A Square Deal to Clear the Air: Managing the Difficult Patient Encounters

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ABSTRACT

Introduction: There are number of patients in every clinical setting who are referred to as “difficult patients,” encounter with them can often evoke negative emotions in doctors. As compare to experienced clinician young doctors are often struggling while providing care to such patients. But we surprisingly know very little about young doctor’s perception about themselves and difficult patients while encountering with difficult patients, so without proper understanding strategies cannot be formulated to help in improving young doctor’s skill to handle these challenging situations.

Objective: The purpose of this study is to explore the patterns and contributing factors responsible for the difficult patient encounter faced by the young doctors.

Methods: A qualitative study was conducted among the house officers and Medical officers of medicine department at Islam Medical College Sialkot and Khawaja Muhammad Saldar Medical College Sialkot for a period of six months from February 2020 to July 2020. Purposive homogeneous sampling technique was opted and five focused group interviews were conducted for the data collection. Data was collected until saturation. The collected data was organized, entered in Data Analysis Software NVIVO for the thematic analysis.

Results: Thirty-four participant took part in this study. The results were presented in the form of themes and categories. Patient’s issues, health care system issues and young doctor’s issues were described as three major factors which plays role in difficult patient encounter.

Conclusion: Difficult patient encounter is not only due to patient or doctors rather it is a multi-factorial phenomenon very strongly influenced by the overall social, cultural and behavior association.

Keywords: Difficult Patient, Encounter, Young doctors, Residents, Factors

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INTRODUCTION

Patient and physician communication is an important component of the health care quality, which is associated with patient gratification and also optimistic health outcomes that includes low mortality, medication adherence and functional status of the disease (Brown, 2008). Physicians need to establish patient centered communication for imparting respect, considering patient attitudes, perception and demonstrating empathy, all of which can become challenging when interacting with patients towards whom physicians feels uncomfortable (Doyle, Lennox, and Bell, 2013). Those patients who evoke negative feelings are often labeled as “difficult” (Gunderman and Gunderman., 2017).

Healthcare providers experience different situation during difficult or oppressive patient's encounters such as frustration, anger and negative emotions (Boland, 2014). In every clinical practice there are number of patients who are termed as difficult patients and encounter with these patients often gives heart sink feeling to the doctors. Studies shows, fifteen per cent of patient’s interaction with clinicians perceived as “difficult” by doctors (Haas, Leiser, Magill, and Sanyer., 2005).

This phenomenon of the difficult patient encounters is also characterized by the dissatisfaction and unmet expectations for both the patients as well as for the doctors (Krebs, Garrett, and Konrad., 2006). Doctors feels that these patients sabotaging the medical care, they are noncompliant, abusive, manipulative and can’t be helped out. The patients feels that they were not listened properly, doctor was rude, bossy or incompetent. Hence, the therapeutic relationship gone to an end (Elder, Ricer, and Tobias, 2006).

Pervasiveness of this situation is more with the young medical graduates like training house officers and young medical officers than experienced clinician and they struggle with caring for these patients (Hinchey and Jackson., 2011). They also feel negative emotions, such as frustration, toward patients. Medical students and less experienced doctors identify one-quarter of their patients as difficult (Barnett, Bass, Griffith, Caudill, and Wilson, 2004). But still we surprisingly know very little about young medical graduate’s perception about themselves and difficult patients while encountering with difficult patients, so without proper understanding strategies cannot be formulated to help in improving young graduates and house officer’s skill development to handle all these challenging situations (Lundberg., 2014). We must identify and address the challenges faced by the medical students and young graduates while handling these interactions because they plays a very important role in the health care delivery system and providing them training in managing such interactions will make them more confident for their future practice (Falkenstrom., 2017).

It is suggested that the problem is not only on the part of the patients but also there are several factors that contribute to making a patient interaction challenging. The very first step in diminishing these factors frequency is to create comprehension and sympathetic awareness of the reasons behind these challenging interactions (Hardavella et al., 2017).

On the topic of difficult patients encounter a gap exists in the literature that can look beyond the patient and the context of the encounter for the origins of difficulty and how young doctors
experience interactions with “difficult patients” within their role as learners and within the clinical learning environment (Swami, Mathur, and Pushp, 2013). Most of the available literature have focused on patient and physicians characteristics during difficult encounters but there is less written about the increase prevalence of this situation in the young doctors, outcomes of difficult encounters and how physicians actually manage difficult patients. Instead, management advice is given anecdotally or from an educational or psychological perspective without any scientific evidence generally in the essays form usually based upon the expert opinion or personal experience of author.

Data about the influence of practice settings and health care systems in difficult patient encounters is also insufficient (Lorenzetti, Mitch Jacques, Donovan, Cottrell, and Buck, 2013). The purpose of this study is to explore the patterns of the difficult patient encounter and also to explore the contributing factors responsible for the difficult patient encounter faced by the young doctors in the department of medicine.

METHODS

This was a Qualitative study and Grounded theory design was used for this research to generate broad conceptual level explanation to a process, interaction or action. This grounded theory design is a systemic process which give a deep insight to the process and its associated factors. Constructivist approach was used in this study. Main objective of this research is understanding and explanation of the culture and beliefs that effect the, attitudes, behaviors and feelings of the young doctors during difficult patient encounter is best fitting in a constructivist paradigm which interpret ontology (reality) to be socially constructed as a consequence of the social interaction between society and individuals.

DATA COLLECTION

Purposive homogeneous sampling technique was used for the collection of the sample for this study. House officers and Medical officers having overall less than 5-year experience of Islam Medical College Sialkot and Khawaja Muhammad Safdar Medical College Sialkot were included in the study. The study was completed in a period of six months starting from February 2020 to July 2020. After the written informed consent from all the participants of the study the data was collected through focus group interviews. A guide for the focused group interviews was developed (Annexure-1) using “AMEE guide No. 91 Using focus groups in medical education research” to obtain relevant opinions from participants of the study (Stalmeijer, McNaughton, and Van Mook, 2014). Total five FGI were conducted, each focus group consisted of six to eight member. In each FGI similar predefined open-ended questions were asked by using semi-structured interview approach. The whole process was also audio recorded with two devices to avoid loss of any related information. The data was transcribed and sent back to the participants for member checking. As simultaneous data analysis was done by investigator the saturation of the data start achieving after fourth FGI, however one more FGI was conducted to recheck the consistency of the codes.

DATA ANALYSIS

Transcription of all the focus group interviews was arranged in Data Analysis Software NVIVO. Initially codes were identified through process of open coding by reading the data line by line followed by development of the categories and themes by the merger of the open and axial codes. Visualization and results presentation was done by using NVIVO models, data tables and flow charts. Qualitative descriptions were generated so that the emergent findings can be logically expressed.

RESULTS

Out of the total 34 Participants, 23 (67 %) were males and 11 (33 %) were females. The age of the participants ranged between 26 to 29 years with a mean of 27.14 ± 1.2 years. Regarding the experience 7 (21 %) of them are working as house officers while 27 (79 %) are working as medical officers in the department of medicine at Islam Medical College Sialkot and Khawaja Muhammad Safdar Medical College Sialkot. Overall 57 codes were identified in the 1st coding cycle (Figure 1) which were condensed to the 13 categories in the 2nd coding cycle while 3 major themes were emerged from these categories in the 3rd coding cycle as shown in the Table 1.

Table 1. Identified codes, categories and themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Difficult Patient Encounter</th>
<th>Codes</th>
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<td>Behavior Issues</td>
<td>Attendants Issues</td>
<td>Problematic behavior of attendants</td>
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<td>Confusion creating attendants</td>
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<td>Illiterate Attendants</td>
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<td>Lack of understanding</td>
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<td>Large number of attendants</td>
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<td>Compliance Issues</td>
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<td>Non Co-operative</td>
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<td>Self-Medication</td>
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<td>Education and Understanding</td>
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<td>Lack of understanding</td>
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<td>Medical Problems</td>
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<td>Manipulative Patients</td>
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<td>Psychological Patients</td>
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<td>Social Issues</td>
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<td>Gender Difference</td>
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<td>High Expectations</td>
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<td>Language Barrier</td>
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Most discussed issues by the participants is the behavior of the patient which make the interaction challenging for the young doctors. Patient’s stubborn behavior and refusal to co-operate with the doctor led to difficulty. Encounter with the demanding and bossy behavior was often difficult for the young doctors to handle. FG3: Participant 3: “They have a feeling that we own the doctor and he is a kind of servant.” Among the patient related issues the 2nd most referenced factor is attendant’s issue. Problematic, aggressive behavior, illiteracy and lack of understanding from the patient’s attendants often contributed to in the difficult patient encounters. As said by FG2: Participant 3: “I think the patient’s attendants are the most problematic, they interfere with the doctor’s advice and they do not cooperate with the doctor.”

Educational background and understanding plays a very vital role in the management of the patients. There are patients who are loaded with little reality and more Google myths FG1: Participant4: “Patients come to the hospital after Google search and ask irrelevant questions and creates difficulty in the thought process of the doctor.”

Compliance is another major issue in creating the unpleasant doctor-patient relationship, they do not follow prescription properly and after their successive visits they blame doctors. FG4: Participant 5: “It often happens that doctor prescribe medicine but patient took medicine of their own choice.”

There are many medical problems such as psychiatric problems, long duration of disease, undiagnosed/difficult to diagnose and manipulative patients have led the list of difficult patient. Like FG4: Participant 5 said: “Sometime doctors label the patient functional but they did not rule out the organic cause of the illness, such undiagnosed patients become difficult patients due to repeated visits.”

Gender bias and certain myths associated with the female doctors is an example which leads to difficult patient encounter. FG4: Participant 4: Describe such issue as “Some patients did not feel comfortable with the young female doctors. This is the dilemma of our society that the people consider a young female doctor less competent than the male doctors, which also creates difficulty. They just wait for seniors and male doctor.” FG3: Participant 2: describe the role of language in our multicultural and multilingual society “Some patient can be difficult due to language barrier we have Urdu, Pashto, Punjab, Afgani population, sometimes neither we can understand them nor they can explain their problem.”

Difficulty Arises Due to System

Often it happen that due to the deficiencies in the Health care system conflicts arises between patient and doctors. In such cases health care professionals are at the receiving end and they are blamed for nothing. Lack of patient’s guidance is an important factor in the difficult patient encounter as quoted by the FG1: Participant 2: “As there is no proper guidance system for the patient, a patient comes to hospital and start wandering from one OPD to the other which makes him frustrated and ultimately he starts blaming the doctors and shows negative behavior.”

The lack of resources as well as lack of staff has shown to be the root cause of many such events. Most participants mentioned that how the shortage of the staff and lack of facilities for patients resulted in difficult patient encounter but also converted into an outburst at doctors and supporting staff by the patients and their attendants. FG5: Participant 5: “I was working in one of the busiest cardiac center, where shortage of beds becomes reason of argument between attendants and doctors and create difficult situations.”

Uncomfortable working environment leads to frustration and conflict with the patient as described by the FG1: Participant 3: “Unfortunately in most of the hospitals there is no break. For example you were on 12 hour duty how you can expect to sustain without break” External Pressure and Media Involvement are very important factors in creation of difficult patient encounter especially social media role in making the perception about
something that gained lot of importance in recent times. Stress and problem created by the external influence was described by FG: Participant 7 in these words. “Another problem is influence of the political persons or senior doctors which creates lot of problems.”

**Difficulty Arises Due to Novice Doctors**

Doctor's issue was the 2nd most referenced theme. Lack of clinical skills and knowledge in young graduates is an important factor which contributes in difficult patient encounter as quoted by the FG3: Participant 4: “our junior colleagues are unable to differentiate between different psychiatric illness like compulsive disorders and mention it as anxiety.”

Identity as a junior doctor is also playing a very vital role in difficult patient encounter because patients think that junior doctor didn't know much even if they are doing the right job. According to the FG2: Participant 2: “We have to perform our duties under supervision and when we are asking for permission for everything patient think that this doctor is incompetent.” Importance of the medical ethics and its deficiency in curriculum also leads to such encounter was described by the FG3: Participant 1: “There is not enough material in curriculum to train the students which will facilitate them to encounter the difficult patients.”

Doctor's emotions also play role in it for example heavy duties or domestic problems may create emotional de-stability and frustration in their mind and due to this an ordinary encounter may be converted into difficult encounter. This is supplemented by evidence from the FG2: Participant 3: “Doctors are human too. You have every kind of emotions. Maybe there is a tension at home which makes him rude with the patient.” There are certain other factors like insufficient pays and unpaid house jobs are involved in creation of an additional mental stress to doctors. FG2: Participant 3aid that: “There are low salaries of the doctors due to this reason they have to perform extra duties or double job which make them tired and exhausted this might be a reason in creating the difficult patient encounter.”

Most of the respondents indicate that there is a communication gap between doctor, patients and their attendants which often resulted in difficult patient encounter. Our junior doctors are not trained enough in communication skills to counter these issues. FG2: Participant 1 narrated: “There is no difficult patient if you properly counsel them but the problem is we are not providing enough training to our young graduates regarding communication skills and how to break bad news.” Lack of Empathy, Lack of Interest and Motivation are the other reasons of difficult patient encounter mentioned by the participants.

**DISCUSSION**

Although the phenomenon of difficult patient encounter prevails for the years but health care provider reported an increased rate of the difficult patient encounter in the recent past years. Due to the increased number of such events, physicians have reported increased fatigue and burnout rates (An et al., 2013). On the other hand the patients feels to be treated less effectively and less respectfully, resulting in an end of the therapeutic relationship between the doctor and patient. Treatment delay and ineffectual execution of the health services may occur due to the failure of effective doctor–patient relationship (Sandikci et al., 2017).

This study revealed involvement of young doctors, patients, attendants, administrative staff and social circumstances in such conflict arising due to factors like communication gap, overburdened health care system and poorly set priorities (Jeng et al., 2017). In terms of certain characteristics of patient showing the difficult behavior during the clinical encounter with the young doctor's findings were similar to the previous studies conducting on practicing physicians. Difficult patients described by the young doctors are non-compliant, aggressive, illiterate, demanding and manipulative patients. They also report difficult interaction with the patient having multiple complaints, difference of culture or language can be a cause of difficulty in patient doctor relationship (Nazar et al., 2015).

Furthermore, this study indicates that the patient's attendant not only hinder the treatment but also act as a contributing factor in difficult patients encounters by creating confusion in patient's mind. Although involvement of the family members and relatives during the course of treatment was indicated in the previous studies but in contrast to the previous studies this phenomena of patient's attendant influence is very dominating in our society might be due to strong family structure, almost in every focus group interview it is one of the most discussed point (Wald et al., 2018). On the other hand it was also observed that young doctor's attitude towards patient's families was not promising and polite, a huge gap of communication was found. as Shapiro noticed that queries by families were dealt in very rude way, they treat patient's family as opponents rather than allies (Shapiro, Rakhra, and Wong, 2016).

In the current study respect, lack of authority and identity of the young doctor is identified as very important factor in the difficult patient encounter. As most of the previous studies were conducted on practicing physician so this is a contrasting finding related to difficult patient encounter(Javed, K, 2023). Young doctors experienced difficulty and encountered negative emotions when patients either rejected their treatment plan or raised questions about it due to their junior doctor identity. Such incidents ultimately ends up with the difficult encounters with the patients (Steinauer, Sullivan, and Preskill, 2018).

In a recent years the healthcare delivery system is changing to a very competitive, high demanding and a fast-paced environment where physicians are under enormous pressure to perform multiple tasks in a shorter period of time, with higher efficiency, greater expectations and less support (Bernhardt, Silver, Rushton, Micco, and Geller, 2010).

Organizational strength is very important to minimize the difficult patient encounter which is deficient in both public and private hospitals(Nasir, et al.,2023) Lack of facilities were frequently mentioned by the participants of the study as root cause of the difficult patient encounter. This has proven to be a major problem for workplace efficiency in all fields of work, not just healthcare (Goldsmith and Krebs, 2017). Workplace
stress is especially prominent in public hospitals and serves a key role in deterioration of the physician-patient relationship. Another aspect of improper funding is the dissatisfied and low paid health workers, as they are not satisfied with their income they remain demotivated and unable to perform their daily work in high paced environment. This can also give rise to unethical practice and duty negligence on behalf of the dissatisfied workers (Raykova, Semerjieva, and Bakova, 2018).

In comparison to the previous studies protocol patients and media involvement in the health care system is the emerging finding of this study (Nazir, A., and Malik, Z. 2023). This not only creates hindrance in health care delivery but also provokes the emotional de stability and demotivation among young doctors due to threats, defaming and undue prosecution. One reason of this might be due to mastery and to see himself on controlling seat is deeply rooted in the culture of doctors but when there is feeling of loss of control there will be negative feeling resulting in dissatisfaction of doctor and uncomfortable patient relationship (Elder et al., 2006).

CONCLUSION

This study conclude that difficult patient encounter is not only due to patient or doctors rather it is a multi-factorial phenomena very strongly influenced by the overall social, cultural and behavior factors. The common factors related to patients are behavioral, compliance, illiteracy, undiagnosed medical problems, attendant’s issues and social Issues. Health care system factors identified in this research are administrative problems, inadequate facilities and uncomfortable working environment. While young doctor’s associated factors include lack of tools or authority, emotional status, physically burned out and professional lapses. The study concludes that earlier identification and proper strategy by the young doctors to counter these difficult encounter, proactive measures to improve health care facilities and spread of health awareness can significantly lower the amount of difficult encounters.

LIMITATION

This study was conducted in medicine department only, which limit the scope of the study. Therefore involvement of different departments is needed.

DECLARATION OF INTEREST

The author declare no conflict of interest.

REFERENCES


Shapiro, J., Rakhra, P., and Wong, A. (2016). The stories they tell : How third year medical students portray patients , family members , physicians , and themselves in difficult encounters. (October).


AUTHOR’S CONTRIBUTION

1. A.R: Created concept and design of the research, prepared initial draft, collected data, interpreted the results and generated discussion and conclusion.

2. U.B.N: Statistical analysis of the data and results write up

3. S.M: Proof reading and correction of grammatical error and typographical mistakes