



# Anger Management: Hostile Encounters in Urgent Care



Eliminating disruption, distraction, and dissatisfaction is paramount to delivering efficient and high-quality care these days. More than ever, urgent cares are competing to differentiate themselves by moving patients through the encounter faster and with a more reliably exceptional experience. We've adopted slick technologies and reconfigured work flows to improve care delivery.

So, why do our teams still struggle with consistency? Why do we still see high levels of burnout and turnover—and what can we do to stem the tide?

Variance from standard practice is a well-known contributor to risk and disruption. In fact, we take great pains to reduce variability in practice through standardized training, enforcement of policy and procedure, and optimization of technology to name a few. Yet we still experience breakdowns in standard operating procedure that disrupt work flow and create dissatisfaction for patients and staff alike. The two most common categories of variance are clinical and behavioral. Let's look at each one separately.

### Clinical

Complex or unstable clinical presentations are common in urgent care and an unavoidable part of practice. Most of us embrace these clinical challenges. This is, after all, what we signed up for. Clinical teams can learn how to manage these cases more smoothly with a disciplined and systematic approach, but they are inherently disruptive and unpredictable.

### Behavioral

Disruptive patient behavior, on the other hand, can be managed more directly. Specific steps can be taken to avoid escalation. While these patients can certainly be difficult, their aggressive (at times abusive) behaviors can be mitigated with the right approach. Difficult, disruptive patients are more commonly encountered in acute care settings like urgent care where we lack ongoing relationships with patients who are already sick and in pain (two common triggers for hostility). So, implementing proven techniques for reducing anger and hostility is critical to reducing the impact these patients have on work flow and staff morale.

The good news is that most hostility follows a very typical pattern and understanding that pattern can help us ensure the best outcome. During the initial phase of hostility, the patient is angry and venting. Let them. Do not interrupt or try to offer solutions. Eventually the hostility wanes and they begin to cool down.

Now is a good time to say something supportive. Being supportive doesn't mean you agree, but it does mean you understand their feelings. Some examples:

- "I know how difficult this must be for you."
- "Healthcare can be a frustrating maze. Let me see if I can help."

This is also a good time to say something empathetic: "I understand why you would be angry about this." This helps the patient get back to a more rational level and that is when we can begin solving problems.

Here are some other hostility tips and tricks:

- Listen carefully.
- Try to get the patient to a quiet part of the office.
- *Do not* interrupt.
- *Do not* take it personally.
- *Do not* get defensive.
- *Do not* embarrass the patient by identifying their inappropriate behavior.
- *Do not* tell them to "Calm down!"
- Ask what you can do to help make the situation better.

The trick is training yourself and your staff to avoid the natural instinct to defend when being attacked. Often, angry patients are actively trying to "hook" you into a fight; *do not* bite. Instead, if we focus on controlling our emotions and following the hostility reduction plan, we can short-circuit the conflict and get back to the business of problem solving and clinical care—just what the doctor ordered! ■

Lee A. Resnick, MD, FAAFP  
Editor-in-Chief, *JUCM, The Journal of Urgent Care Medicine*