Communication: Communicating with a Patient who is Angry

What is Involved in Communicating with a Patient Who is Angry?

› Communicating with a patient involves providing information, but it also requires that the nurse listen carefully, identify knowledge deficits, discern what information is most important and useful to the patient, and provide that information in a manner the patient can readily understand. This paper will discuss interventions appropriate when communicating with a patient who is angry; for information on communicating with a patient with another condition that might interfere with communication, see the related series of Nursing Practice & Skill papers.

• What: Anger in patients can interfere with effective communication, prevent members of the healthcare team from delivering needed care, and place the patient and others (e.g., staff members, family, visitors) at risk for injury. When an angry patient is encountered, the immediate goal is to perform de-escalating interventions (e.g., reducing stimulation, altering the environment) to defuse the situation to avoid patient self-harm and injury to others.

• How: Communicating with a patient who is angry involves determining why the patient is angry and using therapeutic communication techniques to defuse the anger. Clinical procedures are postponed, if possible, until the patient’s anger subsides to promote the safety of both patient and healthcare personnel. Many facilities have established an Emergency Code system to identify and respond to a patient who is angry and combative (Figure 1). When the patient’s anger is defused, the nurse can work with the patient to establish a therapeutic nurse-patient relationship (i.e., a relationship in which the nurse and patient/family collaborate to meet the patient’s mental, physical, and emotional health care needs), which can help to prevent further patient anger.

Figure 1: A list of emergency codes can be added to an employee’s identification badge. Often, “Code Grey” is called when security is needed to assist with a combative person. Copyright ©2014, EBSCO Information Services.
• Where: Communication with a patient who is angry can occur in any inpatient or outpatient settings, as well as in the home
• Who: Any appropriately trained clinician or assistive healthcare staff member can communicate effectively with a patient who is angry. It is appropriate for family members and other nonprofessional caretakers to be present during this communication, unless they are asked by the clinician to leave the immediate area as a means for calming the patient or promoting safety

**What is the Desired Outcome of Communication with a Patient Who is Angry?**
› The desired outcome of communicating with a patient who is angry is to defuse the anger, thereby allowing the patient to understand information being communicated and promoting the development of a therapeutic nurse-patient relationship

**Why is Communicating with a Patient Who is Angry Important?**
› Effective communication between a nurse and a patient who is angry can
  • help defuse the patient’s anger
  • improve the patient’s adherence to the prescribed treatment regimen
  • promote effective patient/family learning
  • reduce the chance that the patient will become physically aggressive

**Facts and Figures**
› Training of nurses in de-escalation techniques can help to prevent and manage an eruption of disruptive behavior from patients. Organizations that provide de-escalation training have less disruptive behavior encounters and are more likely to manage these encounters without any harm to the staff or patient (Lowry, 2016)

**What You Need to Know Before Communicating with a Patient Who is Angry**
› Understanding why a patient is angry and using therapeutic communication techniques to defuse the anger can promote effective communication and help the nurse develop a therapeutic relationship with the patient. In a therapeutic relationship, the nurse communicates clearly and easily with the patient/family members about their needs and feelings related to the patient’s illness and care. The nurse then uses this information to plan care that effectively meets the psychosocial and medical needs of the patient and, if appropriate, the family (for more information about developing a positive therapeutic relationship with patients, see [Nursing Practice & Skill ... Communication: Establishing a Nurse-Patient Relationship](Nursing Practice & Skill ... Communication: Establishing a Nurse-Patient Relationship))
  • Therapeutic communication techniques include the following:
    – Demonstrating empathy and respect when communicating with the patient/family
    – Giving the patient/family your full attention, including refraining from charting during the exchange
    – Using open-ended questions to encourage the patient/family to share information
    – Recognizing that communication includes not only verbal exchanges but also nonverbal expressions, such as tone of voice, body language, and facial expression
    – Acknowledging the needs of the patient/family
    – Using silence at appropriate points in conversations to encourage the patient/family to verbalize concerns about the illness and its treatment
  
› When communicating with a patient who is angry, it is important to be alert for physical clues that the patient’s anger is escalating and/or physical violence is imminent so you can initiate strategies for calming the patient and/or calling for help, as appropriate. Physical clues that anger is escalating and/or physical violence is imminent include the following:
  • Agitation
  • Pacing
  • Loud and/or profane language
  • Facial flushing
  • Flaring nostrils
  • Rapid respiration
  
› Preliminary steps that should be performed before attempting to communicate with a patient who is angry include the following:
  • Review the facility/unit-specific protocol for communicating with patients who are angry, if one is available
  • Review the treating clinician’s orders for general care of the patient
  • Review the patient’s medical history/medical record for information on
    – any medical condition that could be related to the patient’s anger (e.g., a psychiatric illness such as a mood disorder)
  
  [Nursing Practice & Skill ... Communication: Establishing a Nurse-Patient Relationship](Nursing Practice & Skill ... Communication: Establishing a Nurse-Patient Relationship)
–medications (e.g., corticosteroids, certain antidepressant medications) that could be causing or contributing to anger

Gather the following supplies:
• Personal protective equipment (PPE; e.g., sterile/nonsterile gloves, gown, mask, eye protection) if exposure to body fluids is anticipated
• Written information, if available, to reinforce verbal education

How to Communicate with a Patient Who is Angry

› Perform hand hygiene and don PPE, as necessary
› Identify the patient using two unique identifiers, according to facility protocol
› Introduce yourself to the patient and family members, if present; explain your clinical role; assess the coping ability of the patient and family and for knowledge deficits and anxiety regarding the medical treatment the patient will receive, as possible
• Determine if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present
  –Use professional certified medical interpreters, either in person or via phone, when language barriers exist
› Assess the patient for behaviors or expressions that indicate anger, including pacing, clenched fist, aggressive outbursts, and threats

Arrange for a quiet environment to help calm the patient, including asking others in the area to relocate to another space, if possible, or asking the patient to accompany you to another location
• If you are concerned the patient might become physically or verbally abusive, do not be alone with the patient and contact security as needed
› Maintain a relaxed posture; use open-ended questions to encourage the patient to express detailed concerns, and establish eye contact to let him or her know you are listening. If the patient’s anger appears to be escalating, maintain a distance of at least two arm’s lengths from the patient to stay out of his or her reach and to reduce the chance that the patient will feel physically threatened (Figure 2)
• If appropriate at any time during the interaction, include the patient’s family in the identification of outcomes and interventions (e.g., limiting visitors) that might improve the patient’s comfort in light of his or her angry feelings

Figure 2: If the patient’s anger appears to be escalating, maintain a distance of at least two arms-lengths from the patient to stay away from his or her reach, and to reduce the chance the patient will feel physically threatened. Copyright ©2014, EBSCO Information Services.

› Encourage the patient to tell you his or her concerns
  • Focus your full attention on the patient. Maintain eye contact and do not multitask
  • Maintain a calm demeanor and speak softly. This avoids provoking the patient, conveys that you are in control of yourself, and encourages the patient to calm down. Call the patient by name
  • Do not interrupt the patient, but do make brief comments (e.g., “yes” or “I see”) to encourage the patient to continue talking
  • Maintain a positive or neutral facial expression and use positive nonverbal communication, such as nodding your head, to convey acceptance of the patient and interest in what he or she is saying
• Do not set limits for the patient’s anger (e.g., do not tell the patient to calm down or that his/her anger is inappropriate)
• Use active listening. When the patient ceases talking, summarize your understanding of the main points of what has been said. This lets the patient know you were listening carefully and that you feel it is important to understand his or her point of view
• Express empathy by acknowledging the patient’s feelings (e.g., say “I understand how you could feel angry about what happened”)
• Detach yourself from the patient’s anger and do not allow yourself to become angry (i.e., do not take the patient’s remarks personally)
• Try to determine and address the underlying cause for the anger; often the issue that the patient is expressing anger about is not the true cause for the anger
• Confirm your willingness to resolve the issue (e.g., say “I’m going to try to help you with that”)
• Ask the patient what outcome would resolve the anger. If the outcome is not possible, explain why it is not possible and continue to talk with the patient to identify an acceptable outcome. The goal is to convey respect, include the patient as a partner in solving the problem, and offer the patient some sense of control
• When the patient agrees to an acceptable outcome, initiate discussion of what responsibilities the healthcare/other staff will assume as part of the solution
• Without being confrontational, explain what you would like the patient to do to help solve the problem (e.g., state, “I think it will help you get what you want if you use a normal tone of voice rather than speaking loudly when you talk to the nurses”). This sets limits on the patient’s behavior and lets him or her know what is expected
• Restate the solution(s) and desired outcome, including the behavior and other limits you would like the patient to observe, and confirm with the patient that these are acceptable. This conveys respect and includes the patient as a partner in decision making. It also verifies that you have agreed upon the same course of action
• If the patient becomes verbally abusive, tell him or her that you cannot talk or stay in the room when he or she is verbally abusive. Let the patient know you will return in 15 minutes and leave the room. This allows the patient a chance to calm down and consider the benefit of speaking to you more calmly
• If the patient’s anger escalates, take the following actions to de-escalate the patient’s anger:
  • Offer choices (e.g., ask, “Can I do something that will help you feel less upset?” or “Would you like me to call a friend or someone in your family so they can be here with you?”). This might reduce the patient’s anger by allowing him or her to feel some control over the situation
  • Do not argue with the patient, as this might escalate his or her anger
  • Respect personal space and do not touch the patient because this could be perceived as an attack
• If the patient’s anger continues to escalate, take measures to protect yourself and others from injury
  • Position yourself between the patient and the door so that you can leave the room if the patient becomes violent
  • Maintain a distance of at least two arm’s lengths from the patient
  • Never turn your back on a potentially violent patient. Continually facing the patient allows you to constantly watch and evaluate the patient’s behavior, and to move to protect yourself if the patient becomes violent
• If the patient’s behavior becomes unmanageable, call the facility security staff (Figure 3). Talk with the treating clinician about whether a psychiatric consultation should be arranged for the patient
Update the patient’s plan of care, if appropriate, and document the encounter in the patient’s medical record including the following information:
• Date and time of the encounter
• An objective description of the patient’s angry behavior, including key statements verbatim using quotation marks around exact verbiage
• Times and the names of mental health workers and/or other clinicians contacted about the patient’s anger and/or problem behaviors, and whether/when they came to see the patient
• Patient’s response to the encounter
• Any unexpected patient events or outcomes, interventions performed, and whether or not the treating clinician was notified
• Patient/family member education, including topics presented, response to education provided/discussed, plan for follow-up education, and details regarding any barriers to communication and/or techniques that promoted successful communication

**Other Tests, Treatments, or Procedures That May Be Necessary Before or After Communicating with a Patient Who is Angry**

› Record successful interventions in the patient’s individualized care plan so that the information is communicated to other members of the healthcare team. This will allow team members to respond consistently to the patient
› Complete an intra-facility incident or occurrence report if required by either facility Risk Management or Security departments

**What to Expect After Communicating with a Patient Who is Angry**

› The patient’s verbal expressions of anger and/or disruptive behavior will be minimized
› The patient will receive appropriate education about his or her medical condition and the care he or she will receive
› All members of the patient’s healthcare team will be aware of what interventions are successful for communication with the patient

**Red Flags**

› Never perform a clinical procedure on a patient who is angry. Doing so increases both the risk that the patient’s anger will escalate and that the clinician will be injured
  • Procedures involving physical touch and close proximity to the patient might be perceived by the patient as threatening
  • If the patient experiences pain during the procedure, he or she might respond with intensified anger and perhaps physical violence
  • Procedure materials and equipment, such as scissors, could be used by the patient to inflict injury on the clinician or another person
› It is important that the clinician not express anger when interacting with an angry patient as this can cause the patient’s anger to escalate
What Do I Need to Tell the Patient/Patient’s Family?

› Once the patient’s anger is resolved, educate the patient/family about what to expect during and after any medical care to be performed, and what outcome to expect
› If laboratory testing or other diagnostic procedures are ordered, explain how these procedures are performed and when the results will likely become available
› If the patient is cared for at home or will go home after treatment, explain how the patient/family can contact the treating clinician if questions or problems arise
› Instruct the patient/family about clinical signs and symptoms that can indicate medical problems after the treatment and should be reported immediately to the treating clinician
› Explain the importance of keeping follow-up medical appointments to allow continued medical surveillance of the patient’s medical condition and for reinforcing patient teaching
  • This allows the team to assess whether the patient continues to experience feelings of anger and, if so, what additional interventions can be needed

Note

› Recent review of the literature has found no updated research evidence on this topic since previous publication on April 28, 2017

References