Practice Management: Handling Difficult Patients

In this session…

- Common characteristics of difficult patients
- Your unconscious responses to difficult patients and situations
- Coping and behavioral strategies

Difficult Patients Are Part of the Deal…

- Remember, the overwhelming majority of your patients are kind, pleasant and appreciative of your efforts.
- There will be times patients become upset.
- These situations can be extremely stressful.
- You cannot control a patient’s behavior.

What can you control?

- You.
- You can control your response.

The “Difficult” Patient

- Experiences emotions and demonstrates behaviors that interfere with effective medical care.
- Such emotions and behaviors can evoke negative feelings in care providers
- Physicians rate about 15% of patients as “difficult”[1]

1. Jackson JL, Kroenke K. Difficult patient encounters in the ambulatory clinic: clinical predictors and outcomes. *Arch Intern Med*. 1999;159:1069–1075

Who are the “difficult” patients?

- Mental health disorders (anxiety, depression, etc.)
- Multiple symptoms or comorbidities
- Chronic pain/multiple somatic complaints
- Functional impairment
- Unmet expectations/Lower satisfaction with care
- High use of health care services
- Noncompliance
- Anger or irritability/physically or verbally aggressive behavior
- Excessive demands/requests for attention

Components of a difficult patient encounter

- Provider Characteristics
  - Angry or defensive provider
  - Fatigued or harried provider
  - Dogmatic or arrogant provider
  - Hatred or typing of patients by provider

- Patient Characteristics
  - Angry, defensive, frightened, resistant or cynical patient
  - Manipulating patient
  - Somatizing patient
  - Grieving patient
  - “Frequent Flyers”

- Situational Issues
  - Language and literacy issues
  - Too many people in the exam room
  - Breaking bad news
  - Environmental-societal factors

Typing of Difficult Patients

- Groves' Classifications[1]
  - Dependent clingers
  - Entitled demanders
  - Manipulative self-rejecters
  - Self-destructive deniers

1. JE Groves. "Taking care of the hateful patient." N Engl J Med 1978; 298:883-887

Groves' Classification

Stereotype	Mechanism	Physician Emotion	Strategy
Dependent Clinger	Regression into dependency. Patient has inexhaustible needs.	Feelings of power initially followed by aversion	Set limits before total destruction of the relationship. Schedule more frequent visits and limit interruptions.
Entitled Demander	Unaware of dependency. Terrified of abandonment.	Guilt, fear, anger	Never disparage feeling of entitlement. Redirect feeling of entitlement to acknowledged right to good health care.

Groves' Classification

Stereotype	Mechanism	Physician Emotion	Strategy
Manipulative Help-Rejecter	Afraid to get well for fear of losing relationship with physician.	Anxiety that treatable illness has been overlooked.	Put limits on unrealistic expectations. Share pessimism with patient.
Self-destructive Deniers	Dependents who have given up. May appear to take pleasure in their destruction.	Frustration. May with the patient's death and experience guilt about such wishes.	Realize that the patient has given up and may truly want to die. Order psychiatric consultation.

Management Strategies

A Few Things to Keep in Mind.

- Your patients don't want to have a problem and, therefore, don't want to be in your facility.
- While *you* are familiar with everything in your office - this is all new to them.
- Many people get very anxious when visiting any sort of medical office – Fight or Flight.
- It is not *their* job to be nice, friendly, happy and kind to *you*!
- Some are looking for any reason to walk out of your office and never come back. Don't give them one.

Generally speaking

- Always address anger; don't ignore it.
- Genuinely apologize for any *real* transgressions or not meeting the patient's expectations.
- Correct mistakes when possible.
- Avoid escalating anger.
- Assess danger and get help, if necessary.

Specifically speaking

- When a situation starts to go sideways:

1. First, and foremost, LISTEN!
   - Let the patient vent.
   - Demonstrate that you understand.

2. Empathize with the patient.

Specifically speaking

- When a situation starts to go sideways:

3. Stay calm, lower your voice. Don’t escalate.

4. Respond as if a*ll* of your patients/customers were watching.

Specifically speaking

- When a situation starts to go sideways:

5. Apologize, if appropriate.

6. Begin active problem solving.

Specifically speaking

- When a situation starts to go sideways:

7. Mutually agree upon a solution.

8. Keep whatever promise(s) you make!

Now, if that doesn’t work…

- Hand-off or get help.

“Mr. Lane, I can see how upset you are and I want to fix this situation immediately. Let me bring in my manager to help us.”

Reminders

- Do *not* take it personally.
  - If it truly is personal, hand-off to an associate or superior.
- Remember, this is a human being you're dealing with.
  - You have no clue what they might be struggling with personally.
- Know when to give in…and when to pull the plug.

Preventive Measures

- Smile.
- Set a positive, helpful tone as early as possible.
- Build rapport with the patient.
- Explain the whole process up front.
  - If you perceive they are not understanding, pause and rephrase.
- Set realistic, mutually agreed upon expectations.
- Set attainable goals.
- Keep setting and encounter both professional and friendly.

Communication is Key!

- Explain everything up front and make sure they get it!
- What's clear and obvious to you is clear and obvious to *you*.
- What they need (and want) to know:
  - What's the problem (or risk of not acting)?
  - What do they need to do and why?
  - Emphasize benefits.
  - Explain and demonstrate use.
  - What to expect.
  - What to do if something isn't going according to plan.
  - Confirm understanding.

Conclusion

- You cannot control your patient's behavior.
- How you react will go a long way toward diffusing or escalating the situation.
- It only *seems* that all of your patients are difficult…85% of them are just fine!

The End