

Protecting Hospital Health Workers from Angry Patients and Strategies for De-escalation

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Abstract

Patients in health care settings can become angry because of their illness, the situation, or communication problems. This section presents evidence of aggression by patients toward health workers in medical settings, outlines the problem, and the consequences of aggression toward medical staff. It presents the prevalence of workplace violence in the health care sector, as well as the consequences for those who are targeted by the aggression. It examines the specific factors related to aggression toward those who provide care for others. This section closes with a summary of what happens to medical staff who bear the wrath of an aggressive patient. Workplace violence is defined as the intentional use of physical force or power, threatened or actual, against one or more workers, resulting in physical, psychological, sexual, or emotional harm. The consequences of workplace violence can be severe. Physical attacks on workers led to injuries requiring time on the job. In over 70% of the violence and trauma cases, the injured worker was female and the average time away from work was nine days. Methods: We conducted a 4-hour anger management training workshop, utilizing participants' knowledge/experiences with angry patients and strategies to control anger. We used experiential learning in a social constructivist framework. Objectives were to educate on anger causes, recognizing and controlling anger, and supporting co-workers. Methods included role-playing, video workshops, and small group strategies. The program was evaluated using pre- and post-tests, including care of seniors, confidence measures, and an evaluation form. Attendees rated workshop aspects on a Likert scale. Conclusion: In conclusion, anger represents the emotional response to frustration, shredding the limbic brakes that usually temper human antagonism. It can call out the caveman within us to rise on our hind legs and snarl. Few would think of telling someone who just suffered the loss of a loved one that they needed to understand what the grieving person was feeling. But when angry and agitated patients challenge our care and concern, we too often forget this wisdom and attack these patients at the moment when they most need our willingness to understand and our humanity. We need to reframe our approach in the same way that we operate in emergency departments where any possibility of injury due to psychosis needs to be removed until safe and appropriate psychiatric interventions can be put in place. Hospital staff members are the only ones on the front line who are capable of being trained to respond to these moments of peril because they are the ones who are there. The mounting prevalence of patient provocative episodes warrants the active implementation of staff psychological programming of resilient response. The skillful de-escalation of anger, the provision of empathy, and the identification of any clinical factors that contribute to the episode are also crucial in neutralizing these situations. Empathic interactions between our staff and patients allow the body of the mammalian nerve to send a calming message to strain on the person before liability consequences occur. Such a paradigm shift has beneficial effects for all stakeholders involved in a proactive approach. In conclusion, "First, do no harm." As we are challenged by a society with a behavioral problem, let's find out together where we can contribute to the institution's work without harming patients, the company, and its employees.

Keywords: Health Workers, Angry Patients, Hospital.

INTRODUCTION

Over the years, a myth has developed that simply providing excellent customer service resolves many problems. While this is true under normal circumstances, in difficult times, treating people like your family may not be enough. People come to health care facilities during times of stress, pain, and extreme discomfort, and anger can surface as a normal response to these feelings. Accompanying the pain experienced by the patient, friends, or family can be an ever-present worry about the ability to pay for the service. Financial constraints, bed

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shortages, and perceptions of inadequate care can also trigger aggressive behavior. Patient profiling suggests that higher incidences of aggressive behavior are more likely to arise from patients who are male, previously aggressive, of lower educational level, living in a complex social state, and with a history of mental instability or personality disorders. Although data suggest that workers have a greater risk of being assaulted than a service salesperson, nurses and healthcare workers are taught to handle stress through work rather than anger.

Background and Significance

Health care facilities and hospitals are expected to take care of anyone who shows up at their door in need of medical assistance. There are times when patients or family members become difficult, aggressive, and even violent, whether it is a result of their own anxiety or mental health problems. Patients have been reported to attack health care providers. However, recovery from the stress that the workers are exposed to is considerably slower than what they associate with having "seen it all," and hearing the stress stories of the health workers permanently burned into their psychology is enough to provide human services workers with Post Traumatic Stress Disorder before their first day is done. To begin with, there is also the fact that visiting hospitals can be the event causing the highest levels of stress and anxiety in a person's life. Patients can feel literally that their lives are at risk.

Health professionals are using cues, prepared aides, and safe spaces to blunt violence and aggression. The more the health worker's ability to take care of him or herself by calming and mitigating the patient's emotional response, the higher the quality of the health care. Quelling someone's anger soothes anxiety and protects workers. That is true for every profession. But those who deal with repeatedly traumatic stress are health workers, particularly those who come into contact with people who are themselves undergoing emotional and physical stress, as the health worker provides those people with the support they need to improve, heal, and enhance the patient's health. In order to help the patients, health workers must be able to provide the guidance.

Understanding Anger in Healthcare Settings

Understanding anger from the patient's perspective is the first step toward increased awareness and proactive efforts to ensure positive outcomes. There are many reasons underlying angry patient-physician interactions, including patients feeling disregarded, dismissed, disrespected, or misunderstood. These negative patient-physician encounters can have profound emotional effects on the patient, the physician, the physician's remaining patients, and the overall practice environment. In some cases, the complexity of the current healthcare system and the pressures to embrace new technologies, limit expenditures, and maximize outcome goals can add to the patient's feelings of mistrust, fear, and lack of power.

Angry patients, relative to non-angry patients, report significantly poorer health, are more often dissatisfied with their care, and are less likely to be compliant with their physician's recommendations. They are also more likely to file legal actions against their physician. Anger also significantly impairs the patient's quality of life and recovery from surgery. Uncontrolled anger is a major contributor to stress and related illnesses. Thus, a basic understanding of the patient's emotional state, along with the tools to effectively manage these poignant and sometimes toxic emotions, is essential for interfacing with an angry patient and achieving a positive outcome. Whether the angry patient is justified in their anger is often of little relevance. It is the handling of the patient's anger at that moment that is paramount, as it often determines whether the patient and the healthcare professional are on a course of negotiation versus confrontation.

Causes of Patient Anger

Why do patients become angry when trying to obtain help for their distressing symptoms and conditions? It is important to remember that some patients are chronically angry no matter where they seek help, while others become angry once they have reason to believe that their symptoms and conditions are not getting the help they deserve. In training health workers to help such patients, the emphasis must be on preventing angry patients from getting worse, as well as preventing disturbed behavior from patients protecting their own fragile psychological states. Many health systems have first patient protocols to reduce the amount of time a health worker has to spend with each patient. Many angry patients feel that their time has been wasted by an uncaring or indifferent whistleblower. These patients might want to overuse or misuse motivating the health workers to

ensure the good functioning of these systems but do not want uniform or rigid operating procedures that take away individual responses from the anxious attendants. Health workers in private and public health systems must also be able to tell the difference between patients who have legitimate concerns and those who have special requests or who demand special treatment. In training, health workers learn how to meet the needs of these patients and make effective agreements that will give these discontented patients back. In these circumstances, angry patients may be seeking information or advice to address these fears and legitimate concerns. Health workers receive special training so that they learn to provide different ways of working with angry patients who are shouting or complaining. These angry patients surely have the right to express their anger, frustration, and bitterness because they have long waiting times or the symptoms and the reasons they came to ask for a second opinion from the attendants have not been cured.

Impact of Patient Aggression on Health Workers

The frequency, severity, and consequences of patient aggression in hospitals have received relatively little attention. A review of the issue found only six articles evaluating the scale of the problem in 50 countries, predominantly from high-income and developed countries. Patients and their visitors may become aggressive due to disease, pain, substance use, and stress. In psychiatric consultations, frustrated patients frequently exhibit aggression, and in primary care, the overregulation of the deployment of increasingly inexperienced junior health care professionals to manage complex primary care demands contributes to negative emotions, including aggression.

Not all violent offenders present to the emergency department with severe physical or behavioral disturbances. Their moderate level of comfort in seeking help transforms as they encounter professional adversity. Health workers rarely discuss what is seen as an occupational hazard and are not trained to de-escalate any consequent aggressive encounters. The consequences of patient aggression are underestimated by management, with a lack of organizational response that negatively impacts health worker productivity, patient safety, job satisfaction, trust in colleagues, and adherence to the profession. The result is ubiquitous and the serious but underappreciated shortage globally of competent health workers in many disciplines.

Physical and Emotional Consequences

The consequences of this violence are numerous. Experts have identified two different types of consequences: primary and secondary. The primary consequences are the physical or psychological adverse effects suffered during the immediate attack. The consequences of violence within hospitals in the health workers' scale have mainly been analyzed through cross-sectional descriptive studies. In general, these studies showed that stress was the most frequently found primary consequence and that it was mostly manifested in its emotional form, through irritability, fatigue, sadness, and sleep disturbance. For the secondary consequences, different studies reported for several sectors the following forms of damage: absenteeism, reduced staff dynamic reinforcement, a conscious decrease in quality of the service supplied, and the effects displayed by the staff towards patients because of stress. Still in the hospital setting, some researchers have reported an abundance of occupational illnesses such as musculoskeletal disorders, headaches, colds, voice illnesses, development of depression, suicidal thoughts, and alcohol abuse.

Given the physical and emotional consequences of this violence and its prevalence, prevention should be considered a priority. To this end, we have prepared two documents: one for the hospital manager, providing a set of steps that can reduce this violence or minimize its consequences, and one for the staff, with strategies that can enable them to prevent and deal with this violence. The fact that we teach according to a model based on the theme of security in hospitals and the promotion of a security culture has allowed us to develop a Guideline for Preventing Violence at Work for Healthcare Professionals, in which we present the major results of our teaching action. Additionally, service work policies and courts are necessary to support the health workers' situation. Only with the implementation of these proposals will these workers be able to work with dedication and quality. Only then can the patients' structural needs be met, because antagonism, along with dialogue and treatment, is a major limit to the well-being of patients and workers, to the point that health promotion services overlap with disease treatment services.

Strategies for Preventing Patient Aggression

There are many ways to prevent patient aggression from arising. An effective de-escalation of patient aggression often starts long before patients and health care workers encounter one another. Consistently executed policies and procedures are important for creating a safe environment. The expectations that patients develop on the basis of explicit hospital policy will often dictate the way the patient behaves. Hospital workers who deliver clear messages about the hospital's intentions may receive more cooperation from intimidating patients. For example, it helps if the hospital provides accurate and complete information to a patient who is going to be discharged. When patients are sent home with a prescription for narcotics and the knowledge that more narcotics should not be taken for eight hours, but the patient's pain is expected to return in six hours, no one is surprised when such an enraged patient shows up at the emergency room asking for more pills. On the other hand, if the patient is given clear and accurate instructions, he or she may be much more likely to cooperate.

It may help if health care workers occasionally meet to discuss policies and share their experiences with difficult patients. Like support groups for patients with chronic conditions, these policy discussions at the hospital could help lower stress levels, offering workers the ability to acknowledge that they are not in control of everything while making them feel a bit more in control. A well-informed, well-trained, and well-prepared staff is the best protection against angry patients. To respond to a patient's challenges in a helpful and compassionate way takes a lot of training and practice, so it is essential to train staff in these techniques.

When an angry patient is not taken seriously, the patient may become more frightened and start looking for a way out. People often feel imprisoned by the hospital security system, which prevents them from leaving. Moreover, the rules that patients find so troubling (being awakened, having to take a treatment that they do not want, taking medicine with side effects) feel very real to them when weighed against the abstract concept of 'hospital policy.' Problems could often be avoided if the staff explains these rules and expectations and emphasizes their rationale. Small changes in the physical environment can enhance the therapeutic process while promoting a sense of safety, control, and security. These changes could help reduce the patient's stress and anxiety, reducing the likelihood of aggressive behavior. The hospital can also make some modifications to parts of the place, such as changing sharp objects for blunt ones and assigning more 'safe rooms' so that workers are effectively able to manage angry patients without having to restrain them or isolate them from observation.

Effective Communication Techniques

Communication skills are essential when dealing with angry patients. Good communication between hospital personnel and anxious patients is beneficial and can lessen anxiety. Anxious patients are very concerned about their illnesses. Such patients usually fail to understand all the technical procedures. Furthermore, most patients are anxious about the outcome no matter what the procedure. Honest and effective communication is necessary for helping to remove a patient's fears. Facilitative communication is a patient-centered technique used by health professionals, which includes the use of clarifying words or statements, perception checking, encouraging questions, and specific restatements. It serves to link the patient's emotional concerns about an issue with the verbal concerns they may express. Communication alters the hospital climate for patients and employees.

Healthcare personnel should have good communication skills, which are essential when dealing with angry patients. These specific skills are more than just verbal; they involve good documentation and assessment. The healthcare worker should pay close attention to the patient's nonverbal cues. Personnel owe it to their patients to call any complaints to the attention of the hospital staff providing the care. Provide patient education and information about their medications and hospital stay. Social skills such as patience, caring, tolerance, and maintaining a calm approach towards an angry patient are other necessary tools. This difficult interaction between the hospital health worker and the outpatients who are angry requires the worker to be specially trained in handling such demands. Personnel should know how to properly express their empathetic understanding, feelings, ideas, remarks, and instructions to the patient. In response to an angry patient, effective communication requires that employees provide calm, brief responses, avoid arguing, slowly ask open-ended questions, and substitute calm and respectful actions. The problem can then be addressed, identified, and managed to achieve the best logical and safest result. This is often the only way an angry patient will calm down.

The patient will have their dignity restored by employing communication to resolve the patient complaint. The patient may even be responsive and retain their dignity as a cooperating, rather than a complaining, patient. When communicating with a hostile patient, it is effective to recognize that such a patient is very upset and emotional, and then allow the patient to vent their feelings. Customers who vent their feelings will feel listened to, but they may still have a problem. Staff should assure them that the problem will be resolved. Listening includes allowing the patient to dissect that helplessness and feel respected by the healthcare workers. If nonverbal cues are correct, management of the incident is appropriate and done with sincerity, the patient's helpless, unexpressed feelings may begin to dissipate, allowing them to regain their sense of control and calm down.

De-escalation Techniques in Managing Angry Patients

Calmly approach the individual. The first step in the process of defusing the angry or agitated patient is to make eye contact and verbally address a few concerns. Most importantly, introduce yourself. - Keep walking, talk quietly, sit down, and make sure that you are equal in the patient's eyes. Interact non-verbally with both the patient and your internal processes. It is important to remember the following pivotal patient protocols: - Use a gentle tone; - Maintain a professional and caring attitude; - Avoid actions such as backing away, raising your voice, or blocking the doorway; - Do not get defensive; - Don't negate the importance and seriousness of the complaint, and always ensure confidentiality.

Invite the patient to talk. A common cause of patient anger that health workers can avoid is believing that the angry patient is just "crazy." Most "crazy" individuals can be lifted up from impending misbehavior if asked to share their views while listening. Similarly, with an angry patient, try to identify and understand the cause of their anger. Is it concern, fear, loneliness, or just bad news? This is vital: many times this will help the conversation calm down remarkably. Additionally, probably every patient just does not know if others do, so ask and show or track staff interactions. Encourage the patient to talk early on about their fears, feelings, and reasoning, because the outcome is closely linked with the complaint. Understand and clarify the patient's concerns about you or the hospital and explore what, in your role, you might do effectively. (Faccio and Rocelli2021)(Nhemachena et al.2023)(Deng et al.2022)(Sun et al.2021)(Moeller et al.2021)(van et al.2023)(Markowitz, 2022)

Active Listening and Empathy

In the aggregate, hospital care providers have a strong need for empathy for patients and families. In every hospital, every day, there will be happiness and sadness, life and death, welcoming babies, and discharging terminal patients to die at home. Every caring patient encounter provides an opportunity for the health care provider to express empathy for the patient and family. For good reason, many models of patient experience focus specifically on empathy and coaching staff on communication skills, in general and in particularly difficult situations. The benefits of empathic communication cannot be overstated. Not only do patients and families feel better when they perceive that they have experienced empathy from health care personnel, but outcomes, including clinical results and patient satisfaction, improve. Specifically, one study found that patients with type 2 diabetes controlled their glycemia better with more empathic physicians.

Within the caregiver-patient interaction, healthcare personnel can provide empathy and emotional support to help the patient understand and deal with health problems, enable better symptom control, test the patient's understanding, facilitate compliance, and improve healing. In interactions with the patient and the family, empathy is both valued independently and for helping to mitigate problems. Engaging in empathetic listening and responding can potentially stop the natural escalation of patient anger by facilitating communication and, from the hospital's and patient's perspective, nonverbal messages such as attention, appreciation, and understanding. Four out of five studies involving controlled trials of perceived empathy found a small to medium correlation between perceived empathic physicians and patient outcomes.

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