

COMMUNICATION SKILLS – THE ANGRY PATIENT

Anger in patients is usually obvious, but sometimes anger is expressed in more subtle ways such as discordant messages between the verbal expressions and the nonverbal communication. Physicians frequently avoid addressing anger, most commonly by ignoring it by changing the topic for example. The two most common reasons given for failure to address anger are for fear of unleashing more anger, or fear of time involvement.

Techniques for understanding the situation and dealing with the anger

1. **Pause**-- The patient experiences being understood, is therapeutic
2. **Stepping back/backing off**--lets patient diffuse the emotion
3. **Consider motivation**-- Secondary gain? Hidden agenda?
4. **Empower the pt**
5. **Admit physician limitations**
6. **Empathy****

Actions

1. **Active listening**-- Paralanguage skills, position, posture, eye contact, facilitative responses, silence.
2. **Framing**--“Sounds like what your telling me”
“Let’s see if I have this right”
3. **Reflecting content**--Factual as well as nature and intensity
4. **Identifying and calibrating the anger**-- Sometimes content is evident, but nature of anger is unclear
“That situation really got to you, didn’t it?”
“I can imagine how angry I’d feel if that happened to me”
“It seems you’re not sure whether you should trust me further after I didn’t get that test result back to you last week”
5. **Requesting and accepting correction**- “Did I get that right”

**Empathy to diffuse anger

Three implications- Cognitive-enter patient’s perspective but don’t lose your own

Affective-put yourself in patient’s place

Action component-verify emotion so patient can correct and/or feel listened to.

Sympathy-emotional identification with patient’s plight, i.e. Dr. feels sad when patient cries

Empathy-is not dependent on having congruent feelings, more versatile. Can be empathetic without being sympathetic. Successive cycles lead to improved understanding. Physicians honest attempt to understand should facilitate trust.

Empathy can be thought of as a feedback loop, like a neurological track with afferent and efferent arms.

Afferent arm

Verbal and non-verbal clues

Appraisal of patient’s message

Efferent arm

Physician response to elicit more information

Patient feels understood

Patient feels respected and validated