



BY JARROD SHAPIRO, DPM



# Emotional Resilience in Patients

This varies in both patients and doctors.

*Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.*

Sometimes you need to have patience to deal with patients. We all know that one of the hardest parts of being a healthcare provider is the very subjective nature of working with the emotional aspects of patients. Choosing a treatment to render or what diagnostic test to offer is the easy part, though we spend so much of our time in training on this aspect of medicine. Unfortunately, we spend a woefully small amount of time learning the best way to deal with patients.

### How Do Your Patients React to Receiving Bad News?

Here's an example. The other day, I was seeing a patient who required further surgery for a bone infection in his foot. The first surgery, performed by another provider, did not solve the problem and the patient needed a first-ray amputation. The patient was rightfully very upset about his situation and began crying. It took some time to calm the patient and help him understand his needs, as well as the benefits of his surgery.

On the same day, another patient needed an amputation, but unfortunately, this patient required a below-knee amputation. Despite the se-

riousness and worse prognosis of this procedure, the patient took this information in stride. He grimly nodded, saying he understood what needed to be done, and he was ready to have the procedure.

These two patients demonstrate a dichotomous reaction to bad news. Clearly, the second patient demonstrated a greater emotional resilience than the first one. How can we use this information to better understand and help our patients?

discusses this concept and provides us with a description of three clear responses to adverse situations.<sup>1</sup>

- 1) An eruption of anger.
- 2) They implode with overwhelming negative emotions, go numb, and become unable to react.
- 3) They simply become upset about the disruptive change.

If you consider each of these reactions, you'll see that they encompass all possible reactions. Obviously, the third reaction is potentially the health-

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### The Spectrum of Emotional Resilience

The first thing we need to do is recognize that everyone has a different level of emotional resilience, including ourselves. What we are really talking about here is the ability to adjust and react to adverse situations in a healthy manner. What we are not talking about is how optimistic a person is. A highly resilient person can still feel anger, frustration, and fear but react in a positive manner. It is fair to say that both of the situations described above are adverse, but the second patient reacted, on the surface at least, in a healthier manner.

An interesting Wikipedia page

iest. In this situation, it becomes very difficult for the patient to make a positive decision. Experience tells us that these patients often require extra time to come to grips with their situation, and revisiting recommendations at a later date is more effective than becoming frustrated and angry.

### Bring a Family Member in or Give the Patient More Time

Obviously, during emergency situations, a decision must be made quickly. When working with patients unable to react, you may find much greater success enlisting the patient's family to help move a decision along.

*Continued on page 32*

Resilience (from page 31)

The family, especially a well-respected member who is calm, is often the best way to move toward effective action.

On the other side of this equation is the risk of complete failure if another caregiver steps in with a contrary plan. Some time ago, while working with a patient in the hospital who had forefoot gangrene and had undergone three attempted but failed revascularizations, it was sadly time for the patient to undergo a below-knee amputation. The patient reacted in a textbook manner consistent with reaction number two above.

His son, on the other hand, was much more logical and understood the situation. He had talked his father into the procedure when another doctor (a family acquaintance) stepped in and recommended against the amputation. The patient, already fearful and virtually paralyzed by his situation, listened to the other doctor. Eventually, this doctor assumed care, failed treatment, and the patient eventually underwent the leg amputation. If the other doctor had not been involved, the patient would have had physical and emotional closure much sooner.

A More Humanistic Approach

For those of us healthcare providers dealing with patients in difficult situations, the following humanistic approach is suggested:

- 1) Recognize in which of the three ways a patient is responding.
- 2) Maintain patience and compassion.
- 3) Give the patient time to consider options.
- 4) Enlist the family or respected others when possible.
- 5) Remember that the final decision lies with the patient whether we agree with the patient or not.

How Is Our Emotional Resilience as Caregivers?

Each of us has a different level of emotional resilience, and it is helpful to understand ourselves. If we understand our own levels of psychological flexibility, we will be more sympathetic to our patients, and thus more effective caregivers. As a final note, we all need to realize that we can all improve our own emotional resilience. To that end, here are 10 recommended methods by the American Psychological Association for improving emotional resilience.<sup>2</sup>

- 1) Make connections.
- 2) Avoid seeing crises as insur-

mountable problems.

- 3) Accept that change is a part of living.
- 4) Move toward your goals.
- 5) Take decisive actions.
- 6) Look for opportunities for self-discovery.
- 7) Nurture a positive view of yourself.
- 8) Keep things in perspective.
- 9) Maintain a hopeful outlook.
- 10) Take care of yourself.

Remember to consider psychological resilience when working with your patients and be conscious of your own level of resilience and how that might affect how you deal with those difficult patient situations. PM

References

<sup>1</sup> Psychological Resilience. Wikipedia. en.wikipedia.org/wiki/Psychological\_resilience. Last accessed July 17, 2016.

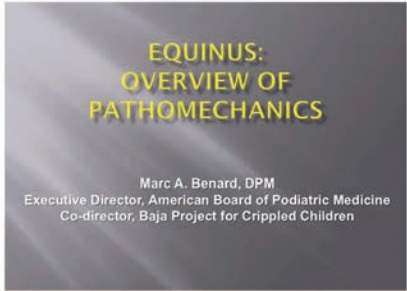
<sup>2</sup> The Road to Resilience: 10 Ways to Build Resilience. American Psychological Association. http://www.apa.org/help-center/road-resilience.aspx. Last accessed July 17, 2016.


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