Dealing with Difficult People
By Managing Hot Buttons

Nurses must function in situations that can be highly emotionally charged. As a result, the work environment is often perceived as dealing with difficult people, leaving one feeling stressed, drained, and burned out. The key to taking care of one’s own emotional needs is to take charge of one’s reactions. By understanding how difficult behaviors trigger hot buttons, nurses can learn to choose responses that neutralize negativity, reduce personal stress, and produce a more positive work environment.

People exhibit behaviors that are difficult in all work environments, but perhaps none more so than for nurses. On any given day, nurses are confronted by challenging patients and their families, demanding hospital personnel, and problematic team members. While training and experience prepare a nurse for this type of pressure cooker, over time the impact of this environment can leave nurses feeling frustrated, manipulated, or controlled, diminishing their capacity to handle problematic behaviors.

Why is this? It is because of the way the brain is wired. When a nurse encounters a behavior perceived as difficult, the brain registers this behavior as a threat and goes on high alert (Rock, 2009). For example, a combative surgeon can threaten one’s sense of security, resulting in anxiety or confusion; a judgmental peer may produce feelings of doubt; a sarcastic administrator could leave one feeling agitated. In each of these examples, a “hot button” has been pushed. A hot button is a personal trigger that sends the individual’s emotions plummeting in a negative direction. A nurse is not at liberty to prevent the detonation; however, the nurse is at liberty to choose how to respond to that detonation. It is this choice that determines subsequent feelings – increased stress and agitation or calmness and well-being.

Amygdala Hijacks

Not all difficult behaviors are experienced as threats. For example, one nurse may be very adept at dealing with angry family members. These situations rarely leave this nurse rattled. Yet another nurse may encounter this same circumstance and perceive it as intimidating and threatening; this nurse’s hot button is pushed, and negative feelings occur. What accounts for the difference in these two responses? The answer lies with the amygdala, an almond-shaped cluster of interconnected structures in the emotional center of the brain, the limbic region. The amygdala stores emotional memory, much of which is based on early childhood experiences (Goleman, 1995). Incoming signals from the senses let the amygdala scan every experience for trouble. Goleman (1995) stated if the amygdala perceives a threat based on its stored emotional memory, it “reacts instantaneously, like a neural tripwire, telegraphing a message of crisis to all parts of the brain….The amygdala’s extensive web of neural connections allows it, during an emotional emergency, to capture and drive much of the rest of the brain – including the rational mind” (pp. 16-17).

In other words, the neocortex, or rational part of the brain, has been hijacked by the amygdala. Once the amygdala is activated, the individual will have a knee-jerk reaction. The nurse is now emotionally flooded, with little access to rationale and reason. This process happens within nanoseconds, and the hijack produces responses characterized by distorted perceptions, invalidation, defensiveness, and biased judgment. It also leads to the fight-flight response.

Managing Your Hot Buttons

The key to dealing with difficult people is to shift one’s focus from others’ behaviors, over which one has no control, to one’s own responses, over which there is total control. To understand why, let us again examine the way the brain functions. Once threatened, the brain starts searching for a sense of control and autonomy. The brain detects that the individual is back in charge when it senses the ability to make a choice. What matters most to the brain is the perception of choice (Rock, 2009). In other words, a nurse who has been hijacked by the amygdala doesn’t have to involve the difficult person in his or her choices. The nurse just has to find a way to let the brain know that there are choices to be made.

One simple method that deactivates the amygdala is putting feelings into words. Researchers found, for example, that when people attached the word sad to a sad-looking face, the amygdala response decreased and the right ventrolateral prefrontal cortex response increased. This is the part of the brain that controls impulses (Lieberman et al., 2007). In practical terms, when a nurse’s hot button has been pushed, the nurse can simply acknowledge the feeling: “This is anxiety.” “This is fear.” And then the nurse can make a choice by asking, “How do I choose to handle this?” In this way, the nurse has decreased the brain activity that leads to automatic stress responses and tapped into the brain area responsible for self-control and logic.

Rock (2009) described another strategy for regaining a sense of control:

I decide to be responsible for my mental state instead of being a victim to circumstances. In the instant that I make this decision, I start seeing more information around me, and I can perceive opportunities for feeling happier. This experience is one of finding a choice and making that choice, and it shifts what and how I perceive in that moment. The idea of consciously choosing to see a situation differently is called reappraisal (p. 126).

How can a nurse use reappraisal to manage hot button reactions? One technique is to find a way of interpreting the facts that lessen the threat. For example, by keeping in mind that frightened patients are more often than not feeling hijacked themselves, a nurse might describe an overbearing patient as “hijacked” rather than...
than as “insufferable,” an interpretation that diminishes the nurse’s own hot button trigger.

Another technique is to recognize that one is not alone in a reaction to certain difficult individuals. This process of normalizing diminishes the brain’s threat arousal. A third reappraisal tactic is to look at an event from another’s perspective. Consider this situation. A nurse has a work style that is task-oriented and likes to get a job completed as quickly as possible. Another nurse likes to build relationships by chatting before focusing on the task. The task-oriented nurse becomes frustrated and angry listening to a colleague “schmooze.” To lessen the anger response, the nurse can choose to see the situation through the eyes of the colleague, reappraising the initial reaction that the peer is stalling and instead interpret the colleague’s behavior as meeting a need for comfort by talking. This type of reappraisal works well for differences in work styles, values, use of time, and cultural backgrounds.

A fourth strategy to manage hot button reactions comes from the work of Fredrickson (2009) whose research demonstrates that negative emotions tend to linger in one’s mind. In other words, once the amygdala is activated, the end result is not only negative feelings, but also a negative mood. To curtail the impact of negative emotions, Fredrickson suggests deliberately choosing to counteract negative emotions with positive ones. For example, a hijacked nurse might take a moment to think of a happy time, picture a loved one, or remember a pleasurable event. By choosing to replace negative feelings with positive ones, a nurse is back in the control zone.

**Conclusion**

Nurses work in environments rife with difficult behaviors. Patients and families are in altered states of fear and confusion, overtaxed colleagues may be in foul moods, and physicians can be rude and demanding. While most nurses intellectually understand the reason for these over-the-top behaviors, one too many difficult encounters can push a nurse’s hot button. By choosing to be “response-able” (able to choose one’s own responses) a nurse becomes empowered. By choosing to stop focusing on another’s behavior and instead shift attention to one’s own responses, a nurse can experience enormous relief and personal well-being.

**References**


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