

Using these strategies can feel counter-intuitive, uncomfortable or even uncaring at times. Consider that helpful behaviours don't always feel nice, and confronting someone's behaviour doesn't mean you're a bad caregiver.

Actions that help...

- **Review this pamphlet** before each contact.
- **Treat the person as intelligent, responsible and in control.** Consider him or her an individual with unique circumstances, not as "that problem patient."
- **Act only as a healthcare consultant.** Refrain from arguing the truth or rationality of statements. Directing care and giving advice is often not effective with this population (in fact, it makes things worse). Avoid getting tied to a particular course of action or outcome (e.g., use of a walker, pain control), or even favouring one decision over another.
- **Discuss care options without a sense of urgency.** Slow your responses in order to plan what to say. Use fewer words. Allow for silences.
- **Consider making an explicit contract** outlining what you are willing and not willing to do. (Reciprocally, the patient can identify expectations of you.)
- **Debrief with a colleague after each visit.** Inform your team when you find a patient challenging. A consistent approach to communication and care is beneficial – but not essential.

- **Practice compassion and forgiveness with yourself and your team.** The use of Relationship Management strategies will develop over time. Aim for consistency, not perfection.

Remember to act solely as a healthcare consultant, stay aware of the **process** and give options instead of advice.

References

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- Liaschenko, Joan. *Making a Bridge: the moral work with patients we do not like*, Journal of Palliative Care, 1994 (10:3).



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Relationship Management

Helpful Information for Health Care
Providers When Challenged by
"Difficult" Patients



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Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

Victor Frankl

There are times when providing effective care to patients and their families is difficult.

When all your usual helping strategies have failed, it may be useful to consider an approach called **Relationship Management**. This communication and interaction strategy is compassionate, respectful and professional and will likely increase the effectiveness and decrease the chaos of delivering care. It can be safely used with almost any client.

The key to recognizing when your usual caregiving strategies aren't working lies in noticing your own reactions to some fairly predictable patient behaviours.

What you might notice about yourself or a colleague

- Finding it hard to keep visits limited to a reasonable length of time, or finding it difficult to get out the door.
- Feeling frustrated and angry towards the patient, alternating with feelings of sympathy and guilt.
- Flipping between complaining about a patient's behaviour and defending it.
- Making referrals to other professionals in order to find a better way to **fix** things.
- Dwelling on the patient when away from work.
- Feeling drained and exhausted after each contact.
- Dreading the next contact!

The stress of a serious or life-threatening illness will further challenge a person whose ability to adapt and function is already compromised.

Overall, a situation in which you find yourself giving more time and emotional involvement than you would otherwise find wise or sensible.

Client behaviours you may find challenging

- Controlling, demanding or manipulative comments or actions.
- Inflexible ways of thinking and behaving.
- Unwilling to follow through with agreed upon treatment options.
- Lack of insight into the connection between own actions and the consequences.
- Inconsistent, inappropriate, unpredictable or exaggerated display of emotions.

What happens when your usual strategies don't work?

- Reinforcement of the patient's inappropriate and maladaptive behaviours.
- Continuation of the patient's emotional suffering.
- Ineffective healthcare delivery including poor symptom control and chaotic case management.
- Increased feelings of personal responsibility for the patient's situation.

- Heightened sense of professional inadequacy and decreased job satisfaction.
- Splitting of team members who either defend or blame the patient, or disagree on how to manage care.

This shift in approach requires awareness and intention. In order to get the results we want, we must be willing to change the way we act.

Instituting Relationship Management

Consider that...

- As a general rule, it's important to remember people are the way they are and not the way we think they **should** be.
- The person may very well **lack the ability** to successfully cope with their current situation. They are likely doing the best they can with what they know.
- Although a patient's choice may lead to what seems to us to be negative consequences, his or her **autonomy** is often more important than the desire to comply or be safe.
- Underlying every dialogue is a **process** of negotiation for such things as control, competence and responsibility. The negotiation of control may be played out as acting as parent to their child, or of competence as expert to their novice. Feeling caught within either side of these roles is often the source of our strong emotional reaction.

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