Dealing with difficult people

Find out how to cope with the clams, volcanos, snipers, and chronic complainers in your midst.

By Rose O. Sherman, EdD, RN, NEA-BC, FAAN

nfortunately, most clinicians can't avoid having to work with difficult people. However we can learn how to be more effective in these situations, keeping in mind that learning to work with difficult people is both an art and a science.

How difficult people differ from the rest of us

We can all be difficult at times, but some people are difficult more often. They demonstrate such behaviors as arguing a point over and over, choosing their own self-interest over what's best for the team, talking rather than listening, and showing disrespect. These behaviors can become habits. In most cases, difficult people have received feedback about their behavior at some time, but they haven't made a consistent change. (See *Is she a bully or a difficult person?*)

Difficult personality types

Leadership consultant Louellen Essex identifies four types of difficult personalities. You can probably identify the personality types of some of the difficult people you deal with from the list below.

 The Volcano is abrupt, intimidating, domineering, arrogant, and prone to making personal attacks. Using an extremely aggressive approach to get what he or she wants, the Volcano may behave like an adult having a temper tantrum. Volcanos don't mind making a scene in a public place.

• The *Sniper* is highly skilled in passive-aggressive behavior. He or she takes potshots and engages in nonplayful teasing. Snipers are mean spirited and work to sabotage their leaders and colleagues.

• The *Chronic Complainer* is whiny, finds fault in every situation, and accuses and blames others for problems. Self-righteous, Chronic Complainers see it as their responsibility to complain to set things right—but rarely bring solutions to the problems they complain about.

 The Clam is disengaged and unresponsive, closing down when you try to have a conversation. He or she avoids answering direct questions and doesn't participate as a team member.

Changing your response

You may not be able to change a difficult person's behavior, but you can change how you respond to it. By learning to disengage effectively, you can avoid getting hooked into the difficult-behavior cycle.

When responding to a difficult person, you have several choices—doing nothing, walking away, changing your attitude, or changing your behavior. Doing nothing may not be the best choice because over time it can lead you to become increasingly frustrated. Walking away may not be an option if you need to work closely with the person. Changing your attitude and learning to view the behavior differently can be liberating.

Ultimately, though, changing your behavior is the most effective approach be-





Complain

cause the difficult person then has to learn different ways of dealing with you.

Tips for coping with difficult people

Below are some great tips from life coach and speaker Stephanie Staples.

- Don't try to change the difficult person.

 Generally, difficult people have wellestablished behavior patterns. Any behavioral change will come only if they take accountability for it. You can point out the undersirable behavior, but it's not your responsibility to change it.
- Don't take it personally. Their behaviors reflect where they are personally, not anything you might have said or done. They may be ill or tired, or they may have extreme emotional problems.
 When you see an explosive reaction to a minor situation, you can be sure the person is experiencing strong underlying emotions.
- Set boundaries. Let the difficult person know you'll respect him or her, but expect to be treated with respect in return. Don't tolerate yelling or heated conversations in public places. If necessary, tell the person you need to remove yourself from the situation, or wait until the person is able to have a discussion without an angry reaction.
- Acknowledge the person's feelings. You
 may not agree with the person's viewpoint, but you can acknowledge that he
 or she appears angry or unhappy. With
 a chronic complainer, you'll need to
 move from the complaint to problem
 solving.
- Try empathy. Recognize that it must be difficult to be stuck in a place of negativity or anger. Empathy can sometimes help deescalate an explosive situation.
 Difficult people sometimes just want to

Is she a bully or a difficult person?

To establish or maintain a healthy work environment for everyone, you may need to ask yourself whether a particular person is difficult or a bully. Some difficult people are bullies. Their behavior crosses the zone into horizontal violence and can't be tolerated. Horizontal violence (also called lateral violence) is an act of aggression perpetrated by one colleague toward another. Although horizontal violence usually takes the form of verbal or emotional abuse, it can also include physical abuse; it may be subtle or overt. Repeated acts of horizontal violence against another are considered bullying.

Unlike difficult people, who tend to behave the same way with everyone, bullies are likely to target certain people. Karen Stanley, who has studied lateral violence, reports that in her research, 65% of the nurses she surveyed observed these behaviors in coworkers often or sometimes, and 18% acknowledged they perpetrated these behaviors themselves.

Bullying behaviors

To maintain a no-bullying work culture, clinicians should analyze their unit culture, watching closely for verbal and nonverbal cues. It can be challenging to distinguish horizontal violence from the behavior of a difficult person. Common bullying behavior includes:

- talking behind one's back instead of resolving conflicts directly
- making belittling comments or criticizing colleagues in front of others
- not sharing important information with a colleague
- isolating or "freezing out" a colleague from group activities
- · making snide or abrupt remarks
- refusing to be available when a colleague needs assistance
- sabotaging others in a way that deliberately sets up the victim up for a negative situation
- raising eyebrows or making faces in response a colleague's comments
- · failing to respect a colleague's privacy
- · breaking confidences.

be heard but don't have the skills to communicate that in a more appropriate way.

- Hold your ground. Teach others how to treat you. Don't open the door to challenges. With snipers, you may need to expose their behavior publicly to other team members.
- Use fewer words. With difficult people, less conversation may be more effective. Use short, concise messages to drive your point home, and set a time limit on how long you'll engage in the discussion. Avoid using the word "attitude" because the person will view this as subjective. Instead, focus on the behavior.

Although these tips aren't guaranteed to work every time, you'll find them helpful in many situations. Remember—in the end, the only behavior you can truly control is your own.

Selected references

Becher J, Visovsky C. Horizontal violence in nursing. *Medsurg Nurs.* 2012;21(4):210-3, 232.

Branson RM. Coping with Difficult People: The Proven-Effective Battle Plan That Has Helped Millions Deal with the Troublemakers in Their Lives at Home and at Work. New York: Dell; 1988.

Essex LN. Dealing with difficult people in the healthcare setting. College of American Pathologists; 2006. www.louellenessex.com/pdf/Dealingwith DifficultPeopleWorkbook.pdf. Accessed May 3, 2013. Longo J, Sherman RO. Leveling horizontal violence. *Nurs Manage.* 2007;38(3):34-7, 50-1.

Stanley K. *The high cost of cost of lateral violence in nursing*. Paper presented at: Sigma Theta Tau Leadership Conference; April 24, 2010; Atlanta.

Staples S. Handling difficult patients and coworkers. *Nursestogether.com Blog.* www.nursetogether.com/Career/Career-Article/itemId/1027/Handling-Difficult-Patients-and-Co-workers.aspx. Accessed May 3, 2013.

Rose O. Sherman is an associate professor of nursing and director of the Nursing Leadership Institute at the Christine E. Lynn College of Nursing at Florida Atlantic University in Boca Raton. You can read her blog at www.emergingrnleader.com.



Surfing the web?

Check out

www.WoundCareAdvisor.com

- Access journal content... current and archival
- Interact through blogs and our social network
- Give us your opinion
- Sign up for our free e-newsletter

Check the site often for new wound care clinical information, news, and insight from authoritative experts.