

Communication skills to deal with aggressive patients nursing essay



This essay will illustrate a personal experience, which demonstrates how practitioners use good communication skills to deal with anger and aggression in patients who are in pain and also recognize and respect choice and religious needs of clients. I was student radiography of about 11 weeks on my first clinical placement. I was working on x ray department which I dealt with and angry and religious patients. . I aim to explore my feelings about the events that transpired, and describe what I would do differently if anything similar situation happens in the future using Graham (1998) framework for reflection. The first centre of discussion shall be in reference to a patient who I will identify as Mr X , to maintain confidentiality Nursing and Midwifery Council 2008) who came for x ray examination for his leg which was in plaster. As a student I attended Mr X with his consent and under the supervision of the mentor. Mr X stormed out of the room in anger after learning that I did not do the procedure right and another x ray was required. That would mean going over the process again yet the patient couldn't bear the pain. The second centre of discussion shall be referred to a nineteen year old Muslim female who was referred from the outpatient department to the x ray department for a head scan due to persistent severe headache. I was doing receptionist duties and I booked her in. She was wearing a religious dress code that covered from head to toe apart from the eyes. As it was against her religion, she refused to take off the cloth covering her head for the scan to be conducted. Before her examination she came back to the reception office to ask if she could get a private room for a prayer. I gave her directions to a prayer room.

Having been into placement for only first time I did not have knowledge to dealt or experience to dealt with angry and aggressive patients who are in pain. I remember that I lost my confidence and I was very upset about myself for failing to handle the situation in a professional manner. As a student radiographers, I should recognise anger and aggression and find out the root cause of it. I am now aware that the best way of dealing with someone's anger is to assess and recognise how they are feeling in order to help and diffuse the situation, Walker et al (2004). In light of the above case, I should have apologised for the mistake and use effective communication skills in explanation the the procedure needed for a repeat of the X ray was necessary. The best way to react to client's anger is by listening and acknowledging it. Acknowledgment of anger is very important because the client will definitely calms down. There are proven ways to diffuse tense situations and control anger before it rises to the level of conflict. Empathetic listening is necessary in this case, listen to the patient and truly understand his or her feelings and their needs. It is a way of disagreeing, without being disagreeable. Listen empathetically to the patient's distress and apologise without getting defensive. Honest expression means explaining to the patient that you acknowledge his or her frustration in being told to go over the x ray examination process again, but the patient should understand that you a future radiographer and students make mistakes. Students should bear in mind that, any hurtful things said by the client are as a result of his extreme suffering and they need time to work through their anger.

Recent study suggests that, older people may use anger as a strategy for maintaining some sense of power over their own lives because as long as

they remain angry or resistant, people will notice them. Walker et al (2004), as people get older, they are exposed to a wider variety of situations and are therefore less likely to find new situation stressful, though some older people may be resistant to change. The patient was in severe pain, so i would think he used anger and aggression as a pain coping strategy. Cowan (2000), anger is therapeutic in relieving stress. Hyland and Donaldson (year please) say, health care professional can reduce patient anger by providing the information the patients wants about his condition. So communication plays a very important part in diffusing tense situations.

This experience taught me that, anger and aggression could be used as cover for deeper problems. Anger could be a cover up for fear, being used as a shield to keep other people at a distance so they are unable to see one's insecurities and weaknesses, Booth (2003). In real life, older adults are known to express anger outwardly less often and report more inner control of anger using calming strategies as compared to their younger counterparts unless and otherwise. So, looking at the whole incident, the patient was upset to the core by the idea of going over the process again yet the pain was unbearable. I felt that the mr X was trying to express the stress he was going through due to pain. As a student radiography I should try to use my communication skills effectively to take control of the situation by calming Mr X down and be able to understand what he feels by listening to him and asking him questions. Communication is a two way flow of information that nourished client and professional relationship that establishes the base of information upon which health planning decision are made and programme developed Spradley and Allender (1996). . Health care professionals need to

develop their communication skills of assessing patient. They should be able to form an impression of patient's personality and assess the way patient reacts to particular types of situation, Alder et al (2004).

To be more effective, as a student radiographers should attempt to understand the extent and expression of the anger, the specific problems resulting from the anger, the function the anger serves and the underlying source of the anger.

As a muslim, I am already aware that religious Muslim females from conservative communities will not accept to be examined by a male health care professionals. When miss X arrived for a head scan, I should I have explained to her that there are not a female radiographer in duty to scan her. Unfortunately I did not know she will refuse to be seen by a male radiographer as she was in severe pain. However, I was called to talk to her. I managed to explain to miss X that uncovering her head for medical treatment for a few minutes was not a violation of Muslim religious rules and it was really important for the scan to be done, but she was not convinced. Miss X was a strict practicing young Muslim lady; I never thought she would put religion first before her own health. I told Miss X that I will be her during the examination but she strongly declined. Few minutes after this incident a female radiographer came to collect her payslip and I asked her if she could scan miss X as she refused her colleague to examine her due to her religion belief. Religion is a very sensitive issue in health care. It plays a very important role in the lives of many religious clients. Putting religious needs first before health needs is unbelievable. This is how important religion is to other people.

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Many religions carry dress codes or guidelines on appearance and presentation. Overall, dress codes can be a powerful statement of self identity and be a marker of social identity that others will recognise, Giddens (2001). Muslim women are required to cover their bodies as a sign of modesty. Interpretation of the Haddiths differ, so you may see other Muslim women wearing just a head covering whereas others may only show their eyes and they are not allowed to take off their head covering in public or in the presence of men. Henley and Schott (1999) state that some religions provide detailed rules, which may cover aspects of daily life such as prayer, and wearing of religious symbols. Therefore, members of the public and staff should acknowledge diversity and respect the differences within and between groups of people. Health care professionals should understand that each individual is unique and recognise our individual differences, Townsend, cited in Mackay et al (1998). These could be along the dimensions of race, culture, age and religious beliefs. It would be fair to say that, many of the problems faced in the work place around the issue of religion stem from a lack of knowledge and information about other faiths do and believe. However, in health service, patient's religion is often noted and disregarded; an important opportunity to find out more about the individual religious and spiritual needs is lost, Henley and Schott (1999).

In today's multi cultural Britain, it is important for health care professionals to be aware of and appreciate the difference between Muslims and other religious groups and must demonstrate a non judgmental attitude towards clients. More training is required for members of staff to deliver a service of the highest standard that would not discriminate service users.

In an attempt to appreciate diversity, most hospitals have reserved a room for prayers. Most religious patients would do a prayer before being seen for their appointments as they believe that a prayer could aid in recovery, not due to divine influence but due to psychological and physical benefits. Many studies have suggested that a prayer can reduce physical stress, regardless of the God or Gods a person prays to. Of course, other patients pray to seek guidance as the day progresses, and some say it promotes a more positive outlook and strengthen the will to live. In light of this, health care professionals need to demonstrate a willingness to learn about the patient's religious beliefs and needs. They should have a deep understanding and a wider knowledge about a range of problems which arise from religious issues.

In the provision of holistic care, both male and female radiographers should be always available on duty to meet the religious needs of Muslim clients and other religious groups. Failure to meet the religious needs of patients would be seen as discrimination on the grounds of religion. So, members of staff require appropriate training and a range of skills to successfully work with ethnic minority clients to promote social inclusion.

I believed that a good communication and open dialogue is the key to diffusing anger and

providing culturally sensitive care. I am now prepared for patients who get angry and aggressive. I had always thought before that it would not happen to me and that the person who was verbally attack was to blame in some way. . In the future where patients have an aggressive history, I will be more

on my guard. I do feel that I am more aware of the potential of anger and aggression and I have learned to approach situations in a different way from this experience. I have also prompted to read more about anger and aggression in the NHS and learn strategies to dealt with I will take the time to reassure and talk to the patient and ensure that I get their cooperative. Next time when I will be at reception duty, I will try to ask patients if they prefer to be seen by male or female radiographers. A female radiographer should be at least on call rota on duty. If possible, healthcare should be given by people of the same sex as the patient. For female patients, there is an overriding objective of modesty and privacy.