

Lecture V. Patient's personality.

The relationship with different types of patients.

Subject: Clinical Psychology

Presented by: PhD - Mariana Cernitanu



Structure:

- Patient personality peculiarities
- Types of patients
- Patient's expectations
- The “ideal” patient
- The difficult patient
- The relationship with somatic illness patients
(cardiovascular patient, oncology patient, terminally ill patient, etc.).



- **Your mission, as physician, is to assure that your patients receive the best medical care that you can deliver, in a nonjudgmental way, no matter what their personal characteristics are.**
- **How well you accomplish this mission will in large part determine the kind of physician you are.**
- **By carefully considering your patients' personality traits and circumstances, you'll be able to provide compassionate as well as scientific care to your patients.**

Patient personality peculiarities:

Status

**Attitude
toward illness**

Patient's

Values

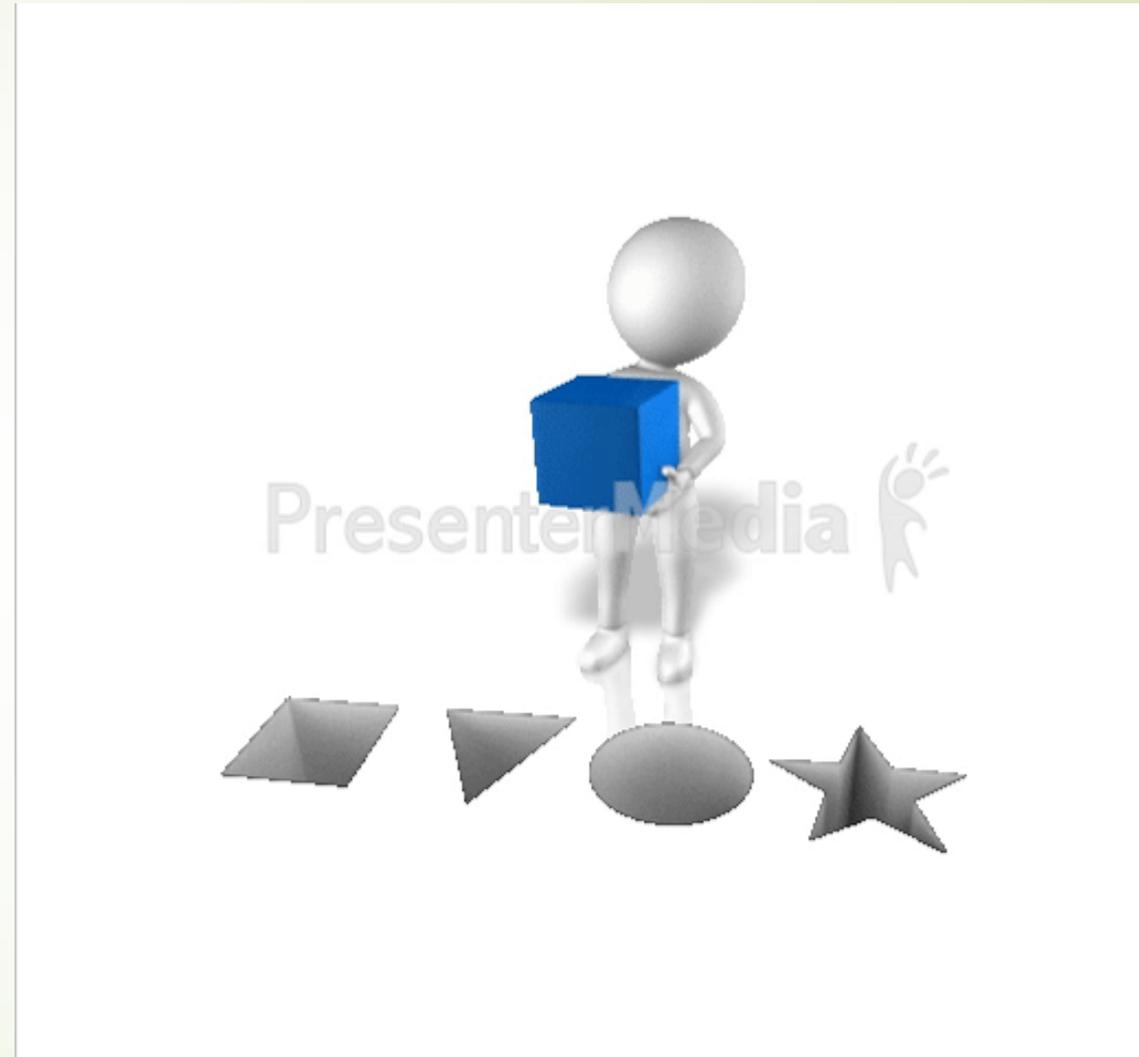
Expectations

**Individual
peculiarities**

**The disease
evolution
and
prognosis**

Types of patients

1. Pleasant patients
2. Courageous patients
3. Angry patients and/or families
4. Manipulative patients
5. Demanding patients
6. Drug-seeking patients
7. Direct patients
8. All-knowing patients
9. Noncompliant patients
10. Anxious patients
11. Psychosomatic patients
12. Depressed patients
13. Confused or demented individuals
14. Nonterminal patients with chronic pain
15. Dying patients



Types of patients

1. • **Pleasant patients** are usually very easy to care for. Most patients fall into this category. However, there are still some preventable problems that may occur. You have to guard against getting too attached, which decreases your objectivity. You may want to be more reassuring and optimistic than you should be when realism dictates otherwise. In addition, you may be tempted to honor requests that may not be in the best interests of good medical care.
2. • **Courageous patients** have emotional strength, fortitude, acceptance, and understanding in the face of great adversity. We deeply admire these people and hope we can muster (a aduna, stringe) the same strength in ourselves when we need it.

Types of patients

3. • **Angry patients and/or families** often arouse in us an instinctive response to retaliate with our own anger. Responding with anger almost always makes the problem worse both for you and the patient. Try to understand why the person is angry and be on their side in helping them resolve the source of the frustration, if it is reasonable to do so. Allow them to vent and then try to correct the problem quickly. If you can't correct the problem, explain calmly why things are the way they are, for example, by showing the person how the current policy or plan benefits them and reduces risk.

4. • **Manipulative patients** have learned how to get what they want whether it's good for them or not. We need to be able to recognize when we are being manipulated and be careful to avoid "giving in" when we know it's not in the patient's best interests.

Types of patients

5. • **Demanding patients** require a lot of attention, insisting that you go out of your way to perform various tasks that may not be necessary or that they could potentially do themselves. They usually are not doing this intentionally. Sometimes you have to gently set limits on what you can and cannot do for them.

6. **Drug-seeking patients** may also be angry, manipulative, or demanding. These individuals are sometimes difficult to spot. Drug-seekers are very nice in the beginning but can become angry or manipulative if you try to decrease their dosages. Encourage them to seek counseling for addiction, though this is sometimes difficult to sell.



Types of patients

7. • **Direct patients** like to be in control. They tell you what they want and don't hesitate to disagree with you if they don't like what you are saying or doing, or not doing. They are not always angry -- it just seems that way.
8. • **All-knowing patients** tend to believe that they are very knowledgeable about medical subjects and know as much or more than you do about certain topics. They like to bring in newspaper or Internet articles about medical issues so that you can become as knowledgeable as they are about the subject. It's best to be patient and understanding. Don't try to compete with them.

Types of patients

9. • **Noncompliant patients** can be frustrating because they never seem to want to carry on with the treatment you prescribe despite continuing to complain about the symptoms that brought them to you in the first place -- like smokers whose lungs continue to worsen despite being told not to smoke. Sometimes, however, you find out it's because they don't understand the importance of certain treatments, or in some cases, can't afford the medicine and are too embarrassed to let you know that.

10. • **Anxious patients** can be time-consuming and often require a lot of reassurance. The extreme here is the hypochondriacal patient who runs to the emergency department with every back pain, worrying that their kidneys are failing, or that they have cancer. However, there is a significant risk for missing diagnoses in these patients because sometimes you find yourself reassuring them for a symptom that really is a sign of something serious.

Types of patients

11. • **Psychosomatic patients** present with very confounding dilemmas. Their symptoms are real but defy diagnosis despite usually large, expensive work-ups. You're worried that you might be missing something, and, of course, the patient is convinced that something has to be wrong. When the evaluation turns out normal and you try to convince the patient that the problem may be psychosomatic or "stress-related," they often become upset and disbelieving. They sometimes think you don't understand them or don't take them seriously.

12. • **Depressed patients** are commonly seen in private practice. Some people know they are depressed and will tell you, whereas others will come in with a variety of symptoms including fatigue, lack of energy, sleeplessness at night and tiredness during the day, or lack of interest in anything. They may also think of depression as a sign of weakness in character. It's important to find out whether they have been having thoughts of suicide, and if they do, call the psychiatric center.

Types of patients

13. • Confused or demented individuals often require a lot of patience, especially when they ask the same questions or tell the same stories over and over again. Sometimes they are challenging if they become agitated, which happens often because they are frightened and feel that they have lost control. They frequently don't understand the need for certain tests or procedures. You may have to explain and re-explain things.

14. • Nonterminal patients with chronic pain are one of the most challenging types you will encounter, because there are very fine lines within the spectrum of need, abuse, and danger. The patients are at risk for accidental overdose and death for a nonmalignant condition. The physician is at risk both professionally and legally; licenses have been lost and careers destroyed because of a desire to help people who are in severe pain.

15. Dying patients are sometimes difficult to care for because the sadness surrounding them tends to be infective and pervasive, and sometimes you take it home at night. They need you to be honest and compassionate and to explain what's happening and why. They also need to know that you won't allow them to suffer needlessly.

In conclusion to types of patients

- Most of people you encounter **will fit into more than one of these types**. For example, you may see a kind patient who also happens to be very demanding and somewhat manipulative. Or you may care for someone who is anxious and depressed and has a number of psychosomatic complaints, or an anxious patient who is also noncompliant.
- **How will you respond to different types of patients?**
Remember that your reactions are a product of your own background, set of values, and characteristics, some of which may not be perfect.



Consider your own personality, and be honest with yourself as you think about the following questions:

- Am I easily angered, irritable, defensive?
- Do I become emotional, easily saddened, or even fearful about certain situations?
- Am I too abrupt or impatient?
- How much compassion or concern do I have for others who are total strangers?
- What is my flexibility level?
- Am I congenial, or antisocial?
- Can I appear calm even when I feel anxious?
- Do I have a sense of humor, and do I know how to use it appropriately?
- Do I have to be in control?
- Can I take criticism well?
- Do I have prejudices that might influence my ability to be objective?

!!! If you can answer all these questions easily and honestly, you probably know yourself pretty well. You also, may realize that you need to practice tempering some of your emotions or having more patience. Remember, nobody is perfect.

What do patients really want from their physician?

Research “What do you think are the most important aspects of communicating with a doctor during an appointment?” (From 1,231 patients’ responses, ten themes became clear:)

- **1. Ask them questions.** Patients want their doctor to be engaged in the appointment—to demonstrate interest in gathering all the facts and truly understanding the issue at hand.
- **2. The customer is always right.** Patients have a huge amount of information at their fingertips these days, and they are most familiar with their own bodies. Patients want doctors to respect that and avoid creating a feeling that they are put off by or dismissive of the patient’s intuition, knowledge, and opinion.
- **3. Speak their language.** Physicians need to describe things in a way patients can understand, and they need to keep doing so until they’re certain the patient comprehends the information. This means explaining with clarity and empathy – not in medical jargon.
- **4. Look them in the eye.** In today’s healthcare settings, doctors are often listening to a patient and taking notes on a computer or tablet at the same time. Patients understand the need for good record-keeping, but they also want to feel heard and valued – and they’re cognizant of the decline in face-to-face communication. Eye contact goes a long way with establishing that connection in the exam room, so physicians should make a conscious effort to increase the time they spend looking the patient in the eye.

What do patients really want from their physician?

Research “What do you think are the most important aspects of communicating with a doctor during an appointment?” (From 1,231 patients’ responses, ten themes became clear:)

- **5. Be a partner.** The patient is the ultimate decision-maker when it comes to healthcare decisions, and they expect to feel a sense of mutual respect from their doctor—their partner in healthcare. They want to feel like their health concerns are a concern for their physician as well and like they are coming to conclusions about treatment with their doctor.
- **6. Take your time.** Patients do not want to feel rushed through their appointment. In fact, one expressed this as “being treated like a person, not a timeslot.” While cutting back on scheduling may not be an option for everyone, doctors can address the issue with calm, clear communication. Asking if the patient has any more questions or concerns—and truly waiting for the answer—before concluding the appointment is another good strategy.
- **7. Do your homework.** When the doctor finally arrives in the exam room, the last thing a patient wants to do is spend precious time repeating information they’ve already provided. Physicians should acquaint themselves with the patient’s history and dig into the current problem.
- **8. Give options.** Physicians can further act as partners by educating patients about their treatment options, including ones that don’t necessarily involve medications. Patients want to be armed with options, and they expect to have each option thoroughly explained before making a decision.
- **9. Personalize it.** Patients resent being lumped into broad categories based on age, weight, or other factors that apply to general populations. Though those matters may be important to the ultimate diagnosis, patients want their doctor to demonstrate that they’re hearing them out before jumping to conclusions.
- **10. Pass it on.** Patients don’t expect a single doctor to be able to fix everything. They do expect to be referred to a specialist if necessary, however. They want their physician’s involvement in choosing these additional care partners.



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.

Difficult patient

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.





Some widespread types of difficult patients:

- **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.**

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 guidelines that may be helpful in almost every situation and consider when encountering patient

- **Put your patient first** - not yourself, not the nurses, not the hospital administrators, not the insurance companies. Be your patient's advocate.
- **Be as compassionate and empathetic as you can.**
- **Never respond to anger (or any other frustrating situation) with anger.**
- **Try to understand why the patient is acting or responding the way s/he is. (Is it loss of control? Underlying fear?)**
- **Don't be judgmental.** You may have ended up the same way had you not been lucky enough to be born and grow up where you did.

Remember your mission - to deliver the best medical care possible to all your patients, no matter what personality traits or characteristics they might have.



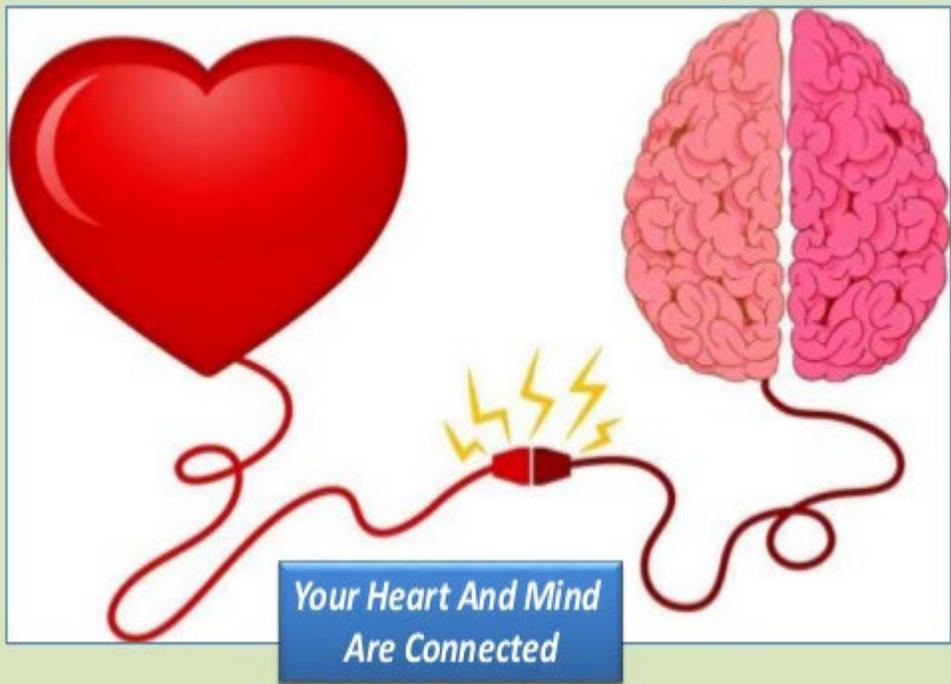
The relationship with cardiovascular patient

RISC FACTORS YOU CAN'T CONTROL

- **Heredity**
- **Gender**-(men have a greater risk)
- **Age** – (risk increases with age)

RISC FACTORS YOU CAN CONTROL

- Tobacco use
- High blood pressure
- High cholesterol
- Physical inactivity
- Excess weight
- Stress
- Drug and alcohol use

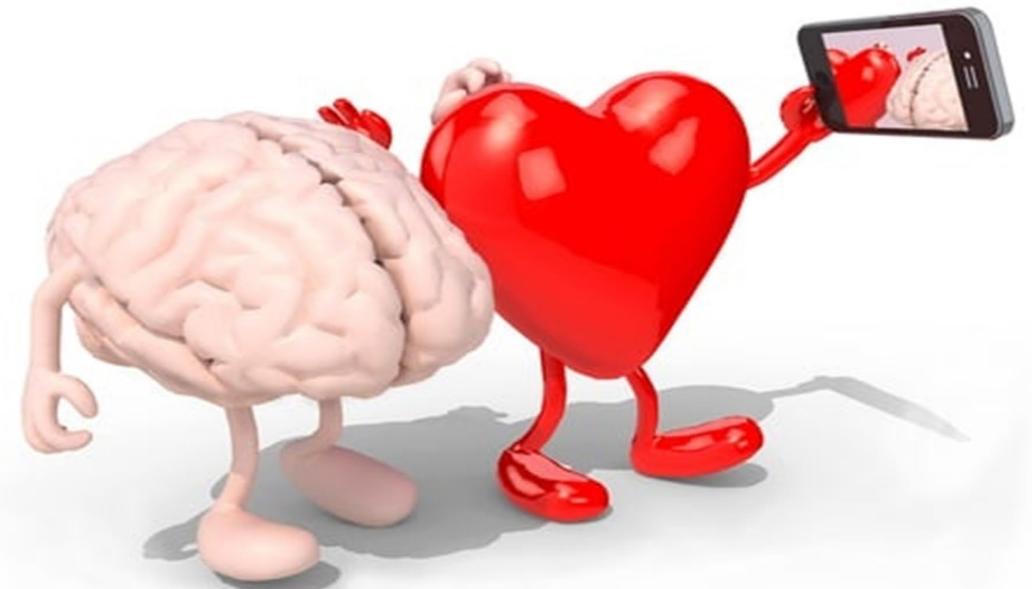


Classic type A behavioural pattern:

- Impatience, accelerated speech and motor activity.
- Fast anger and hard negative reactions to failure
- Ambitiousness
- Perfectionism and high aspirations
- Developed competitiveness.
- Lack of flexibility and diplomacy

Predisposing Psychological and Social factors

- Chronic stress
- Chronic hostility and anger
- Lack of social support
- Suppressed psychological distress
- Depression and anxiety
- Social isolation
- Low socio-economical status
- Life style factors (smocking, exercise, obesity etc)



A close-up photograph of a hand holding a bright yellow circular sticker with a simple black smiley face. The background is a soft-focus grey. The text is overlaid on the top half of the image.

DON'T WORRY, BE HAPPY... POSITIVE ATTITUDE IS GOOD FOR HEART HEALTH

- Emotional pleasure
- Using personal strength
- Positive relationships
- Life satisfactions
- Optimism.
- Etc

Psychological interventions for cardiac patients have the potential to improve health related quality of life, anxiety, blood pressure , knowledge, satisfaction with care.

- A real, practical help of relatives and friends.
- The emotional support of close friends and family members.
- Good advises and assistance in assessing and over coming difficulties and problems.

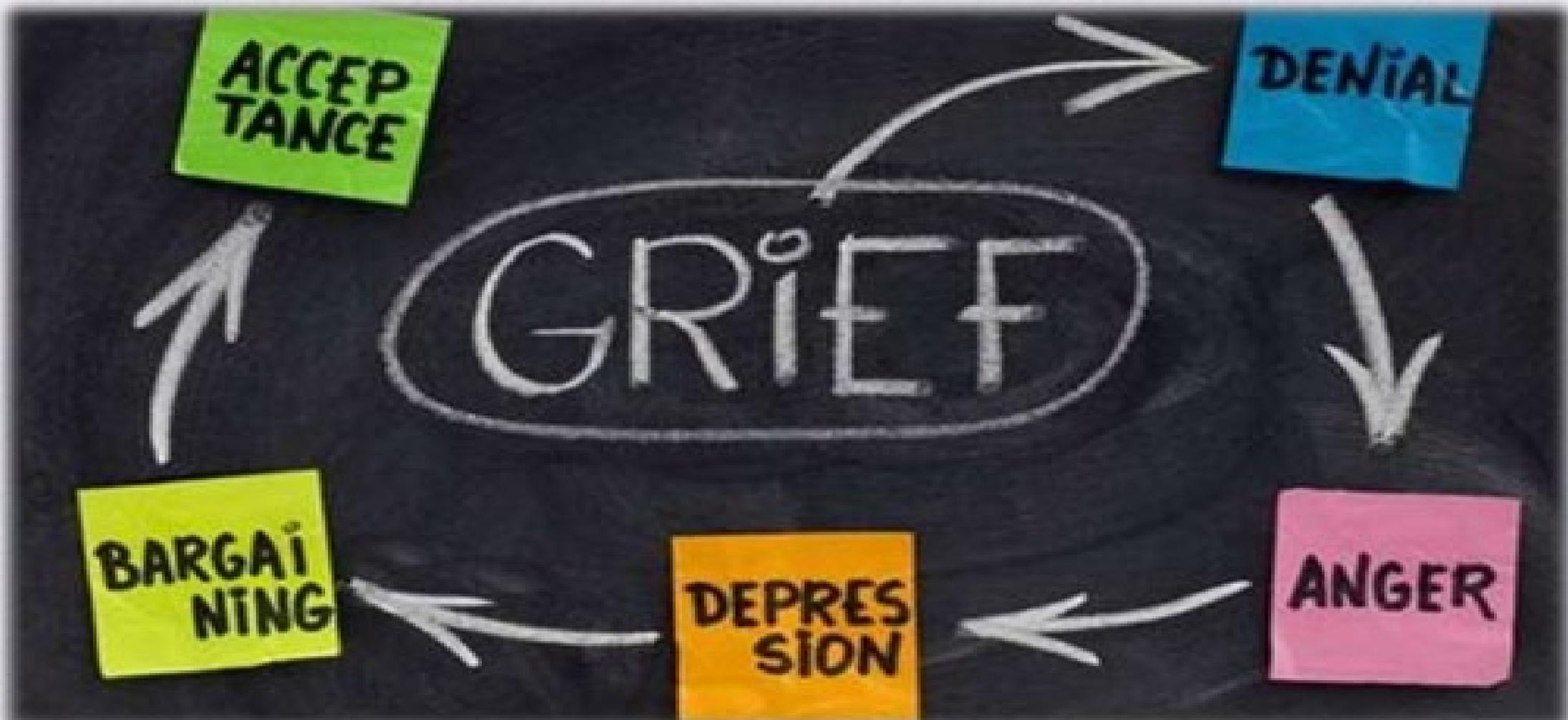
The relationship with oncology patient

- Cancer has far-reaching consequences for the patient and their family.
- Not only the disease itself, but also the various tests and examination, treatments and also hospital admission. It all represent a heavy physical, mental and social burden.



- At the cognitive level, the effects manifest themselves in the form of uncertainty and accompanying strong desire for information.
- Emotionally, the patient experiences anxiety and a feeling of hopelessness, perhaps accompanied by grief, anger and loneliness.

- The Kübler–Ross model, or the five stages of grief, is a series of emotional stages experienced when faced with impending death or death of someone.



BASIC DO'S with CANCER patient

- ▶ **Take your cues from the person with cancer. Some people are very private while others will openly talk about their illness. Respect the person's need to share or their need for privacy.**
- ▶ **Let them know you care.**
- ▶ **Respect their decisions about how their cancer will be treated, even if you disagree.**
- ▶ **Include the person in usual work projects, plans, and social events. Let them be the one to tell you if the commitment is too much to manage.**
- ▶ **Psychological interventions for cancer patients have the potential to improve health related quality of life**
- ▶ **The emotional support of close friends and family members.**
- ▶ **Good advises and assistance in assessing and over coming difficulties and problems.**

BASIC DON'TS with CANCER patient

- Offer advice they don't ask for, or be judgmental.
- Feel you must put up with serious displays of temper or mood swings. You shouldn't accept disruptive or abusive behaviour just because someone is ill.
- Assume him for inability longer do the job. They need to feel like a valuable contributing member of the company or department.
- Take things too personally. It's normal for the person with cancer to be quieter than usual, to need time alone, and to be angry at times.
- Be afraid to talk about the illness.

The relationship with terminally ill patient

- **Terminal illness or end-stage disease is a disease that cannot be cured or adequately treated and is reasonably expected to result in death of the patient.**
- **Terminal patients have options for disease management after diagnosis. These include caregiving, continued treatment, hospice care, and physician-assisted suicide.**
- **Oftentimes, terminal patients may experience depression or anxiety associated with oncoming death, and family and caregivers may struggle with psychological burdens as well.**



- **Psycho-therapeutic interventions may help alleviate some of these burdens, and is often incorporated in palliative care.**

The relationship with terminally ill patient

- ❖ **Palliative care** aims to help the person be as well and active as possible, and it helps manage any pain or other symptoms they may have.
- ❖ **Palliative care** can involve psychological, social and spiritual support for the person who is ill and their loved ones. The palliative care team, which is a team of healthcare professionals looking after the person who is ill, can make sure family and friends receive the help and support they need.
- ❖ Clinicians describe three communication styles used with terminal patient:
 - ➔ direct,
 - ➔ indirect, or
 - ➔ selectively direct.



Bibliography:

- 1. Albert J. BERNSTEIN. **How to Deal with Emotionally Explosive People.** USA. 2003
- 2. CERNITANU Mariana, Etco Constantin *Medical psychology* (courses for medical students) Editorial-Polygraphic Center Medicina, Chisinau, 2011.
- 3. MAYOU Richard, SHARPE Michael, CARSON Alain *ABC of medical psychology* First published in 2003 by BMJ Books, BMA House, Tavistock Square, London. 2007.
- 4. PLANTE Thomas G. *Contemporary clinical psychology.* Second Edition. Santa Clara University. 2005.

Thanks for your attention

