of anger.**
- 2. Identify possible nurses' reactions to an angry patient.**
- 3. Differentiate among assertive, passive, and hostile expressions of anger.**
- 4. Select the most appropriate interventions for dealing with an angry patient.**



Useful Terminologies

1. *Anger* – A state of emotional excitement and tension induced by intense displeasure, frustration, and/or anxiety in response to a perceived threat.
2. *Assertiveness* – Behavior directed toward claiming one's rights without denying the rights of others.
3. *Assertiveness training* – Learning behavioral techniques that allow an individual to stand up for his or her own rights without infringing on the rights of others.
4. *Frustration* – Feelings generated from the inability to meet a goal.



Useful Terminologies

5. *Hostility* – Feelings of anger and resentment that are destructive.
6. *Passive-aggressive behavior* – Behavior characterized by angry, hostile feelings that are expressed indirectly, leading to impaired communication and inappropriate expression. This behavior masks anger in such a way as to obstruct honesty in relationships. It may also be associated with obsessive compulsive personality, borderline personality, and depression.
7. *Rational anger* – Anger expressed in a direct, socially acceptable manner.



Introduction

- ✓ Anger is a normal human emotion.
- ✓ It can result from frustration, fear, or rejection.
- ✓ When handled appropriately, anger can help people resolve conflicts and make decisions.
- ✓ It can energize us into action.
- ✓ It can also contribute to physical and emotional distress if handled in a destructive manner.
- ✓ Expressing anger directly can be uncomfortable.



ETIOLOGY

No single theory can explain the complex emotion of anger. Most likely, an intertwining of biological, psychological, and sociocultural factors create each individual's unique response.

Biological theories of anger

- Focus mainly on neurotransmitters, such as dopamine, norepinephrine, and serotonin. The balance of these and other brain chemicals seem to influence or even aggravate response to anger and stress.



ETIOLOGY

Psychological theories

- Look at the various dynamics and learned responses that cause anger. Anger occurs as a result of a buildup of frustration.
- Pacquette (1998) points out that frustration and feelings of powerlessness precede expression of anger.
- Children often use inappropriate anger responses, such as temper tantrums, to deal with frustration and feelings of powerlessness.
- Positive reinforcement for this behavior can cause inappropriate anger responses to continue into adulthood.



ETIOLOGY

Sociocultural factors

- Social groups, including families, often display common patterns in the degree of acceptance of expressed anger.
- In some families yelling and aggressive confrontation are acceptable means of dealing with anger and conflict, whereas in others, any overt display of anger is not tolerated.
- Although both of these styles may work within individual families, they may not be the healthiest ways of dealing with anger.
- Expressions of anger are also seen in major depression, especially when the depressed person feels trapped (Fava & Rosenbaum, 1999).



CLINICAL CONCERNS

- Medical conditions, such as chronic illness or loss of body function, may strain one's coping abilities and lead to an uncharacteristic display of anger.
- Adjusting to the loss of body function includes anger as part of the grieving process.
- Illness often means facing feelings of powerlessness and frustration in meeting one's goals and contributes to angry responses such as irritability.
- Some conditions, including some brain tumors and different forms of dementia, may also directly contribute to inappropriate expressions of anger because of their influence on brain function.
- Emerson-Rose (2005) has found evidence that negative emotional states contribute to cardiovascular disease.
- Abuse of mind-altering substances may reduce inhibitions and contribute to inappropriate expression of anger.



LIFE SPAN ISSUES

Children

- Children normally respond with anger when faced with frustration.
- If they are raised in an environment where intense anger and violence are accepted, they can develop overly aggressive anger responses, including cruelty to others, animal abuse, and intolerance for frustration.
- Conversely, children who are taught that anger is unacceptable may tend to suppress or deny angry feelings and can develop extreme distress and guilt when faced with conflict.
- Children who learn appropriate ways to relieve tensions are more able to express anger rationally.
- Because children are vulnerable, they may be at increased risk of injury caused by inappropriate expressions of anger by caregivers.



LIFE SPAN ISSUES

Adolescents

- Anger in adolescents is often seen as part of their developmental process of separation from parents and asserting their individuality.
- Hostility can also come from overstimulation from all they are dealing with.
- They may also have fears of being unable to control their impulses, leading to anxiety about anger



LIFE SPAN ISSUES

Adults

- Adults who must deal with difficult life experiences, such as a chronic illness or the onset of an acute illness compounding stressful life events, can become very angry.
- This anger can further complicate the disease by depleting coping skills and interfering with the recommended medical treatment.



LIFE SPAN ISSUES

Older Adults

- Uncharacteristic displays of anger in elderly people may be the result of frustration caused by a variety of physical, mental, and lifestyle changes such as dementia, altered sensory function (particularly hearing loss), altered mobility, changes in sleep-rest patterns, effects of medications, depression, loss of loved ones, and fear of dying.
- Inappropriate behavior may cause elderly persons to be alienated, further increasing their sense of fear, frustration, and possible confusion.
- Additionally, vulnerable elderly people are at risk of being victims of someone else's anger.



ASSESSMENT

1. Behavior and Appearance
2. Mood and Emotions
3. Thoughts, Beliefs, and Perceptions
4. Relationships and Interactions
5. Physical Responses
6. Pertinent History



COLLABORATIVE MANAGEMENT

1. Pharmacological

- Antianxiety medications, including benzodiazepines, are sometimes used for short-term relief of feelings of tension and anger.
- However, they should not be used as a substitute for acknowledging and dealing with anger, and they should not interfere with pharmacological actions of medications being taken for the underlying medical condition.
- In addition, antidepressants may be effective in controlling impulsive and aggressive behavior associated with mood swings. Beta blockers have also been used occasionally to control aggressive behaviors.
- Common herbal products used for tension include St. John's wort, kava kava, and valerian.



NURSING MANAGEMENT

ANXIETY evidenced by tension, distress, uncertainty, restlessness, or displeasure related to threat to self-concept, frustration, or unconscious conflict.

Patient Outcomes

- Verbalizes concerns and frustrations directly at an appropriate time
- Demonstrates reduced tension including lowered voice and more appropriate anger response
- Demonstrates problem-solving skills when faced with frustration
- Demonstrates behaviors to calm self when faced with frustration



NURSING MANAGEMENT

Interventions

- Use therapeutic communication techniques including open-ended questions, appropriate eye contact, and supportive gestures to encourage patient to vent feelings and concerns. Avoid providing solutions before the patient has a chance to relieve tension.
- Listen with concern without being patronizing or condescending. Phrases such as “Tell me what happened next” or “That really sounds frustrating” allow the patient to feel accepted and understood. Avoid phrases that escalate feelings of powerlessness, such as “Calm down” or “It can’t be that bad.”
- If needed, direct the patient to a more private setting to express his or her feelings. Having others view the demonstration of anger can make it more difficult to back down and contribute to escalation of hostility or aggression.



NURSING MANAGEMENT

- When the tension of the situation is reduced, focus on identifying the source of anger and validating the problem. Explore options on how to deal with the problem more constructively. Ask the patient which methods he or she has used successfully in the past when dealing with frustration. Teach problem-solving skills. Assist the patient to identify and use more effective coping mechanisms.
- Teach tension-reducing techniques, such as deep breathing, counting to 10, walking away, and talking to self about remaining in control.
- Encourage the patient to express angry feelings toward the appropriate person. Role-playing before the confrontation may help the patient choose effective strategies.



NURSING MANAGEMENT

- Recognize that an angry outburst may result from an accumulation of multiple stressors that causes the patient to overreact.
- If the patient is justifiably angry because of something you have done or not done, accept appropriate responsibility. Work with the patient or colleagues to resolve the problem. Accepting and validating the patient's feelings sends the message that you value his or her viewpoint.
- Encourage children to vent frustration by redirecting their activity, such as hitting a pillow or engaging in exercise.



NURSING MANAGEMENT

- Evaluate need for antianxiety medications; anxiolytics can be very effective in relieving panic; if none have been ordered, consult with physician for pharmacologic therapy.
- Assess for potential injury or violence to self or others.
- Give feedback about patient's current coping ability; reinforce any attempts to cope adaptively.
- Refer patients with recurrent anxiety and maladaptive coping mechanisms for further psychiatric/psychological evaluation *and treatment.*



NURSING MANAGEMENT

INEFFECTIVE COPING evidenced by inappropriate expression of anger, distress, destructive behavior to self or others, and related to threat to self-esteem or unconscious conflict.

Patient Outcomes

- Able to identify personal strength that may help to reduce stress
- Accepts personal limits in dealing with inappropriate demands
- Demonstrates effective skills for dealing with frustration



NURSING MANAGEMENT

Interventions

- Identify ways to increase the person's self-esteem as part of expressing anger by treating him or her respectfully and acknowledging his or her skills or attributes. For example, when dealing with an angry daughter's confrontation about her parent's care, state, "Your father is lucky to have you as his advocate." Avoid a defensive response or ignoring complaints.
- Focus on the patient's strengths to deal with frustration. Help him or her identify which coping skills have been successful in the past.
- Teach the patient that anger is a normal response to loss. Some individuals are unable to accept this anger as normal and experience unneeded guilt.
- • Encourage the patient to state the cause of the problem clearly to avoid erroneous assumptions.



NURSING MANAGEMENT

- If the patient rejects or finds fault with all of your suggestions, place the responsibility for choosing the appropriate response on the patient. You might say, “We’ve discussed many options. Now it is up to you to consider which one is best for you.”
- Set clear limits on the patient’s expressions of anger toward the staff.
- Refuse to listen to extensive complaining if the patient is not willing to participate in determining an acceptable solution.
- Be assertive when explaining which types of behavior are not appropriate.
- Be consistent with the demands the patient can set on the staff.
- Promote effective problem-solving.



NURSING MANAGEMENT

- Encourage self-evaluation of behavior to give patient sense of control (e.g., what did you learn from that?)
- Be a role model for expressing negative emotions in a positive manner.
- Use “I messages,” such as “I feel angry” rather than accusing the other person, which can lead to a defensive response. Speak firmly without yelling and avoid threatening gestures when confronting issues.



NURSING MANAGEMENT

DEFENSIVE COPING evidenced by blaming others for his/her problems; hypersentive to criticism and related to feeling powerless.

Patient Outcomes

- Demonstrates reduced defensive behaviors
- Able to verbalize realistic causes for distress



NURSING MANAGEMENT

Interventions

- Avoid challenging or criticizing the patients' responses
- Listen to his/her concerns
- Help patient identify ways to evaluate progress in changing behavior.
- Provide consistent staff so patient can establish a relationship to reduce the threat of different to his/her behavior. This will help develop trust.
- Avoid getting into power struggles with patient. Work to identify positives outcomes.



NURSING MANAGEMENT

ALTERNATE NURSING DIAGNOSES

1. Noncompliance
2. Powerlessness
3. Self-Concept, Disturbed
4. Social Interaction, Impaired
5. Violence, Risk for



WHEN TO CALL FOR HELP

- 
- Increased aggressiveness; violent behavior, including damaging property; increasing use of abusive language, threats made to patients or staff
 - Onset of paranoid thinking or psychotic behavior
 - Onset of extreme obsessive-compulsive behavior
 - Increased staff conflict over management of patient behavior
 - Increased staff anxiety over caring for patient



WHO TO CALL FOR HELP

- Psychiatric Team
- Social Worker
- Security if concern for potential violence
- Manager to address any conflict between staff members
- Work colleagues if you need assistance



End of Chapter

