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Working with Angry Patients

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Anger is a normal human emotion. We all feel angry from time to time. However, dealing with anger and conflict in the context of the patient/physician relationship can often be quite tricky. There is some evidence that poor physician communication when a patient is angry or upset can contribute to malpractice suits and certainly can compromise patient care¹. Consequently, it is important that physicians have a plan for how to handle the criticism and complaints that they may receive from angry patients. Below is a suggested model that may help to guide physicians confronted by this challenge.

A Three Step Model to Effectively Deal with Critical and Angry Patients²:

STEP 1: Make a disarming statement. Find a grain of truth in what your patient is saying and reflect this to them (even if you believe that essentially they are wrong).

Consider the following statement by an angry patient: "I can't believe how disrespectful you've been to me! You made me wait *forever* to be seen today! I feel just awful today and I could have dropped dead in the waiting room before anyone even noticed! This clinic is the *worst!*"

It may be that the patient only waited an extra 5 or 10 minutes because you were dealing with a very complicated case that took additional time. The patient does not appear to be on death's door or even seriously ill. What is your initial reaction to this patient's statement? You may feel the desire to defend your actions and deny the patient's claims – they certainly didn't have to wait "forever." However, when a patient is truly angry, defensive statements often only fuel the flames of their anger.

An alternative, and hopefully more effective ap-

proach would be to make a non-defensive statement that validates at least some of what they are saying. For example: "You're right. You did have to wait today."

STEP 2: Make an empathic statement. After making a disarming statement that validates some of what the patient has said, put yourself in the patient's shoes and try to understand how he/she is feeling. Attempt to paraphrase.

For example, you could state something like the following: "I can see that it made you very angry to have to wait," or "Your time is clearly important to you and it is frustrating when you have to wait."

STEP 3: Make an inquiry.

Finally, ask the person to share more information about what they are thinking and feeling. Try to move the conversation to a productive resolution.

For example, "What can we do to resolve this problem today?" or "How do you want to use the time that we do have today?"

It may be that you will need to go through these three steps more than once. If the patient is still irate after 2 or 3 cycles through these steps, you may have to switch tactics in dealing with the situation. However, most often people will cool down when they feel that they are being heard and their thoughts and feelings respected. Once they have calmed down they may be more open to a discussion of exactly *why* they had to wait a little extra time and you could discuss what their options may be for handling the situation should it arise again in the future.

Modeling De-escalation³: Here are some other suggestions about how you can help de-escalate a

heated situation with a patient.

1. Slow, steady breathing: In heated situations we often begin to breathe more rapidly in anticipation of conflict. Patients can pick up on these subtle changes and mirror them. This contributes to escalating tension in the room. Keeping your breathing slow and steady can model calm behavior and can even help your angry patient to relax a bit as well.

2. Monitor the pace and tone of your voice: Speak slowly, clearly, and gently when confronted by an angry patient. Again, this is non-threatening and models calm, rational behavior.

3. Open body language: Be aware of your body's stance. Keep your hands out of your pockets, arms uncrossed, face relaxed. These behaviors send the message that you are listening and non-defensive.

Self-Care: Physicians are more likely to handle encounters with angry patients in a calm and productive manner when they are well rested and emotionally healthy themselves. Be aware of signs of burnout that may make it difficult to keep your cool when confronted by an angry patient.

It's also important to set limits with patients when they are expressing their anger in an inappropriate manner. Assertive, non-aggressive communication about behavior that is OK and is not OK is crucial (e.g., "I understand that you're angry and we can discuss that, but it is not OK to yell in the waiting area").

Physician Safety: Nine times out of ten, confrontations with angry patients can be resolved safely and in a way that is satisfactory to both the patient and the physician. However, there are times when no matter what the physician does, the patient remains angry and may even be hostile or violent. Physicians should be aware of their surroundings when meeting with angry patients so as to maximize their safety. For example, it is usually best if the physician is seated (or standing) closer to the door of the exam room than the patient. You may even want to keep the door partially ajar if you are aware that you are entering a potentially volatile situation. You should also be aware of clinic or hospital procedures if you feel threatened or frightened by a patient (e.g., availability of a "panic button," knowing when it is appropriate to call security, the police, etc.).

References:

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3. Alfonso, J. (2001) *Anger management techniques*. Gaithersburg, MD.

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