Working with Aggressive Patients in Dental Practice

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SUMMARY
In medical practice physicians and other health workers meet patients of inadequate and abnormal behavior on daily basis. That kind of behavior manifests as: Placing unrealistic requests in the sense of their treatment: submitting them disrespectful of the line and order, no charge for the treatment, they create their own medical treatments because they know the best what they need, they set the time-limit-now, they are never content with the quality of prosthetic works, they keep asking for corrections, have unrealistic expectations from the effects of prosthetic works (they want to be able to "bite the wood", to look younger, etc), they threat that they will send notifications to Ministry of Health Care, media, their speech dominates with sarcasm, cynicism, negativism, obstructive behavior; Very aggressive behavior (anger without any reason, verbal or even physical confrontations with the staff, yelling, spitting, slamming and inventory damaging); Problematic behavior and possible problematic behavior of a number of patients who really have mental health problems (hysterias, PTSP, drug addicts) or they have some kind of psychiatric illness (depressions, schizophrenias). Analyzing examples from practice we came to the conclusion that this kind of patients' behavior is caused by several elements: a number of patients has the need for social contacts because they are lonely in everyday life: retired people (especially the ones with no family), housewives whose family members have no time for their "troubles", most of the time they come to the place where they must be talked and listened to – medical service center. Some patients think that they have the right to anything even the things that are nonexistent in nomenclature of medical services just because they are medically insured and they own health record; they are especially furious because of the participation in costs of prosthetic works ("the staff takes that for themselves"), they constantly look for flaws in done works and they come for unnecessary corrections many times. Aggression in communication are demonstrated by: alcohol intoxicated persons, drug addicts, "difficult persons" who consider arguments and insulting a normal way of communication, persons who consider themselves very important on social hierarchy (you don't know who I am, who is my husband etc), persons who consider that injustice is constantly brought on them, persons who are psychiatric patients and are not taking prescribed therapy, so one never knows when they are in their "bad" phase. This kind of behavior of patients has negative effect on two accounts: on other patients who are in the waiting room and often spend much more time there they should which makes them anxious and also creates negative attitudes and reactions because of the problems that the medical staff has with problematic patients. Medical staff is constantly under pressure which inevitably leads to stress, and they are often in situation that they are afraid for their own physical security because they have no protection whatsoever neither in legal acts nor in the sense of physical security. In prevention and solving problems of this kind, whole medical staff must overcome the technique of work with problematic patients (conflict solving management): stay calm and professional, show a patient that their reaction is understood, avoid conflict especially by the first contact and meet a patient half way if possible, try to get as much information as possible which will ease communication, and all that by applying SOFTEN technique.

Keywords: dental practice, aggressive patients, social contacts, communication techniques

1. INTRODUCTION

Health workers in their daily work with patients facing irregular and improper conduct. In addition to the indisputable fact that the post-war period brought an increased number of mental and behavioral disorders and that there is registered number of people with PTSD, and that a number of patients who have these disorders acts toward the health workers unfairly and aggressively. The cause of this phenomenon are probably grown socio-economic problems-unemployment, existential insecurity, disruptions within the family, prolonged stress and similar, so patients channel their dissatisfaction with life generally the people who are close to them and who "must meet their demands because they paid for it."

In the dental practice–dental prosthetics department, our experience with irregular and aggressive behavior of patients is manifested as:

Setting unrealistic demands in terms of their treatment: admission without appointment, free treatment (refusal of payment of participation), create their own protocol of treatment because they know best what they need, setting deadlines, never satisfied with the quality of prosthetic work and constantly seek correction, unrealistic expectations of the effects of prosthetic work (that will be able to "bite the tree," look a lot younger, etc.) threats with complaints to the Ministry of Health, the press, and speech is dominated by sarcasm, cynicism, negativism, obstructive behavior, etc.;

Very aggressive behavior (unreasoning anger, verbal and sometimes physical conflict with the staff, shouting, spitting, knocking and damage inventory);

Problematic behavior and possible problematic behavior of a number of patients who actually have undermined the mental status (hysteria, PTSD, drug addicts) or have a psychiatric illness (depression, schizophrenia).

2. GOAL

Point out the problems with patients faced by health care workers in dental practice, which stem from the irregular and aggressive behavior of patients, and not inappropriate and incorrect work of the staff.

3. METHODOLOGY

Analysis of four typical behaviors of patients through case studies from personal practice.

4. CASE STUDIES

Case No.1 F.S. born 1948, married, mother of one child, retired as disabled, husband a public figure. Very dissatisfied with their status in society and family, compensation is to be too prominent in the dressing. First she refused to have her teeth removed (which was necessary), and seven teeth treatment is done and then she made circular bridge. The work is done well because it satisfied the aesthetic, functional, and phonetic, with good peripheral closure, but the patients constantly found shortcomings by claiming that "I'm a fool to agree to this" and that she should have all teeth removed and make a complete denture. Coming for three months, on several occasions complain and seek correction, in the meantime, her husband returned from a long trip and he confirmed that the prosthetic works is good and looks good, after she happy told us her husband's "review" she is no longer coming.

Case No.2 M.S. born 1980, a drug addict and alcoholic, very aggressive. Each of his arrival, already at the door follows the big fuss, profanity, threats; behavior is extremely aggressive and unpredictable, which causes fear among the medical staff and patients who are present. A single tooth extraction is made, two fillings and cleaning of tartar. He came more than once, sometimes twice a day within seven months, and then he stopped coming, probably due to the treatment of addiction.

Case No.3 D.E. born 1935, wife deceased, she poisoned herself, with his son who is homosexual does not keep contact (because of his depravity); the daughter is married and lives with his family in Germany and have poor contact. Has a partial denture. Our patient is since 2003, he is prone to lying and speaking half-truths. We made him a partial denture, and at the end of the year is done indirectly supplement for ex RR in the upper front and mid-2004, made a lower partial denture, 2008, doing three covers, and then lower partial dentures and total upper dentures. After each work done he came several times with different appeals for correction: the upper dentures falls off, rub it covers, cannot eat with dentures etc., he regularly do some craftworks and "improving" his prosthetics, which results in hooks fractures and other damaged parts. Therefore, the correction is made repeatedly, and they were objectively good prostheses. Gets very angry on remark of the staff that he should maintain oral hygiene because they are disposed of every time the first visible plaque and food remains. During that he is given very sarcastic remarks to female staff and their appearance. The last six months he does not appear.

Case No.4 S.N. born 1958, a widower living alone. Objectively found strong attrition with partial loss of teeth. In mid 2008, he proposed a plan of therapy for teeth-grinding cast, and production of mobile prosthesis. The patient is a program of long operating procedures because apparently there are immediate tasks, and his done two partial dentures from acrylic. A month later he comes to make a fixed prosthetic, but does not appear at the appointment. After that comes voluntarily, was visibly upset, aggressive, insulting staff, giving false statements. After that, he does not come for six months and re-appears and expresses its dissatisfaction with dentures in a very rude and vulgar manner. Again the right therapy plan-seven cover plus two partial dentures, the patient refuses, seeks a refund of previously done work (acrylic partial). The staff refused the request because the prosthesis was correctly done in the function of a patient with a real scene, swear, spit and threatened staff, all the other patients. After this episode he never came again.

Case No.5 K.J. born 1958, a widow without children, burdened by excessive fear of suffocation-kept small bottle of water and drink in small sips. She is very upset with pronounced neurotic symptoms. She was willing to cooperate by taking the model (pulls therapists hands, screaming, foot kicking, etc.). After she received two complete dentures that are fully meet the technical criteria, there was no need to request the correction many times. Each arrival is accompanied by the same play: crying, hysteria, waving hands and feet, and calm down after that make "corrections"–the department staff in cleaning techniques do polishing because no correction is required to prosthesis (on alveolar ridges there is no ulcers or other injuries). Does not come for a few months.

5. DISCUSSION AND CONCLUSIONS

- Analyzing the examples we have come to the conclusion that such a behavior of patients is caused by multiple factors: Large number of patients have the need for **social contact** because they are lonely in their everyday life: pensioners (especially those without families), housewife whose family members do not have time for their "problems" usually come to the place where they must listen to and talk with them–health service,
- Part of the patients considers that because they are insured and have a health card are **entitled to everything**, and what does not exist in the nomenclature of health services, especially irate because of participation in price of prosthetic treatment ("staff takes that money "), permanently dissatisfies about executed work and often come to the corrections that are unnecessary;

- **Aggression** manifested in communication: drunk people, drug addicts, "serious people" that quarrels and insults considered as normal form of communication, people themselves in the social hierarchy are seen as very important (don't you know who I am, who my husband is, etc.) people who feel that injustice is constantly caused to them;
- Persons who are **registered as mentally** ill and not taking the prescribed therapy, for which you do not know when the "bad" phase.
- Such behavior of one part of the patients has a double negative effect:
- On other patients who are sitting in the waiting room and often lose a lot more time than planned because of health problems, that the staff has trouble with patients, then what is in these patients creates nervousness and induce also negative attitude and reaction;
- The health staff are under constant pressure (Mobbing) which inevitably leads to stress, and are often in a position to fear for their physical safety (violence), because in fact, unlike patients (Healthcare Law, Law on health insurance, Guide for patients' rights, etc.), have no protection, as in legislation, nor in terms of physical security.

6. RECOMMENDATIONS

In preventing and solving the problems of working with problematic patients, all health care personnel must master the technique of working with problematic patients.

Perform management of conflict resolution which the staff should follow: to remain calm and professional, to show the patient that they understand his reaction, especially at the first meeting to avoid conflict and to meet the patient if possible, try to get as much information that will facilitate communication.

Train staff to apply in their work SOFTEN techniques: S (smile), O (open posture), F (lean forward), T (touch), E (eye-contact), N (nod), this is a tried technique that gives good results.

If the proposed method does not help, and threatened are the process of labor and physical integrity of staff then ask for police protection or security services, about all make an official note and forward it to the authorities.

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