

Dealing with Angry Patients: Strategies for Hospital Workers

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ABSTRACT

Anger is a commonly expressed emotion in healthcare settings. This prevalence is not confined to mental health care, geriatric care, or developmental disabilities, but is also seen in primary care, pediatrics, emergency rooms, and acute care inpatient areas, as well as outpatient settings. There are documented consequences of patient-held anger such as increased irritability, aggressiveness, conflictive behaviors, requests, verbal and physical assaults, and noncompliance. Anger may impact the delivery of health care and may have an effect on room turnover, length of time of the visit, and the morale of health care providers. Research in various healthcare areas indicates that an angry patient or family can escalate the visit into a crisis visit.

Keywords: irritability, aggressiveness, conflictive behaviors, requests, verbal

1. INTRODUCTION

Anger is a commonly expressed emotion in healthcare settings. This prevalence is not confined to mental health care, geriatric care, or developmental disabilities, but is also seen in primary care, pediatrics, emergency rooms, and acute care inpatient areas, as well as outpatient settings. There are documented consequences of patient-held anger such as increased irritability, aggressiveness, conflictive behaviors, requests, verbal and physical assaults, and noncompliance. Anger may impact the delivery of health care and may have an effect on room turnover, length of time of the visit, and the morale of health care providers. Research in various healthcare areas indicates that an angry patient or family can escalate the visit into a crisis visit.

Despite the clear need to understand and acknowledge angry patients, most of the literature on people's emotional states in health care settings focuses on staff-held feelings and behaviors. We wish to give nurses a set of strategies for dealing with angry patients in health care settings. This paper presents a conceptual and practical framework for better understanding angry patients while intervening in a way that improves patient care, addresses patient and provider control issues, and promotes caring behavior. In addition, this paper sets the stage for creating policies to help health care settings change the organizational culture to help provide quality patient care in non-punitive and caring settings.

1.1. Overview of the Issue

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When a person is in pain, he or she may get frustrated, fear the unknown, or simply feel lousy. All of these emotions can be triggers for anger. It is well known that anger is an emotion that arises in conflict situations. It is normal for angry people to have conflicts. Normal people feel anger, express it appropriately, and the anger

goes away. Abnormal people either ignore their anger or blow up. In healthcare settings, we find many angry patients. This early warning sign of frustration or fear will help the hospital worker avoid problems before they ever have a chance to develop because it would be much easier to reduce frustrations and fears before a conflict has begun. Also, miscommunication between healthcare workers and patients, and between one healthcare worker and another, is a source of friction for most patients.

Angry patients have always been part of the spectrum of behaviors of people we meet inside institutions. Hospital workers know that many personal decisions, such as quality of patient care, job satisfaction, and length of stay, are in some measure dependent on their ability to handle those angry patients effectively. The challenge has been to provide them with strategies rather than general advice about coping, which each nurse and doctor must translate into operational reality in each particular situation. Hence, the purpose of this document is to describe early warning signs of anger or their reasons, provide some strategies that hospital workers can use once they recognize their angry patients, offer more focused suggestions about what they can do to reassure them, and give them some ideas for reducing patients' access to aggravating materials. Some hospital workers say what cannot be done because of environmental, organizational, or other factors; however, this is a critical point because each institution needs to realize that by reacting effectively to a patient's anger, the patient's health can be maintained or enhanced. There is no right answer. All suggestions are tempered with the common philosophies held by hospital workers: ensure proper patient care and emphasize that hospital workers have skill, capability, and caring.

2. Understanding Anger in Patients

Anger in patients has long been a problem in hospitals. Anger is a sense of perceived threat or dissatisfaction and is an emotion that occurs when an individual loses control of a situation. Violent or aggressive patient behavior is often in response to an injury, illness, or events leading up to their hospitalization, all of which lead to a loss of control. In the hospital, patients rely entirely on staff members for care and treatment and are completely dependent. Many patients and family members perceive the hospital as a dangerous place, and the fear associated with negative care experiences can lead to anger. Ongoing anger and fear of the hospital can increase the likelihood of a negative outcome. At the same time, anger can be a manifestation of inefficiency, negligence, and incompetence, as indeed witnessed by many patients or patients' families. (Sein et al., 2020)(Sim et al.2020)

Many of us interpret the expressed anger of the patient as a transference of hostility. It is, however, important to understand that patients do not feel well; their anger and frustration seem largely connected with their physical condition and their perception of a lack of coordination. Hence, it is important for us to be aware that as hospital workers, we ourselves could become victims of patients' anger and indeed, on many occasions, are. Approaching the problem of handling aggression, therefore, necessitates an attempt to understand patient anger and resentment. Patients frequently get angry when they perceive that hospital workers neglect them and their complaints, belittle their reasons for seeking help, are insensitive to their fears, do not provide information and explanation, do poorly what might affect their physical state, waste their time, or irritate them. Furthermore, the predominant emotions accompanying anger and resentment will be fear and anxiety.

It is our hypothesis that all patients who are annoyed or come to us angry have not been expressing their emotions constructively and are not given the validation and responses they deserve. Empathy is a dynamic expression of life and the key to a therapeutic response. Furthermore, management of the patient's arousal is essential for redirecting anger and violence into more constructive reactions. Hence, there is a need to understand that underneath the anger and aggression are deep unfinished issues, such as masking, repression, denial, displacement, identification, and reaction formation, which need to be explored and worked upon meticulously. When anger is both acknowledged and allowed full expression, the distress of the injured patient typically appears to decrease. Given the degree and frequency of angry feelings among patients, it also seems plausible that the acknowledgment of anger will have benefits in promoting more patient satisfaction and better therapeutic relationships, which, once again, have been found to improve treatment outcomes. Frustration and resentment evolve from the belief that a patient's rights and concerns have been sacrificed for an alternative goal.

2.1. Causes of Patient Anger

Patient tolerance is driven by numerous factors and can fluctuate based on individual circumstances, but there are also a number of common threads that can link different patient experiences. For example, patient dissatisfaction can often be traced back to poor communication, whether from being poorly informed or feeling that their voice wasn't heard. Long wait times also play an obvious part in generating patient frustration, as can inadequate care. Many people with chronic health conditions must re-attend multiple times before their symptoms are taken seriously and may experience poor treatment as a result. However, while wait times and lack of care or information are important patient drivers, it's also important to note that patient anger can stem

from just about any aspect of healthcare that happens to personally irritate them, from not being offered a sling for a broken arm to receiving a certain diagnosis that doctors “never see.”

While these smaller causes of irritation aren't a result of systemic problems, they are still a legitimate cause for patient anger, especially in the moment. Healthcare staff often react to patient anger as a personal attack rather than as a naturally occurring result of systemic stress. However, treating patients with anger as enemies rather than allies worsens the issue, not just for that individual but for the healthcare system itself. It is important for hospital staff to understand the reasons behind patient anger to create possible strategies for dealing with such distressing patient or family member behavior. A number of hospitals and workers from mental health and child welfare services have been involved in the research, which has shown that arguments in hospitals mostly stem from underlying causes, such as staff trying to enforce rules, administer treatment, or address issues that are considered illegitimate or unjust by the patient or their family.

3. Effective Communication Techniques

Effective communication is the cornerstone of anger management, and patients are acutely aware of when staff avoid troublesome topics. Healthcare professionals may consider several well-established techniques when working to navigate potentially hostile interactions with patients. Rather than avoiding the subject, healthcare professionals may instead acknowledge and validate the patient's feelings. Brief explanations of the steps that may address the cause of the frustration and of how the patient might help in solving the problem are important components of these conversations. Care should be taken to link the patient's concern with known processes, individuals with authority, or problem-solving protocols within the patient's reach. Adopt an open and empathetic stance. Demonstrating collaboration and empathy is empowering for patients, provided that staff can follow up with actions that address the patient's concerns. An empathetic listening approach may help you improve the patient's current mood and hopefully will prevent it from worsening or prevent future outbursts. A healthcare leader recommends acknowledging feelings and apologizing to irate patients, and many of our respondents report that their organizations have adopted this suggestion. Although patients may not agree with their proposed explanations or solutions, they typically feel better after being heard and, therefore, are often less angry. Empathy has also been shown to improve patient satisfaction and compliance in a range of healthcare settings. Demonstrating active engagement shows the individual that he and his concerns are our priority and that we are willing and able to help. High levels of responsiveness have been associated with high patient satisfaction. (Forbes & McHugh, 2021)(Zaripour, 2024)(Mohan et al.2023)(Al-Mutawa et al.2024)

3.1. Active Listening

Dealing with angry patients is, in some ways, the same as dealing with angry people anywhere. It is difficult for many of us to handle, and our reactions are frequently influenced by our immediate environment and the people around us. However, techniques also exist that can make the experience easier. Active listening is one of the most important techniques when dealing with an angry patient. By listening attentively to a patient and seeking to understand the emotional subtext of their concerns, a staff member can help the patient feel valued and increase the likelihood that the patient will calm down. This can sound like an exercise in theory, rather than something to be done in actual hospital activity. Active listening involves both verbal and non-verbal communication. It is a useful technique to learn, and it can prevent a lot of misunderstandings. However, it tends to be more useful for a patient if it is practiced in a calm and supportive manner rather than in a rushed and businesslike manner.

The many positive therapeutic outcomes of feeling listened to include...

Some specific techniques for active listening:

1. Encouraging the person to talk: Use phrases like: "Tell me more," "Go on," "I see," "What did you do then?" This lets the person know that you are genuinely interested in what...

4. De-escalation Strategies

The most important principle in confronting an irate patient is to never become angry or combative back. Keeping calm and controlling a situation should be the backbone of any confrontational circumstance. Worker restraint can reduce tension and result in resolving the issue, while tense hospital employees may escalate hostilities. Non-reactive, non-adversarial strategies that are built on negotiation and conflict resolution have been suggested for staff to use in these situations.

A variety of de-escalation strategies have been suggested. Hospital workers should use soothing language and have a non-provocative manner of speaking. Workers should not neglect or dismiss the angry person's emotions. Addressing the customer's concerns or problems offers a potential solution. Attention should be paid to personal and environmental factors. Workers should facilitate privacy if this is what the patient needs. Hospital employees should speak in a comforting way, ideally with a warm and friendly tone. Health professionals should show empathy and respect through body language to facilitate successful patient dialogues.

Establishing rapport and using non-confrontational behavior can be a useful approach for illicit drug users, as this can also reduce harassment from patients. These steps recommend giving the person time and space to talk.

4.1. Maintaining Calm and Composure

The most important thing is to stay calm yourself. This can be quite a challenge when you feel blamed by an angry patient you are trying to help. Patients who are angry or in distress are inclined to take the actions of others personally. They may falsely interpret others as rejecting or criticizing them. If we are shaking, our voices are trembling, and if we feel nervous, it is like throwing gasoline onto a fire. It is important to remember that it is not easy to feel calm in such situations, and it is normal to have an emotional or physical reaction to angry patients.

Some things to try to keep yourself calm are: Deep breathing. Breathe in counting to 4 and breathe out counting to 4. Do this six times, trying to keep each breath at the same length. This will slow down your heart rate. If you have a break, go to a quiet area and spend two minutes doing this. Try to be mindful. This means trying to center yourself and calmly and objectively focus on the here and now. This patient is bringing up things that go back a while, but for right now, I need to make sure he gets this medication, and I need to do everything possible to get him to agree. Having a calm and assured tone can help to create an impression of safety for a patient – and, under the right conditions, cause them to mirror your calm tone.

Many patients express that a calm and assured tone and a willingness to engage them in respectful and open dialogue can be enough for turning their anger. Therefore, successful management of an angry patient often begins with selectively activating a patient's social safety system. Teaching emotional intelligence skills and increasing stress management resources are also important. Think about your work environment. All hospital workers should have regular stress breaks and regular downtime. Staff should have a calm space to decompress after a difficult experience with an angry patient. A healthy work environment is good for both staff and patients. Staff who enjoy their work are more likely to treat patients like family. This can also make for a more supportive, team-oriented work environment. In a sense, the behavior and attitude of staff contribute greatly to the way patients feel about an institution, and therefore their likelihood of complying with their treatment advice.

5. Cultural Sensitivity and Diversity Awareness

In an age of globalization and multiculturalism, it is particularly important to be culturally sensitive and aware of the impact of diversity on healthcare workers' ability to effectively manage patient anger. Culturally sensitive behavior requires knowledge and understanding about people's cultural backgrounds and practices to analyze situations and make informed decisions about the best way to approach any individual or group. This means being aware of and knowledgeable about areas relating to one's own behavior, cultural and ethnic influences, and knowledge about other people, their beliefs, life experiences, and the basic things that could potentially influence a pediatric patient's, young person's, parent's, or caregiver's reactions.

People from different cultural backgrounds have different ways of expressing their emotions, and cultural differences shape how we feel about our own health and how we perceive illness, express our symptoms, and interact with healthcare services. In the context of diverse hospital populations, issues of cultural differences and the potential for cultural misunderstandings to lead to angry outbursts become more complex but also more pressing. Insights into what other people regard as important and meaningful can lead to a crucial advantage when it is necessary to manage their reactions to a healthcare experience. There are numerous suggestions about ways of creating culturally competent healthcare environments, but little practical information about the most effective ways of developing these skills in busy healthcare settings already heavily tasked with multiple performance demands. This requires understanding and an appreciation of the diversity in people's cultural and ethnic backgrounds, recognizing individuality while taking into account the cultural norms of a particular community. The challenge is to provide healthcare as effectively as possible in a way that respects all patients' rights and entitlements and minimizes the potential for conflict. An important target for effective communication is the prevention of potential anger and hostility by being mindful of a person's cultural background. Culturally sensitive communication aims to build rapport and trust, so healthcare workers can make a difference in terms of relieving people's immediate worries, concerns, and anger. Successful communication is at the heart of healthcare practice, yet it can often be overlooked. Being culturally sensitive is about understanding people and knowing what matters to them. In essence, it is about respecting and taking seriously people's rights, their entitlement to a good service, and their expectation that healthcare should properly take account of who they are as individuals. Acknowledging the impact of diverse cultures on everyday behaviors encompasses a range of issues, including policies and procedures, effective communication, and an understanding of the services provided at the hospital and what a hospital worker's role involves.

5.1. Impact on Patient Interactions

Cultural sensitivity, the acknowledgment that a person's culture not only influences how they see and understand the world, but also how they perceive how others view the world, affects patient interactions. A

sincere interest in and acceptance of diverse cultures contributes to developing rewarding relationships with all people. At hospitals and medical facilities, cultural competence is particularly important in minimizing misunderstandings and fear of discrimination or racism. When patients feel understood and their beliefs or values are respected, anger may well be reduced. When patients address harassment or discrimination, a staff person's understanding of cultural competence can reassure the patient that a procedure to investigate and address their complaint is in place. A grievance or complaint system that a patient believes to be fair and impartial is one of the most effective ways to reduce potential anger.

As a practical matter, hospital staff who interact with patients are better served by recognizing another's culture. If a suture technician knew, for example, that the traditional cloths of a Muslim woman close at the back of the head, a culturally informed response to a specific request or complaint would be more effective. For nursing staff, accurate information on cultural norms and beliefs can make their job more efficient. There are a number of examples to support the theory that patients are less likely to escalate, demonstrate anger, or leave the hospital or another service area angry in a culturally appropriate environment. Because human contact is part of ensuring hospital care, the present need to become "customer" or "patient" focused suggests that cultural sensitivity is becoming even more important. In order to avoid potential problems arising from misunderstandings based on language, perception of their behavior, or a patient's cultural normative behavior, staff need training in recognizing biases, and service systems must be updated to accommodate cultural differences. The seventh requirement also states that an understanding of the norms of behavior of the cultural group gives individuals a greater chance of interacting effectively with a member of that group. Whether the patient will admit it or not, for a staff person to conduct themselves in such an informed manner as to avoid insulting and inflaming individuals of different racial and cultural backgrounds will often increase the patient's comfort and satisfaction level. This, in turn, has been shown to affect outcomes. Staff training in the recognition of cultural biases may also help staff understand the unfamiliar value systems of their own culture and society. This type of learning may lead to an increase in community relations scores with the staff that are fortunate enough to receive cultural diversity education and could lead to better community relations overall. There may also be increased knowledge in issues of diversity overall for all staff, including the patients themselves.

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