Dealing with Difficult Patients

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As a consultant I walk into many of our policyholders’ offices. Invariably, one of the topics raised on those visits is the issue of difficult patients. When I ask physicians and staff if they have difficult patients, I can count on one of three responses – laughter, rolling eyes or groans. Many times I get all three. Almost all practices have difficult patients or at least difficult relationships with some of their patients. It is the approach of the physician and staff to these situations that can diffuse if not eliminate those negative encounters.

The potential for a difficult patient interaction occurs across the entire practice. It can begin on the phone, continue into the office, transfer to the exam room and extend through the billing process. These patients who are viewed as difficult often share some common characteristics. Generally, patients who are viewed as difficult have unmet expectations. Often times those expectations are unmet because they were unrealistic from the start. Many of these patients request unwarranted tests and prescriptions while expressing multiple symptoms. They are quick to complain and may be disrespectful. The patient who is disrespectful to staff outside the physician’s presence is the most concerning. These are the ones who will surprise the physician with a negative online review or even pursue litigation when there is an adverse event. The physician believes the relationship is a strong one and is astonished when the staff let him or her know how demanding and demeaning the patient has been.

I recently had the opportunity to visit with a practice that believed it had an abnormal number of difficult patients. During the course of my presentation we were able to identify the forces which drive patient behavior – fear, unfamiliarity with the healthcare system and low health literacy. The physicians and staff intuitively knew these things but, in the hustle and bustle of keeping the doors of a busy clinic open, they had let their communication and interpersonal skills take a backseat to “efficiency.” The two are not mutually exclusive. In reality, the practice that exemplifies compassion, empathy, listens to its patients and ensures patients understand what they need to do finds that it saves them time in the long run and ultimately makes them more efficient. Patients are more compliant when they understand their healthcare. That understanding can significantly reduce the questions and calls back to the practice after the visit is over. It also results in more positive marketing and can reduce the likelihood of an adverse event or litigation.

Over the course of our time together we considered the most common types of difficult patients. We discussed what motivates them, how they present, catch phrases they use and reviewed potential ways to handle those situations. At the end of the session everyone - physicians, clinical staff and the clerical staff- understood that not only does it take two people to create a relationship, but it also takes two people to create conflict.

In dealing with difficult patient encounters, the first step to avoiding conflict is understanding the patient’s perspective. Next is communication. For communication to be effective it has to be in terms
the patient can understand. Keep it simple and avoid medical jargon. Give the patient a few minutes to
tell their story. Remember, you do not have to deal with every problem a patient has on every visit, but
the patient needs to know you heard him or her. Sharing your thoughts or walking patients through a
new or complicated process not only reinforces that you listened to them, but it relieves a lot of
concerns to know their options and your recommendations. To ensure your patients understand you,
employ the teach-back method – simply ask them what they understood and how they will care for
themselves outside the office. Also, body language can be an ally or enemy. Patients will determine your
sincerity and interest in their medical condition simply from your stance or tone of voice. Remove
physical barriers. Take time to smile and make eye contact.

It is essential to remember that no matter how bad your day is or how difficult your last patient was, the
patient in front of you deserves the same respect, consideration and care you would expect for your own
family. They are frustrated too and are often looking for a compassionate interaction. They simply do
not know how much you care until you show them.