

A Collaborative Approach to Dealing with Difficult Patients

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Objectives

- Identify what defines a “difficult patient”
- Discuss feelings generated when dealing with difficult patients
- Identify ways to implement a Patient Centered Care Team for Difficult patients
- List skills, tools and resources useful in working with difficult patients

- What comes to mind when we say DIFFICULT patient

Some patients evoke Powerful Feelings

- 15% of patients in a study of 4 PCC were considered difficult
 - Older
 - Women
 - Chronic Problems
 - Needing multiple visits and tests
 - Multiple Medications
- Hahn, SR et al, J Gen Inter Med. 1996; 11 (1) 1-8

- The patient who always seems to be in crisis may actually have a personality disorder.
- The overall prevalence of PD in the community ranges from 4.4% to 14.8%, with no consistent pattern of sex differences.⁴

Psychiatric diagnoses that cause most conflict

- **Dependent Personality** - unconsciously wishes for unlimited care, depends on others to feel secure. *Gratified or resentful providers.*
- **Obsessional Personality** - illness represents loss of control, focus on details and information. *Relieved at participation or power struggle.*
- **Histrionic Personality** - outgoing, colorful, needs to be center of attention. *Warm initial contact or fear of crossing boundaries.*
- **Masochistic Personality** - satisfies unconscious needs by suffering, plays victim role. *Frustrated that nothing helps, or unconsciously punish patient.*
- **Paranoid Personality** - doubts others, illness represents threat to safety. *Wary of alliance with pt or frustrated with lack of connection with pt.*
- **Narcissistic Personality** - grandiose sense of self, insult junior team members, demand superior care. *Devalued or flattered.*

Groves Hateful Patients

- Dependent Clinger
- Entitled Demander
- Manipulative Help Rejecter
- Self Destructive Denier

James E. Groves , New England Journal of Medicine "Taking Care of the Hateful Patient," 1978

The Ideal Patient

- Cooperative
- Grateful
- Uncomplaining
- Trusting
- Undemanding
- Cheerful
- Working to get better

Let's Discuss BOB

- Bob, age 48, comes to you to ask for authorization for extended medical leave from his job as an electrician. He frequently misses days at work and complains of stress on the job, saying his coworkers look down on him and make cruel jokes at his expense.
- He reports having chronic interpersonal conflicts and no significant relationships with family members or friends. Bob refuses a referral to a psychiatrist because he fears he will be “locked up and forced to take medications.”
- What hateful type is Bob?

Ideal Caregiver

- Loves all
- Knows all
- Cures all
- Comforts all
- Facilitate problem solving for all
- Develops problem list, treatment plan and puts all into action

Source of the Problem

- The patient
- The health care provider(s)
- The relationship

Case example

- 31 yr old woman
- Multiple medical complaints spanning different systems, “organ recital”
- History of several psyche admissions
- Patient appears simultaneously angry, dismissive, rejecting and needy
- You are left feeling used, angry and agitated

Underlying reasons patients may be “difficult”

- Feelings of fear, guilt, incompetence, shame
- Loneliness, social isolation
- Fear of abandonment
- Life stress
- Concern about personal safety
- Past abuse
- Disorganized or chaotic life
- Earlier adverse medical experiences

Benefits of collaboration when working with difficult patients

- Improved quality outcomes
- Innovation: “two heads are better than one”
- Utilize many strengths
- Create more satisfying work roles

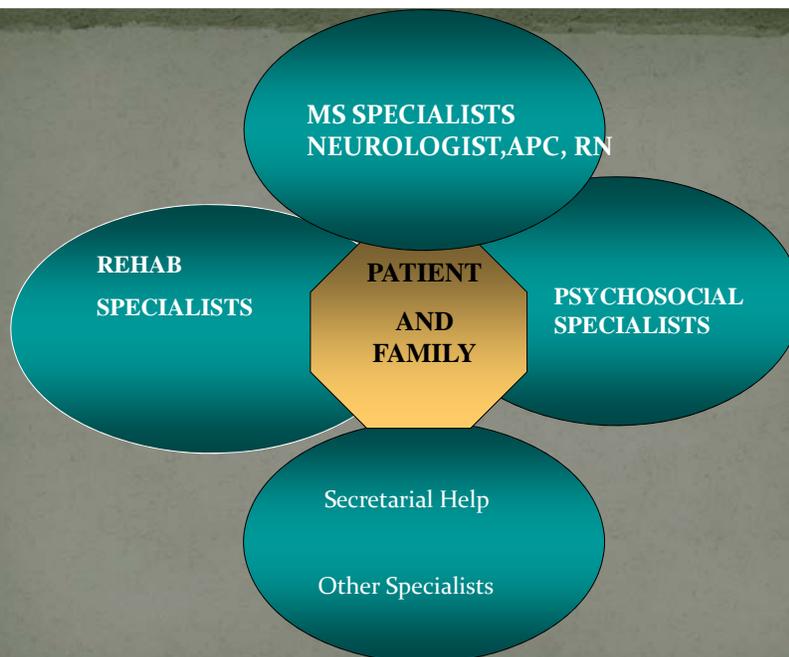
Collaboration is a complex process that requires *intentional* knowledge sharing and *joint* responsibility

What is collaboration?

- Collaboration is best used to solve “wicked” problems
- Can feel intense, unbalanced
- Complex partnership
- Synthesis of *unique* perspectives

How do you collaborate when
CARING FOR DIFFICULT PATIENTS

- Develop your team - who will you include?
- Designate a leader - “team quarterback”
- Set up a meeting time



Each team member is different

- Communication style
- Culture and values
- Expectations
- Stressors
- Priorities
- Attitudes of their educators

Possible team members:

1. Refusal - “I won’t see difficult patients”
2. Resignation - “nothing I can do”
3. Acceptance - “just give her what she/he wants”
4. Passion - “missionary with zeal”
5. Ignorance - “multiple consults will help”

- Do you have a team---
- What is your team like---

Best Practice

- Communicate
- Be consistent as a team
 - Do not play into “love/hate” relationships
- Focus on facts, behaviors
- Remain calm, quiet, firm
- Use confrontation selectively
- De-escalate situation: caring attitude
- Set limits
- Make behavioral contracts
- Remember basic safety (know where door, alarms, don't trap self)

Collaborate

- What can we as a team do to make the environment less of a trigger?
 - Behavior Rewarded is Behavior Repeated
 - Praise
 - Be consistent as a team
 - Meet as a team to make sure team members are consistent, meeting expectations, and priorities
 - Be timely, courteous
 - Not passive-aggressive
 - Make sure patients are adhering to recommendations
 - Seek consultation/support
 - Take care of yourself

CHALLENGES IN COMMUNICATION

- Low health literacy
- Cultural diversity
- Contradicting/confusing health information
- Lack of training regarding communicating with consumers
- Personal meaning of *health and wellness* (How severe is the illness, what kind of treatment do you think would be best, what are the chief problems the illness has caused?)
- How is your **role** both enabling and limiting your understanding of your team members

*Difficult people will likely not change!
The only thing that we can change is
our reaction to a situation.*

HEALTHY Work Environment

- Like your teammates
- Set appropriate boundaries
- Appropriate communication/ no passive-aggression talk
- Socialize
- Cover for each other
- Take breaks
- Be healthy
- Smile
- Remember that you can't change someone, you can only change the way you interact with them
- Ask a co-worker how they are doing
- Utilize deep breathing techniques

Themes:

- Know thyself
 - Be aware of your own reactions
 - It's not personal! Manage your own emotions
- Know thy team
 - Be consistent
 - Meet to be on the same page/expectations/priorities
 - Have the difficult conversation → No passive-aggression
 - Appropriately confront issues, don't ignore them
 - First 5 min= most anxiety provoking
 - Be courteous
 - Behavior rewarded is behavior repeated
 - Work together as a team
 - Communication
- Communication
 - Listen to the person/patient's concerns
 - Difficult behavior is a sign of a problem, either internal or external
 - Make it safe: silence/violence

AVOID

with Team Members and Patients

- Bullying
 - Don't threaten patients
- Making Assumptions
 - Most patients are responding to being sick, uncomfortable, unsure , frustrated, etc
- Putting Up Walls
 - Distance fuels patients anger
- Tolerating Disruptive Behavior
 - Clearly explain what is unacceptable behavior
- Taking It Personally
 - You can't expect that everyone will be pleasant all the time

Exercise

- Take 5 minutes and share a difficult encounter/situation you were involved in or witnessed, where conflict impacted patient care
- .
- Rethink the situation on how it could have been better

Relationship Problems

- Not communicating well with a patient
- Not finding out what a patient wants
- Not recognizing how a patient copes with his disease
- Not understanding the meaning of illness for a patient

Communication Model for Every Team Member

- What brings you here today
- This must be distressing for you
- What do you think is causing this problem
- What do you understand about your MS
- How does your illness fit in with your life's narrative
- What do you think can help you
- What do you hope I can do for you
- When did you last feel well
- Are you happy with this plan; does this plan make sense to you?

Survival Tips

- Recognize your own emotions
- Respect your own experience/feeling's first will help in understanding and respecting the patients experience
- Do not take it all on your own
- Discuss with colleagues
- Consultation
 - Do not blame your teammates for all that goes wrong with a difficult patient situation.
 - Collaboration is about working through differences and coming to a workable joint decision

Conclusions

- Patients want personal connections
- Investing in the patient and their agenda is essential
- Neglected issues frustrate the patient and family
- Communication needs to be clear and consistent
- Team collaboration enriches the patient experience

- Thank you for your participation