

## Dealing with Difficult-for-Me People

By Wendy Leebov

### Health and Hospitals On-Line

*Showing a little compassion can greatly ease an otherwise difficult patient-caregiver relationship.*



Wendy Leebov

I feel sick at heart for the many wonderful, caring and compassionate health care professionals who feel demoralized by patients, families and colleagues they find difficult.

I admit, some people are truly difficult, but not nearly as many as we might think. Having spent the better part of four months visiting my sister in a variety of health care settings, I think many difficult people are not inherently difficult. They are made to be difficult.

Thankfully, my sister just returned home after care via ambulance, emergency room, intensive care, critical care, radiology, same-day surgery, long-term acute care, cath lab, cardiac care, rehab, primary care and now home health. No one in the ER or intensive care found my sister difficult. I would hope not, since she was unconscious in those settings. But after my feisty sister defied all odds and regained consciousness, she gained a reputation as a difficult patient, and this reputation accompanied her to each new level of care.

### **My Sister Difficult? No.**

She was hooked up to a ventilator through her mouth and later her neck, to a feeding tube, a central line, catheters, and to all kinds of monitors and had gizmos on her legs to enhance circulation. On top of that, she was placed in restraints for *her own good* so she wouldn't dislodge any of these paraphernalia. Every orifice was invaded. For another month, she could not move, let alone walk, breathe on her own, talk or write. The call bell was her one-and-only communication device. And when she pushed that button, she wanted a response.

When she started to talk and asked, "When?" she was told, "Soon. You're not our only patient." When she asked, "Why not?" she was too often told, "It's against policy." When she asked, "How can I possibly do that?" she was told, "Toughen up, honey."

Time and again, she felt upset. A diplomat at heart, she complained nicely at first. But after a series of unresponsive indignities, she fought sleep because she was so afraid of what would happen if she took a rest from being vigilant on her own behalf. She became impatient and irritable, and she issued demands. What started as "Will you please

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\_\_\_\_\_?” turned into “I want it and I want it NOW!” In her desperation, the time for politeness had ended because politeness was not working.

My sister felt desperate and out of control of her body and her life. That, combined with predictable ICU psychosis, led her to behave in ways that some caregivers found maddeningly stressful.

It doesn't have to be that way. Without question, our health care colleagues mean well. The amazing clinical care my sister received takes my breath away. It saved her life. The people who choose health care professions care! They want what's best for people. And because they know they mean well, they feel affronted by patients and families who don't seem to appreciate that.

### Showing Our Caring

*If patients don't see caring, for them it isn't there.* The problem is not a lack of caring. The problem is a lack of showing it. We need to do and say things that make our caring and commitment to patients glaringly obvious.

This five-point plan goes a long way toward reducing the number of (and angst created by) difficult-for-me patients:

#### Reduce Difficult-for-Me Patients: A Five-Point Plan

1. Stop allowing bits of behavior that many patients find irritating.
2. Coach staff to express caring out loud--with words that reflect empathy.
3. Help staff stop taking demands, impatience, frustration and pain as defiance or personal insults.
4. Institute regular processes that prevent desperation.
5. Build staff communication skills by focusing on the difficult situations that deplete their energy.

**Point 1: Stop allowing bits of behavior that many patients find irritating.** Some staff do things that predictably come back to haunt them. Here are a few examples.

Irritating to Patients	Why?
Do the tasks; express no compassion.	If you are exclusively task-oriented and don't put your compassion into words, the patient thinks their pain, suffering and discomfort are "ho-hum" for you.
Socialize outside their room.	This creates the perception that you are goofing off, and when patients feel they need attention,

	this maddens them.
Wear strong colognes.	Many people who are sick find perfumes and colognes nauseating.
Wear jangly jewelry.	People who are sick are especially sensitive to clicks and clatters, squeaks and jangles.
Mosey in when responding to a call light.	For patients, every minute is an hour. When they push the button and you don't display a sense of urgency, they doubt your caring.
"Dear, honey, sweetie."	Some people don't mind and caregivers certainly mean well, but many patients find it patronizing.
"Hold your horses." "You're not my only patient." "You'll have to be more patient." "We're short-staffed." "Now what do you want?"	Patients and families feel dismissed and discounted when they hear these words.

Engage teams in identifying the *hot button behaviors and words* in their roles with their customers. And make a pact to stop these from occurring.

**Point 2: Coach staff to express caring out loud--using words that reflect empathy.** Help your team communicate their caring and receive the gratitude and trust of patients and families. Help people speak the language of caring.

Language that Shows Caring	Examples
Help staff acknowledge patients' feelings.	"This must be so hard for you." "I'm so sorry about your pain." "You seem discouraged." "You seem tired." "I can imagine this might feel scary."
Help staff use the words "for you" over and over. It forces staff to realize that what they're doing is for the patient.	"Let me open that <i>for you</i> ." "Let me close this curtain <i>for you</i> ." "Let me find your nurse <i>for you</i> ." "Let me find a more comfortable wheelchair <i>for you</i> ." "How about if I call your daughter <i>for you</i> ?"
Help staff regularly state their positive intent.	"I want to make you comfortable." "I want to keep you safe." "I want to help you relax." "I want to protect your privacy." "I really want to help you."

Help staff express positive regard for patients and families, even for those who appear difficult.	“I admire your courage.” “I appreciate your patience.” “I really appreciate your devotion to your mom.” “Thank you so much for speaking up. It gives me the chance to correct this.” “I’m sorry it took so long. Thanks for understanding.”
Help staff combine these language skills into powerful statements.	“I’m sorry you were frustrated. I’m here now, and I want to help!”

I’m working with one inspirational leadership team on a housewide strategy to strengthen the competency of communicating with empathy. We’re encouraged to find that people can indeed learn to use the language of empathy.

**Point 3: Help staff stop taking demands, impatience, frustration and pain as defiance or personal insults.** Help staff alter their inner dialogue or “self-talk” so that they no longer take patient demands and impatience personally.

<b>If You Think This:</b>	<b>Think This Instead:</b>
“Here she goes again! Now what!”	“Let’s see if I can build her trust, so she can relax.” “I have a chance to make a difference right now.”
“I didn’t deserve that outburst. Doesn’t she know that I care?”	“She’s sick and very upset. This outburst isn’t about me.”

**Point 4: Institute regular processes that prevent desperation.** Quick connecting and comfort rounds are two examples.

*Quick connecting.* When my sister was in a coma, I found it upsetting that people referred to her as “she” or “her.” I decided to help caregivers see the person within. I covered the wall with family pictures and a big list of my sister’s special gifts and enthusiasms. When caregivers entered the room, they couldn’t help but read it; from then on, they called my sister Linda.

Why can’t a nurse who is meeting a new patient devote three to five minutes to asking the patient and/or family a standard set of questions that help to find out about this person and their story? And why can’t the nurse, with patient permission, post a few choice highlights on a white board so that co-workers also see this patient as a unique individual with a history, a life, passions and hopes for the future.

This three- to five-minute quick connecting process transforms the care relationship into a caring one. Caregivers see the patient as a person, not as “the heart,” “the hip” or a stick figure in the bed.

*Comfort rounds.* We know a patient will have to pee. We know they will get thirsty. They don't plan ahead for these things. Once they call for help, it's already urgent. Why wait until they call?

Comfort rounds are regular hourly rounds in which one staff member per unit (patient care associates, nursing assistants and nurses all take turns) makes rounds and checks on the comfort of *every* patient, not just *his or her own patients*.

"Hi, Mrs. James. I'm in the neighborhood. Can I help you to the john?" Proactive, hourly comfort rounds reduce accidents, falls, messes and cleanups, not to mention extreme patient frustration and indignity. Patients become less demanding and more trusting. They know they don't need to beg for attention to their most basic needs.

Then, to also prevent desperation and show caring, how about getting more insistent on the use of this simple script: "I want you to feel comfortable and secure. Before I go, is there anything else I can do for you?"

**Point 5: Build staff communication skills by focusing on the difficult situations that deplete their energy.** Sometimes health care professionals resist skill-building on communication. "I already do this." "This is too basic." "This is insulting."

The good thing about difficult-for-me people and difficult situations is that people want to handle them better to reduce the stress caused by them. This presents a burning platform for training that meets with minimal if any resistance. Hold clinics on the difficult-for-me patient and nurture the trust-building and communication skills that drastically reduce the energy drain of difficult-for-me patients.

### **The Punch Line**

While *most* patients are not inherently difficult, many do act in ways that try the patience and compassion of health care professionals. The result: a downward spiral toward both patient and staff dissatisfaction.

We can change this unfortunate dynamic. We are not powerless. More often than not, by instituting process improvements that prevent patient distress and anxiety and by overtly communicating empathy and caring, our teams can win patient trust and cooperation. It's time to invest in developing our teams to achieve a new level of communication effectiveness that supports their caring work.

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