

## What You Can Do

- **Review this pamphlet** before each contact.
- **Treat each person as intelligent, responsible and in charge of their own health.** Consider them an individual with unique circumstances, not as “that difficult or 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 and can make things worse. **Offer options rather than 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. Remain open and curious.
- **Consider making an explicit contract** outlining what you are able and not able to do. And offer them the opportunity to identify expectations of you.
- **Debrief with a colleague after each visit.** Inform your team when you find working with a patient challenging. A consistent team approach to communication and care is often beneficial.
- **Practice compassion and forgiveness with yourself and your team.** The use of these healthy relationship strategies will develop over time. Aim for consistency, not perfection.

*Many things can create challenges in healthcare relationships: trauma, systemic barriers, and interpersonal and intrapersonal challenges.*

*The key to recognizing when your usual caregiving strategies aren't working lies in noticing **your own reactions** to certain patient behaviours and interactions.*

*This shift in approach requires awareness and intention. In order to improve care, we must be willing to reconsider our beliefs and strategies.*

### References:

Lester, G. (1995) **Power with People: How to Handle Just About Anyone to Accomplish Just About Anything.** Ashcroft Press.

**Changing Outcomes Through Culturally Competent Care:**  
[https://www.jogc.com/article/S1701-2163\(15\)30708-8/pdf](https://www.jogc.com/article/S1701-2163(15)30708-8/pdf)

**Trauma and the Nervous System:**  
<https://www.youtube.com/watch?v=ZdIQRxwT110>

# Healthy Relationships in Health Care

*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

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There are times when providing effective care to patients and their families is difficult for healthcare providers. When all your usual helping strategies have failed, it may be useful to reconsider your approach.

Sometimes what appears to be an individual 'problem' is actually pointing to systemic barriers, or problems in the healthcare context.

In addition to individual strategies, have you paused to reflect on your own implicit biases? Are you practicing cultural curiosity and humility?

Have you considered a trauma-informed approach? Trauma can create invisible persistent 'wounds'. Begin by asking yourself "what has happened to this person?" instead of "what is wrong with them?"

In addition to these considerations, the communication and interaction strategies in this pamphlet may help you provide more effective and compassionate care in 'challenging' situations.

## 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.
- Labelling or blaming the person.
- Flipping between complaining about a patient's behaviour and defending it.
- Making multiple 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.

**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

- Comments or actions that seem controlling, demanding or 'manipulative'.
- Inflexible ways of thinking and behaving.
- Failure 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 displays of emotion.

**As a general rule, people are the way they are, and not the way we think they 'should' be, and are likely doing the best they can with what they know. For example, people labelled 'manipulative' often have difficulty asking directly for what they need, or a history of roadblocks or repercussions when they have.**

## Healthy Relationships in Health Care

Consider...

- Underlying every dialogue is a negotiation for such things as control, competence and responsibility. The process may be played out with assignment of rigid roles such as victim to rescuer or expert to novice. Feeling caught on either side of these roles is often the source of our strong emotional reaction.
- 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.
- Responsibility for impacting the relationship rests with the caregiver, and decision making rests with the patient/client.

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

## What happens when your usual strategies don't work?

- Unintentional reinforcement of the patient's inappropriate or 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.

*Continued over*