

A Communications Module:

WORKING WITH DIFFICULT AND COMBATIVE PEOPLE



Developing Top-Notch CNAs, One Inservice at a Time

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A Communications Module: Working with Difficult & Combative People

OH! THE PERSONALITIES YOU'LL MEET!

When you work in healthcare, you come across all kinds of different people! And different people have different personalities!

- Your **“personality”** is a combination of all your mannerisms, quirks and behavior patterns that make up your character. ***It’s what makes you “You!”*** How you see the world, your attitude, thoughts, and feelings are all part of your personality.

Personality is usually formed at an early age. We take cues from our family, friends, teachers and other influential people. We try out different attitudes and behaviors and we stick with what works!

- People with healthy personalities are able to cope with normal stresses and have no trouble communicating their needs and forming relationships with family, friends, and co-workers.
- People who tend to be “difficult” or those who become “combative” as a way of coping with stress may have trouble communicating their needs, forming relationships, or getting what they want out of life.

Getting along with all kinds of people (with a variety of different personalities) is part of your job. That means, whether you like it or not, you have to find a way to handle difficult and sometimes even combative people.

As you read through this inservice, you’ll learn all about the difficult and combative people you may come across at work. It may be clients, co-workers, or even supervisors! But, you will **not** learn how to change those other people.

The key to dealing with difficult and combative people is changing the way you react to the situation! Your attitude and communication skills will make all the difference!



WHO ARE THESE DIFFICULT & COMBATIVE PEOPLE?

DIFFICULT PEOPLE

For most people, the personality doesn't change much over time. In other words, a grumpy old man was probably an unhappy young man. However, some things can make a normally easy-going person behave with a difficult personality.

When you work in healthcare, you come across many people who are dealing with the types of events that can turn even the sweetest person into a growling bear. Difficult clients may be suffering from pain or illness, recovering from stress or tragedy, dealing with a disability, feeling lonely or depressed or even taking medications that make them act differently than normal.

Your difficult clients may be:

- Demanding
- Irritable
- Unreasonable
- Stubborn
- Critical
- Depressed
- Sarcastic
- Uncooperative
- Angry
- Complaining
- Ungrateful
- Pushy
- Mean
- Argumentative



COMBATIVE PEOPLE

Some people tend to be combative or violent. Resorting to violence as a coping mechanism is usually something that is taught at an early age and can be a difficult (but not impossible) personality trait to change.

Fortunately, the majority of your clients will not exhibit violent behavior. And most of your coworkers are peaceful people, too!

Just keep in mind that people are more likely to be violent when they have trouble communicating, are scared, overwhelmed or have their "personal space" invaded.

A combative or violent person may:

- Try to intimidate you
- Yell, swear and make threats
- Look flushed and tense, with clenched fists
- Glare intensely
- Pace or stomp their feet
- Throw objects
- Physically assault you by hitting, scratching and biting



COMMON “DIFFICULT” PERSONALITIES

PASSIVE PERSONALITIES

People with passive personalities may be:

- Quiet.
- Shy.
- Agreeable all the time.
- Intimidated by others.
- Apologetic for things that aren't their fault.

Passive people tend to:

- Avoid speaking up for themselves.
- Get overwhelmed.
- Let others make decisions for them.
- Be afraid to say “no”.
- Allow others to be rude.

What makes passive people difficult?

Passive people *seem* to be concerned with other people's needs and wants . . . but they become “difficult” when they don't even try to meet their own needs.

AGGRESSIVE PERSONALITIES

People with aggressive personalities may be:

- Loud.
- Rude.
- Bossy.
- Argumentative.
- Impatient.

Aggressive people tend to:

- Interrupt others instead of listening.
- Make sarcastic remarks about other people.
- Stare or glare at other people.
- Raise their voices.
- Make decisions for others.

What makes aggressive people difficult?

Aggressive people may demand a lot of your time and attention. They may blame you for things that aren't your fault and they may try to put you down to make themselves feel more powerful. You'll notice that they say things like, “You always...” or “You never...”

PASSIVE/AGGRESSIVE PERSONALITIES

Passive/aggressive people may be:

- Cynical or pessimistic.
- Contradictory.
- Untrustworthy.
- Insincere.
- Sarcastic.

Passive/aggressive people tend to:

- Indirectly express negative feelings instead of openly addressing them.
- Appear to be agreeable, then later express anger or resentment.
- Complain about feeling underappreciated or cheated.

Passive/aggressive people are difficult because . . .

They don't have a healthy way of dealing with their negative emotions. Instead, they will backstab, sabotage, use hostile jokes, or even become sullen or withdrawn—leaving everyone around them confused and irritated.

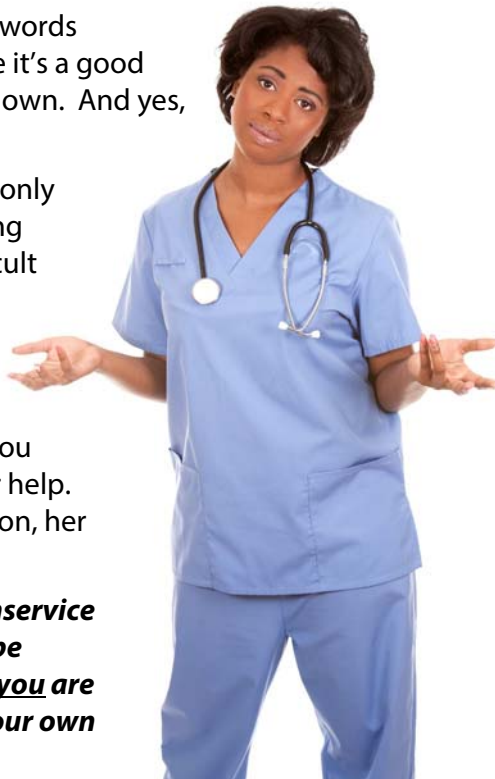
COULD YOU BE THE DIFFICULT PERSON?

It's difficult to see yourself as anything but a good employee and agreeable person. Here is your rude awakening: At some point, each of us has been the "difficult" person and has contributed to a negative work environment.

Most of us have:

- **Jumped to conclusions.** For example: Your supervisor is constantly scheduling you for days that you requested off. She tells you she has no choice. You don't believe her and become resentful toward her. (The appropriate response is to research the issue and get to the bottom of the miscommunication. But, sometimes, it seems "easier" to simply assume the worst.)
- **Disagreed with everything.** You may think this makes you assertive because you stand up for your own opinions. However, playing the "devil's advocate" can make you come across as someone who just has to win. Try giving in on smaller issues and disputing only the larger ones. You will seem less "difficult" this way.
- **Failed to listen.** Did you know that, instead of listening to what the other person is saying, most people spend that time figuring out what they are going to say when the other person stops talking? The solution to this is to truly stop and hear what the other person is saying. It may save you from the stress of a full blown conflict.
- **Used hostile language.** Remember the old saying, "It's not what you say but how you say it."? Becoming confrontational and emotional is easy, especially for those of us with a short fuse. It's better to stay calm and deliver your words appropriately. You may even decide it's a good idea to wait until you have calmed down. And yes, sarcasm can be hostile too.
- **Avoided a difficult client.** A commonly used passive/aggressive tactic among healthcare workers is to ignore difficult clients. For example, Mrs. H. places a huge demand on your time. She is needy, whiney and negative. Instead of addressing your frustration over the situation, you begin to ignore Mrs. H's requests for help. Now, instead of resolving the situation, her difficult behavior becomes worse.

While most of the information in this inservice is about dealing with others who may be difficult, it's important make sure that you are not making the situation worse with your own difficult behaviors!



CONNECT IT!

WHAT MAKES YOU A DIFFICULT PERSON?

Keep in mind, just like clients, your difficult behaviors may be situational. In other words, maybe you become difficult (irritable or short tempered) when you are hungry or feeling sick.

Write down three behaviors or personality traits or habits that may make you difficult to get along with:

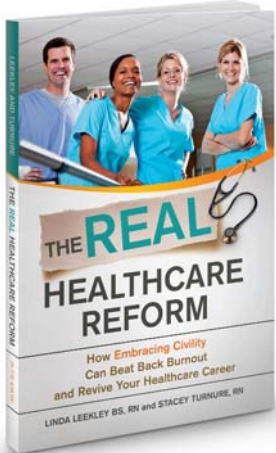
1. _____

2. _____

3. _____

Now think about how those behaviors affect others and how you might be able to avoid being "difficult" in the future.

Reverse the Culture of Incivility



If you are experiencing a culture of incivility at your workplace, it's time to read:

THE REAL HEALTHCARE REFORM:
How Embracing Civility Can Beat Back Burnout and Revive Your Healthcare Career!

Available for purchase as a single book or as part of a **complete civility training program**.

READ A SAMPLE CHAPTER TODAY AT:
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Complete **Civility Training Program** packages must be purchased directly from www.knowingmore.com

WHEN DIFFICULT PEOPLE ARE “BULLIES”

“Bullying” is the **big daddy** of difficult behaviors! It’s possible for clients, co-workers and supervisors alike to express their difficult and combative behaviors through “bullying.” Bullying usually starts when an organization allows a culture of incivility.

What is incivility? Here are a few examples:

- Eye rolling, ignoring others, making sarcastic remarks.
- Purposely excluding certain people from meetings, outings, etc.
- Temper tantrums (yelling, stomping, slamming doors, etc.).
- Habitually being late for work, appointments or meetings.
- Gossiping, or talking negatively about others.
- Interrupting others, arguing, the need to always be right.
- Spending too much time on personal phone calls.

Isolated acts of incivility should *not* be considered bullying—but they should also not be ignored. When a culture of incivility is ignored or left unaddressed, it almost always “grows up” to be a culture of bullying.

Behaviors that are considered bullying usually occur repeatedly (twice a week or more) and for a long time (6 months or more) in situations where the victim finds it difficult to defend against or stop the abuse.

Another factor that separates incivility from bullying is the intent to harm. Bullying can cause physical harm, emotional harm, or even financial harm.

What does bullying look like? Here are a few examples:

- **Repeated incivility.** Many of the above examples of incivility, when repeated over time with the intent to harm may be considered bullying.
- **Gossip.** Gossip is usually harmless, but making false statements with the intent to harm the reputation of another can be considered bullying.
- **Intimidation.** You already learned that temper tantrums are a form of incivility. However repeated episodes of emotional tirades, angry outbursts and verbal attacks are bullying behaviors.
- **Sabotage.** Withholding information is a form of bullying when it is repeated over time and done with the intent to set someone up to fail, look foolish or appear incompetent.
- **Hate/Prejudice.** Intentionally targeting someone based on age, gender, race or sexual orientation are all examples of bullying (an in most instances this behavior is against the law).
- **Hazing.** “Breaking in” the new hire may be considered bullying. Assigning an unmanageable workload, telling the person to “sink or swim,” and ordering the new person to do work that is below his or her competence can be considered bullying.

WHEN THE SITUATION BECOMES VIOLENT

A nurse is kicked in the chest by an angry patient and suffers a cardiac contusion (bruising on the heart).

A patient becomes enraged when a healthcare worker won't allow him to smoke. He leaves briefly, then returns to drench the worker in gasoline and set her on fire with his lit cigarette. She dies from the injuries.

These stories are extreme, but violence at work is more than just the kind of things you hear reported on the evening news.

- **Workplace violence is defined as “verbal threats and physical assaults occurring to workers while on duty,” and can be committed by co-workers, clients or even clients’ family members.**

Healthcare workers fall victim to nearly *half of all injuries* caused by workplace violence. In fact, nursing assistants who work in long-term care facilities have the highest incidence of workplace violence of all American workers.

There is a dangerous myth among healthcare workers. Many believe workplace violence is **“just part of the job.”** But, getting hit, pinched, slapped, yelled at, or threatened is not okay in any situation and is especially not okay while you are at work.

Remember . . . the majority of your clients will not exhibit violent behavior. And most of your coworkers are peaceful people, too! Keep in mind that people are more likely to use violence as a coping mechanism when they are scared, overwhelmed or have their “personal space” invaded.

PATIENT RIGHTS VS. YOUR SAFETY

You’ve probably heard that the needs and rights of your clients come first. And they do! However, **you have rights, too.** That includes the right to a safe and healthy work environment.

It’s good to be prepared for the possibility that some of your clients may be combative or violent. But that doesn’t mean that you have to put up with being abused, day after day.

- Be sure to report any incidents of abuse to your supervisor. (You’ll probably have to fill out an incident report.) Remember...if you don’t report the problem, it may happen again to someone else in the future.
- Tell your supervisor if the stress of working with a particular client is getting to you. It’s better to switch your assignment than to risk taking your frustration out on the client.



THINK ABOUT IT!

Did you know that some medical conditions can lead to violent behavior?

- **Stroke.** Brain damage after a stroke can change a person’s personality.
- **Urinary Tract Infection.** Believe it or not, an infection of the bladder can cause confusion and agitation.
- **Pain.** When clients are in a lot of pain, they may become frustrated very easily and may lash out at those around them.
- **Dementia & Alzheimer’s Disease.** While violence is not a frequent symptom, if it does develop, it’s usually in the middle stages of the disease.
- **Brain tumor.** An abnormal growth in the brain, can cause personality changes.
- **Substance use.** People under the influence of drugs or alcohol may be combative or violent.
- **Depression.** Depressed people may not be thinking straight and may get frustrated easily.



GET OUT!

THINK OUTSIDE OF THE BOX!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for Joy, an 84 year old woman who was just diagnosed with delirium. On past visits she was calm and remembered you.
- When you arrive at the house today, she accuses you of being a burglar. She threatens to hit you with a wooden spoon.
- **WHAT YOU KNOW:** You know her husband is able to calm her. But, he's not in the room and she's coming at you with the spoon.
- **GET CREATIVE:** Think of 3 creative solutions you could try to keep yourself safe while protecting your client's rights and dignity.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

WHAT ABOUT CONFUSED CLIENTS?

Mary's client, Mr. Brown, has good days and bad days. On the good days, he's not "difficult" at all. Mary really enjoys working with him. But, on bad days, he tries to climb out of bed, pulls out his urinary catheter, undresses himself and walks around naked. Mary feels like pulling her hair out on those days!

Obviously Mr. Brown has periods of confusion. These might be a sign of **dementia**, **delirium** or **a medication reaction**. Whatever the cause, it's important to remember that Mr. Brown is not being difficult on purpose.

It takes a lot of patience to work with confused clients. Your number one goal is to keep confused clients safe, but you have to keep their dignity and comfort in mind, too. It's a bad idea to use restraints to tie confused clients to a bed or a chair. (And, in many states, it's illegal.)

THE DIFFERENCE BETWEEN DEMENTIA AND DELIRIUM

Dementia is a chronic condition which causes people to lose their mental skills and abilities, including the ability to take care of themselves.

Delirium is an acute short-term mental problem that lasts for hours or days. It causes confusion and a decreased ability to focus. **Anyone can develop delirium, but it's especially common in older people who are:**

- Suffering from an infection or fever.
- On bed rest.
- In a strange environment.
- Recovering from a trauma or recent surgery.
- Deprived of sleep.
- Taking several kinds of medications.

HOW CAN YOU HELP CONFUSED CLIENTS?

- **Remain very calm when you speak with confused clients.** Speak slowly in a caring tone of voice. (Remember that they would never choose to be confused.)
- **Don't argue with them.** For example, if a confused client calls you "Mommy", don't say, "You're mixed up. Your mother is dead." That would probably upset her. Instead, ask her to tell you more about her mother.
- **Agitated clients often respond to quiet music.** If possible, turn on a radio or tape player. Keep the music soothing—no "rock 'n roll"! And keep the volume low. (The sound from a TV may be too stimulating, causing clients to become more agitated.)
- **Report your concerns.** Tell your supervisor right away about any new episodes of confusion and/or concerns you have about a confused client's safety.

TIPS FOR WORKING WITH DIFFICULT PEOPLE

- **Consider adjusting your attitude.** If you *think* that a person is going to be difficult, he probably will be...because of the way you behave around him!
- **Keep your opinion to yourself.** Remember, it's only your *opinion* that someone is difficult. A person who seems difficult to you may get along fine with everyone else. Or, you may get along great with a someone that no one else can.
- **Ponder the problem.** Try hard not to overreact when dealing with a difficult person. Ask yourself, "Is this issue really worth making a fuss about?"
- **Let things go.** When you work with people who have given you trouble in the past, try to start fresh every day. Forget about what happened yesterday, last week or last month.
- **Keep your cool.** If someone is yelling at you, crying or complaining loudly, try standing still, looking directly at the person...and waiting. This gives the person a chance to get all their anger out.
- **Don't be the "floor show."** If a co-worker wants to squabble in front of the team, you might also try saying, "I want to hear everything you have to say, but not here where it might disturb others. Let's go somewhere private."
- **Take ten.** Remember that old "rule" about counting to ten? It really does work. The next time you feel angry or upset with a coworker, breathe slowly and count to ten—before you speak. You'll feel better about the way you handle the situation.
- **Be the boss.** Don't allow other people to control your moods. If you do, you are giving them tremendous power over you. So, if you're in a good mood, don't let someone else's grouchy attitude bring you down.
- **Focus on actions.** When dealing with a difficult person, focus on the particular behaviors you don't like...rather than just labeling the person. For example, instead of saying, "You're always rude to me" try saying, "I feel hurt when you don't say good morning, please or thank you to me."
- **Be your own cheerleader.** The next time you have to work with a difficult person, give yourself a little "pep talk." Tell yourself, "I'm ready for this. I can handle whatever happens today. I will not get upset, no matter what."
- **Play it back in your head.** If you saw a videotape of yourself from a recent confrontation with a difficult person, would you be embarrassed by your own behavior? If so, how would you like to see yourself behave?
- **Keep your word.** It's always best to avoid making promises that you can't keep...but especially with "difficult" people. If you tell them you're going to do something, then do it. And, if you have to break your promise for some reason, be sure to apologize.
- **Know your triggers.** We all have certain "pet peeves", most of which developed during our childhoods. For example, maybe your mother always nagged you to keep your hair out of your eyes. One day, a co-worker says to you, "How can you see with your hair in your eyes?" It's an innocent question, but it sets you off because you're sensitive to it. (And, you're not really mad at your co-worker, you're mad at your mother!) So, think about the little things that tend to bother you and try not to overreact when someone at work does them.
- **Save your strength.** Don't waste your energy trying to change people who behave in a difficult manner. ***Instead, work on changing the way you react to their behavior.***





FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. In your job, you'll come across many people who are dealing with events that can turn even the sweetest person into a growling bear.
2. Your number one goal is to keep your clients safe, while respecting their dignity and rights.
3. Remember, the "difficult" person may be you! At some point, each of us has contributed to a negative work environment.
4. Getting along with all kinds of people is part of your job. That means, you have to find a way to handle difficult and sometimes even combative people.
5. The key to dealing with difficult and combative people is managing the way you react to the situation! Your personality makes all the difference!

HANDLING COMBATIVE PEOPLE

- **Look for triggers.** If your client is combative, look for a pattern to the behavior. Your observations will help the nurses and doctors figure out and/or manage your clients' behavior. For example, do your clients usually become aggressive:
 - When they're hungry?
 - At a particular time of day?
 - When they're too cold or too hot?
 - After taking medications?
 - When they're with a group of people?
 - When they're left alone?
 - Only with you?
- **Be a good role model.** If you get angry or aggressive because of a client's violence, it will only make the situation worse.
- **Your behavior can control the situation.** If you encounter clients who are combative or violent, try to:
 - Speak slowly and calmly.
 - Listen to what they are saying. Don't tease or ignore them.
 - Don't crowd them. Give them room to breathe.
 - Don't let them crowd you...or back you into a corner.
 - Avoid touching angry clients unless you know from past experience that touching them is safe.
- **Sit on it!** Try to get a hostile, combative person to sit down, if possible. (Most people are less aggressive when they are seated.) But, if the person refuses to sit, you should remain standing, too.
- **Leave your bling at home.** Don't wear jewelry—especially necklaces—to reduce your risk of being strangled during a combative situation.
- **Keep your hands to yourself.** Avoid touching an angry person unless you know from past experience that touching them is safe.
- **Clients have rights.** Your clients have the right to refuse treatment. For example, if a client becomes aggressive when you arrive to give a bath, let your supervisor know that the client has refused care.
- **Report the incident.** Remember that all episodes of combative or violent behavior should be reported to a physician. There may be a way to treat the aggressive behavior.



KEEPING THE WORKPLACE SAFE

Keep the lines of communication open:

- Find out if any of your clients have a history of being physically or verbally abusive. Knowing your client’s history will help you be prepared to handle combative or violent situations.
- Take threats seriously. Consider this true story: In a Colorado hospital, a patient was recovering from surgery. During the night, he told the nurse that he would kill the next person who came to get him out of bed. The night nurse didn’t tell anybody what the patient had said. The next morning, the patient stabbed two physical therapists with forks.
- Always share your observations about your clients with other staff members. For example, tell your coworkers if Mrs. Grady gets agitated and hostile every time someone mentions her son.
- Consider using a “buddy system” when caring for clients who have a history of being combative. This isn’t so you can “gang up” on the client, but so that you can remain safe as you perform client care.

Whenever you are in a situation where you feel threatened, remain calm, trust your instincts and try these helpful hints:

- Quickly, calmly end the interaction without making the situation worse. Try telling the person you will not accept abusive treatment.
- If the behavior continues, ask the person to leave. If the person cannot or does not agree to leave, remove yourself from the scene and inform your supervisor immediately.
- Do not return to the situation if you believe there may be a physical threat.

If you work in clients’ homes:

- Always keep your cell phone in your pocket in case you have to call for help.
- Make sure at least one other person knows where you are at all times, especially if you are doing a home visit by yourself.
- Keep a piece of paper in your pocket with the address and phone number of your location. That way, if you have to call for help, you don't have to rely on memory to tell the 911 operator where you are.
- When you enter a client's home, make a mental note of other people present, any signs of danger and any doors or windows that may be used for escape, if needed.

Workplace safety is an important part of your job. The more attention you and your coworkers pay to maintaining a safe environment, the better off you'll all be.



WHAT I KNOW NOW!

Now that you’ve read this inservice on difficult and combative people, jot down a couple of things you learned that you didn’t know before.



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EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about difficult and combative people? Circle the best choice. Then check your answers with your supervisor!

- Which of the following might make a nice person irritable and mean?**
 - A. Pain.
 - B. Loss of a loved one.
 - C. Depression.
 - D. All of these.
- This personality type has an especially hard time dealing with negative emotions:**
 - A. Passive.
 - B. Aggressive.
 - C. Passive/Aggressive.
 - D. None of these.
- You may be dealing with a bully if the difficult behavior is uncivil and:**
 - A. Annoying.
 - B. A waste of everyone's time.
 - C. Repeated over a period of time with an intent to harm.
 - D. Randomly occurs with different people when stress levels rise.
- Getting hit, pinched, pushed and yelled at by sick, elderly clients is:**
 - A. Just part of the job.
 - B. Part of the clients' rights.
 - C. Not okay in any situation.
 - D. None of the these.
- True or False**
Delirium is a chronic condition that gets worse over time.
- True or False**
If you know you are going to have to work with someone who has been difficult in the past, it's best to forget about it and start fresh with a positive attitude.
- True or False**
The key to dealing with difficult and combative people is to try to teach them a better way to behave.
- True or False**
Most people have been "difficult" at work at one time.
- True or False**
If you feel you may be physically harmed by a combative client, the first thing you should do is take the person by the arm and force him to sit down.
- True or False**
Always go alone when caring for clients who have a history of being combative so they won't feel "ganged-up" on.