

# Lecture VIII

## Patient's personality



Presented by:  
PhD - Cernitanu Mariana

# Structure:

- ▶ **1. Patient's special peculiarities**
- ▶ **2. Patient sick role**
- ▶ **3. Patient's expectations and mismatches**
- ▶ **4. Types of patients**
- ▶ **5. Types of difficult patients**
- ▶ **6. Strategies to deal with difficult patients**
- ▶ **7. Strategies to help patients to change their habits.**



- ▶ The situation of a sick person is seen as alarming and **makes the patient adopt any strategy for protection and adaptation to the new social role.**



- ▶ Although having less power than doctors in the consultation, **patients can nevertheless influence the interaction** by their willingness or otherwise to ask questions and assume a more participative role. It appears that younger people are more likely to expect a relationship of mutual participation than elderly people.
- ▶ **Patients with a high social and educational level** also tend to participate more in the consultation in terms of asking questions and asking for explanations and clarification than patients from a lower socioeconomic background and educational level.

# *Patient's special peculiarities*



- ▶ **The narrowing of** an activity sphere.
- ▶ **Egocentrism** (the personal problems become more important than others).
- ▶ **The anxiety** increases if the disease becomes chronic.
- ▶ **Reducing responsibilities** (professional, social, familiar).
- ▶ **The marginal situation** (state) between the health and disease, make the patient very sensitive, unstable and conflicted.



# Patient personality I

- ▶ Some patients are difficult, nasty, obnoxious or disruptive. They become verbally abusive to staff. They may be angry, and fairly so, due to previous experiences either with the same doctor or another one.
- ▶ Some are angry in general, making for difficult or impossible communications.
- ▶ Some are just unpleasant or aggressive, even if it isn't anger that causes that behavior.

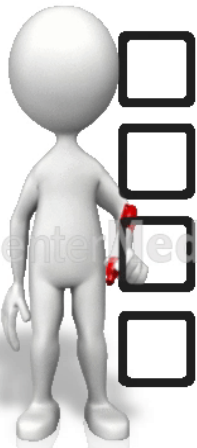


## Patient personality II

- ▶ **Some patients place unrealistic responsibility on their doctors.**

**For ex.:** A doctor admonishes an obese patient to lose weight and control her diabetes. She doesn't. Then she returns time and again for more medication or knee surgery or another treatment and gets upset when her doctor can't fix things for her. She blames her doctor for lack of improvement, but is doing nothing to help herself.

# Patient sick role imply the following obligations and privileges:



- ▶ **Must want to get well as quickly as possible.**
- ▶ **Should seek professional medical advice and cooperate with the doctor.**
- ▶ **Allowed (and may be expected) to shed some normal activities and responsibilities.**
- ▶ **Regarded as being in need of care and unable to get better by his or her own decisions and will.**



# What do patients want from their doctors:

- ▶ Attention
- ▶ Trust and respect
- ▶ Competence
- ▶ Eye contact
- ▶ Communication
- ▶ Partnership
- ▶ Time
- ▶ Appointments (engagements).



# Some mismatch of expectations and experiences

## What patients want

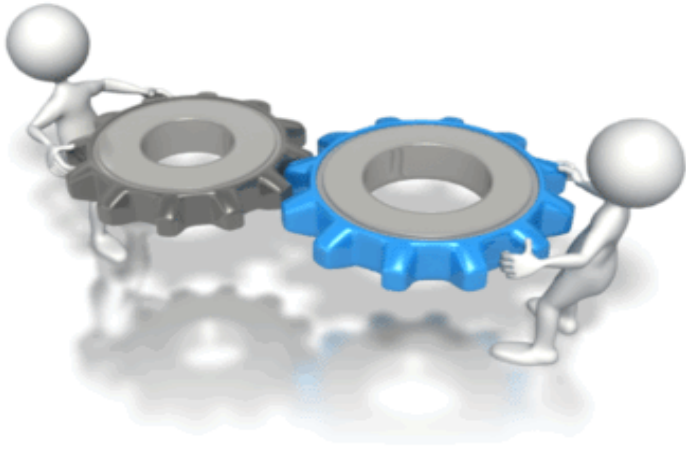
- ▶ To know the cause.
- ▶ Explanation and information
  
- ▶ Advice and treatment.
- ▶ Reassurance.
- ▶ To be taken seriously by a sympathetic and competent doctor.

## What some patients get

- No diagnosis.
- Poor explanation that does not address their needs and concerns.
- Inadequate advice.
- Lack of reassurance.
  
- Feeling that doctor is uninterested.

# Good patient from the doctor point of view:

- ▶ Be honest, trustful and sociable.
- ▶ Be disposed to collaborate with doctor and be able to be treated.
- ▶ Respect the doctor time and authority.
- ▶ Become as knowledgeable as possible about his own health conditions;
- ▶ Take good care of himself;
- ▶ Make the most of his encounters with his doctor;
- ▶ Keep careful records.
- ▶ Ask his doctor what to expect next.



# Patient therapeutic compliance

- ▶ **Compliance** is the practice of obeying rules or requests made by people in authority.
- ▶ **Therapeutic compliance** - “*patient’s behaviors* (in terms of taking medication, following diets, or executing life style changes) coincide with healthcare providers’ recommendations for health and medical advice.
- ▶ It refers to the match between medical prescription and their applications by the patient in order to obtain the cure of an illness.

# Methods to increase the therapeutic compliance:

- ▶ medical education for doctors to observe the best moments for explanations;
- ▶ explaining to the patient the rationale for choosing a certain therapeutic plan;
- ▶ explaining to the patient the possibility of adverse effects of the medicines;
- ▶ shaping an adequate doctor/patient relationship, based on trust;
- ▶ using a simple therapeutic schema, explained to the patient and repeated by this one.

# Therapeutic non-compliance

- ▶ occurs when an individual's health-seeking (patient) lacks congruence with the recommendations as prescribed by a healthcare provider.
  
- ▶ **Examples of non-compliance:**
  - treatment modifications without consulting the doctor;
  - demand of hospital discharge without medical advice;
  - stop of treatment without medical advice.

# Types of patients:

1. The model patient
2. The worrywarts patient
3. The know it all
4. The anti-doctor
5. The hedonist
6. The blind acceptor





## 1. The model patient

Shares all relevant information helpful for ensuring a correct diagnosis with their doctor. Follows all instructions. Always have second opinion when unsure with diagnosis. Uses of other doctors advise and trying to get more information about diseases.

## 2. The worrywarts patient

Follows doctors advice letter. Reads all prescriptions from start to and start to feel all side effects, even before taking the first dose. Trying to get do more research on disease.

Ex. Like in abnormal test results: Doctor, how long do I have?



### 3. The know it all

Behaviour : like he need from doctor to do something for him/her. And behave like bossy. best quality is pro-active in treatment. Has a tendency to self-medicate. More use of resource to give information to doctor what they have to do. Ex :in results they behave like: I knew it.

### 4. The anti-doctor

Behaviour: when dragged in kicking and screaming, by family members. and he/she putting them self to risk on poor disease. Doesn't seek help until its too late. Uses resource to search to confirm he or she known all along :medicine is a lie. Reaction on results: that's load of non-sense. Do not take a medicine out of protest against pharmaceutical industry



## **5. The hedonist**

When absolutely necessary but usually waits until any major holidays are over. Behaviour: lives life to the fullest. Follows instructions insofar as they get in the way of a good time. Behave like does that mean, I have to give up (chocolate, alcohol, smoking).

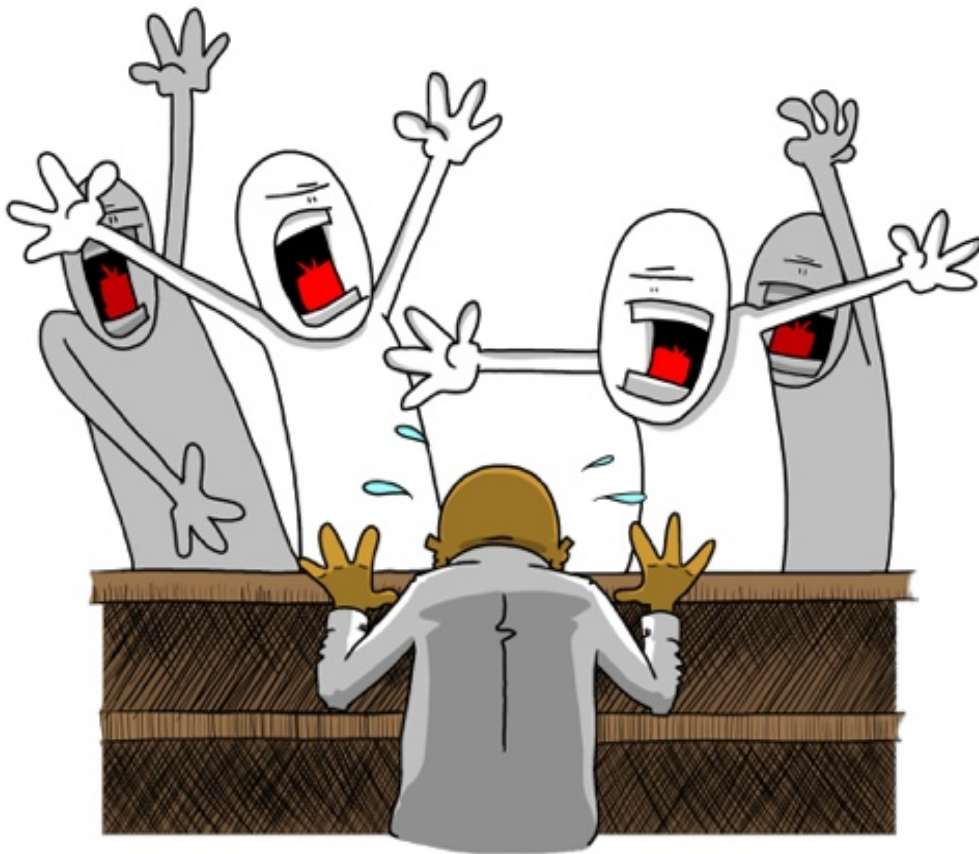
## **6. The blind accepter**

Exactly as instructed and routine check-up as recommended. Do not speak when he or she is uncomfortable. Take medication exactly as advised. totally depended on doctors suggestions.

## **While numerous classifications of difficult patients actually exist, some types are widespread as following:**

- ▶ **A universal pain patient**
- ▶ **The angry patient**
- ▶ **The fearful patient**
- ▶ **The “drug seeker”**
- ▶ **“All in the family”**
- ▶ **The no-can-do-er.**
- ▶ **Emotionally needy patient.**
- ▶ **The non-payers.**
- ▶ **Doctor patient**
- ▶ **Psychosomatic patient**
- ▶ **Small age or older patients.**

# Difficult patients



Feeling angry, frustrated, guilty or defeated at the end of some consultations is **an experience common to all doctors.**

These emotions are more often provoked by patients labeled **'difficult', 'heartsink'** or even **'hateful'**



## Difficult patients

- ▶ Can vex even the most mild-mannered physicians, span the spectrum of challenging behavior.
- ▶ They complain, criticize, shout, swear and may even try to hit you.
- ▶ Some specialize in self-diagnosis, demanding unnecessary tests and medication.
- ▶ Others monopolize your time and energy or they verbally abuse the staff.
- ▶ .....



**Difficult patients** are an unfortunate fact of life in healthcare.

But knowing how to identify, understand and respond to them can make your work life safer and less stressful.

# Difficult patients types:



1. The manipulator
2. The annoyed patient
3. The refusing patient
4. The aggressive patient
5. The watchers
6. The demanding family
7. The drug “seeker”
8. Enough’s enough patient

# The difficult patients' description

- 1. The manipulator:** One of the most common types of difficult patients you'll encounter is the manipulator. These patients will pit nurses against one another, lie and do whatever they can to get their way.
- 2. Annoyed patient:** Some patients are just so darned ANNOYED by all the nursing/medical interventions that you wonder why they came to the hospital in the first place
- 3. The refusing patient:** One step up from the annoyed patient is the patient who refuses things. "No, I don't want my vitals taken now...no, I don't want to be repositioned...no, I don't want you to check my blood sugar
- 4. Aggressive patient:** Patients are aggressive for different reasons...encephalopathy, alcohol withdrawal, dementia, brain injury, hypoxia, fear, anxiety...or simply just because they're being jerks



# The difficult patients' description

- 5. The watchers:** You know that creepy, exposed feeling when six pairs of eyes are on you, watching your every move? If not? Don't worry...you soon will! Some families are "watchers" and it is unnerving to say the least.
- 6. The demanding family:** The important thing to understand about the demanding family is usually that they are trying to exercise **SOME** kind of control when faced with a situation in which they feel completely helpless.
- 7. The drug "seeker":** some patients are difficult to manage because they have become dependent on pain medication or another controlled substance.
- 8. Enough enough patient:** if, despite all your best efforts, a patient continues to behave poorly, then you have got a responsibility to your practice to cut that person loose.

# What if “YOU” are the difficult person?



- Know what pushes your hot buttons and be prepared to react calmly
- Remember that most people are responding to the situation, not you personally, so you're not being personally attacked
- Count to 10 before responding
- Check to see if you're listening for understanding or simply listening before responding
- Ask people to re-state their issues for clarity
- Don't feel pressure to respond immediately; tell people you'll get back to them.

# Once you understand what makes some patients so difficult, it can be easier to follow the experts' suggested dos and don'ts as:

- ▶ **Observe:** overly complaint behavior can be a warning identity and sense of competence.
- ▶ **Show connection:** establishing a personal connection can go a long way toward gaining cooperation
- ▶ **Show Respect:**
- ▶ **Slow Down:** Rushing can be counterproductive
- ▶ **Recruit Help:** Enlist relatives to help break the isolation and provide support.
- ▶ **Be empathetic:** Rather than being defensive, treat all patients with respect.
- ▶ **Remain calm:** It will allow you to keep control and address the patient in a way that will defuse (a dezamorsa) the situation.
- ▶ **Be Informed:** Know your employer's patient bill of rights, as well as its policies and procedures for dealing with difficult patients.



# How to Deal with Difficult People ?

**Listen.** Listening is the number one step in dealing with "unreasonable" people. Everyone wants to feel heard. No progress can take place until the other person feels acknowledged.

**Stay calm.** When a situation is emotionally charged, it's easy to get caught up in the heat of the moment. Monitor your breathing. Try to take some slow, deep breaths.

**Don't judge.** You don't know what the other person is going through. Chances are, if a person is acting unreasonable, they are likely feeling some sort of vulnerability or fear.

Saying, "I understand," usually makes things worse. Instead, say, "Tell me more so I can understand better."

**Don't Try to Change Them.** When we meet a difficult person, or if we have one in our family or circle of friends our instinct is to try to change them.

**Don't Let Them Be Toxic.** Some difficult people can be toxic. Toxic people can be passive aggressive, mean or hurtful. So if you have to deal with them, you can understand where they are coming from and then keep your distance. Toxic relationships are harmful so you need to create a buffer zone by surrounding yourself with good friends, seeing them less and if you have to be with them, do it for the minimum amount of time.

**Etc.**

# Avoid:

- ▶ **Bullying:** Don't use your caregiver status to threaten patients.
- ▶ **Making Assumptions:** Most patients are not intentionally abusive or disruptive. They often are responding to an irritation, vulnerability, cognitive impairment, inability to express them or loss of identity.
- ▶ **Putting Up Walls:** Distance just fuels patients' anger.
- ▶ **Tolerating Disruptive Behavior:** Clearly explain what is unacceptable to avoid problems later.
- ▶ **Taking It Personally:** "You can't expect that everyone at work will act pleasantly," Godfrey says. "Interpersonal mishaps or confrontations are guaranteed when you work with the public."

# Some strategies to help patients to change their behavior

## 1. *Explore motivation for change*

- ▶ Build rapport and be neutral. Help draw up list of problems and priorities. Does patient consider the behavior to be a problem? Do others?

## 2. *Clarify patient's view of the problem*

- ▶ Help draw up a balance sheet of pros and cons.
- ▶ Empathize with difficulty of changing.
- ▶ Reinforce statements that express a desire to change.
- ▶ Resist saying why you think patient ought to change.
- ▶ Summarize frequently.

## 3. *Promote resolution (If no change is wanted negotiate it)*

- ▶ Enable informed decision making.
- ▶ Give basic information about safety or risks of behavior.
- ▶ Provide results of any examination or test.
- ▶ Highlight potential medical, legal, or social consequences.
- ▶ Explain likely outcome of potential choices or interventions.
- ▶ Get feedback from patient and give him responsibility for decision.

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**Mulumesc pentru atentie**

