

Dealing with Difficult People: Part of Patient Satisfaction

Richard C. Senelick MD

HealthSouth Rehabilitation Institute of San Antonio

Nature versus Nurture



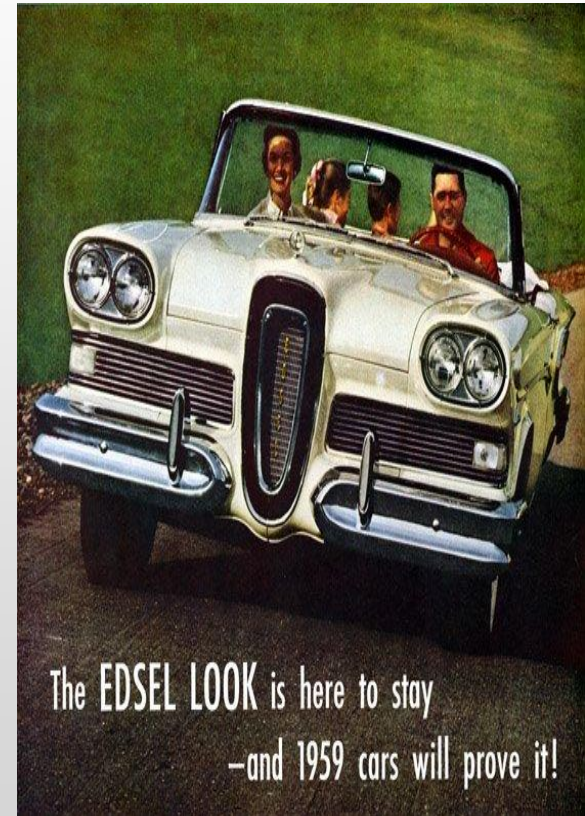
Have You Ever Thought?



- “ I provide great medical care but my patient’s and their families don’t appreciate it”
- “ If the nurses would just do their job I wouldn’t have all those complaints on rounds.”

Is There A Difference?

Customer Service Versus Customer Satisfaction



Facts

- Patients are demanding
- Families are difficult
- People will make mistakes
- The lab will be late
- You are ultimately responsible



Why deal with them?



- “Dealing with difficult patients” yields 42,100,000 hits on Google
- “Pay me now or pay me later.”
 - Non-compliance
 - Overt hostility or passive-aggressiveness
 - Complaints to reviewing agencies
 - They will require a great deal of time if not dealt with

Difficult Patient Behavior

- Demanding
- Drug Seeking
- Complaining
- Non-paying
- Re-scheduling
- Non-compliant
- Violent
- Angry
- Needy
- Seductive



Texas Medical Association,
2005

Characteristics of Patients Who are Considered Difficult

- Poorer functional status
- Feel mistreated
- Reduced satisfaction
- Social or financial problems
- Have a personality disorder
- More likely to have a depressive or anxiety disorder
- Cultural differences



- Psychosocial factors are more important in difficult patients
- Physicians who have poorer psychosocial attitudes are more likely to experience encounters as difficult

Jackson & Kroenke

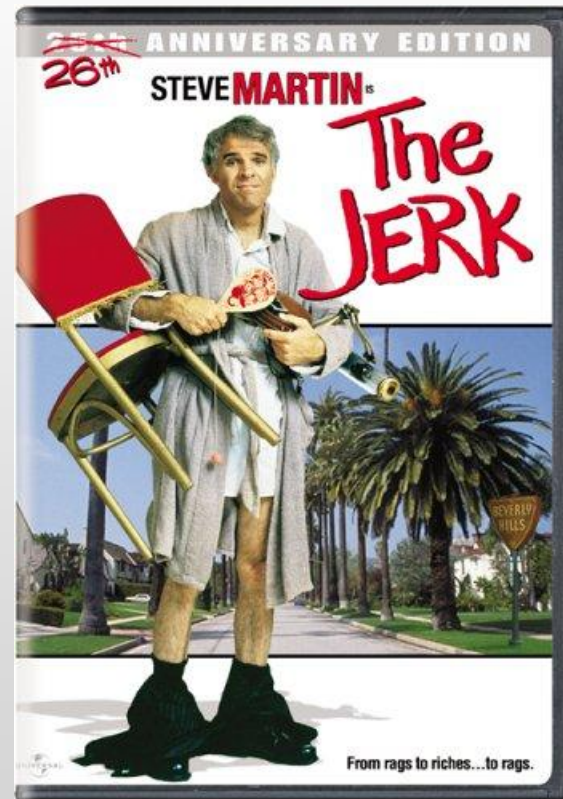
Archives of Internal Medicine, 1999

Difficult Families



- Similar behaviors to the patient, but more intense
 - More demanding
 - More hostile
 - More complaining
 - More intrusive
 - More insulting
- Less perceived control than the patients

- Why can some physicians be such “jerks?”



Physician Vulnerabilities

- Focus on the disease model rather than the whole patient
- Time pressures
- Personal problems
- Lack of communication skills



CEO /Manager Vulnerabilities

- Wide variety of demands to manage
 - People
 - Employees- erratic, unpredictable behavior
 - Physicians
 - Patients
 - Operations
 - Financials
 - Lack of clear policies and procedures
- Time pressures
- Personal problems
- Lack of communication skills



Interaction of the Difficult Patient/Family with the Healthcare Professional

- Reaction is instinctive and tangible
 - Physiological arousal
 - “Stress”
 - Anger
- Defend and attack
- “Haldol moment”- theirs or yours?
- The reactions are totally ineffective for all parties



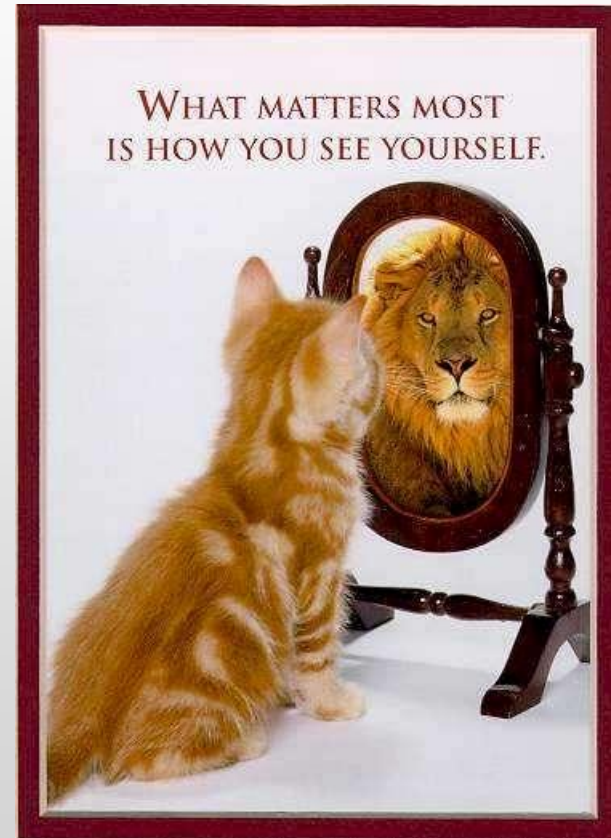
“Man is not
disturbed
by events, but by
the views he
takes of them.”

-Epictetus



Perception

- The perception of events causes emotion

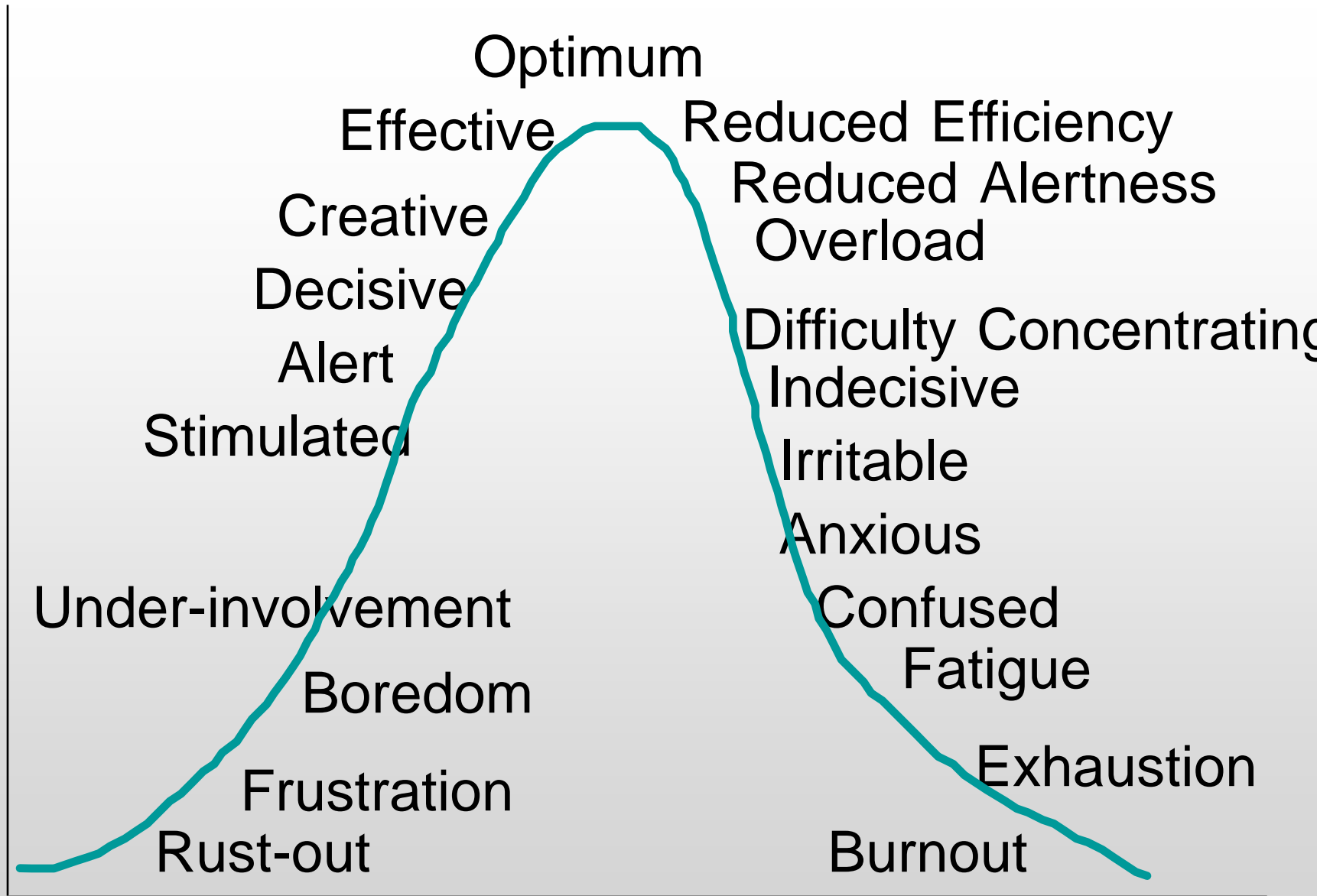


Types of stressors

- emotional
- family
- social
- change
- decision
- work
- health



ABILITY



DEMANDS

Thoughts and Beliefs

Where do thoughts and beliefs come from?

- ❖ Life experiences
- ❖ Temperament
- ❖ Expectations

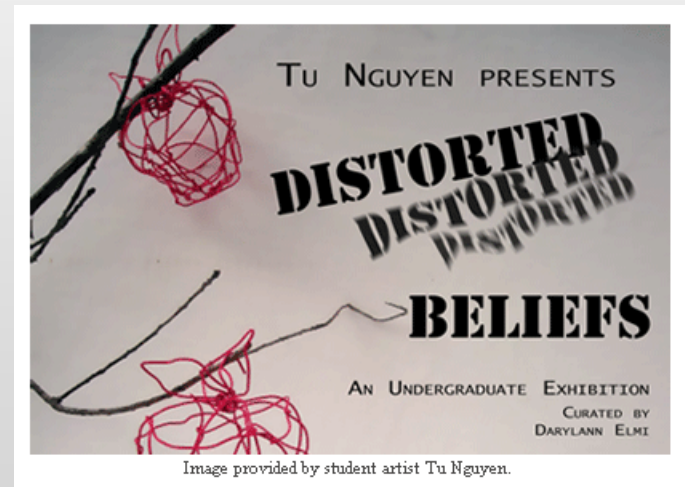


Image provided by student artist Tu Nguyen.

- We must examine our beliefs
- The brain needs no facts to believe what it believes.



Beliefs, which
we can
control,
cause
stress.



Anger

- Frustration
 - A goal is blocked
- Anger
 - An attack on the person
 - Having a contract violated, “ripped off”
- The less control and more insecurity, the greater the anger



Expectations

- Patient satisfaction is the extent to which we meet the patient's expectations.



ACUTE CARE EXPECTATIONS



PHYSICIAN PATIENT EXPECTATION DISPARITY (PPED)



-R. Sagall 1994

Did The Patient Expect ?

- Antibiotics
- Testing
- Daily visits
- Same doctor
- To walk
- To speak
- Pain free
- Receive medications
- Continent bladder and bowel
- Go home

Patient/Family Beliefs

- Unmet expectations about treatment
 - I should have
 - I am entitled to...
 - I should get what I need
 - It's not fair
 - Everyone will try to cheat you



- I didn't get what I am entitled to because
 - I am not respected
 - I am not important enough
 - Other patients are more important
 - Doctors and hospitals just take advantage of the health care system and me
 - No one cares



Physician/CEO/Manager Beliefs

- They should appreciate what I provide
 - “Need” for approval
 - “Need” for recognition
- I expect perfection from myself and the staff
 - Perfectionist
 - “Need” for control
 - Competitive
- I should be able to determine/direct care regardless of...
- They should be team players

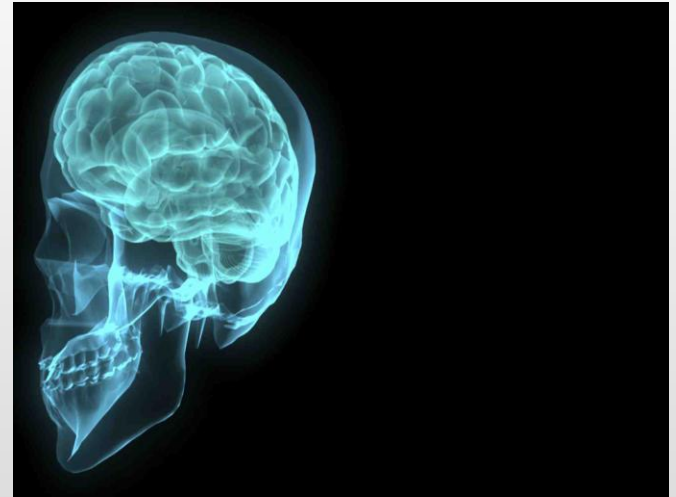
Interaction of Beliefs

- The emotions that result are based on the beliefs and not the events themselves
- The mind does not require that the beliefs be based on fact!
- Our behaviors are based on our beliefs without being aware of the other's beliefs

What can we do?

“Seek first to understand”

Steven Covey, Ph.D.



Understand

- Our thoughts both rational and irrational
- The patient's/family's likely thinking
 - How the traumatic event impacts patients/families
 - How rehabilitation does or does not meet their expectations of treatment
 - Work backwards from the behavior

Who said you should be comfortable?

- Put on your oxygen mask



TIME OUT!



- No
excuses-
only
solutions



Strategies

- Focus on a solution
- DO NOT avoid the patient's complaints
 - Increases anxiety and anger by decreasing a sense of control
 - Confirms that they are not respected
- Accept responsibility, avoid being defensive
 - Confirms their belief
- Treat the patient and family as a single entity
 - Make them part of the team and part of the solution
 - Increase their sense of control

Forbidden Phrases

- I don't know
- We can't do that
- You will have to...
- No...



Life's Truisms



- Pick the right battle
- Control the controllable
- You can't eliminate uncertainty and instability

Serenity Prayer- Reinhold Niebuhr

God grant me
the **S**erenity
to accept the things
I cannot change
Courage to
change the things I can
and the **W**isdom
to know the difference

I feel so
satisfied!

