Difficult Patients: Exploring the Patient Perspective

Jennifer Y.C. Edgoose, MD, MPH; Caitlin J. Regner; Larissa I. Zakletskaia, MA

BACKGROUND AND OBJECTIVES: Patients experienced as difficult comprise at least 15% of ambulatory visits. To better understand these challenging relationships, we explored the patients' perspectives about their relationships with their doctors.

METHODS: Using a cross-sectional study design, we surveyed patients regarding their perception of their doctor-patient relationship using five questions graded on a 7-point Likert scale. Family medicine residents subjectively determined which of their patients were "difficult." This patient "difficulty" status was linked to the patient survey's data through anonymous coding.

RESULTS: A total of 161 patients participated, for a response rate of 60%. Of these patients, 20% were perceived as difficult. Two sample *t* test comparison of means revealed that difficult patients reported greater ease in communication. After adjusting for demographics and individual characteristics, Generalized Linear Model (GLM) uncovered that men reported a harder time talking with their doctor, thought their problems were more challenging, and felt less in control of their health care decisions. Gender was a stronger predictor than perceived difficult status for patients' perceptions of poorer quality relationships with providers.

CONCLUSIONS: Surprisingly, difficult patients overall reported greater ease of communication with their residents than non-difficult patients. The pronounced discordance between the perspectives of physicians and patients likely underlies much of the frustration experienced by clinicians. Since difficult patients seem satisfied with the resident-patient relationship, further work is needed to understand this discrepancy and improve physician ease and satisfaction with these challenging relationships.

(Fam Med 2014;46(5):335-9.)

Clinicians view at least 15% of their patients as "difficult"[1,3,4] or causing "heartsink"[2]—often patients with psychiatric disorders, multiple symptoms, poorer functional status, unmet expectations, and high utilization of health care services.[3,4] Less experienced providers including clinical learners[4-7] view almost a quarter of visits this way,[6] increasing the risk of provider burnout.[1,3,4] Yet how do these patients view their providers?

Previous studies applying the RAND-9 instrument have claimed that difficult patients express less satisfaction than non-difficult patients, particularly regarding their clinicians' personal manner, explanations, time spent, and technical skills.[3,6] Currently, no validated tool exists for assessing what insight patients have about their relationships with their clinicians. The questionnaire piloted in this study (Table 1) asked difficult and non-difficult patients to reflect on (1) how easily they could communicate with their provider, (2) how challenging they thought they were as patients, (3) how much agency they sensed they had in the relationship, (4) whether they felt attended to, and (5) whether they perceived their psychosocial issues were being addressed.

Methods

In this cross-sectional study, we piloted our questionnaire over 4 weeks in the summer of 2012 in a Midwestern university-based family medicine residency clinic where 11 faculty, five advanced practitioners, and 12 residents see about 35,000 patient visits annually. Of these, 25% are Medicare or Medicaid, 51% HMO, 21% contracted fee-for-service, and 3% self-pay. Patients were eligible for inclusion if they were 18 years or older, were being seen by a family medicine resident, and had not previously filled out the survey.

Eligible patients were assigned code numbers linked to their

From the Department of Family Medicine (Dr Edgoose and Ms Zakletskaia) and School of Medicine and Public Health (Ms Regner), University of Wisconsin.

Table 1: Patient Questionnaire

1. In general, how easy is it to talk with your doctor? 1……2……3……4……5……6……7 Very easy Very hard Comments:
2. How easy do you think your medical problems are for your doctor to deal with? 1……2……3……4……5……6……7 Very easy Very difficult Comments:
3. How much control do you feel you have over your health care decisions? 1……2……3……4……5……6……7 I have all the control The doctor has all the control Comments:
4. How often do you feel your doctor addresses your concerns during your appointments? 1……2……3……4……5……6……7 Always Never Comments:
5. How often does your doctor ask you non-medical questions to help understand your medical concerns during your appointments? (eg, What is your occupation or job? Where are you from? Who do you live with? Do you have access to a car? Do you have problems paying for your medicines?) 1……2……3……4……5……6……7 Always Never Comments:

questionnaire. Patients received an invitational letter about the study upon check-in. Patients who volunteered to participate had the option of being interviewed (with an interpreter if appropriate) to accommodate language and literacy barriers or completing the questionnaire on their own.

Basic demographic and education data were collected as well as the original five questions which were scored on a 7-point Likert scale (Table 1.

Residents identified the patients they considered "difficult" by circling the patients' code numbers. Residents were given a general overview of difficult patients and their characteristics, but selection of their own difficult patients was based on their own personal sense of heartsink.

Statistical Analysis

The study data were described using frequencies and means. Means were calculated separately for the male and female subjects and for difficult and non-difficult patients.

Two sample *t* tests compared means in questionnaire responses by difficulty status and gender. A Generalized Linear Model (GLM) assessed factors that would predict patient response to survey questions adjusting for "difficult" status, gender, age, race and education. Analyses were performed with SAS statistical software (SAS 9.1.3, SAS Institute Inc, Cary, NC).

Research Ethics Approval

The reported research has been reviewed and approved by the University of Wisconsin health sciences human subjects Institutional Review Board.

Results

Overall, 161 of the 267 eligible patients participated (response rate= 60%) and were predominantly white and women (68% and 65%, respectively). Of the 161 participants, 32 patients were rated as difficult (20%). There was a trend toward more women (n=25) than men (n=7) labeled as difficult (23.8% versus 12.5% respectively, χ^2=2.93 *P*=.087). There were no differences in labeling patients as difficult by race (χ^2 =1.66, *P*=.65).

Figure 1 demonstrates that patients rated as difficult trended toward more favorable answers, in particular greater ease of communication with their provider compared to non-difficult patients (mean=1.39

Figure 1: Comparison of the Range of Responses to the Five Survey Questions (Q1, Q2, Q3, Q4, Q5) Between Non-Difficult and Difficult Patients*

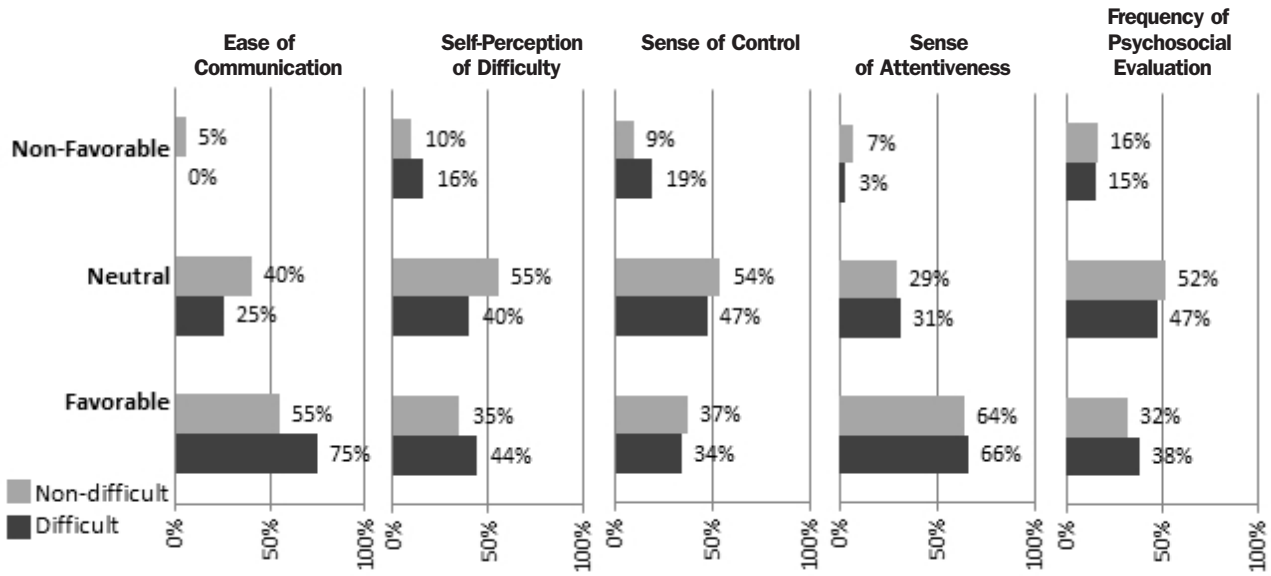

Figure 1 represents a comparison of the range of responses to the five survey questions between non-difficult and difficult patients. These are summarized as favorable (score of 1), neutral (score of 2 to 4), and non-favorable (score of 5 to 7). A majority of the responses were clustered toward the positive (ie, favorable) end of the Likert scale. Difficult patients rated ease of communication more favorably than non-difficult respondents (75% versus 55%). There was no significant difference in responses between difficult and non-difficult patients on the remaining questions.

* Likert scale of 1=favorable, 2–4=neutral, 5–7=non-favorable

[SD=0.79] versus mean=1.88 [SD=1.29] respectively, *P*=0.043).

Table 2 shows that men reported a significantly harder time communicating (mean=2.15 [SD=1.55] versus mean=1.59 [SD=0.96], *P*=.005), perceived their medical problems as more challenging (mean=2.98 [SD=1.54] versus 2.41 [SD=1.51], *P*=.024), and felt less confident that their doctor addressed their concerns (mean=1.97 [SD 1.52] versus 1.51 [SD=1.03], *P*=.028).

After adjusting for difficulty status, gender, race, and education, the GLM shown in Table 3 indicates that of all variables involved, only gender was a statistically significant predictor of response to questions regarding patient perception of ease of communication, perception of medical difficulty, and sense of control (*P*=.040, *P*=.042, *P*=.038, respectively). Asian patients reported that their concerns were addressed less often than other races (*P*=.038). There were no significant predictors

Table 2: Comparison of Survey Responses Based on Gender

Question	Male Mean (SD) n=56	Female Mean (SD) n=105	*P* Value*
Ease of communication	2.15 (1.55)	1.59 (0.96)	.005***
Self-perception of medical difficulty	2.98 (1.54)	2.41 (1.51)	.024**
Sense of control	2.86 (1.61)	2.46 (1.58)	.127
Sense of attentiveness to patient concerns	1.97 (1.52)	1.51 (1.03)	.028**
Frequency of psychosocial evaluation	2.72 (1.78)	2.76 (1.80)	.906

* Two sample *t* test comprison of means
** *P*<.05
*** *P*<.01

Table 3: Generalized Linear Model of Survey Responses by Patients in Family Medicine Clinic*

	Ease of Communication			Self-Perception of Medical Difficulty			Sense of Control		
Parameter	**B**	**SE**	***P* Value**	β	**SE**	***P* Value**	**B**	**SE**	***P* Value**
Difficult	-0.392	0.252	.122	0.028	0.324	.931	0.595	0.319	.064
Not difficult	—	—	—	—	—	—	—	—	—
Male	0.447	0.216	.040	0.571	0.278	.042	0.572	0.273	.038
Female	—	—	—	—	—	—	—	—	—
American Indian	0.726	0.731	.322	-0.241	0.942	.799	2.708	1.103	.015*
Asian	0.259	0.707	.715	0.746	0.912	.414	1.064	0.893	.236
Black	0.048	0.263	.855	0.111	0.339	.744	0.321	0.332	.335
White	—	—	—	—	—	—	—	—	—
High school	-0.171	0.333	.608	-0.324	0.429	.452	0.340	0.422	.422
Post high school	-0.372	0.328	.258	-0.038	0.422	.928	0.098	0.416	.813
Some school	—	—	—	—	—	—	—	—	—
	Sense of Attentiveness to Patient Concerns			**Frequency of Psychosocial Evaluation**					
Parameter	**B**	**SE**	***P* Value**	**B**	**SE**	***P* Value**			
Difficult	-0.038	0.240	.875	0.030	0.368	.935			
Not difficult	—	—	—	—	—	—			
Male	0.203	0.211	.338	-0.313	0.324	.336			
Female	—	—	—	—	—	—			
American Indian	0.686	0.697	0.327	0.184	1.067	.864			
Asian	1.414	0.673	0.038	-0.559	1.031	.562			
Black	-0.113	0.252	.654	0.009	0.385	.981			
White	—	—	—	—	—	—			
High school	-0.028	0.325	.932	-0.346	0.498	.488			
Post high school	0.009	0.321	.977	-0.588	0.492	.234			

* n=161

regarding frequency of psychosocial issues being addressed. Further, level of education attained by the patient was not a predictor for responses.

Discussion

The results were unexpected and intriguing. While prior studies concluded that difficult patients were less satisfied with their care,[3,4,6] our survey showed that they trended toward a more favorable perspective of the relationship. This discrepancy may be due to the different nature of our questions, which focused on those more relational aspects of the resident doctor-patient dyad in contrast to an evaluation of the separate physician. Validation of the survey is necessary to fully appreciate these results.

Considering these findings, clinician frustration might stem precisely from this discordance between provider and patient perspectives about their relationship. One study suggests that difficult patients are more likely to have undiagnosed dependent personality disorders,[8] thus lacking insight into their relationships. Unfortunately, the help-seeking behavior of difficult patients, despite often lack of clear medical pathology, further accentuates a disconnected worldview between doctor and patient.[9]

Notably, only patients of residents were used in this study. We speculate that residents may expend more time and emotional energy in these visits giving the patients a more favorable outlook while leaving the clinician more exhausted. Further research looking at the time and effort taken to care for difficult patients, especially comparing novice and experienced clinicians, is needed.

Limitations of this study include lack of generalizability as it was conducted at a single clinic using

only resident patients and applied no standardized measure of a difficult patient such as the Difficult Doctor-Patient Relationship Questionnaire-10.[10]

In summary, mainly residents, not difficult patients, experienced distress in their relationships with each other. Future research might explore interventions that assist clinical learners in achieving greater confidence and satisfaction in working with their most challenging patients.

ACKNOWLEDGMENTS: Our thanks to Jon Temte, Mary Beth Plane, and Terry Little for their support. We also wish to thank Mindy Smith, MD, MS, for her guidance and careful editing.

This project was supported by the University of Wisconsin Department of Family Medicine Summer Student Research and Clinical Assistantship Program (SSRCA). This work was presented at the 2012 Wisconsin Research and Education Network Annual Conference, Madison, WI, the 2012 Family Medicine Midwest Conference in Itasca, IL, the 2012 Forum for Behavioral Science in Family Medicine in Chicago, and the 2013 Society of Teachers of Family Medicine Annual Spring Conference in Baltimore.

CORRESPONDING AUTHOR: Address correspondence to Dr Edgoose, University of Wisconsin, Department of Family Medicine, 1100 Delaplaine Ct., Madison, WI 53715-1896. 608-263-4550. Fax: 608-263-5813. jennifer.edgoose@fammed.wisc.edu

References

1. An PG, Rabatin JS, Manwell LB, et al. Burden of difficult encounters in primary care: data from the minimizing error, maximizing outcomes study. Arch Intern Med 2009;169(4):410-4.
2. O'Dowd TC. Five years of heartsink patients in general practice. BMJ 1988;297(6647):528-30.
3. Hahn SR, Kroenke K, Spitzer RL, et al. The difficult patient: prevalence, psychopathology, and functional impairment. J Gen Intern Med 1996;11(1):1-8.
4. Jackson JL, Kroenke K. Difficult patient encounters in the ambulatory clinic. Arch Intern Med 1999;159(10):1069-75.
5. Steinmetz D, Tabenkin H. The "difficult patient" as perceived by family physicians. Fam Pract 2001;18(5):495-500.
6. Hinchey SA, Jackson JL. A cohort study assessing difficult patient encounters in a walk-in primary care clinic, predictors and outcomes. J Gen Intern Med 2011;26(6):588-94.
7. Barnett DR, Bass PF III, Griffith CH III, Caudill TS, Willson JF. Determinants of resident satisfaction with patients in their continuity clinic. J Gen Intern Med 2004;19(5 Pt1):456-9.
8. Schafer S, Nowlis DP. Personality disorders among difficult patients. Arch Fam Med 1998;7(2):126-9.
9. Koekkoek B, Hutschemaekers G, van Meigel B, Schene A. How do patients come to be seen as "difficult"?: a mixed-methods study in community health care. Soc Sci Med 2011;72(4):504-12.
10. Hahn SR, Thompson KS, Wills TA, Stern V, Budner NS. The difficult doctor-patient relationship: somatization, personality, and psychopathology. J Clin Epidemiol 1994;47(6):647-57.