

**LETTER TO EDITOR****Responding to Difficult Nurse-Patient Encounters****Dr. Yusrita Zolkefli (Assistant Professor)**

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Dear Editor,

Discussions on dealing with the notion of "a difficult patient" have shaped the ethical response queries for dealing with this group of patients. These patients may include those who are perceived and labelled as demanding, non-compliance, uncooperative, rude, or aggressive, among many others. Such labelling results in negative nuances and concerns; for example, nurses physically avoid or emotionally distance themselves from patients (1). Such manifestation is demonstrated in my recent study, in which nurses revealed that when a difficult patient asks for help, nurses do not respond promptly (2). Another noteworthy study (3) reported nurses' account of their perceptions of uncaring nursing encounters, whereby they described their frustration over what they perceived as problematic patient behaviours. The nurses confessed to creating an emotional distance between them and the patients so that they could avoid dealing with stressful patients. Furthermore, they could not attend to all of the patients' needs at once, particularly when they were more concerned about task completion. Similarly, another study described nurses' profound concern that some patients may significantly hinder the ability of a nurse to develop a caring relationship with that patient, given the negative attitude and actions of the patient towards their illness and healthcare (4).

As health professionals, we have an ethical duty to give equal respect, dignity and compassion to all patients. This duty is reflected in the theory of caring, for example, the Eriksson's theory of caritative caring whereby the human being is the centre of nursing care and should therefore be treated with dignity (5). Unfortunately, such difficult encounters with patients often trigger undesirable frustration for nurses. Nevertheless, it must be said that the patients are not entirely to be blamed for being difficult for the following two reasons. Firstly, today's patient is better informed, so it is acceptable for them to ask questions about, challenge, and doubt aspects of their treatment and care. Such engagements, however, puts a strain on the traditional relationship between patients and health professionals, in which total obedient

behaviour is usually expected (6). Secondly, being a patient itself is not enjoyable – an illness influences a person physically and psychologically (7). Hospitals are generally considered unpleasant places to be. Not only does a hospital create an environment of depersonalisation, but it also forces the patient to give up control over his or her daily life. It is further posited that the duration of hospital stay and increased needs will intensify the risk that a patient will become difficult or demanding, causing nurses to avoid those patients (8).

In response to this, an understanding and appreciation of a patient's attitude can help us redirect our frustration about how they conduct themselves. The difficulty does not lie in the patient, but the relationship between the nurse and the patient (1). Among the proposed strategy for managing difficult patients is the use of the ROAR (Reflective, Objective, Assessment, Reassurance) mnemonic to help health professionals manage with difficult patients. The ROAR mnemonic enables health professionals to mitigate frustration by engaging in a patient-centred approach (9). At the same time, the principle of justice plays a central role, as one has to be fair in making judgments, particularly when considering the impact of labelling. Difficult patients, for example, are likely to experience alienation at a time when they are most fragile (10), primarily when nurses try to avoid the patients (11). We need to understand the reasons for patients' demands, so some of us have tried to put ourselves in the patient's shoes and asked for nurses to appreciate the situation that patients are in (12). While patients' demands may be related to rising consumerism, it is unfair to label patients as 'difficult' whenever they are perceived as making demands. Health professionals must learn to stop blaming patients for being demanding (13). An anxious patient, for example, illustrates the need for potential disruption. With this in mind, it is critical to recognise the disruptive signs early and manage them appropriately before they escalate beyond the point where the therapeutic relationship cannot be salvaged.

In preparing future nurses, I always get my students' feedback about the challenges of being a nurse, especially when patients fail to follow treatment plans. Health professionals tend to favour patients who are obedient and do not make a scene, challenge their health professionals, or question what is asked of them. As much as we do not like that idea, it is the reality of the situation today. As nurses, it would far better off if we find ways of finding out why a relationship is difficult and how best to support the patients. Another critical point to remember is that we must try to support the patient to the fullest extent possible, although sometimes it will test our patience. To say the least, the ethics of caring for difficult patients rests in good part on our deontological responsibilities to our patients. That is, we must be empathetic, honest, trustworthy, understanding, and non-judgmental, not to mention that we must also take responsibility for any commission or omission on our part that contributed to the difficulty.

To put it in another way, compassionate nursing is the expected professional and moral responsibility of a nurse's in day-to-day work (4). However, it is equally fundamental that we also recognise the vulnerability of the nurses themselves. We must not forget that nurses are currently working in an environment that is both physically and emotionally taxing. Not only this is a reason for concern, but it appears to suggest that compassion fatigue is tangible and is likely to be a far more widespread phenomenon than can be understood (14). Compassion fatigue is inherently deleterious to the nurse and significantly affects his or her ability to offer quality, ethical care to patients and their families (15). Perhaps a more sensible way forward to this difficult nurse-patient encounters is to realise that, to accomplish a meaningful therapeutic nurse-patient relationship, both nurses and patients must mutually establish joint responsibility and respectful relationship. After all, as the famous saying goes, a relationship takes at least two to tango.

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