Strategies for Dealing with Difficult People
How to Prevent Problems

Foremost in dealing with difficult people is to understand our own role in a difficult situation. It’s important to know about ourselves and the way in which we react to or appear to others. This paper will help answer:

- Am I the Difficult Person?
- How We Appear to Others
- Is There Bias or Prejudice?
- Strategies for Dealing with Difficult People
- Handling An Angry Customer

A difficult person may be a colleague, a staff member, manager, doctor, optician, a supplier, or a customer or patient. Regardless of the business or office, these techniques can make a difference.

So, the first question to ask yourself when dealing with difficult people is: “Am I the difficult person?”

Often we think of difficult people as angry people but that is not always the case. The problem might be that we are being indecisive, evasive, overly friendly or even a time waster. So to begin to understand how to deal with difficult people we’ll need to understand ourselves better. The next exercise is fun and it can be used to help do some self evaluation.

Competitive Test

Answer “True” or “False” to the following questions:

1. I am able to put work out of my mind when off the job.
2. I very much enjoy betting in football pools, lotteries, races, etc.
3. You only live once, so a happy life with many friends is more important than the hard work of attaining accomplishments.
4. I very much dislike seeing things wasted, (like, food, fuel, paper, etc.)
5. I make daily lists of things to do.
6. I would prefer working with a congenial but somewhat inept partner than one which is difficult but highly competent.
7. I have a tendency to do things today rather than put them off until tomorrow.
8. I have a strong interest in the lives of successful people.
9. I am time conscious about almost everything I do.
10. I prefer important, difficult tasks that involve a 50% chance of failure to those that are less important but easy and enjoyable.
Give yourself one point for each response that matches yours:


8-10 Points

- You are intensive competitive. You are driven to succeed. You may overexert yourself in stressful situation. Be aware of wanting to win at any costs. In dealing with difficult people you may have a tendency to escalate the argument.
  - Focus your skills on listening and responding slowly.

5 – 7 Points

- You have an average level of competition. You are content to win some and lose some. You may be the most effective problem solver but you may avoid dealing directly with a difficult person to avoid conflict.
  - Be aware of taking the path of least resistance versus doing what is best for the situation.

0 – 4 Points

- Your competition level is low. You may allow situation to dominate you. Be aware of giving in too easily.
  - In dealing with difficult people you may be too willing to give in, take a moment and consider the information prior to offering a solution.

Non-Verbal Communication

The next consideration is how we appear to others. People form impressions in 7-10 seconds. Fifty-five percent of those impressions are visual. Ninety-three percent of impressions are non-verbal. It’s critical to be aware of what appearance and body-language are saying.

Some important details to keep in mind:

Eye Contact..............Consistently maintaining eye contact will be engaging and encourage communication. A lack of eye contact may indicate; boredom, embarrassment, lack of attention, inferiority, culturally impolite, thinking.

Facial Expression.......A smile can encourage a positive connection. A frown can indicate disapproval. A furrowed brow may indicate confusion or a lack of understanding. A squint may mean distrust of the person.

Body Stance .............Meet someone at eye level and you’re on equal terms. If someone is seated and someone standing, whoever is highest has dominance.

Posture....................An open posture will indicate that you are attentive and receptive. Crossed arms may mean you are unwilling to listen or are unreceptive. Hands clasped behind your back indicate a lack of authority, slouching may indicate boredom or lack of interest.

Appearance ...............Clothing, hair, make-up and jewelry should be appropriate to the situation. Uniformity is essential in communicating a sense of professionalism and organization.
Odor .........................Good or bad; too much perfume is as offensive and unpleasant body odor.

Voice .........................Be aware of the pitch, tone and volume of your voice. A deeper tone indicates authority, a melodious tone and low volume will keep the conversation pleasant. Avoid raising the volume if you become agitated and be aware of how you say what you say.

Gestures .......................There is tremendous power in gestures. Pointing a finger at someone is aggressive and will not encourage cooperation. Keeping hands visible and in an open position is preferable.

Personal Space ..............Each person has a personal comfort zone, in American culture it’s a “three-foot zone.” If you step within that zone without being a friend it maybe considered as aggressive. Be sensitive to that barrier for yourself and with others.

The Scene .....................When dealing with a difficult situation, in particular an angry patient, don’t allow the communication/confrontation to take place within ear shot of other patients or customers, whenever possible. A back office even an empty exam room is better location than the front desk area or dispensary.

The Impressions We’ve Formed

What were your thoughts about each of the categories on the list below? Take a moment a write your observation next to each item. Do you know why you have those thoughts? Are they accurate? The impressions and perceptions you bring to each encounter with patients impacts how you react to them.

- Californians,
- New Yorkers,
- Smokers,
- Farmers,
- High Myopes,

- Blondes, Latinos, Red-heads, Asians,
- Athletes,
- Attractive People,
- Overweight People,
- Older People

Do you know why you have those thoughts? Are they accurate? The impressions and perceptions you bring to each encounter with patients impacts how you react to them.
Stereotypes are exaggerated beliefs or fixed ideas about a person or group that is held by people. The belief is sustained by selective perceptions and selective forgetting. Stereotypes come from distorted or incomplete information, limited personal experience, outside sources such as other’s interpretations of cultural behavior.

Stereotypes are:
- Natural.
- Often destructive because they are unfair.
- Do not allow for individuality.
- Interfere with communication.

Prejudices are preconceived ideas or negative attitudes, formed before facts are known, and sustained by overgeneralizations or is a bias without reason resisting all evidence.

Prejudices:
- Imply inferiority.
- Lead to suspicion.
- Are detrimental to communication and interpersonal relations.
- Interfere with communication.

Investigation has shown that people who are aware of and concerned about their own prejudices are on the way to eliminating them.

Understanding Human Nature

There are three basic human needs to consider:

1. The need to be valued.
   - Patients or customers want their opinions and needs considered and accounted for. We need to clearly communicate to them the value they have to our businesses or practices.

2. The need to be in control of one’s own life.
   - Patients or customers don’t want to be told what to do; give them options. Instead of telling patients something they will have to do like: “You will have to bill your insurance company yourself.” Instead, tell them what you can do: “I can provide you with an itemized receipt to submit to your insurance company for reimbursement.” You’re saying the same thing but one allows for control and is assisting while the other is a directive.

3. The need to like ourselves.
   - Most patients don’t want to be unpleasant. More often than not they are embarrassed after the fact and often the anger was not your fault but something else happening in their lives i.e., financial concerns, a spouse that may be ill, etc.

So, always consider these three facts when a difficult situation develops. It assures the right approach to the problem and the respect a customer or patient expects.
Considering all that has been presented and assuming that the problem is not us or the way that we react to people, what are the strategies to deal with difficult people?

**Dealing with Difficult People**

Determine how best to react in situations. The strategy that used will depend on the outcome that you are looking for. One of these strategies or more likely a combination will help resolve the issue.

**Strategy #1: Listening**

The first and best strategy is to LISTEN. The goal is to separate the facts of the situations from emotion and opinion. You may use other strategies in conjunction with listening but always start here. Some phrases to start the conversation might be:

- “Please explain the details to me.”
- “Will you start at the beginning and tell me everything.”

**SAMPLE:**

**Patient:**
“I want to cancel my order for glasses; the dispensary or your optician is very unprofessional”

**Office:**
“I am so sorry you had a bad experience, would you mind telling me what happened, and maybe I can help?”

**Strategy #2: Avoiding**

The goal with this strategy is to buy you time. Be sure to follow up, it is not permission to do nothing. The purpose of this strategy is to give you time to think. There are times when this strategy is completely inappropriate, so utilize it sparingly. Some appropriate phrases might be:

- “I am with a patient at the moment. May I call you back shortly? What is a number that I can get right back to you?”
- “We are very busy at this moment. Can we discuss this later, how about 4PM?”

Pick a date and time so that the other person knows that the situation is not being ignored.

**SAMPLE:**

**Staff Member:** “It’s really annoys me when you leave such a mess in the lab.”

**Co-Worker:** “You know I’m sure we can figure out a solution to the organization of the lab but I’m with a patient at the moment. Let’s talk about it this afternoon.”
Strategy #3: Obliging

The goal of this strategy is to empower others. This technique allows everyone to be a part of the solution process. It can build trust and confidence. Some appropriate phrases might be:

“What would you like to see happen here?”
“I trust your decision to do what you believe to be right.”

SAMPLE:

Upset Patient: “I hate this frame! It broke it the first week and it hurts my nose.

Staff Member: “I’m so sorry you haven’t been happy with the frame. We certainly want you to enjoy wearing your glasses. What would you like to do?

Be prepared to do what they ask! If you’re not willing to make the changes they ask you may want to use a different strategy.

Strategy #4: Integrating

The goal of this strategy is to get everyone involved and thinking creatively. Make sure everyone gets a say. Some appropriate phrases would be:

“Let’s get everyone involved and discuss the options.”
“Can everyone make a suggestion on how to improve this situation?”

SAMPLE:

Upset Doctor: “How come the appointment book has so many openings?”

Manager: “Let’s bring this up to the staff and see if they can come up with some ideas at our next staff meeting on how to fill up the book.”
Strategy #5: *Compromising*

The goal of this strategy is to look for common ground. This can be very effective techniques when one staff member tries to dominate each situation. Some appropriate phrases would be:

“There is no perfect answer here. Let’s talk about what each of us can tolerate.”

“No one answer is right, let’s see if we can piece together the best possible solution.”

SAMPLE:

**Lab Tech:** “I want my own work station, one place with all my things that I can keep it organized.”

**Other Lab Tech:** “It doesn’t make sense to have four places to do each task, we should have one area for each task and we can share those areas. It might be messy occasionally but we can all know what’s going on.”

**Manager:** “You both have very different styles for doing things. How about if we sit down and figure out what we can live with, it may not be perfect but it can work for each of us.”

Strategy #6: *Dominating*

The goal of this strategy is to get things done by using power. Use it sparingly; never use this style with a patient! It will be most effective when there is a wide range of expertise. An appropriate phrase might be:

“Please do what I asked you to do and do it now.”

SAMPLE:

**Staff Member:** “I know I was supposed to start that last week but there were so many other things I had to get done first. I haven’t had time to start that yet.”

**Manager:** “You need to complete it before you leave today.”

This strategy is clearly required at times so that the proper management and efficiency of the office or store is maintained. For example, ordering lenses or frames reliably and as soon as possible is critical to the on-time delivery of eyewear. Telling employees what to do is necessary until staff understands expectations.
Handling Angry Patients

Now that you have an understanding of your role in difficult situations, let’s discuss the hardest situation of all, angry patients.

The first step is to calm the situation down. Concentrate on being the opposite of angry, speak quietly, stay still and remove the angry patient from common patient areas. Remember to LISTEN, listen, and then listen some more.

The second step is the show that you understand. “I’m sorry” works wonders. You don’t have to solve everything in the first few minutes, let the patient vent their frustration and anger and empathize with them.

The third step is to agree to take some action. “What I can do is…” This will make the patient feel better. Don’t tell the patient “what you’ll have to do is…” This takes control away from the patient and will escalate the situation. You need to take the lead in solving the problem.

The fourth step is to understand that sometimes people will get angry at you for no apparent reason. Stay calm and realize that if you handle the situation to the best of your ability you will feel better. Don’t let the patient’s behavior affect your actions.

The final step is to process your own anger. It never feels good to have someone get angry with you, especially if you’re not at fault. Step back, try to maintain perspective and then do something nice for yourself. Go for a walk, grab a cup of coffee, and use whatever techniques make you feel better. An area of the office or break room could be set up for relaxation where it’s calmer and deep breadths are possible.

The fact that you are reading this article means you want to have the skills to better handle difficult people and situations; and that is really the most important step. You care.