

# Communication Matters

## It's not you, it's we...

Relationships in every realm of life can be rewarding--and challenging--and relationships in healthcare can be especially so. Clinicians and patients may face significant pressures and a host of interpersonal and systemic factors can ignite difficult interactions. Learners in IHC workshops have discovered helpful new ways of thinking about conflict and specific skills to help make challenging clinician-patient interactions more productive.

Warm regards,

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Relationships can be challenging: in the workplace, the family, the community; in fact, in any person-to-person encounter. Some people experience difficulty in their relationships infrequently; for others it is a daily occurrence. Clinicians invariably report their fair share of difficult interactions with patients.

There are innumerable books, articles, blogs and workshops providing advice for coping with "difficult people," and, in the healthcare world, with "difficult patients." Many of these are based on the premise that there is an objective reality called a "difficult patient." A significant impetus for attention to "difficult patients" comes from concerns about practitioners' liability risk and reputation, and patient outcomes and satisfaction. Difficult encounters are difficult for everyone involved and can contribute to providers' feelings of stress and career dissatisfaction. (An, 2013)

A productive approach is to reframe the issue, to remove the label of "difficult" from the individual and instead focus on the interactions between people.

*"The single most important thing [you can do] is to shift [your] internal stance from "I understand" to "Help me understand." Everything else follows from that."*

*--Douglas Stone, *Difficult Conversations: How to Discuss What Matters Most**

### **CONTRIBUTING FACTORS**

It is useful to understand the conditions and factors that can contribute to difficult interactions. Hinchey and Jackson, in a study published in 2011, identified characteristics of both patients and physicians that are associated with difficult encounters. (Hinchey, 2011) Patients who are more likely to be perceived as "difficult" by their doctors present with greater numbers of physical complaints, worse severity, worse functional status and a greater likelihood of psychiatric disorders. Patients may have unrealistic expectations or may not consistently follow their healthcare providers' advice. They may have medical conditions that don't respond to treatment (Lorber, 1975) or they may remind a provider of his or her ex-mother-in-law.

Clinicians who experienced greater numbers of difficult encounters tended to have lower scores on the Physician Belief Scale (it measures their orientation toward the psychosocial aspects of medical care) and less experience. (Hinchey, 2011) Clinicians or their staff members may be perceived by patients as arrogant, uncaring, rushed, dismissive or disrespectful, or they may remind a patient of his or her ex-mother-in-law.

### **AWARENESS AND SKILLS**

As a clinician, awareness of one's own "hot buttons" that can trigger negative responses is an important first step toward mitigating negative responses to challenging situations. Beyond this, there are specific strategies and skills that can enhance the provider-patient relationship. Core communication skills (engage, empathize, educate, enlist) are doubly important where there is a risk of difficulty, but in certain situations even experienced practitioners with strong communication skills encounter problems. Getting such interactions back on track to a more productive mode involves building on core communication skills to create a bond of understanding with and compassion toward the patient, setting clear boundaries for behavior, and accessing extended services as warranted.

### **NOTES**

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## IHC programs and services

IHC's clinician workshop, "[Difficult](#)" [Clinician-Patient Relationships](#), accelerates the acquisition of critical communication skills that can lead to reduced frustration and increased satisfaction for providers and their patients. Through brief presentations, video case studies, discussion, reflection and practice with feedback, learners come away with specific skills they can use in daily practice. CME/CE credits are available. Contact IHC to discuss options for bringing this valuable workshop to your organization ([info@healthcarecomm.org](mailto:info@healthcarecomm.org))



Clinicians interested in a "deeper dive" approach to enhancing their communication skills should consider IHC's [Intensive Communication Skills Program](#). This transformative program provides structured group learning and an individualized approach to follow-up and reinforcement. The next Intensive Communication Skills Program is scheduled for **November 7-11, 2013** at Brown University in Providence, Rhode Island. For an application click [here](#).



Additional upcoming courses are listed on the IHC [website](#).

IHC is nationally accredited to provide continuing medical education and continuing nursing education by three major accreditation agencies (ACCME, AAFP, and ANCC). IHC takes responsibility for the content, quality and scientific integrity of all its CME/CE activities.

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