

Keys to Dealing With Emotionally Difficult People

Michael Grossman, DM, MSN, RN, NEA-BC

Objectives:

- Review the dynamics of emotionally difficult people.
- Explain the impact of difficult people on teamwork, communication skills, and solutions to team dynamic problems.
- Participate in interactive experiences to explore the challenges of difficult people in the workplace.

Outline:

Dealing with emotionally difficult patients can be one of the most challenging aspects of nursing. Difficult patients create stress to the point where nurses refuse assignments and eventually resign from their positions. This workshop is based on Dr. Grossman's research on the impact of emotionally difficult patients and families on charge nurses. The workshop will include background on the dynamics of difficult people, as well as best practices and tools for overcoming these situations effectively.

1. Review the dynamics of emotionally difficult people.
 - a. Review the literature regarding emotionally difficult people.
 - b. Demonstrate how the literature, research, evidence based practice can be incorporated by participants into their work.
2. Explain the impact of difficult people on teamwork, communication skills, and solutions to team dynamic problems.
 - a. Review literature regarding the impact of emotionally difficult patients and families on health care personnel.
 - b. Describe techniques for communicating with difficult people.
 - c. Incorporate skills for communication into workplace scenarios.
3. Participate in interactive experiences to explore the challenges of difficult people in the workplace.
 - a. Incorporate skills for communication into workplace scenarios.
 - b. Role play various tools for communicating in clinical, work-related interactions, and personal-life situations.
 - c. Incorporate communication skills into workplace scenarios.

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Keys to Dealing With Emotionally *Difficult* Difficult Patient's and Families



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Objectives

- Identify the dynamics that lead to family reactions that become labeled as *difficult*.
- Identify approaches when staff reach an impasse with families and pediatric patients.
- Gain an understanding of how communication and teamwork impact on patient outcomes.
- List skills for effective communication in crucial situations with families, patients, and co-workers.

Welcome to those of You Who Come to Work at 7 a.m. to Tackle Difficult Patients...

Good Morning

Good Morning? What do you mean by that?

Who's our nurse today. It better not be Mary!

And what's so good about it? **NOBODY's** been in here yet. The prep kept us up all night, my kid hasn't eaten or slept, and I'm sick of this place already. When do we see a doctor? And who are YOU???

Or Sue, Helen, or that male nurse we hate him and don't send that loser doctor from yesterday either!

Setting the Stage : The Take Home Messages

- Working with "difficult" people can be the most draining aspect of nursing!
- What are the dynamics of "difficult" people?
- What kinds of interventions can assist staff & leadership to move beyond impasses in their relationships?



Does it Feel Like It's Getting Worse? Violence in Nursing Surveys

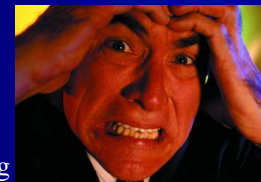
- Aggression, Harassment, Bullying behavior, Sexual Harassment, and Assaults are all on the rise in the workplace
- Reports of verbal abuse and physical threats are 2.5 times greater than than reports of abuse-related injuries.
- 72% of nurses felt "vulnerable"
- 87% incidents cited verbal abuse or threats with NO direct Physical acts.
- Aggression may come from patients, families, co-workers, management.



(Abuse and Violence Against Nursing Personnel, 2006; Anonymous, 2002; Jackson, Clare, & Mannix, 2002; McKenna, Poole, Smith, Coverdale, & Gale, 2003)

"Difficult" People: A Working Definition Daum (1994)

- Flagrantly disregarding policies
- Verbally abusive
- Exploitive
- Manipulative
- Physically threatening



Difficult Co-Workers exhibit some of the same types of behaviors!
 Grossman, M. (2004)



Story Time

12 y.o. Female
 Admitted 4 times this year
 Pain in various places
 Worked up by: G.I.,
 Nephrology, Surgery,
 Endocrine, Pain Service, and
 of course Behavioral Health
 AND the family thinks WE are
 crazy and don't like them
 because...

AND ALSO: That's NOT how I like things
 done AND Dr. Johnson told me something
 different AND I don't want HER taking care of
 me anymore AND I wrote a letter to
 Administration, I contacted my lawyer, and I'm
 a personal friend of President Bush's Cousin
 John who's VERY powerful...and I know John
 McCain too.

- Black
- White
- Latino
- Asian
- Poor
- Rich
- Christian
- Muslim
- Orthodox Jews
- Foreigners
- Come from the Inner City
- The come from the Suburbs
- A Former Patient of Dr. Johnson and "You all hate him!"

AND... "nobody listens or believes I'm in pain. Everyone ignores me. Nobody comes in my room. Nobody wants to take care of me. Nobody visits. I'm not allowed to do anything. The kids here are mean. The nursing care sucks, and the food is horrible which I can't eat anyway but nobody cares!"

The Health Provider's Reaction to Difficult Families

- "Can somebody call the Social Worker and get them to fix this family - NOW!"
- "Can you fix them by the time the procedure is done so I don't have to deal with the parents?"



Common Provider Responses

- I can't go in that room one more time. I can't do this anymore."
- I'm not taking care of THAT family again.
- Why can't the psychosocial team fix this?
- The Mom should be made to go to therapy!
- We reported them to DHS we're waiting for a response.
- If Administration cared they wouldn't subject us to this kind of abuse.
- They don't pay me enough to put up with this stuff!

Why is There Such an Increase of "Difficult" People?

- Health care consumers in general are more demanding about their needs.
- There is an increase in:
 - Behavioral pathology
 - Drugs & Alcohol
 - Complex family dynamics
- Lack of Resources in the Community
- Complexity of the health care system

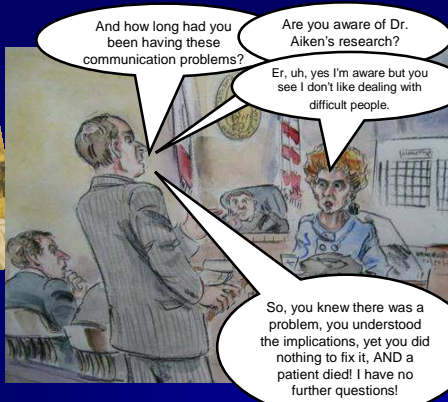
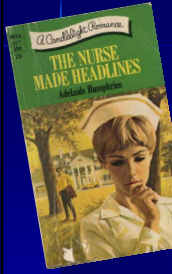
Why Communication is So Difficult? (Pronin, 2008)

- People see themselves differently from how they see others.
- People are immersed in their own sensations, emotions, and cognitions.
- People judge others primarily based on what they observe (and a lot of assumptions).
- People rate their own behavior based on their *intent* (and expect others to forgive their observable behavior).
- The gap between how we judge others and expect ourselves to be judged leads to disagreement and conflict.
- Understanding the psychological basis of these differences *MAY* improve communication (if you are willing to make the commitment).

Why is Communication So Important

- **80% of Root Cause Analysis Reports of patient errors showed that communication was the root of the problem!**
- **Somebody knows there's a problem but do not know how to bring it to other people's attention (Crucial Conversations).**
- **The clinical environment has evolved beyond the limitations of what an individual human being can remember (I.H.I., Leonard, et al).**
- **Lack of teamwork has been shown to affect patient mortality (Aiken, et al, 2002).**

Don't Let This Be You!



And how long had you been having these communication problems?

Are you aware of Dr. Aiken's research?

Er, uh, yes I'm aware but you see I don't like dealing with difficult people.

So, you knew there was a problem, you understood the implications, yet you did nothing to fix it, AND a patient died! I have no further questions!

What's Wrong With Labeling a Patient as "Difficult": We do it for other disease like a strep throat, don't we?



What's Wrong With Labeling a Patient: we do it for other illnesses, don't we?



Hard Systems Theory (Checkland, 2000)

- Cause and Effect
- Predictable
- For well defined technical problems

What's Wrong With Diagnosing a Patient: We do it for other illnesses, don't we?



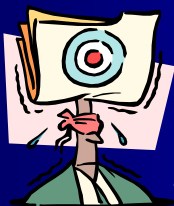
But I can't quite wrap my hands around it...

Soft Systems Theory (Checkland, 2000)

- Complex
- Messy
- Multifactorial
- Learned about through experience
- May be difficult to quantify

Traditional Medical Model

- Problem resides in the patient



The Professional staff is the **expert**

- Techniques are often used to address the "difficult" patient who is labeled as a "problem."



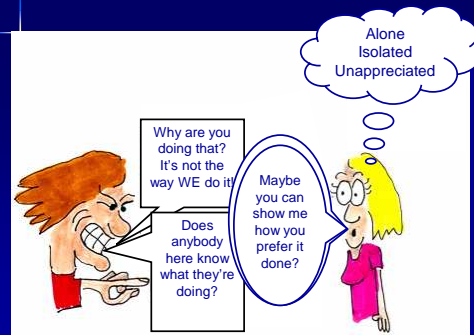
- Psychosocial Team
- Psychiatric Diagnosis
- Medication
- Therapy for the Pt.

The problem's not the label...it's how WE use it.

What is problematic about labels like "Difficult"?

- Assumes there is "problem" that must be "fixed" or controlled by the Social Work or the Psych. Team
- Solutions such as medication and 1:1 psychotherapy may not be integrated into a holistic pediatric team approach
- The label takes the family, staff, and institution out of the being part of the solution
- No discussion about the reality of the families life, which may be demoralizing, terrifying, and overwhelming by our standards (Simms, 2004).

Let's Look at a "Demanding" Mom



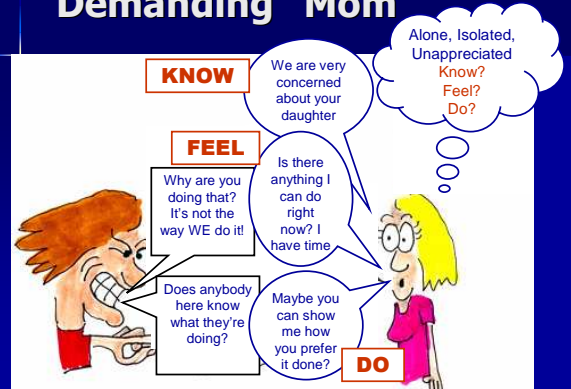
Communicating a Simpler Way by Bill Jensen

Know-What's the one thing I want people to know, understand, learn or question?

Feel-How do I want people to feel when I'm done?

Do-What do I want people to do as a direct result of my communication?

Let's Re-Look at a "Demanding" Mom



The One Minute Communications University

SENDER

RECEIVER



Words 7%
Tone 38%
Body Language 55%

Know-Feel-Do

ISBARQ



Seek First to Understand
Self Awareness

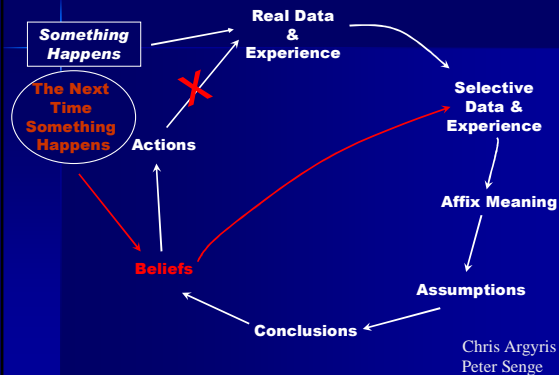
Listen

Don't judge others

Don't engage in rumors and gossip

EVALUATE
How did I do?

The Ladder of Inference



The Role of Charge Nurses as Leaders in the Care of Emotionally Difficult Patients and Families.

(Grossman, 2008)

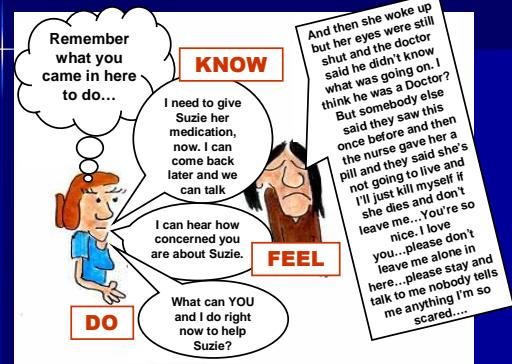
1. Make psychosocial evaluation, planning, and intervention a priority.
2. Resist the temptation to label people by understanding the dynamics of emotionally difficult people.
3. Create a positive culture with clear plans to reinforce positive behaviors.
4. Be aware of your role as a Middle.
5. Teach the skills.

What have you done on your unit to work effectively with difficult people??

A Different View of the "Difficult" Family

1. Assume the family member is frightened by thoughts of death, feels alone, isolated, disconnected, and/or unappreciated
2. Accept thoughts and feelings of others unconditionally, without trying to change them no matter how painful they may be
3. Believe families are more competent than they appear.

Scripting "Difficult" Conversations



O.K. I sort of get your point but it sounds kind of confusing & simplistic...let me tell you about this kid we had admitted last week....

AND her Mother was worthless!



Complex Care Consultation Team: A Different Solution

- A subcommittee of Utilization Management
- Research – "What are the dynamics of complex cases"?
- Consultations directed toward reducing the stress on the team during complex medical and psychosocial situations.
- How can we effectively utilize hospital resources?
- Help the team to arrive at a new approach or alternative plan of care.

Systems and Structures

Complex Care Team

- Psychologist
- Nursing Administrator
- Social Work
- Physicians
- Nurses
- Case Managers
- Mental Health CNS
- Clergy
- Family Faculty

Patient Care Team

- Attending Physician
- Primary Nurse
- Social Worker
- Nurse Manager
- Staff Nurses
- Nursing Assistants
- Case Manager

We See the World Through Our Paradigm



- How did we get to this point???
- Shifting the perspective
- The Blind Men and the Elephant



Typical Clinical Team Dynamics



- Leadership ambiguity
- Shifting clinical paradigm
- Plan of care undefined or changing
- Inconsistent involvement of all team members
- Team conflict and multiple agendas
- Not functioning as a team

Physicians & Nurses

1. **Nurses are trained to be narrative and descriptive.**
2. **Physicians are trained to be problem solvers: "What do you want me to do" – "Just give me the headlines".**
3. **Complicating factors include:**
 - * Gender
 - * Culture
 - * Pecking Order
 - * Prior Relationship
4. **Perceptions of teamwork depend on your point of view** (Leonard, 2004)

Physicians & Nurses (Part 2)

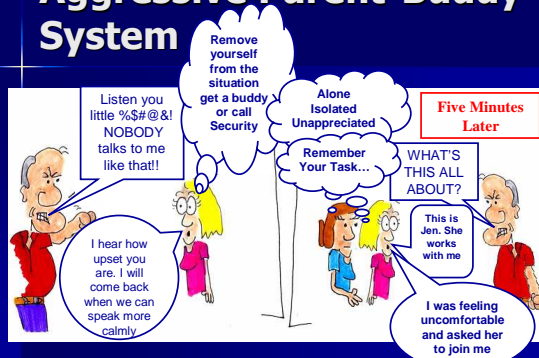
- Most people believe their approach to life is correct and are trapped in a delusion that their personal viewpoint should be everyone's.
 - They view the other people as defective versions of the themselves, which is the root of many misunderstandings.
 - "Without trust, you can communicate only trivial items. If you try to communicate something important without a foundation of trust, you will be suspected of having an agenda. Your words will be analyzed for hidden meaning your simple message will be clouded by suspicions."
- Scott Adams (2006). *God Debris*

Dasaen (Heidegger, 1962)-the essence of a human being.

The Complex Care Team Approach

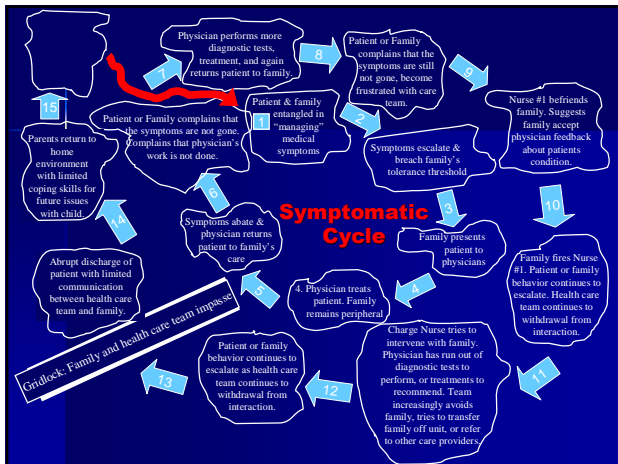
- Getting the whole team in the same room.
- Making the implicit-explicit
- Push the tension and learn to live with it
- Buddy system
- Scripting good answers to tough questions
- Triangle (Family-Child-Care Team)
- Creative solutions with multiple outcomes.
- Staff support and follow-up

Aggressive Parent-Buddy System



"Difficult" Family Protocol

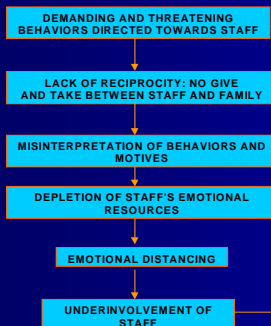
- 7: Reduce your isolation through your professional relationships
- "Don't go it alone"
 - Buddy System
 - Use outside help to maintain your perspective
 - Aggressive individuals often respond to the designated authority roles in society i.e. Security



Some "Difficult" Family Comments

- SHE'S NOT TOUCHING MY CHILD!
- THIS IS THE WORST HOSPITAL EVER!
- I'M NOT LEAVING TILL YOU FIX MY BABY!
- YOU CAN'T MAKE ME
- I WANT TO SEE DR. X
- SOMEBODY MADE A MISTAKE!
- ARE YOU SURE?
- YOU'RE FIRED!
- @#\$%&!!!
- I HAVE A GUN!
- YOU CAN'T COME IN THE ROOM
- You are so much better than that night nurse...

CYCLE OF A THERAPEUTIC IMPASSE



Peggy Gordin, 2002

"Difficult" Family Protocol

4. Know your role, function, limits, and what you can/can not control.
5. Link three persons to the medical task at hand.
You, the child, and family
6. Take no responsibility for other's behavior and take complete responsibility for your own behavior

ARCH (Acceptance, Respect, Curiosity, Honesty)

How Could Everyone React Differently?

How should I respond?



REACTION ↓

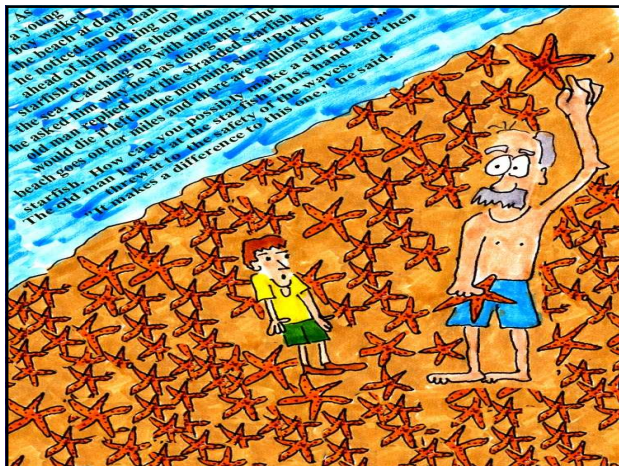
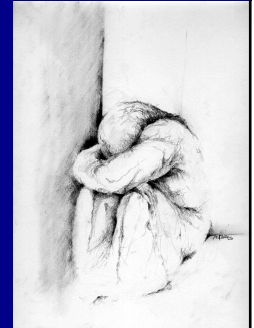
- ✓ Less reflexive
- ✓ More thoughtful
- ✓ Less blame
- ✓ More compassionate
- ✓ Less righteous indignation
- ✓ More powerful
- ✓ In the moment between **stimulus** and **response** you can choose your reaction....

So, Maybe Difficult People Don't Need to Be *Fixed*.....

Alone-Isolated-
Unappreciated

And maybe WE need to be:

- More focused on the patient
- Listen better
- Support each other
- Develop a plan
- Identify leaders
- Consistent "One Voice"



A Final Thought....

If you think all of this makes sense remember people are not just minds or pure rationality. They are emotional beings and have an investment in preserving the past, present. They have an investment in their feelings and have justified them to themselves and others many times.

Don't think they'll let go of that just because it makes sense. Be patient. It will take as long as it takes....



Oshry, B. (1996)

Where to Get More Information



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